

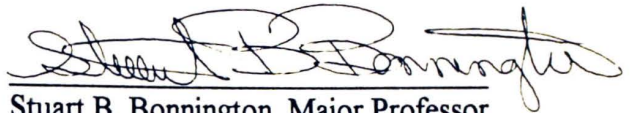
WHAT IS GOING TO HAPPEN TO OUR CHILDREN?  
EFFECTIVENESS OF DELINQUENCY PREVENTION PROGRAMS

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ALICIA L. BURCH

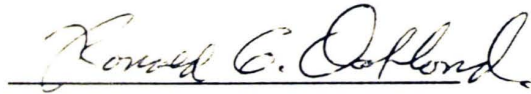
To the Graduate Council:

I am submitting herewith a Research Paper written by Alicia L. Burch entitled "What is Going to Happen to Our Children? Effectiveness of Delinquency Prevention Programs." I have examined the final copy of this Research Paper for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Master of Science, with a major in Guidance and Counseling.

  
Stuart B. Bonnington, Major Professor

We have read this Research Paper  
and recommend its acceptance:

  
Samuel Feng (sic)

  
Ronald C. Oakland

Accepted for the Council:

  
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WHAT IS GOING TO HAPPEN TO OUR CHILDREN?  
EFFECTIVENESS OF DELINQUENCY PREVENTION PROGRAMS

A Research Paper  
Presented for the  
Master of Science  
Degree  
Austin Peay State University

Alicia L. Burch

August 1995



## ACKNOWLEDGMENTS

I would like to thank my major professor, Dr. Stuart Bonnington, for his guidance and support. I would also like to thank my other committee members, Dr. Samuel Fung and Dr. Ron Oakland, for their valuable input. To my loving husband Chris, I would like to thank him for his never failing belief in me, his strong support, and loving encouragement. He reminded me of my strengths and encouraged me to continue until the end. I would like to thank my mother and step-father, Bob and Cleota Anderson, for their belief and support in me. Finally, I would like to give my father, Norvell Bowen, a special thanks for his support and for helping me reach my educational goals debt free.

## ABSTRACT

The purpose of this research was to examine and provide an overview of the problems and concerns dealing with the current system of care for children and their families. A critical review was completed of the literature on delinquency prevention programs and their effectiveness. Each of the articles reviewed discussed successful outcomes of the programs. Many of the researchers felt the programs held promise in preventing delinquent, antisocial, and conduct behaviors. Overall, there were questions concerning the sample sizes used, the lack of control or reference groups, the method in which the information was gathered, and whether there would be success on a long-term basis.

It was concluded future research needs to address the current limitations with the prevention programs and a focus on improving the approaches that have proven to be promising and some what empirically sound. More attention may need to be directed towards early primary prevention with children entering elementary school.

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## CHAPTER 1

### INTRODUCTION

Over the last decade, there has been an increasing trend of children being removed from their families and placed in out-of-home placements (U.S. Department of Justice, 1992). There are many reasons why these children are being removed from their homes and being placed in out-of-home placements. The U.S. Department of Justice (1992) divided the reasons into two different categories: 1) delinquent acts and 2) non-delinquent acts.

Delinquent acts include murder, non-negligent manslaughter, forcible rape, robbery, and aggravated assault. Other acts against persons include negligent manslaughter, assault, and sexual assault. Other delinquent acts against property include burglary, arson, larceny-theft, and motor vehicle theft. Lesser charges include vandalism, forgery, counterfeiting, fraud, stolen property, and unauthorized vehicle use. Alcohol offenses, drug-related offenses, and public order offenses are also included under delinquent acts.

Non-delinquent acts also cover a range of offenses. Some of these offenses include runaway, truancy, and unruly behavior. A child found guilty with one of these offenses is designated as a status offender, which is defined as a child which commits an offense, that if committed by an adult, would not be considered an offense or unlawful act. Some children who are non-offenders also fall under the category of non-delinquents. This includes children who are identified as having issues that affect their safety and well-being. These issues included abuse, dependency, neglect, and termination of parental rights. The Council of Juvenile and Family Court Judges (1993) stated this is a non-

offense category in that the referred child is the "victim", not the offender. Two other areas which the U.S. Department of Justice (1992) have identified as falling under this category are children with emotional disturbances and mental retardation. In addition to these two different categories, some children are in custody based on voluntary admissions.

Children are faced with many societal conditions and difficulties which are beyond their control. Many of these situations are risk factors that may be associated with delinquency. Roundtree, Grenier, and Hoffman (1993) reported the poor who live in the urban areas fall much farther below the official poverty level now than in the 1970s and are far less likely to somehow escape poverty now than in the 1960s. Smith (1992) reported the poverty rate for children has grown dramatically in recent years and nearly one in five children currently live in poverty.

Coie and Jacobs (1993) argued that individual characteristics of the child (e.g., poor self-control, impulsivity, aggression, and inability to delay gratification) and the parents (e.g., inconsistent and harsh disciplining practices, insufficient supervision, and lack of warmth) have always been considered to play a role in the development of conduct disorder. Some researchers (Loeber & Dishion, 1983; Patterson & Stouthamer-Loeber, 1984) see family structure, poor parent-child bonding and affection, and certain parenting practices along with poor discipline as an important predictor of later delinquency, violent offending, and serious antisocial behavior.

Children's perception that the world is an evil and frightening place is linked to their exposure to violent portrayals in the media (Singer, Singer, & Rapaczynski, 1984).

This may lead some children to believe that in order to protect themselves, they should respond in a violent manner.

Although the youth population declined throughout the 1980s, current national census reports show that youth custody rates have increased. The youth population declined by 11 percent between 1979-1989, but the overall custody rates for juveniles in public and private facilities increased 46 percent between 1979-1989 (U. S. Department of Justice, 1992). Admission rates for juveniles in public and private facilities increased 34 percent in 1978-1988. More than 90 percent of the youth in public facilities were confined for some delinquent offense. Less than five percent were confined for status offenses and less than one percent were confined voluntarily on any given day. Private facilities have a considerably different percent ratio. More than one-third of the youths were confined for delinquent offenses, while non-offenders and status offenders accounted for 47 percent of those confined. Voluntary admissions accounted for 18 percent of the one-day count. It is noted these proportions have changed only slightly since 1979 (U. S. Department of Justice, 1992).

When commitments occur and children are removed from their families, they are often placed in relatives' homes, foster homes, specialized foster care, preparatory schools, psychiatric hospitals, juvenile detention centers, residential facilities, and wilderness programs. Other types of placements include: assessment centers, emergency shelters, halfway houses, medical hospitals, alcohol and drug treatment, and mental retardation programs (U. S. Department of Justice, 1992).



Along with increased custody rates, the cost to care for these children has risen. Since 1981, child welfare cost has risen almost 300 percent with an estimated total of \$7.3 billion in inflation-adjusted federal, state, and local money. Although there is a foster care national average of \$13,000 per child per year, that amount can increase dramatically depending upon what state the child is placed and the type of placement (Smith, 1992).

Traditionally, a child who was in need of intensive services received residential placement. A typical scenario would be the child was removed from their home, placed in a residential placement, surrounded by intensive and structured activities. Sometimes the family was permitted to participate but often times, the therapy was child focused. The parents were forced to give up custody of their child to receive the intensive services (Knitzer, 1993). This means typically, treatment begins after an individual is encouraged to get help or is removed from their home and placed in State custody. When this occurs, appropriate services are very expensive and require a great deal of expertise and sustained involvement (Weissberg, Caplan, & Harwood, 1991). Tuma (1989) estimated that fewer than 20 percent of the young people with mental health problems are receiving appropriate services. Considering this, we are faced with questions concerning realistic and cost-effective ways to meet the psychological, social, and health needs of our children. Part of the problem is there is an enormous discrepancy between the number of available services and children who need help. Weissberg, Caplan, and Harwood (1991) reported the prognosis for success has not been favorable, so one could argue a major portion of the scarce mental health resources is being devoted too late and in a cost-ineffective way. Also, mental health interventions have been child-centered and did not pay attention to the

settings (e.g., family, school, and community) that create and perpetuate the child's difficulties. The clinical system is designed in such a way that professionals are directing their efforts primarily to the assessment, diagnosis, and treatment of disturbed children, rather than promoting competence and preventing psychological dysfunction.

There has been a change in thinking over the last ten years. A child who needs intensive treatment does not have to be placed in an out-of-home placement. There is the belief that it is possible to create an appropriate level of intensity using natural environments by wrapping services around a child and family in his or her own home, classroom, and community (Knitzer, 1993). This type of intensive treatment moves towards family preservation and prevention. There is similar thinking by Smith (1992) who sees a need to redirect programs from crisis intervention toward more efficient and effective early interventions and prevention.

## CHAPTER 2

### REVIEW OF LITERATURE

Over the last 25 years, research has taken a turn towards studying conduct disorder, antisocial behavior, and juvenile delinquency (Reid, 1993). Violent crimes committed by adolescents have become one of society's most severe problems. Juvenile delinquency has created enormous costs in property loss, human resources, and suffering (Scherer, Brondino, Henggeler, Melton, & Hanley, 1994).

Antisocial aggression has been characterized as one of the most prevalent, stable, socially transmittable, personally destructive and clinically problematic behavior patterns society faces (Guerra & Slaby, 1990). There is an even greater challenge for treatment when it reaches the level of violence. Children who have conduct problems and aggressive behavior are at risk for later psychiatric disorders and a number of other problems including substance abuse, chronic unemployment, divorce, a range of physical disorders, and a dependence on welfare services (Caspi, Elder, & Bem, 1987). Aggressive behavior may manifest itself in criminal behavior, physical aggression, child and spouse abuse, and driving behaviors (Huesmann, Eron, & Lefkowitz, 1984). The behaviors that characterize these children are powerful predictors of subsequent delinquency and criminal offenses (Loeber & Dishion, 1983). Huesmann, Eron, and Lefkowitz (1984) completed a study concerning the stability of aggression over time and generations. They found children who were aggressive at age eight were still aggressive at thirty and the aggression was transmitted across generations within families. Loeber (1982) concluded that youths who



display high rates of antisocial and delinquent behavior tend to maintain the behavior into adulthood.

The relationship between early conduct problems and disorders to later delinquency and violence is of interest to policy makers and the general public (Loeber & Dishion, 1983). Kazdin, Bass, Ayers, and Rodgers (1990) stated there is a high priority in research to develop and identify an effective treatment of emotional and behavioral disorders of children and adolescents.

Historically, interventions with serious juvenile offenders have had little success (Borduin et al., in press). Very few have provided adequate evidence of being effective (Price, Cowen, Lorion, & Ramos-McKay, 1989). No one strategy has proven effective for the treatment of conduct disordered behaviors, but the growing research basis is identifying many promising leads (Reid, 1993). Typically, the treatment has been focused in the context of the home (Patterson, Chamberlain, & Reid, 1982) or the institution (Hobbs & Holt, 1976) or the group home (Phillips, Phillips, Fixsen, & Wolf, 1971). There were significant effects on the conduct problems and aggressive behavior but many were short-lived and restricted to the situations where the interventions were carried out. In the more recent 1980s, Kazdin (1987) agreed that there are empirically-driven treatments that are promising. The focus of the programs and treatments explored in this paper is towards prevention of delinquency.

### Definition of Prevention

Due to delinquency prevention covering a wide range of practices, there has not been a great consensus on exactly what prevention means (Wright & Dixon, 1977).

Prevention is the act of preventing. The Latin root of prevent is *praevenire*. *Venire* means to come. *Prae* means before. Prevention is to come before, to act in anticipation of, to stop or keep from happening (Webster's New World Dictionary, 1984). Three preventative orientations have been identified. They are primary prevention, secondary prevention, and tertiary prevention (Albee, 1982; Pransky, 1991).

Albee (1982) stated that the focus of mental health primary prevention is to reduce the number or rate of the development of new cases of a disorder. The reduction of incidence, accomplished through before-the-fact interventions with currently healthy groupings of people, is what sets primary prevention apart from the other types of prevention. The strategies for primary prevention differ from traditional treatment approaches with respect to the targeting and timing of the intervention practices (Weissburg et al., 1991). Pransky (1991) defines primary prevention similarly, in that, it happens before there is any sign of a problem. Boyle and Offord (1990) defined the objective of primary prevention as lowering the incidence over time of new disorders in a population. This has been traditionally accomplished by modifying one or more characteristics known to increase the risk of disorder.

Once the dysfunction already exists the focus then shifts to secondary prevention (Albee, 1982). Pransky (1991) defines secondary prevention as intervening at the earliest signs of problems or when someone is identified as "at risk" of developing a problem.

The third type of prevention, tertiary, is focused in the area of keeping people from having the same difficulty again (Pransky, 1991). Also, it can be defined as aiming to

avoid recidivist behavior after a delinquent behavior has occurred (Berger & Berger, 1985). Pransky (1991) described the different types of preventions as being on a continuum. This continuum ranges from prevention through intervention to treatment and rehabilitation.

### Types of Prevention Approaches and Program Reviews

There are a number of approaches for preventing delinquency. A review of the literature identified multisystems (Borduin et al., in press; Conduct Problems Prevention Research Group, 1992; Henggler, et al., 1986; Henggler, Melton, & Smith, 1992; Henggler, Melton, Smith, Schoenwald, & Hanley, 1993; Roundtree, Grenier, & Hoffman, 1993; Scherer et al., 1994), parent training (Bank, Patterson, & Reid, 1987; Patterson, Chamberlain, & Reid, 1982), systems theory (Lindsey & Kurtz, 1987), social competence (Hiew & MacDonald, 1986), repentance (Hazani, 1987), social cognitive (Guerra & Slaby, 1990), and victim-oriented (Blostrom & Henderson, 1983; Lewis & Salem, 1981) the major approaches to delinquency prevention and treatment.

### Multisystems

The multisystems approach has gained a strong following as evidenced by the literature reviewed. In this approach, there is an emphasis on child, family, school, peer, and community. Many prevention programs in the past have focused on an individual child or family not taking into consideration the systems in which the child lives. Any treatment which has a relatively narrow focus of intervention is not likely to be successful with delinquents because delinquency is multi-determined and has factors which affect



multiple settings. These settings include family, peer, school, and community (Guerra & Slaby, 1990; Hazelrigg, Cooper, & Borduin, 1987; Tolan, Cromwell, & Brasswell, 1986). Lindblad-Goldberg, Duke, and Lasley (1988) supported the idea that there is evidence which suggests intervening solely with family subsystems, the adolescent or parents alone, is less effective with multistressed families. Programs emphasizing this approach tend to be home and/or community based. Within the multisystems approach, there are programs which use different methods to try to accomplish delinquency prevention.

### Multisystemic Therapy

Multisystemic therapy strategies are typically pragmatic, focusing on the problems and competency based. The interventions are focused on the child, family, and dyadic family subsystems, peer and school relationships, and academic performance. Other social systems that are believed to be involved in the problem behaviors are targeted by the therapist also (Scherer et al., 1994). Brunk, Henggeler, and Whelan (1987) pointed out that multisystemic method stressed the role of cognitive and extra familial variables in maintaining the behavior problems. The individual is viewed as being nested within a complex of interconnected systems. Symptomatology can be maintained between any one or a combination of any of the systems (Mann, Borduin, Henggeler, & Blaske, 1990). There are highly individualized treatment plans developed based on an assessment of the strengths and weaknesses of the child, family, peer systems, and school. This allows for flexibility with sociocultural differences (Henggler, Melton, & Smith, 1992).

Henggeler et al. (1992) completed a study of prevention using a family preservation model with multisystemic therapy. The population was serious juvenile

offenders (e.g., crimes against the person, arson, and other felonies) and their multiproblem families. These adolescents were at imminent risk of out-of-home placement because of serious criminal activity by the youth.

Those youths involved in the study were placed into two groups: one receiving the multisystemic therapy and the other receiving usual services (e.g., curfew, school attendance, and participation with other agencies). These services were provided by the Department of Youth Services by monitoring of a probation officer.

Henggeler et al. (1992) reported that the findings at 59 weeks supported the effectiveness of family preservation using multisystemic therapy, compared to usual services. The results indicated a reduction in the institutionalization of serious juvenile offenders by 80% compared to 32% for those who received the usual services. Further results show a reduction in criminal activity by 58% compared to 38% respectively. Significant treatment effects were self-reported as an increase in family cohesion and a decrease in peer aggression.

The researchers also subjected other areas to statistical analysis that reported favorable outcomes. Multisystemic therapy was equally effective with youths of different gender and ethnic backgrounds and with families possessing different levels of cohesion. Offenders who had positive emotional relationships with their friends were less likely to be rearrested.

Researchers indicated the validity of multisystemic therapy was reported as supported in two other ways. First, the multisystemic therapy was delivered by a community mental health center. Henggeler et al. (1992) believed this supported the idea

that a child can be served within the community. The second aspect pertains to the participants. Those who participated were offenders and disadvantaged families with serious and long-standing problems. These are considered to be poor candidates for intervention. The researchers believe this shows there can be success with the most difficult clients.

Although the study showed a reduction in criminal activity and institutionalization, there were concerns. First, there was a 12.5% attrition rate that brings into question the statistical validity with only 84 of the 96 participants that completed the study. Secondly, within the control group, youth and families were often referred for mental health services but few participated. Henggler et al. (1992) did not indicate why services were not offered to all participants in the control group. There is not a discussion concerning how many actually participated. Of the 38% who did not reoffend, there is no discussion of the percentage of those who were offered and/or received mental health services. A question remains how multisystemic therapy compares to other therapeutic interventions. Lastly, the subjective self-reported proposed change needs to be assessed. There are questions concerning the self-reported improvements.

Henggler, Melton, Smith, Schoenwald, and Hanley (1993) conducted a long-term follow-up on this research. They obtained the archival arrest data an average of 2.4 years post-referral. At the time of review, 39% of the multisystemic participants had not been rearrested, as compared with 20% of the group receiving usual services. The mean time to rearrest for those who received the multisystemic treatment was 56.2 weeks, while the mean time to rearrest for youths receiving the usual services was 31.7 weeks. Henggler



et al. (1993) reported that multisystemic family preservation, as compared with traditional community services, is effective in reducing rearrest rates of serious juvenile offenders.

This data reports promise for the interruption of juvenile offenders' criminal careers, but there is concern about the 61% recidivism rate with the multisystemic treatment. The researchers may need to address efforts to enhance the long-term effectiveness of the treatment. The rate of incarceration was not addressed in this study due to limited resources and an unreliable tracking system (Henggeler et al., 1993). In the initial study at 59 weeks, attrition rates were a concern, but this follow-up at 120 weeks did not address this issue. It can only be assumed this study's results are based upon the original 84 participants.

Borduin et al. (in press) examined the long-term effects of multisystemic therapy versus individual therapy on the prevention of criminal behavior and violence. The results reported showed multisystemic therapy had highly favorable effects on perceived family relations, observed family interactions, decreased symptomatology in parents, and decreased behavior problems in the youth. Multisystemic therapy produced longstanding change in youths' criminal behaviors. Youths treated with multisystemic therapy were significantly less likely than their counterparts, who received individual therapy, to be rearrested within four years after treatment termination, and when rearrested, had committed significantly less serious offenses. The youths in the individual therapy group had a rearrest rate of 71.4%, while those in the multisystemic therapy group had a 26.1% rearrest rate. Borduin et al. (in press) concluded the results of this study indicated that a comprehensive intervention, addressing the multiple determinants of antisocial behavior in



the youths' natural systems, can successfully reduce criminal activity and violent offending in serious juvenile offenders.

Although Borduin et al. (in press) reported impressive statistical data in support of multisystemic therapy, they attributed their success to the treatment being delivered in a multisystems and comprehensive manner. The individual therapy was not delivered in this manner. Before validity for success can be attributed to the multisystems and comprehensive approach, a study may need to be completed comparing multisystemic therapy to a less comprehensive home-based treatment. Also, longitudinal studies may need to be completed to confirm there is stability over time.

Henggler, et al. (1986) completed a study on multisystemic treatment of juvenile offenders. Those in the study either received therapeutic interventions based upon the family-ecological systems approach, an alternative treatment, or placed in a control group. Statistical analyses revealed that the adolescents who received family-ecological treatment showed significant decreases in behavior problems. There were significant positive interactions within the families. The parents also reported a decrease in anxious-withdrawn behaviors, immaturity, and association with delinquent peers. Following treatment, the adolescents talked more and there was an increased participation in the family's decision-making process.

In contrast, those families who received the alternative treatment evidenced no positive change and showed deterioration in affective relations. Henggler, et al. (1986) reported these findings supported a multisystemic model of behavior disorders and treatment. They believe it is a promising model for improving the relationships of

dysfunctional families and decreasing the behavior problems of relatively serious delinquents.

The data reported was strictly based upon observation and self-report of sample size of 87 (Henggeler et al., 1986). There is no concrete empirical data, such as recidivism rates, to support the research claim of improved behavior. The adolescents which were chosen for this study had prior arrest histories. There is no arrest data discussed during or after the treatment. There may have been improved behavior within the family but the researchers do not discuss data to support an improvement with arrests. Also, they did not discuss peer and school interactions and whether there were improvements. To determine if there is true success, they may need to do longitudinal follow-up studies.

Scherer et al. (1994) also completed a study on multisystemic family preservation therapy. The study was conducted with rural African-American and White families who had a chronic or violent adolescent offender who was at imminent risk of being placed out of the home. Others in the study received traditional services from the Department of Juvenile Justice. These services included probation, court ordered community services hours or restitution, school monitoring, and referrals to other social service agencies (e.g. mental health center, alcohol and drug abuse programming, and vocational counseling and training).

The results from Scherer et al. (1994) showed a significant decrease in socialized aggression and marginally less conduct disorder symptoms following treatment from the multisystemic family preservation therapy. The families reported significantly more

satisfaction with family task accomplishment than those involved in the Department of Juvenile Justice program. There were reported improvements in parental monitoring with the multisystemic family preservation participants. These results supported the conclusion that multisystemic family preservation is achieving its goals of empowering parents to direct and regulate events in their family and decrease youth antisocial behavior. Also, it indicates a promising approach for serious adolescent offenders and their families from rural and minority populations.

The data was gathered from a sample size of 55 by self-report and observations. A refinement of the measurement procedures is needed. There is no concrete empirical data to address whether or not the adolescents had committed any further violent criminal offenses or whether there had been further arrest during or following the treatment. To determine whether long-term success can be claimed, longitudinal research may need to be completed.

### Social Development Model

In the social development model, the establishment of social bonding to the family is seen as extremely important. Social bonding provides a base of support from which the child can develop bonds to other social units. Intervening in the family should increase opportunities for the child's involvement in prosocial interactions and activities. This should increase the child's skills for participating within the family and in other systems. There should be consistent and frequent rewards for the child participating in prosocial activities. A bond of attachment can be expected to develop (Frazer, Hawkins, & Howard, 1988). The appropriate objects for intervention, depending upon the



developmental stage of the child, are families, schools, and peer groups (Hawkins & Weis, 1985).

A community-based juvenile delinquency prevention program was studied by Roundtree, Grenier, and Hoffman (1993). The program addressed multiple problems through multiple interventions, social support from both counselors and peers, discipline, real opportunities to succeed, nurturing, and special emphasis on building self-esteem. The program variables measured were commitment to education and the future, attachment to significant others, involvement in culturally accepted activities, and belief in the culture's value system.

The study found that parental perception of changes in program participant behaviors and attitudes indicated strong improvements in every area measured. According to the parental reports, there appeared to be a broad pattern of profound, simultaneous change. The participants were viewed to have strong attachments with their parents due to their improved ability to communicate. They had increased the amount of time they talked to their parents. Also, there was an increased willingness to help out around the home.

Roundtree et al. (1993) reported the participants showed a higher level of school achievement, and they had more interest in school. There was a hopefulness about the future in that they were found discussing plans for future careers or further education. Much of their leisure time was occupied in positive activities. The parents believed there was an increase in the children's degree of belief in the culture's value system.

The changes found indicated the participants were less likely to engage in



delinquent behavior. Therefore, Roundtree et al. (1993) saw the program as being effective in preventing juvenile delinquency.

The data gathered was based upon a telephone survey questionnaire of parental perception of a sample size of 18 households. There are questions as to the validity of this study. The information was presented in terms of there "appeared" to be profound and simultaneous change. Qualitative terms were used instead of sound empirical data. Roundtree et al. (1993) did not discuss whether the improvements were caused by the program because there was not a comparison or control group used. Also, there is difficulty in measuring the effectiveness of the prevention, due to the fact that all those who participated reported their children had not been suspended or arrested before, during, or after program participation.

### Developmental Model

This model places great emphasis on determining the appropriate time and place for preventive intervention. The intervention should focus on building behavioral and cognitive skills in the family and school environments. It should focus specifically on changing the patterns of interaction between the child and their social arena (family, school, and peer) to promote consistent expectations for the child's performance (Conduct Problems Prevention Research Group, 1992). Reid (1993) discussed the issue of serious behavior problems that can be identified before school entry and suggested that the two major transitions periods which are most amenable to prevention efforts are when a child initially enters school and the transition to middle school.

The FAST Track Program (Conduct Problems Prevention Research Group, 1992)

targets children who have disruptive behavior and poor peer relations both at home and in school. This program encompasses the first 6 or 7 years of schooling for these high-risk children. The intervention intensifies during the transitions at school entry and from the elementary grades to middle school. The program's major components are: parent training, home visiting/case management, social skills training, academic tutoring, and teacher-based classroom intervention. The parents are approached as collaborators and potential staff members to assist their children.

This program is still fairly new. It is being piloted in four regions: Durham, NC, Nashville, TN, Seattle, WA, and rural central Pennsylvania. Results on its effectiveness are not available due to the length of time (6 to 7 years) the program encompasses.

### Parent Training

Parent training, associated with the Oregon Social Learning Center, involves a process in which the families are taught techniques in a specific order. First, parents learn to pinpoint the child's behavior and then track it. After the parents are successful in tracking the behaviors, then the therapist and parents develop a point chart and reinforcements to be used. Time-out is taught as a discipline measure for children 3 to 12 years old. Alternative consequences, such as work details or removal of privileges, are used with the older children. The parents are also taught problem-solving and negotiation skills (Bank, Patterson, & Reid, 1987).

A comparative evaluation was completed by Patterson, Chamberlain, and Reid (1982) on the parent training program associated with the Oregon Social Learning Center. The program was tailored specifically to families of preadolescent(s) who have exhibited

antisocial behaviors. The hypothesis tested was those who participated in the program should show a significant decrease in the rates of deviant behavior compared to the comparison group. A baseline was determined before treatment and then at the termination of the therapy. There were two groups developed. One was those who participated in the parent training associated with the Oregon Social Learning Center and the other was a comparison group which received treatment through various therapy approaches.

Patterson et al. (1982) reported a significant reduction in deviant behavior of those who were involved in the parent training group at the end of treatment. The comparison group showed a 17% reduction from the baseline score and the parent training group showed a 63% reduction from the baseline score. Patterson et al. (1982) believed the findings offer strong support for the hypothesis that the effects were specific to the treatment procedures.

The data gathered from 19 families was by self-report. There is some question as to the validity of the information concerning the sample size and the method in which the data was gathered. There is no discussion by Patterson et al. (1982) concerning their perceived limitations or problems with this study.

Another study associated with the Oregon Social Learning Center was completed by Bank et al. (1987). They completed a study on delinquency prevention through training parents in family management. The parents were taught appropriate discipline, monitoring, positive parenting, and problem solving.

The prevention program hoped to achieve certain outcomes. The first was a



decrease in the probability of coercive behavior by the child, and an increase in the probability of parent monitoring, discipline, and positive reinforcement given. Next, they expected higher rates of positive and lower rates of negative behavior with the families. Lastly, increased parent support of one another in the parenting process. All of these changes were expected to be maintained over time.

From the reports on the program, Bank et al. (1987) reported those treated had improved significantly on nonstatus and total offenses by the termination of the therapy. These changes were greater than any corresponding changes in the community control group. The results stated that this program, which was to help parents deal with their antisocial children, appeared to be successful, and the process through which a great deal of delinquent behavior develops was increasingly understood.

Bank et al. (1987) did not give the sample size that was used. They did not list specific empirical data to support their position that there was a significant difference in the behavior of those who participated in the program as opposed to the community control group. Their data was based upon self-report and observation. The issue of whether or not this program would work across ethnic backgrounds, socioeconomic status, large urban areas is not discussed. The information may be available but it was not a part of the current report.

### Systems Therapy

The systems theory approach focused on the factors which maintained the delinquent subculture that can be used as an avenue for effective intervention into the delinquency system (Cohn, 1977). The approach also looked at the interaction of school



and court policies and procedures, and subsystems that often times have different purposes and will cross each other (Lindsey & Kurtz, 1987). Since the school can be an avenue for children to enter the delinquent system, collaboration between the school and court can provide opportunities for effective early intervention (Romig, 1978). Getting the systems to work together and communicate is important.

Lindsey and Kurtz (1987) explored a systems theory approach to delinquency prevention. The 2-year program was called the School-Juvenile Court Liaison Project. It assisted personnel from five school systems and juvenile courts in Georgia to work towards the following goals: a) to develop better communication between the schools and the juvenile courts in the hope that services could be coordinated to focus on early intervention instead of remedial/rehabilitation services, b) to assist school and court personnel in reaching out to other human services agencies thereby developing a community-wide system of service coordination for young people, and c) to enable school and court personnel to address youth-related community problems in a preventative manner instead of a reactive manner.

Lindsey and Kurtz (1987) reported there was increased communication, in that four out of five counties developed formal communication procedures. The empirical data supported the claim of a significant change in joint service planning between the systems. The schools and courts increased their communication about the students who were involved in the system and frequently developed treatment plans to help the student. They also increased their communication concerning general issues of school-court cooperation. Results for the second goal showed there were interagency case staffing councils and

prevention-oriented projects developed in their communities. Three of the five counties contributed to the initiation or revitalization of their local interagency councils. The actual development of primary prevention programs, which was the third goal, was difficult for team members. Only two of five teams were successful in implementing their prevention programs. The others had difficulty with too lofty goals, changes in school administration, and lack of funding. Overall, the authors believed this was a successful project.

There were limitations to this study. First, Lindsey and Kurtz (1987) did not discuss their sample size. Next, there was missing information from one county of the five counties examined. This would lead to the question if the information had been available, how would it have effected the results given. Lindsey and Kurtz (1987) viewed this project as successful but only two of the goals were reached. The third goal, developing a prevention program, had limited success. Also, the prevention programs did not have specific guidelines developed to follow.

### Social Competence

Social and cognitive deficits have frequently been associated with the delinquent population. The social competence approach sees building competencies for life events such as obtaining employment that would not only meet the social and economic needs of adolescents but also increase their self-esteem. It would give them a sense of competence in dealing with future stressful life events. These types of prosocial behaviors have been found to increase adolescents' resistance to delinquency (Hiew & MacDonald, 1986).

A study was completed that cited the promotion of social competence to cope with various stressful conditions as a strategy to preventing deviant behavior (Hiew &

MacDonald, 1986). If an adolescent is able to work, it is believed he or she would be less likely to participate in delinquent behavior. From the review of the literature by Hiew and MacDonald (1986), the single most important variable they identified that employers use in making selection decisions is the interview.

A program was developed to assist adolescents in developing social competence, job skills training, and they were introduced to a support network with local community employers through the Chamber of Commerce. The findings indicated that interviewers and professionals in the business community found the training program to be successful in teaching valuable interview and pre-employment skills. Those who were involved in the group who received pre-employment skills training, along with having contact with the Chamber of Commerce support group, had the highest rate of employment (9 out of 10). The group who had just pre-employment skills training was hired 5 out of 10. The two control groups had 3 and 4 out of 10, respectively. Hiew and MacDonald (1986) believed this provided social validation for the program.

The view Hiew and MacDonald (1986) took was that if an adolescent is able to work, he or she would be less likely to participate in delinquent behavior, is not supported empirically. The data collected did not measure the delinquency of the participants before, during or after the participation in the program. The assumption that if a person has a job he or she is less likely to commit delinquency was not discussed or supported. Also, Hiew and MacDonald (1986) found teaching pre-employment skills does not insure employment. There was not a significant difference in obtaining employment between the control groups who received no training and the second experimental group which



received only pre-employment skills training.

### Repentance

In Israel, there is a special interest in the phenomenon of repentant delinquents who quit their dissolute way of life to accept the norms of traditional Judaism and start to live according to the Jewish law. An ethnographic study in a Jerusalem slum was completed. The focus was on attempting to prevent delinquency through repentance (Hazani, 1987).

Still another way to approach delinquency prevention was explored by Hazani (1987). He studied a program carried out over a period of 18 months, which attempted to prevent delinquency through encouraging repentance. A group was started that would study the Torah which is "a detailed legal code that simultaneously regulates daily behavior and give the believers' existence its ultimate meaning. Since it is given by God, it is also its own legitimation, the source of all" (p. 92).

The author reported witnessing some change. He gave a specific case example where a child did stop delinquent acts. Hazani (187) explained that some of the behavioral changes may be, but not solely, in terms of reference group therapy. The study group gave the boys a sense of belonging. They enjoyed the cohesiveness of the group and were attracted by the group's prestige. The Rabbi instituted a system of institutionalized rewards that was logical. Also, the Torah gave the boys guidelines for behavior in the midst of the uncertainty of slum life. There was a combination of logic, predictability, and caring which gave a feeling of security that the boys badly needed. The author believed the work of the Rabbi with "early starters" in Jerusalem was a possible model.



Hazani (1987) does not report any empirical data to support his position. There is no concrete information to support why there was an observed decrease in delinquency. The information is based upon one person's observations with suggestions on why the results were observed. There is not a reference group to make comparisons and the exact sample size is unknown. There were three groups, 7-10 year old boys, 11-16 year old boys, and a group of girls with no age distinction. Hazani (1987) only reported on the boys' groups. It was noted by the author that only in those groups were there true repentants. This brings a question as to why no further information was given concerning the girls' groups to support his position. If this approach is successful, then why would there not be repentance and success with the girls' group?

### Social Cognitive

This approach focused directly on identifying and fostering the individual developing child's cognitive resources (Kazdin, 1987). According to this approach, a social behavior pattern is not the direct and necessary result of either external social events experienced by the individual or the person's internal temperament, although both internal and external factors may play important roles (Guerra & Slaby, 1990).

With the concern over the association of aggression and delinquency, Guerra and Slaby (1990) reviewed a study of a training program with participants who were incarcerated in a state juvenile correctional facility for having committed one or more violent criminal acts (e.g., assault and battery, robbery, rape, attempted murder, and murder) to increase cognitive mediation. There were six primary social problem-solving skills that are shown to correlate with adolescent aggression. Those skills are: defining

social problems based on a perception of hostility, setting a goal consistent with that perception of hostility, searching for few facts, generating few alternative solutions, generating few consequences for an aggressive solution, and prioritizing in favor of ineffective solutions. Training in the beliefs component was directed primarily toward challenging social beliefs that support aggression.

Guerra and Slaby (1990) found the cognitive mediation training group showed significantly greater social problem-solving skills on six of the seven areas tested, as compared with the attention control and the no treatment control subjects. Those who participated in the cognitive mediation group reduced their beliefs of supporting aggression. Also, they reduced their subsequent aggressive, impulsive and inflexible behaviors. Guerra and Slaby (1990) believed that this showed an intervention program can be successful in changing not only social problem-solving skills and beliefs supporting aggression, but also ratings of subsequent behavior. Recidivism was only measured on 81 of the 120 subjects due to some of the participants still remaining in the institution or not being able to locate the others. The duration of the study was for a period up to 24 months for each group. The data showed the cognitive mediation group appeared to be less likely to recidivate, but failed to produce significant differences between the group.

This study does note significant improvement in the reduction of aggression but the stability of the change may need to be further investigated. Guerra and Slaby (1990) did not discuss whether the same criteria was used in looking at the recidivism rate as was used to fit the criteria for program participation. They did not explore their own perceived limitations and problems within the study.

### Victim-Oriented

A recent shift in prevention has gone from the offender to a victim-oriented approach. These efforts are aimed at increasing a collective community involvement to respond to social problems (Lewis & Salem, 1981). Boostrom and Henderson (1983) said this focused on increasing the effectiveness of individual security and crime prevention through environmental design, however, the authors did not discuss the effectiveness of this approach.



## CHAPTER 3

### SUMMARY, CONCLUSIONS, AND IMPLICATIONS

The purpose of this paper was: a) to examine and provide an overview of the problems and concerns dealing with the current system of care for children and their families which demonstrate a need for outside assistance, b) to review the current trends in child custody and out-of-home placements, c) to review the factors that contribute to the problems our nation is facing concerning the direction our children's lives are taking, and d) to critically review the current literature on delinquency prevention programs and their effectiveness.

From this research, it can be seen there is a concern about delinquent, antisocial, and conduct behavior among young people. There is such a concern that the research has turned toward trying to find an effective way to prevent this type of behavior. There are several approaches that have tried to accomplish the goal of delinquency prevention.

Each of the articles reviewed, discussed successful outcomes of the program. There were different approaches used, but never the less, the results were stated in a positive light. Many of the reviewers felt the programs held promise in preventing delinquent, antisocial, and conduct behaviors.

Although the programs discussed had significant and positive results, there were flaws identified. Many of the programs relied upon self-report to determine if there was a reduction in the child's delinquent behavior. There was a lack of empirical data to support the outcomes. The sample sizes were questionable with several of the programs in the initial survey, and there was no way to compare the outcomes due to there not being a control or reference group. In many of the initial studies and when there were follow-up

studies for longitudinal results, which was rarely, there were attrition problems. In one study, the claimed success was due to a particular approach in treatment which was to reduce delinquency, but the comparison treatment group did not deliver the service in the same manner. True success could not be determined due to the difference in treatment.

Wright and Dixon (1977) completed a survey of the literature on juvenile delinquency prevention efforts over the prior ten years. They looked at 6,600 abstracts and only 96 reports were found to contain some form of empirical data. The reports were rated for internal and external validity and for policy utility. Overall, the literature was low in scientific validity and policy utility. There could not be a delinquency prevention strategy definitively recommended. Another problem identified was the varying definitions of delinquency, prevention and success. There were no clear definitions given. They also stated many times the programs did not know why they expected their efforts to succeed. Many of these difficulties still exist with today's prevention efforts.

Future research needs to address the limitations and flaws with the studies that have already been identified. If the researchers do not try to make the necessary changes, then valuable time and money is being wasted. There needs to be a focus on improving the approaches that have proven to be promising and somewhat empirically sound.

Several of the articles eluded to professionals being able to identify delinquency at a young age. In the future, there needs to be more research in the area of early primary prevention. It will be interesting to see the program results from The Fast Track Program (The Conduct Problems Prevention Research Group, 1992) considering they are addressing the problems early and continuing the treatment through the developmental

milestones they have identified. Most of the promising interventions share a common strategy or therapy approach. They focus on the social interactional fabric in which the child's problems are embedded. Webster-Stratton, Kolpacoff, and Hollingsworth (1988) have taken the approach that parent training interventions with young oppositional children can have consistent and persistent effects in reducing aggressiveness and noncompliance in family settings.

There is little discussion within the literature that has to do with the cost of prevention programs. The challenge for primary prevention is to identify effective interventions that reach desirable outcomes at reasonable cost (Boyle & Offord, 1990). Cost analyses need to be completed on the delinquency prevention studies.

Intervention programs directed toward at-risk youth and identified delinquents must include strategies to build the community structures, and they must involve as many informal supports as possible (Clements, 1988). Without an effective delinquency prevention method at the family, school, and community levels, the cost of youth crime, the fear of victimization, and the number of youths processed through the juvenile courts will remain high (Hawkins & Weis, 1985). Roundtree et al. (1993) believed that the current increase in juvenile crime will not only continue, but will become worse if we fail to create and adequately support innovative interventions. Coie and Jacobs (1993) summarized it best in their position that

educators, health professionals, child-welfare workers, and government administrators at all levels must each take some ownership of the problem and be willing to join forces in order to combat it. Ultimately, a successful prevention



program will see children in the context of the family and the family in the context of its surroundings. It will offer a broad spectrum of services that collectively create a context in which high-risk children can carve out alternative paths to success (p. 274).

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