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**"DELINQUENCY THEORIES, GROUP COMPOSITION, TREATMENT
LOCUS, AND A SERVICE-RESEARCH MODEL FOR 'TRADITIONAL'
SOCIAL WORK AGENCIES"***

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"Most delinquent acts are committed with companions; most delinquents have delinquent friends. The meaning of these simple facts is a matter of wide dispute."

HIRSCHI, 1969: p. 135.

More than three decades ago Kingsley Davis (1938) lent momentum to a debate from which the helping professions, including social work, never fully recovered. Davis's main contention was that the preachments, personnel, and conceptions of normality espoused by the American mental hygiene movement necessarily biased the scientific validity and working practices behind its programs. Although his position may have been singular when first presented, Davis's stance is now commonly accepted by large numbers of social work professionals, if not by the majority. Such a stance might appear rather paradoxical on behalf of a profession that has provided an oft trod path to middle class status for much of its constituency as well as its clientele. Nonetheless, the profession's concern with this issue has been clearly illustrated in its prolonged and searching examination of the interrelationships between values and practices (cf., for example, Costin, 1964; Feldman, 1970, 1971; Hayes and Varley, 1965; McLeod and Meyer, 1967; Miller, 1968; Varley, 1963, 1966, 1968). As a partial response, social workers have been ready to delegate increasing responsibility for treatment to sub-professionals and indigenous personnel (Grosser, et al., 1969; Guernsey, 1969; Hardcastle, 1971) although, to be sure, this trend has not been prompted solely by the

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deficiencies of middle class workers. Likewise, efforts to recruit ever larger numbers of minority personnel into the ranks of the profession (cf. Reichert, 1968; Scott, 1970; Thursz and Rothenberg, 1968) have been prompted, in part, by a sense of malaise and frustration associated with the helping efforts of "traditional" social work institutions and personnel. The latter strategies have been effected despite the possibility that Davis and others might view them as retrogressive and self-defeating maneuvers contributing to greater entrenchment of the undesirable ideology and composition of the helping professions.

Even though Davis's implicitly assumed relationship between middle class status and ineffective service delivery never has been fully elaborated, there is a modicum of empirical evidence to support its validity. The evidence primarily is derived from studies concerning the clinical judgment process and regarding reciprocal role expectations in the therapeutic relationship. Briar (1961), for example, has shown that middle class student social workers engaged in diagnostic endeavors tend to stereotype and misjudge the attributes of hypothetical lower class clients. Aronson and Overall (1966), Goldstein (1962), Heine and Trosman (1960), Mechanic (1961), Rosenfeld (1964), Sapolsky (1965), and others have shown that middle class therapists and lower class clients tend to hold role expectations for one another, and for the therapeutic situation, that are highly discrepant, thus leading to high rates of client discontinuance and therapeutic failure. In general, these data may be regarded as useful for delineating problematic foci in professional training but they scarcely can be considered sufficient for the validation of a generalized incapacity of traditional (or, for that matter, of middle class) institutions and personnel to provide effective service, even for lower class clients.

In at least two respects the position set forth by Davis and more recent spokesmen has been seriously misinterpreted and overgeneralized, thus leading to an indiscriminate and unnecessary rejection of traditional helping resources. First, there is an implication that the totality of social work clients consists of lower class individuals who, in terms of the afore-stated perspective, necessarily cannot profit from the services of middle class workers. Obviously large numbers of middle class persons obtain help from social workers and from other helping professionals. Employing the above logic against itself, middle class professionals would appear to constitute the preferred helping population for such clients. However, such a rationale represents a rather tenuous and threadbare justification for the continuation of helping efforts framed within the context of traditional social work institutions.

Of much greater concern is the facile tendency for Davis and other critics to assume that the middle class composition of the helping professions constitutes the major, or even a major, explanation for the failure of therapeutic endeavors. The socio-economic composition of the helping professions represents but one factor related to their effectiveness (or ineffectiveness) and, in terms of explanatory value, it may

represent a relatively minor one. Of more direct importance are factors such as the validity, reliability, and potency of their explanatory and practice theories, structural and organizational features of service programs, and the loci of service endeavors.

Consequently the following discussion seeks to force a re-examination of the efficacy of traditional helping institutions. Particular emphasis will be placed upon one major social problem, viz., juvenile delinquency. The discussion is not meant to serve as an apologia for traditional social work institutions. To the contrary, its main thrust will be towards the redefinition of services by traditional agencies. Moreover, no claim is made that the rationales set forth herein will apply to problem areas other than juvenile delinquency.

Among the general postulates to be set forth are the following: (1) that few institutional structures, other than traditional ones, are available and effective for rehabilitative efforts directed toward children with behavioral problems, (2) that virtually all major theories of delinquency can be reinterpreted to support the utilization of traditional resources, and (3) that the effective utilization of traditional institutional resources depends upon a major redefinition of treatment locus, but only minor alterations in institutional operations.

Delinquency and Traditional Social Work Institutions

In the following discussion "traditional" social work institutions shall refer to community-oriented agencies that do not view their primary function as rehabilitation or treatment. Such institutions primarily provide recreational, educational, cultural, or leisure-time services for pro-social clientele, that is, clientele who engage in illegal or deviant behavior rarely or not at all. Examples may include many, but not all, YMCA's, Jewish Community Centers, and neighborhood settlement houses. Although many such agencies serve middle class populations, the socio-economic status of the agency's clientele can not be considered a central determinant of the agency's location along a "traditional-non-traditional" continuum. If any attribute of the client population can be considered significant for definitional purposes it is that the overwhelming proportion of clients exhibits "pro-social" behavior, as defined by the larger society, regardless of whether their socio-economic position situates them within the lower, middle, or upper strata. This may be contrasted with the case in correctional institutions where virtually the entire client population has been incarcerated for anti-social behavior of one type or another. The most basic criterion for the definition of traditional institutions inheres, then, in the services that they provide. Such services are predominantly, if not totally, geared towards recreational, educational, cultural, or leisure time objectives. By definition, such agencies afford two key advantages seldom found in juvenile correctional institutions: location within the open community and a plentiful supply of pro-social peers. The implications of these structural features are myriad and profound.

The Failure of Alternative Treatment Resources

Until recent years most efforts to rehabilitate juvenile delinquents took place within the confines of closed correctional institutions. During the past two decades, however, there has been a marked tendency towards the elaboration of treatment programs within institutions that increasingly approach the freedom and verisimilitude of the open community. The ultimate step in this progression has been an emphasis on treatment programs conducted entirely within the open community. But, unfortunately, regardless of their social context the available data concerning rehabilitative programs for delinquents have shown mixed results at best (Empey, 1967; Lerman, 1968).

A. Treatment Within Correctional Institutions

Perhaps the lowest success rates have been found in rehabilitative programs conducted within correctional institutions. Nonetheless, large numbers of youngsters are referred to such institutions, even though they might not have engaged in criminal behavior. Following a summary review of nearly a score of children's correctional institutions, Sheridan (1967) found that approximately 30% of the inmates were children convicted for conduct that would not have been judged criminal had they been adults. His review of ten students performed by the Children's Bureau shows that 48% of the 9500 children in selected state and local detention programs have not committed adult criminal acts. And, of special note, Sheridan found that a review of public and private institutions for American delinquents revealed a total of 476 inmates under ten years of age. One in every six of these was under seven years old!

The reasons set forth for rehabilitative failures in closed institutions have been numerous. Oftentimes such institutions develop multiple goals which contribute to intra-organizational conflicts between custodial and therapeutic objectives and practices (Cressey, 1959; Grusky, 1959; Ohlin, 1958; Ohlin, Piven, and Pappenfort, 1956; Piliavin, 1966; Piven and Pappenfort, 1960; Prentice and Kelly, 1966; Vinter and Janowitz, 1959; Weber, 1957; Zald, 1962). These tend to neutralize the gains derived from therapeutic programs (Cressey, 1962; Ohlin, Piven, and Pappenfort, 1960; Prentice and Kelly, 1966). Even in institutions where treatment goals are paramount the interaction of various professional disciplines sometimes leads to staff conflict (Street, et al., 1966; Zald, 1962) and/or to inconsistent treatment.

Miller and Kenney (1970) observed negligible treatment success in a psychiatric hospital with a special program for anti-social children, even though treatment goals were espoused by all staff. Workers in the various disciplines of psychiatry, psychology, nursing, occupational therapy, education, group work, and casework

"treated each adolescent in a partialized, parochial manner, according to the part of his personality or

problem they identified. No amount of team effort was wholly effective in formulating an integrated, consistent, approach to the patient. Furthermore, in this kind of environment, where the focus (was) on illness, there (was) an allegiance to permissiveness, the most conducive fertilizer in the cultivation of behavior disorders." (Miller and Kenney, 1970, pp. 49-50).

Interestingly, although the staff were unable to conclude that anti-social children received direct or indirect benefit from hospitalization, the referral agencies and families were not so cautious in their judgment.

"We were generally praised regardless of the outcome. If the patient made a better adjustment following hospitalization we were given full credit; if his problems persisted we were told that at least we had done more than anyone else had been able to do. We were never certain what we had done. We had seen nothing of any significance happen to these patients in the hospital; our recommendations for aftercare were not, to say the least, assiduously followed; and some of us had the unsettling thought that these youngsters would have fared as well without hospitalization." (Miller and Kenney, 1970, p. 52).

Overpopulation is another problem that has plagued rehabilitative efforts within correctional institutions. Thus, for example, in eleven states with programs housing 9,165 children (22% of the total reported by all 52 jurisdictions), the average daily inmate population was 10% or more above their respective systems' capacities (National Council on Crime and Delinquency, 1967). Overpopulation leads not only to fragmentation of rehabilitative endeavors but to organizational control problems which oftentimes are resolved at the expense of treatment goals. Many observers have reported, for instance, that custodial staffs frequently bargain with inmate leaders in order to retain control over the total inmate population. In essence, they delegate control power to highly anti-social inmates in order to protect their own occupational positions, thus legitimizing and reinforcing deviant behavior among the inmate population (Barker and Adams, 1959; Clewer, 1958; Grosser, 1958; Polsky, 1962; Rolde, et al., 1970; Schrag, 1954; Street, 1965; Sykes and Matza, 1957; Tittle, 1969). McCorkle (1956) has described the quandary of guards in correctional institutions in a succinct and trenchant manner:

"To a large extent the guard is dependent on inmates for the satisfactory performance of his duties and, like many figures of authority, the guard is evaluated in terms of the conduct of the men he controls - a troublesome, noisy, dirty cell-block reflects on the guard's ability to 'handle

prisoners' and this forms an important component of the merit rating which is used as the basis for pay raises and promotions. A guard cannot rely on the direct application of force to achieve compliance, for he is one man against hundreds; and if he continually calls for additional help he becomes a major problem for the short-handed prison administration. A guard cannot easily rely on threats of punishment, for he is dealing with men who are already punished near the limits permitted by society and if the guard insists on constantly using the last few negative sanctions available to the institutions: the withdrawal of recreation facilities and other privileges, solitary confinement, or loss of good time - he again becomes burdensome to the prison administration which realizes that its apparent dominance rests on some degree of uncoerced cooperation. The guard, then, is under pressure to achieve a smoothly running cell-block not with the stick but with the carrot, but here again his stock of rewards is limited. One of the best 'offers' he can make is ignoring minor offenses or making sure that he never places himself in a position to discover infractions of the rules." (p. 13)¹

Simple overpopulation probably contributes to rehabilitative failure in other ways also. Overcrowding of correctional institutions may lead to the aggregation of a selected inmate population consisting of the most incorrigible delinquents, thus making it additionally difficult to evoke therapeutic change. Likewise, early offenders may be refused admission and/or treatment due to overcrowding, thus contributing to the maintenance of deviant behavioral patterns that may be proportionately more difficult to treat at later stages of a delinquent career.

Conditions such as the foregoing are closely related to what may be the most pervasive and debilitating factor contributing to the high failure rate in correctional institutions, namely, the peer composition of the treatment environment. Whether treatment is at the individual or group level the vast preponderance of role models within the inmate's social environment are anti-social. The inmate's peers are persons who exhibit seriously anti-social behavior, who reinforce and reciprocate such behavior, and who, to some extent, have demonstrated an inability to function within acceptable limits in the open community. Such factors necessarily deter efforts to rehabilitate inmates and to prepare them for effective pro-social functioning in the open community (cf. Clemmer, 1958; Hindelang, 1970; Jesness, 1965; Street, 1965; Sykes and Messinger, 1960). Moreover, they may foster more frequent and/or serious deviant behavior among inmates who might have been relatively pro-social prior to incarceration.

To be sure, the inmate peer culture cannot be viewed simply as the total sum of anti-social or deviant behaviors previously learned by delinquents and brought to the institution. Social structural features of the correctional institution promote deviant behavior, especially with reference to sexual practices (Ward and Kassebaum, 1964). And, as Hindelang (1970) has noted, typical networks of rewards and punishments are ineffective in prisons, largely because the reward side has been stripped away (e.g., mailing privileges, visiting privileges, personal possessions) or has been replaced by other types of rewards (e.g., drug usage, homosexuality, and so forth). Even in relatively open correctional institutions this factor would appear to be a major one accounting for the failure of treatment programs. Eynon and Simpson (1965), for example, reported that juvenile delinquents treated in an open permissive camp setting, with an average daily population of only 65 boys, exhibited no differences in delinquent self-conceptions from those treated in a large state-operated training school.

Despite the many factors militating against effective treatment some correctional institutions have experienced limited success in rehabilitative work with anti-social inmates. Nonetheless, behavioral changes exemplified within the correctional institution may be far removed from effective social functioning in the open community. Since the two social environments are so dissimilar pro-social behavior developed within the former setting may not be transferable or sustainable within the latter. And, of course, behavioral change within the correctional institution is of little consequence unless it can be transferred and stabilized within the larger society. The marked differences between in-patient and out-patient environments, and the differing skills necessary for successful functioning within each, serve to emphasize the low transferability of behavioral changes learned in the correctional environment.

In order to ease the discontinuity between correctional institutions and the larger society some communities have developed transitional institutions, such as halfway houses, group homes, and short-term detention centers. Treatment programs within such institutions have been somewhat more successful than those conducted within closed institutions (McCorkle, et al., 1958; Weeks, 1958). However, effective rehabilitation is then dependent either upon the creation of ancillary treatment facilities or upon the development of new transitional strategies, such as conjugal visits, home furloughs, and so forth. Moreover, neither approach effectively neutralizes the dysfunctional consequences of deviant peer group composition.

An additional problem pertaining to closed correctional institutions and, to a lesser extent, to transitional institutions, derives from the labelling or stigmatization of their inmates and former inmates. Countless investigators have outlined the process whereby persons within the open community stigmatize released inmates, thus

delimiting their opportunities to engage in pro-social behavior and, in effect, creating the necessary conditions for continued deviant behavior (Akers, 1968; DeLamater, 1968; Gibbs, 1966; Erikson, 1962; McSally, 1960; Piliavin and Briar, 1964; Schwartz and Skolnick, 1962; Sheridan, 1967; Simmons, 1965; Terry, 1970; Wheeler and Cottrell, 1966).

Finally, regardless of the adequacy of services the cost of care in a correctional facility is inordinately high. Fifty-two jurisdictions report a total operating cost of \$144,596,618 to care for an average daily population of 42,389 youngsters. This means an average per capita operating expenditure of \$3,411, equivalent to one year's tuition and living expenses at a top quality liberal arts college (National Council on Crime and Delinquency, 1967).

In summary, then, an overwhelming panoply of factors militate against effective rehabilitation within correctional institutions. These include multiple and conflicting organizational goals, overcrowding, deviant peer group composition (with concomitant peer group reward and punishment systems), low transferability of change beyond the treatment environment, labelling and stigmatization of former inmates, and high cost. These factors, and others, have lent support to a different variety of treatment efforts, viz., those located within the open community. Lacking the above obstacles such treatment programs presumably should meet with substantial success.

B. Treatment in the Open Community

In order to avoid many of the problematic features associated with residential treatment a variety of rehabilitative programs have been developed within the open community. These include programs involving the assignment of detached workers to juvenile gangs (Adams, 1967; Cline, et al., 1968; Cooper, 1967; Crawford, et al., 1950; Kantor and Bennett, 1968; Mattick and Caplan, 1967; Short and Strodtbeck, 1965; Frost, et al., 1967), outpatient treatment programs based upon techniques such as guided group interaction (Empey and Rabow, 1961; McCorkle, 1952; Pilnick, et al., 1966; Warren, 1970), and comprehensive multi-service programs where a variety of services are offered to the delinquent child, including casework, group work, and guidance counseling (Meyer, et al., 1965). Although certain of these programs have experienced limited success a general overview indicates mixed results. Moreover, the relevant empirical data tend to be unsystematic and incomplete.

One of the best reputed comparative studies has been the Essexfields program. In this program recidivism rates were compared among (1) subjects at Essexfields (a non-residential group-centered program), (2) groups on regular probation, (3) groups in residential treatment centers, and (4) groups in a state reformatory. The failure rate at Essexfields was much lower than that at the state reformatory (Stephenson and Scarpitti, 1969) but slightly higher than that in the residential group centers (Scarpitti and Stephenson, 1968). Interestingly, the

lowest recidivism rate was found for those subjects undergoing probationary treatment. Scarpitti and Stephenson suggest that the comparative success noted for probationers may be closely associated with the selective, relatively low-risk population being treated. High-risk delinquents tend to be returned to the juvenile court for further disposition and, oftentimes, to residential treatment institutions. Consequently the apparent effectiveness of probation may be traced largely to the lower risks presented by probationers. Additionally, "the low rate of recidivism of probationers who complete treatment may be partially accounted for by the high rate of recidivism of in-program failures" (Scarpitti and Stephenson, 1968, p. 369). In other words, all comparisons are relative and, therefore, the success rate associated with probation may appear to be high only in comparison with the considerably lower success rates found for the other three treatment modalities. It is important to note that similar interpretations might be applicable when community treatment programs are compared with in-residence correctional programs. As a result, the actual significance of treatment successes observed in the open community may be open to greater question than heretofore.

Warren (1970), in one of the most current and comprehensive reviews of community treatment programs, clearly cites the contradictory findings of selected community treatment programs. Börjeson, a Swedish psychologist, assessed nine "risk groups" exposed to both institutional and non-institutional correctional programs and found non-institutional programs related to lower recidivism on all assessments (p. 10). Likewise, the probation department of Los Angeles County, California, in a project entitled W.H.I.S.P. (Willowbrook-Harbor Intensive Supervision Project), randomly assigned boys to forestry camps and small community caseloads. The success rate of the community program was equal to or better than that of the camps, at a reduced cost (p. 11). Empey and Lubeck (1971) recently completed a comparative study of residential and community programs that shows the community program to be at least as effective as the institutional program in reducing subsequent law violation behavior. In addition, the intervention program in the community setting required less than half the time of the institutional program, with a resulting reduction in costs of more than 50% (Warren, 1970, p. 11).

One of the most extensively researched non-residential programs has been the Community Treatment Project conducted by the California Youth Authority (Warren, 1969). Since 1961 the Community Treatment Project has randomly assigned juvenile offenders in some areas to intensive community programs and to the traditional Youth Authority institutional programs. Findings over the years have shown the community program to result in lower recidivism rates, lower unfavorable discharge rates, higher favorable discharge rates, and improved pre-post psychological test scores compared to the institutionalized subjects (Warren, 1970, p. 12). Moreover, the average monthly costs of the Community Treatment Program are considerably lower than institutional costs: boy's institutions: \$318; girls' institutions: \$461; Community Treatment Program: \$161 (Warren, 1967, p. 199).

Similarly, the Provo experiment in delinquency rehabilitation (Empey and Rabow, 1961) and the Mobilization for Youth Program (Arnold, 1964; Bibb, 1967) reportedly experienced some success although the empirical data regarding both programs are rather limited and unsystematic. Preliminary reports from certain community-based behavior modification programs also indicate success when utilizing non-professionals to structure reinforcement contingencies intended to decrease children's anti-social behaviors and, conversely, to increase their pro-social behaviors (Bailey, et al., 1970; Philips, 1968).

In sharp contrast, Jaffe studied institutionalized and non-institutionalized dependent and neglected children on such dimensions as "felt powerlessness" and "delinquency proneness". His conclusion was that educationally oriented institutions do not significantly change attitudes known to be associated with delinquency proneness (Warren, 1970, p. 10). Similarly, Uusitalo, a Finnish sociologist, found no noticeable differences in recidivism rates for subjects treated in open labor colonies, as opposed to those treated in closed prisons (p. 10).

A comprehensive and well-controlled study of vocational high school girls who received a variety of interventions showed no positive results (Meyer, Borgatta, and Jones, 1965). The famous Cambridge-Somerville Youth Study also obtained negative results (McCord and McCord, 1959a, 1959b; Powers and Witmer, 1951), some reasons for which have been posited in a thoughtful discussion by Toby (1965). Likewise, the well-known Mid-City Delinquency Project, conducted in Boston between the years 1954 and 1957, demonstrated no positive findings (Miller, 1970; Kantor and Bennett, 1968). The investigators' conclusions were clear and concise:

"It is now possible to provide a definite answer to the principal evaluative research question - "Was there a significant measurable inhibition of law-violating or morally-disapproved behavior as a consequence of Project efforts?" The answer, with little necessary qualification, is "No". All major measures of violative behavior --disapproved actions, illegal actions, during-contact court appearances, before - during - after appearances-- provide consistent support for a finding of negligible impact" (Miller, 1970, p. 652).

Data regarding the effects of community center and detached worker programs have been roughly similar. Thus, for example, the Seattle Atlantic Street Center randomly assigned anti-social acting-out junior high school boys to experimental and control groups. The experimental boys joined a "club" at the Center and were formed into weekly meeting groups conducted by social workers. The findings indicated essentially no between-group differences in terms of frequency of school disciplinary contacts, but did reveal a significant difference

in the average severity of disciplinary contacts in favor of the experimental group. No differences between experimentals and controls were shown on community indices (Warren, 1970, p. 34).

The Group Guidance Project in Los Angeles applied standard detached work procedures to four large juvenile gangs over a four-year period. Emphasis was upon individual counseling and group programming. The data reveal that the Project was associated with a significant increase in gang delinquency, especially at the 12 - 15 year age levels, and in high-companionship offenses (Warren, 1970, p. 34). As Klein has suggested, it is conceivable that the assignment of detached workers produces certain negative consequences for delinquency gangs. It is possible, for instance, for gang members to be accorded increased public recognition and status, to develop greater cohesiveness, and to develop increased anti-police feelings (Klein, 1965). Data for detached work programs in New York (Cooper, 1967; Crawford, et al., 1950), Chicago (Kobrin, 1959; Short and Strodbeck, 1965), and Washington, D. C. (Frost, et al., 1967) have been either negative or mixed. However, one promising note can be found in the increasing capacity for detached work programs to lend themselves to systematic review (Cline, et al., 1968) and to appear relatively efficacious in terms of cost-benefit analyses (Adams, 1967).

In summary, then, the available data suggest that community treatment programs may be somewhat more effective than those conducted within correctional institutions. However, the data are not altogether convincing. In part, the positive findings may be attributable to the selection and treatment of low-risk delinquents. Virtually no studies have implemented controls for clients presenting differential risks. Moreover, with some exceptions, the data for community treatment programs are only slightly more positive than for control programs. It is primarily when comparison populations consist of correctional institution inmates that the community data appear to be truly impressive. In short, absolute rates of success indicate that much work is yet to be done in order to demonstrate the real efficacy of community treatment programs.

At this juncture it is germane to inquire why community treatment programs have experienced so little success. In comparison with residential programs, certain advantages of community treatment necessarily must be acknowledged. Costs are lower, overpopulation becomes a somewhat irrelevant issue, the strains between custodial and treatment goals are diminished, and problems concerning the transferability of behavioral changes are negligible. Among the remaining factors, then, two would appear of paramount importance: the stigmatization associated with treatment and the dysfunctional peer composition of the treatment environment.

Although community treatment programs may entail less stigmatization than residential programs it is clear that considerable stigma attends treatment in either milieu. Just as mere processing by the police may label a juvenile adversely (Piliavan and Briar, 1964), a child may be stigmatized through association with relatively innocuous rehabilitative

agents, such as the juvenile court (Gicourel, 1967; Platt, 1969; Werthman, 1967) or a special public school class (Schafer, 1967). In order to minimize the stigmatization associated with rehabilitation it is necessary to locate such programs within institutions that are not viewed primarily as treatment agencies and, consequently, where stigmatization is not transmitted, in part, from institution to child.

Stigmatization does not occur solely, however, because of one's association with the treatment agency. It also generalizes from one's co-treatment with peers who are labelled as delinquent or anti-social. Were rehabilitative efforts to take place among peers not so labelled the consequent stigmatization would be proportionately less. In one sense, then, the peer composition of the treatment group presents an obstacle to rehabilitation regardless of the peers' direct influence upon one another.

Additionally, peer group composition poses even more serious difficulties for rehabilitation. To our knowledge, every community program that utilizes group treatment has endeavored to treat anti-social or delinquent children along with, and within the context of, other anti-social or delinquent children. This is the basic factor common to both residential and community treatment programs and, it is posited, the basic deficiency of both. If treatment groups are composed solely of anti-social children the group continues to present the basic conditions militating against adaptive and sustained behavioral change. These include deviant role models and deviant systems of reward and punishment. Indeed, the first members within such groups to move toward pro-social behavior may face considerable risks, especially if significant portions of the social psychological literature are deemed relevant (Asch, 1952; Schachter, 1951; Feldman, 1967; Secord, Backman, and Peirce, 1966; Siegel and Siegel, 1957).

Interestingly, as Mattick and Caplan (1967) have pointed out, the therapist's task in community treatment settings may be much more difficult than within the closed institution. Not only can the therapist exert fewer controls over group members, but he runs a higher risk of being co-opted or corrupted by the group. As they note,

"the possibility of corrupting the worker is not.. limited to the constant testing of his motives toward venality; in fact, the possibilities are multifarious and sometimes insidious. Among the more seductive modes of corrupting the...worker are those that fix upon his impulses toward generosity, humanitarianism, and sentimentality, as well as those that play upon his desire to elicit conventional responses from his gang member clients" (p. 108).

Utilizing metaphor, Mattick and Caplan view the street club worker as a hunter and the delinquent gang, or at least its delinquent tendencies, as his legitimate quarry. When the group presents the worker with certain decoys, or "stake animals", the hunter may become the prey. This happens because the "stake animal's many delinquent and dependent characteristics divert the worker's attention from his legitimate quarry, the group, and entrap most of his time, energy, and resources" (p. 108). Consequently, the peer composition of virtually all treatment groups, including those located within the open community, serve to retard rehabilitative efforts among anti-social youth. It is posited, then, in order to maximize rehabilitative potential the anti-social composition of treatment groups must be minimized. It follows that the most efficacious rehabilitation is likely to occur in groups composed entirely of pro-social children, excepting the particular subject to be rehabilitated.

Implications for Traditional Social Work Agencies

Pending requisite empirical data, our discussion thus far leads to two basic conclusions: (1) that rehabilitation potential can be maximized if appropriate programs are conducted within institutions not usually viewed as treatment agencies, and (2) that rehabilitation potential can be maximized if the peer groups utilized for treatment are composed entirely of pro-social children, except for the particular subject to be rehabilitated. These conclusions directly suggest the efficacy of utilizing "traditional" social work agencies as loci for rehabilitation programs and, mutatis mutandis, would appear to constitute a rather marked departure from the usual objectives of such institutions. It has been suggested that such changes would minimize the stigmatization associated with treatment, would vitiate many of the difficulties associated with deviant peer group composition, and would enhance the ease with which changes learned within treatment are transferable and sustainable beyond the treatment group.

Further analysis of the above proposals should focus upon at least two additional considerations: (1) the systematic examination of theoretical rationales for such changes, especially with reference to contemporary theories of juvenile delinquency, and (2) the assessment of operational implications for traditional agencies. Due to space limitations the former topic will receive only cursory attention; a highly detailed analysis will be available elsewhere (Feldman, et al., 1971).

Traditional Agencies and Theories of Delinquency

Contemporary theories of delinquency are many and varied. To cite but a few major ones, delinquency has been attributed, at least in part, to the unavailability of legitimate social opportunities

(Cloward, 1959; Cloward and Ohlin, 1960; Cohen, 1965; Merton, 1959; Palmore and Hammond, 1964; Schrag, 1962; Short, et al., 1965; Spergel, 1967), to differential association (Cressey, 1960; Reiss and Rhodes, 1964; Short, 1957; Sutherland and Cressey, 1966; Voss, 1969) and socialization within the context of deviant sub-cultural norms (Cohen and Short, 1958; Kvaraceus and Miller, 1959; Lerman, 1967, 1968; Miller, 1958, 1970; Shaw and McKay, 1942; Wolfgang and Ferracuti, 1967), to the lure of deviant situational inducements and/or insufficient societal controls (Briar and Piliavin, 1965; Hirschi, 1969; Reckless, 1961, 1962; Voss, 1969; Yablonsky, 1962), to delinquents' learned capacities to neutralize norms and rationales pertaining to pro-social behavior (Matza, 1964; Sykes and Matza, 1957), to a lack of recreational facilities (Gold, 1963, 1970; Matza and Sykes, 1961), to dysfunctional labelling and stigmatization by the larger society (Akers, 1968; Becker, 1963; DeLamater, 1968; Eisner, 1969; Erikson, 1962; Gibbs, 1966; Piliavin and Briar, 1964; Platt, 1969; Simmons, 1965; Werthman, 1967), to the development of deviant self-concepts (Dinitz, et al., 1962; Fannin and Clinard, 1965; Kinch, 1962; Reckless and Dinitz, 1967; Reckless, et al., 1956; Schwartz and Tangri, 1965; Tangri and Schwartz, 1967; Voss, 1969), to reaction formations against middle class values and standards of success (Cohen, 1955), and to the impact of broad-scale socio-economic and ecological factors (Chilton, 1964; Clark and Wenninger, 1962; Gordon, 1967; Lander, 1954; Polk, 1967; Stanfield, 1966; Willie, 1967).

With the possible exception of the latter genre of theories, it is posited that all of the foregoing formulations can be reinterpreted or redefined in part so as to support the efficacy of treatment efforts located within traditional institutions and pro-social peer groups. However, proper presentation requires that the foregoing supposition not be introduced, nor accepted, as an overgeneralized and unsupported effort to justify a preferred stance. Each theoretical formulation requires detailed analysis in order to ascertain the extent to which its logic differentially supports or refutes the position set forth above (for such an analysis see Feldman, et al., 1971). At this juncture, however, only selected basic assumptions will be reviewed for each formulation and, concomitantly, relevant issues will be raised with reference to the efficacy of treatment in traditional agencies.

1. Unavailability of legitimate social opportunities. Assumptions: Delinquency, in part, is attributed to the paucity of legitimate socialization, educational, cultural, and occupational opportunities within the child's immediate environment, particularly if the child is from the lower socio-economic strata. Issue: Since traditional agencies possess relatively extensive socialization, educational, cultural, and skill training resources can they be considered valuable rehabilitative loci for delinquent or anti-social youth?

2. Differential association and sub-cultural socialization. Assumptions: Delinquents are reared within social environments that espouse and transmit deviant and/or anti-social behavioral norms to their constituents. Issue: Would it be preferable to locate rehabilitative programs within sub-cultural milieus that present and reinforce alternative, or pro-social, behavioral norms?

3. Deviant situational inducements and insufficient societal controls. Assumptions: In certain social situations the inducements for delinquent behavior are strong while countervailing societal controls are comparatively weak; hence, at least momentarily, conditions are conducive to the enactment of delinquent behavior. Issue: If rehabilitative programs are conducted in milieus characterized by a reversal of the above conditions (as exemplified, perhaps, by comparatively low rates of delinquent behavior) would there be a diminution of the situational inducements conducive to anti-social behavior?

4. Neutralization of pro-social norms and rationales. Assumptions: Delinquents learn how to neutralize, or rationalize, their anti-social acts after committing them; they substitute anti-social norms and rationales and, subsequently, drift towards delinquent careers. Issue: If treatment is conducted within a pro-social environment might not peer support for such neutralizations, rationalizations, and anti-social norms be reduced?

5. Lack of recreational facilities. Assumptions: Delinquent behavior is attributable, in part, to the paucity of recreational opportunities for children; consequently, the search for recreation during one's free time may result in the discovery of deviant opportunities and the enactment of delinquent behavior. Issue: Can delinquent behavior be reduced if pro-social recreational opportunities are increased?

6. Labelling and stigmatization by the larger society. Assumptions: Pursuant to committing a delinquent act, even of a minor nature, the child is labelled as anti-social by the larger society; concomitant stigmatization and rejection serve to diminish the child's opportunities for engaging in legitimate pro-social activities; during the labelling process the delinquent may be referred to traditional correctional institutions which, as a by-product of their rehabilitative endeavors, may entail further labelling and stigmatization of the child. Issue: Can stigmatization be minimized and, conversely, can rehabilitative opportunities be maximized, if the delinquent child is treated in an institution whose primary functions are viewed as recreational, educational, and cultural, rather than rehabilitative?

7. Development of a deviant self-concept. Assumptions: The delinquent's anti-social behavior is reinforced through the development of a deviant self-concept; in turn, the latter can be shaped by maladaptive child-rearing patterns, labelling or stigmatization from the larger society, or the further enactment of anti-social behavior. Issue: Can a child's deviant self-concept be weakened as a consequence of regularized participation in legitimate activities with pro-social peers?

8. Reaction formation against middle class values and success standards. Assumptions: Children engage in anti-social behavior as a reaction against middle class values and success standards; in part, this reaction occurs because the child lacks sufficient skills and resources to meet such standards. Issue: Can frequent interaction with pro-social children result in modelling and learning of skills sufficient to attain typical middle class goals?

9. Broad scale socio-economic and ecological factors. Assumptions: Delinquent behavior is attributable to economic deprivation, social and material deficiencies of the local community, and similar factors; consequently, intervention must be geared toward broad units of analysis, such as communities, and must assure the distribution of basic social and economic requisites for pro-social living. Issue: Virtually by definition, responses to this formulation must be of broad scope; consequently, the basic issue refers to whether or not it is feasible to sufficiently redefine the services of traditional agencies so as to provide a significant supplement in rehabilitative programs for delinquent children?

It is essential to reiterate that the foregoing formulations and issues have been set forth in their briefest and simplest forms. Many of the formulations are overlapping. Some support one another whereas others are contradictory (Bordua, 1961, 1962; Hirschi, 1969; Short, 1963). Empirical evidence has confirmed certain aspects of each and has refuted others. And, moreover, each formulation introduces certain considerations that could militate against the above proposals and, consequently, which deserve detailed examination in their own right. Thus, for example, it is possible that repeated failure in a pro-social peer group could lead to further reaction formations or to the strengthening of a deviant self-concept. Hence group leaders and peers must be trained sufficiently to avert such failures or to transpose them into productive learning experiences, thus breaking the vicious cycle of failure, reaction formation, deviant self-concept, labelling, rejection, and further failure. Nonetheless, it is assumed that the foregoing discussion, however brief, has suggested the efficacy of a detailed re-examination of current theoretical formulations in order to assess their consonance with the above proposals.

Operational Implications for Traditional Agencies

The foregoing analysis points to a unique, but circumspect, redefinition of service objectives for traditional social work agencies. Within the context of their present services such agencies should endeavor to integrate limited number of children with behavioral problems into on-going recreational, educational, cultural, or leisure-time groups. In order to (1) enhance the therapeutic potential of agency groups, (2) reduce possible dysfunctional consequences for regular group members, (3) decrease client visibility, (4) minimize possible definition of the agency as a treatment institution, and (5) maintain continued support from members who utilize the agency's regular services, efforts should be made to enroll no more than one or two such clients in each group. Agency staff

should receive sufficient supplementary training, of an in-service nature, to enhance their capacities to assess clients' behavioral problems, to plan rehabilitation goals, and to implement rehabilitative interventions. Moreover, in order to minimize any possibility of undue stigmatization it would be desirable for clients to join groups at the same time as other members or, at least, to introduce new pro-social members to the group at the same time that the client joins.

Aside from the foregoing considerations every effort should be made to conduct agency operations in the usual manner. In fact, to do otherwise might jeopardize the particular strengths of such agencies as loci for rehabilitative programs! Membership procedures, privileges and obligations, staff supervisory practices, program planning, and all else should be altered minimally, if at all, as such programs are elaborated. Thus, although the posited alterations call for the partial redefinition of agency services their operational implications may be rather negligible.

Preliminary analysis might raise concerns regarding the extent of anticipated resistance to such programs among the agency's regular clientele. The most common concerns are likely to focus upon possible increments in staff workload or potential negative consequences for the agency's regular clientele, such as becoming more anti-social, delinquent, or behaviorally disordered themselves. In truth, an unequivocally prudent outlook would dictate that such possibilities be viewed as empirical questions to be examined systematically within each agency. However, there are considerable data that challenge the validity of such concerns.

Much empirical research indicates, for example, that a minority of one is likely to conform to behavioral norms expressed by the majority (Asch, 1952; Backman, et al., 1966; Feldman, 1967; Schachter, 1951; Siegel and Siegel, 1957). However, should the minority be enlarged to two or three members there is a greater likelihood that it can resist the majority's conformity pressures (Asch, 1952; Backman, et al., 1966) and, in fact, stimulate atypical behavior among the majority. Such possibilities also may be enhanced if the minority member is permitted to exert extraordinary reward and punishment powers over the majority (Lippitt, et al., 1960).

Demographic studies of juvenile delinquency also tend to support the foregoing premise. Following a review of data compiled in Davidson County, Tennessee, Reiss and Rhodes (1961) report that a low status boy in a predominantly high status area with a low rate of delinquency has almost no chance of being classified a juvenile delinquent. If, then, client membership is limited to a single individual per group the possibilities for deviant behavior by the client and/or regular members would appear to be reduced to the minimum consistent with integrated treatment. Moreover, supervision and assistance from agency staff, even those who have received minimal training, should serve to assure stable client and member behaviors within normal limits. In fact, an impressive body of research indicates that considerable treatment effectiveness can be achieved by sub-professionals who have received only a minimum of supplemental training (Grosser, et al., 1969; Poser, 1966; Sigurdson, 1969).

A growing body of literature also reveals that "traditional" social work agencies are increasing their services to certain "high-risk" clients, such as educable mental retardates, with few of the possible dysfunctions suggested above. Even though such clients frequently exhibit severe behavioral disturbances it has proven possible to integrate them into regular agency groups with a minimum of staff overload, with virtually no significant negative outcomes for regular agency members, and with considerable benefits for the clients (Deschin and Nash, 1971; Flax and Peters, 1969; Pumphrey, et al., 1969).

The present investigators' experiences during the pre-test year of a service-research program strongly support the position set forth earlier. As one component of a larger study, fourteen different anti-social children were each integrated into one of fourteen groups composed of pro-social children. Review of preliminary non-quantitative data indicates no appreciable work overload for staff; in fact, skills derived from a brief in-service training program were utilized effectively in other contexts within the agency. Moreover, the clients' pro-social behaviors apparently increased substantially whereas there have been no significant negative consequences for the regular group members. Indeed, it is plausible that further data analysis will reveal significant advantages for the latter members. Follow-up data, comparative data from pro-social and anti-social control groups, and data concerning the effects of several types of treatment modalities will be examined in order to afford more rigorous assessment of key hypotheses, including those pertaining to the proposals set forth above.

Summary

Rehabilitative endeavors within correctional institutions have failed because of overpopulation, high costs, labelling and stigmatization of inmates, low transferability of treatment changes to the outside community, and deviant peer group composition. Community treatment programs have fared little better because they also entail client stigmatization and typically are conducted within the context of deviant peer groups. Consequently, in order to enhance the rehabilitative potential of community treatment, subsequent efforts should be conducted within "traditional" agencies and within pro-social peer groups. The emphasis upon "pro-social" rehabilitation environments does not posit any particular assets and/or liabilities of a given socio-economic stratum, thus avoiding a major deficiency of many sociological theories of juvenile delinquency, *viz.*, the tendency to derive particularized etiological and interventive principles from a generalized variable, that is, social class. Instead, our basic assumption is that both anti-social and pro-social environments are to be found within any social stratum, and that the latter ought to constitute the preferred loci for rehabilitative endeavors.

A brief overview of major formulations concerning juvenile delinquency reveals at least minimum consonance between their basic assumptions and the proposals set forth here. Moreover, although the proposals envision a broad scale augmentation of rehabilitation resources the operational consequences for individual agencies and their members appear to be minimal. Forthcoming empirical data will permit specific and detailed examination of the foregoing proposals. However, as "traditional" agencies choose to adopt or reject them prior to accumulation of all the requisite data one might easily conduct a separate study of considerable merit, the subject of which would be innovation within social work institutions.

Footnote

¹ Hollander (1958) has discussed analogous behavior from a purely theoretical perspective. His concept of "idiosyncrasy credits" suggests that individuals with outstanding leadership abilities, including those necessary to maintain order in an inmate population, are granted leeway, or "credits", enabling them to behave idiosyncratically in view of their prior superior service to the group or social system.

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