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Reducing the Rate of Recidivism for First-Time Juvenile Offenders with  
the Parent Monitoring Program, PMP: A Family Counseling Intervention Program

A Dissertation

Submitted to the Graduate Faculty of the  
University of New Orleans  
in partial fulfillment of the  
requirements for the degree of

Doctor of Philosophy  
in  
The Counselor Education Program

by

Rhonda C. Vappie-Aydin

B.S., Xavier University, 1982  
M.S., Our Lady of Holy Cross College, 2003

August 2007

## **DEDICATION**

I dedicate this dissertation to my beloved parents O'Neil J. II and Felice Roque' Vappie whose familial names were Me' Me and Pa'Pa. I will be and am forever grateful for the many sacrifices that they made to ensure that not only myself, but my nine siblings, had the finest educational opportunities. Although my parents are in a better place, with God, I know that they are looking upon me and saying "Well done, Rhonda, you make us proud." I will forever be thankful to my parents as they have loved me unconditionally as they overcame numerous obstacles so that I could fulfill my lifelong dream of becoming a PhD. My parents were my inspiration. They taught me how to love, be strong, and how to conquer my dream. Until we meet again, this dissertation is my gift to you.

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upgrading to a more professional level. Your unending dedication to my quest has been greatly appreciated. You're my hero! P.S. You always look like you are about to do a photo shoot for "GQ" magazine. You definitely have class and quality taste. In other words, you always dress for success.

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## **ABSTRACT**

This study examined the effectiveness of a family counseling intervention program called the Parent Monitoring Program (PMP) on reducing the rate of recidivism with first-time juvenile offenders in New Orleans, Louisiana. The PMP is a multimodal treatment intervention that combines individual, family, and group, counseling services to juvenile offenders and their families. Pugh, Force, Rault, and Triche (2000) reported that with effective and innovative family and community based intervention programs, juvenile offenders can be deterred from further delinquent behaviors. There is a great need for research studies to examine effective interventions that address reducing the rate of recidivism with juvenile crime (Cullen & Grandeau, 2000).

This study looked at the differences in recidivism rates for the treatment group, juvenile offenders who completed the PMP, versus the control groups those juvenile offenders who either did not complete the PMP, or who refused the PMP services. The participants (N=1144) were mainly African Americans of low SES who committed minor offenses from the years 2001-2003. A logistic regression analysis was conducted to find out the differences in recidivism rates between the treatment and control groups, as well as levels of offenses in terms of recidivism rates and gender differences.

Results of the analyses indicated that those participants who completed the PMP had lower recidivism rates than those who did not complete or refused the PMP service. In addition, level of offenses was positively associated in terms of recidivism ( $p < .001$ ). However, in terms of recidivism, there were no differences between males and females

( $p = .108$ ).

Faculty members in counselor education can use the findings from this study to pay attention to the problems that this special population faces. Counselors can become more aware of the importance of a multimodal approach with emphasis on family involvement and early intervention. The multi cultural issues and risk factors that surround this population are of relevance to the curriculum in counselor education programs. Future research should look at the impact that religious organizations have on juvenile delinquency in terms of recidivism rates and the important role that the community plays.

**Keywords:** *Recidivism, Juvenile Delinquency, Juvenile Offender, Parenting Monitoring Program, Counselor Education, Juvenile Justice*

## **CHAPTER ONE**

### **INTRODUCTION**

According to the United States Department of Justice (1996-2004), juvenile crime is at an all time high. In 2001, the New Orleans Police Department (NOPD), reported that from 1994-2000 juvenile crime had escalated by 40%. Of particular concern was the dramatic rise in violent offenses committed by juveniles. The United States Department of Justice (1997) concluded that juvenile offenders are becoming more dangerous by posing a threat to themselves and society. In New Orleans, the police department is attempting to find new ways other than punishment to prevent juvenile delinquency and to reduce recidivism rates with juvenile crime in Orleans Parish. Their focus is on prevention and intervention.

Calvert (1997) states that violence among juvenile offenders has reached epidemic proportions in the United States, with African American males residing in urban areas bearing the brunt of this epidemic. The violence permeating our present day society emanates from a variety of societal ills, including poverty, racism, substance abuse and exposure to violence. Ineffective parenting styles, inefficient parental authority, and contradictory parenting styles are family dynamics directly related to delinquent behavior. Additionally, peer pressure, SES, and gender may also contribute to delinquent behavior (Roberts, 2000).

The United States Department of Justice (1997) has concluded that juvenile offenders are becoming more dangerous and poses a threat to themselves and to society. The rising wave of juvenile crime has created a climate of fear in schools and communities. The local and national media are reporting the public's cry for help

with juvenile crime on a daily basis. Clearly, creative interventions programs have become necessary. The public believes that the system should impose consequences on youth who break the law to teach them responsibility yet show little support for incarceration of youths and prefers rehabilitation and treatment intervention programs (Soler, 2000).

This study examined the effectiveness of a family counseling intervention program called the Parent Monitoring Program ( PMP) for reducing the rate of recidivism with juvenile first-time offenders. Specifically, the PMP targets first time juvenile non-felonious offenders. The goal of the PMP is to deter juvenile offenders from committing future criminal behavior. In addition, the PMP aims to prevent juvenile delinquency by offering intervention services to those juveniles in the community who are considered “at risk” by NOPD, their schools, and their parents.

### **The Problem in Perspective**

Anyone who watches the news or is involved with current events is aware that juvenile crime is on the rise. Tobert and Szymanski (1998) reported that with the increase in violent juvenile crime in the 1990s many states extended the trend of discarding psychologically based rehabilitation of juvenile offenders, opting for more punitive strategies. The federal government offered incentives, such as grants, to hold juveniles more accountable in order to build secure detention facilities or hire more prosecutors. This response to the increase in juvenile violence represented a shift away from seeing juveniles as children in need of guidance, treatment, or habilitation. To a greater extent, this shift reflects a belief that juvenile offenders, particularly serious and



violent offenders, are unresponsive to rehabilitation efforts. However, harsher sanctions were proven to be even less significant in reducing juvenile crime than rehabilitation efforts (Tobert & Syzymanski, 1998). On the other hand, treatment interventions that focus on family counseling, educational attainment, and vocational rehabilitation were found to be a major part of reducing juvenile crime. (Cullen & Grandeau, 2000).

Caldwell and Van Bybroek (2005) investigated reducing violent offending in a population of serious and violent juvenile offenders following an intensive institutional counseling treatment program. The youths in the treatment group were sent to the program from a juvenile corrections institution where they received the customary rehabilitation services. The treatment group (N=101) was compared to a similar group that was assessed but not treated (N=147). The results indicated a significant reduction in the prevalence of recidivism in the treated group after controlling for time at risk in the community and other covariates. Untreated comparison youth appeared to be twice as likely to commit violent offenses as were treated youth (44% vs. 23%). Similarly, treated youth had significantly lower ratios for recidivism than the comparison group, even after accounting for the effects of non-random group assignment

When discussing reducing the rate of recidivism with juvenile crime it is important to examine the effectiveness of treatment programs especially designed to combat juvenile offenses. Lipsey and Wilson (2000) proffered that while steps to control the aggressive behavior of some youth are necessary, treatment intervention approaches need to be designed so that they can be safely applied even when when the juvenile is disruptive and uncooperative. Further, they conducted a meta-analysis of studies involving disruptive youths in a detention facility and their results

indicated that youth who had shorter stays in juvenile detention centers also tended to have lower recidivism rates. Treatment yielded both shorter stays and lowered recidivism. Findings from this study suggest that actively targeting institutional adjustment problems may produce benefits in lower institutional costs and less community recidivism.

Juvenile crime accounts for a majority of the criminal offenses that are committed in the Orleans Parish community. Although rehabilitation has always been the focus of institutionalized correctional programs for juvenile offenders, it has been proven to be ineffective based upon NOPD statistical data on juvenile recidivism with juvenile offenders. So the question that is crucial is to this study is whether or not a newly developed intervention program, the PMP, can reduce recidivism rates among juvenile delinquents.

The United States Department of Justice (2000) reviewed the statistical findings of 200 studies and found that the average treatment effect for the effectiveness of treatment intervention programs versus institutionalization programs was positive, statistically significant, and equivalent to a recidivism reduction of about 6 percentage points from a 50-percent baseline, but variation in effects across studies was considerable. The most effective type of treatment intervention found was individual counseling. Other interventions that were proven to be effective were family counseling, therapy groups, school preparation, and community involvement. In general, an integrative delivery service for juvenile offenders was integral in reducing recidivism with juvenile offenders.

On a local level, the national and local media have reported that trends in juvenile crime in New Orleans have gone from less serious to more violent criminal acts committed by juveniles.

G. Kreider (Personal Communication, Monday July 10, 2006).

Overall I have been working at the NOPD Juvenile Division for twelve years. I have seen juveniles arrested for minor offenses like simple battery, curfew, truancy, criminal trespassing, and shoplifting. These [juvenile offenders] are released to their parents or caretakers with little or no consequence. Eventually these [juvenile offenders] upgrade to committing more serious offenses like auto theft, drug violations, attempted murder, and aggravated battery. It is important that these [juvenile offenders] are reached at the time of their first minor offense. These [juvenile offenders] get lost into the juvenile justice system and eventually turn to a life of crime if effective intervention is not allotted to them early on. I strongly believe that parental supervision and early intervention are the key to reducing the rate of recidivism with first-time juvenile offenders.

Orleans Parish appears to have a serious problem with juvenile violence. The focus on early intervention resonates with NOPD in reducing the rate of recidivism with first-time juvenile offenders. The research indicates that early intervention with first-time offenders is the key.

### **Conceptual Framework**

The conceptual framework for this study is based upon the Juvenile Counseling and Assessment Model and Program, (JCAP), presented by Calhoun, Glasser, and Bartolomucci (2001). The JCAP model proposes a theoretical approach with which to conceptualize delinquency, to address needed interventions, and proposes several strategies including individual counseling, group counseling, and school and family consultations to meet the holistic needs of each juvenile. This model also proposes involving families and school professionals in the treatment of juvenile offenders. The JCAP model addresses delinquency with the aim of reducing recidivism

with juvenile crime.

The PMP, which was developed to reduce the rate of recidivism with juvenile offenders in Orleans Parish, provides a conceptual framework to address juvenile delinquency by providing strategies of both individual and family counseling interventions to first-time juvenile offenders and their families, parenting skills training, and follow-up consultations. Superintendent of NOPD, Richard Pennington, who was the Police Chief of Orleans Parish from 1994-2001, commissioned the development of the PMP. Chief Pennington's main concern was the increase in juvenile crime in Orleans Parish. NOPD did not have a program in place to assist parents in deterring their juvenile offenders from future criminal behavior. Chief Pennington wanted to know the causes and prevention measures involving juvenile delinquency in Orleans Parish. Thus, the PMP was implemented at the Juvenile Division at NOPD in May 1997.

Family dynamics are an integral part of the PMP. The foundation of the PMP is based upon family systems theory. According to Edwards (1993) families are complex, and to work with them requires an organizing orientation such as the systemic perspective. The systems orientation is the most widely accepted framework. The components of a system, like a family, are interdependent. In families, members react to each other in a circular interdependent fashion. According to Seligman (2001) families go through what's called circular causality. The more parents questions their teenagers about their whereabouts and activities, the less informative the teen becomes, which prompts more questions and thus less cooperation.

Every family system, even though it is made up of individual elements, results in an organic whole. Watching how these interactions unfold with the PMP family intervention program can prove to be amazing. A family systems approach views the individual, in this case, the juvenile offender, as best understood by assessing the juvenile offenders interactions between family members. Juveniles and their families need to explore the meaning in their lives. According to Hay (1999) understanding meaning issues in families is crucial to any therapeutic process. Murdock (2004) reports that overall family themes are reflected in holistic quality. Family systems theory involves a variety of theoretical approaches.

Virginia Satir (June 26, 1916-September 10, 1988) was one of the key figures in the development of family therapy. Satir's approach is one of the main systems theories whose techniques are used in the PMP family intervention. Satir's techniques used in the PMP are *therapist communication*; teaching juveniles and their families how to view things in a different light, *therapist touch*; having juveniles and their families make physical connections, her sense of *humor*; *therapist thermometer*; giving juveniles and their families the opportunity to aspire for their hopes and wishes, *family sculpting*; having juveniles and their families become artists by painting a visual picture of their relationships by placing them in certain positions relative to the juvenile offender and her *human validation* process of incorporating feelings, warmth, and acceptance in the therapeutic relationship. Satir stressed the importance of love and nurturance as two of the key elements in families healing processes (Satir, 1972).

All families go through the stresses and strains of modern society. Yet some manage to produce self-confident children who are capable of coping successfully with a difficult environment and do not become delinquents. Sociologists point to delinquent neighborhoods as a major factor that produces delinquency in children. Again, many families live in these neighborhoods and do not produce delinquents, while others in the same neighborhoods produce delinquents in droves. Those who have studied family interaction as it affects behavior in children cannot help but wonder why the therapy professions have so long overlooked the family as the crucial intervening variable between society and the individual (Schwab et al., 1983).

As demonstrated by the interactions of the juvenile offenders and their parents in their PMP family counseling sessions, communication is the key factor in establishing relationships and maintaining rapport. Satir (1989) postulates that thoughts, feelings, body reactions, and behaviors resulting from different physical positions affect both communication and the therapeutic relationship. Parents who fail to validate their children are typically disappointed in their own marital relationship and too involved in fulfilling their own needs even to see their children as individuals, much less meet their needs. These parents are themselves, often products of dysfunctional parenting. Because these dysfunctional parents see “parenting” as uninfluenced by their own painful marital relationship, or the pain of the lack of a marital relationship, they are unaware of the fact that what they build with one hand they tear down with the other. Their failure to validate their children is an omission, yet they desperately may well want to be good parents.

Although the PMP is system theory oriented, it also incorporates a very useful integrative approach. Reality or Choice Therapy, initially developed by William Glasser in the 1960s, works well with this population because it allows juveniles to make choices about how they want to control the way that they want to interact with their environments. Reality therapy is grounded in reality, responsibility, and right and wrong (Glasser, 1998). Cognitive behavioral therapy, (Beck, 1993) also works well with juveniles because of the concepts of establishing goals, developing strategies, implementation of plans, consequences, rewards, and maintenance. Walter and Peller (1992) state that brief-solution focused therapy is very useful for working with juveniles because it is helpful when a “quick fix” is needed as the solutions are already embedded within the juveniles and their families. Any theory that is used for counseling juveniles and their families works best when a therapeutic alliance or working relationship has been established with juveniles and their families (Seligman, 2001).

### **Purpose of the Study**

The purpose of incorporating the PMP with the already established Juvenile Division at NOPD is to provide first-time juvenile offenders with individual, family, and group counseling. The PMP was designed to provide first-time offenders the ability to improve their overall proficiency and reduce the rate of recidivism. The PMP’s goal is to provide a family intervention for juvenile delinquency by providing a framework that addresses the causes and prevention of juveniles criminal behaviors. The PMP is designed to give first-time juvenile offenders and their families the opportunity to voluntarily enter into a program that can steer them away from further criminal behavior.

As stated earlier, the PMP's approach to reducing the rate of recidivism with juvenile offenders is based upon the work of Virginia Satir. The PMP utilizes a systemic and integrative approach in its treatment intervention. Of importance is how well juvenile offenders and their families communicate and how clearly they get their messages across to each other. Like Satir, the parents or caretakers are seen first. They are looked upon as the authorized leaders of the family of the juvenile offender. However, there are times when the family is so dysfunctional that it is best to begin with the juvenile offender. The aim is to bring both the family and the juvenile offender together, under one system of thought, the goal being that the juvenile will not return to a life of crime.

This study compared recidivism rates with juveniles who enrolled in the PMP PMP with those juveniles who enrolled and dropped out of the PMP as well as those who refused the PMP services. This study looked at the relationship between recidivism and level of offenses. In addition, this study looked at gender differences and recidivism and whether male offenders committed more serious offenses than females.

### **The Importance of the Study**

This study sought to extend research that has already been conducted on juvenile recidivism family counseling intervention programs that target first-time juvenile offenders. For example, the research indicates that early intervention is the key. According to Burns et al. (2003) youth who offend early in childhood, age-12 or younger, are far more likely to become serious, violent, and chronic offenders later in life than are teenagers who begin to offend during adolescence. Moreover, there are opportunities to direct these young offenders to a better path because the research indicates that they are



at an age when interventions are most likely to succeed in diverting them from chronic delinquency.

NOPD has little evidence that supports the idea that harsher sanction in the juvenile justice system reduces child delinquency. Instead, effective interventions to reduce both persistent disruptive behavior and child delinquency are being developed by NOPD and the Juvenile Justice System in Orleans Parish. Research conducted by the Study Group on Very Young Offenders, a group of 39 experts on child delinquency and child psychopathology convened by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), has concluded that the best intervention and service programs provide a treatment-oriented, non-punitive framework that emphasizes identification and intervention (Child Delinquency Bulletin, 2003). The Study Group recommended integration among agencies such as juvenile justice, education, mental health, and child welfare, when considering intervention programs development for juvenile delinquency.

The following research questions and their associated derivative hypotheses were examined.

### **Research Questions**

1. What is the impact of the PMP family counseling intervention program on reducing the rate of recidivism for juvenile first-time offenders in Orleans Parish?
2. What is the relationship between level of offenses and recidivism?
3. What is the relationship between recidivism and gender?

### **Hypotheses**

1. Individuals who receive the PMP family counseling intervention will have lower rates of recidivism than those who do not.
2. There is a positive relationship between level of offenses and recidivism.
3. The PMP family counseling intervention is more effective in terms of recidivism for females than for males.

### **Assumptions of the Study**

1. Parental involvement will be a key factor in the success of the program.
2. The participants will keep their appointments.
3. The participants will adhere to the contractual agreement.
4. All of the juvenile offenders who enrolled in the PMP will complete the treatment intervention.
5. Those participants who complete the PMP will not recidivate.
6. The data has been collected accurately.

### **Delimitations**

A limitation is generally defined as a natural condition that restricts the scope of a study and potentially affects the validity of the results (McMillan & Schumacher, 2000). The limitations of this study are discussed in Chapter Five. Because this study was conducted with data from the years 2001-2003, the data were collected and stored in a database prior to the development of this study.

According to McMillan and Schumacher (2000), a delimitation is typically determined at the beginning of a study prior to data collection and represents an intentional boundary to which a study is confined. This study was conducted for juvenile offenders and their families exclusive to Orleans Parish. There was one family counseling intervention program that was analyzed, the PMP. Additionally, some juvenile records may not be available due to expungements of their criminal records by the legal system and physical losses of records due to Hurricane Katrina's' destruction.

## **Definition of terms**

The definitions that follow specify the terms used in this research study.

### ***Recidivism***

This word is derived from the Medieval Latin *recidivare* or *recidivus* which means falling back or to fall back. A slipping from a higher or better condition to a lower or poorer one such as backsliding or relapsing (*Wikipedia*, Online, 2007). Recidivism is a measurement of the rate at which offenders commit other crimes, either by arrest or conviction baselines, after being released from incarceration (Juvenile Justice, 2000). Both state and federal laws have been enacted in an attempt to reduce the number of repeat or habitual offenders. This term is most frequently used in conjunction with substance abuse and criminal behaviors. For the purpose of this study the term recidivism will refer to juvenile offenders not returning to criminal behaviors following one year after enrolling and completing the PMP.

### ***Juvenile\****

In the United States, definitions and age limits vary, the maximum age being set at 14 years in some states and as high as 21 years in others. The 16-20 –year age group, considered adult in many places, has one of the highest incidences of serious crime. A high proportion of adult criminals have a background of early delinquency. A juvenile is typically a person under 18 years of age at the time of his/her offense. For the purpose of this study, a juvenile is considered a person under the age of 16 except in the case of runaways, in which a 17 year old can be booked a juvenile in Orleans Parish.

***Juvenile Delinquency\****

A legal term for behavior of children and adolescents that in adults would be judged criminal under law. The causes of such behavior, like those of crime in general, are found in a complex of psychological, social, and economic factors.

***Juvenile Offender\****

A violent or non-violent crime committed by persons under the age of 16 years, including 17 year olds who are booked with runaway, who are held criminally responsible for his/her actions.

***First-Time Offender\****

A person under the age of 16 years or a 17 year old runaway who has committed his/her first criminal offense.

***Repeat Offender\****

A person under the age of 16 years or a 17 year old runaway who has committed his/her second criminal offense.

***Habitual Offender\****

A person under the age of 16 years or a 17 year old runaway who has committed multiple criminal offenses.

***Never Arrested***

A person under the age of 16 years or a 17 year old who has been deemed by their caretakers/parents as ungovernable, who has not committed a criminal offense, and who have been referred for counseling.

### ***Level of Offenses***

A term used to describe first-time offender, repeat offender, habitual offender, and never arrested

### ***Non-Felonious Offenses\****

An offense that is considered a non-detainable offense, e.g., simple battery, shoplifting under \$100, disturbing the peace, ungovernable behavior, criminal trespassing, and possession of marijuana (1<sup>st</sup> offense). Status offenses, e.g., curfew, truancy, and runaway fall under this category.

### ***Felonious Offense\****

An offense that is detainable, e.g., aggravated battery, shoplifting over \$100, auto theft, armed robbery, rape, destruction of property over \$500, and possession of or intent to distribute, (or both), cocaine, crack, heroin, etc.

### ***Family Counseling Intervention***

The focus of counseling is more likely to be on a specific problem(s) or changes in life adjustment. These type of interventions focuses on the family as the main channel for change. Linkages with regard to the presenting concern(s) among families can improve the quality of life for the persons involved.

### ***Parenting Monitoring Program, (PMP)***

The PMP is a family counseling intervention program implemented in May 1997 at the New Orleans Police Department (NOPD), targeted at reducing the rate of recidivism with first-time juvenile offenders. The PMP model was introduced by Rhonda C. Vappie-Aydin. The PMP combines individual, group, and family counseling coupled with parenting skills training and vocational and job seeking training. Entrance into

the program is voluntary and parental/caretaker involvement is required. Sessions are anywhere from 4-8 weeks depending on the severity of the presenting concern(s).

Upon completion of the PMP, juveniles are given a certificate of completion.

***Juvenile Counseling and Assessment Model and Program, (JCAP)***

The Juvenile Counseling and Assessment Model and Program, (JCAP), (Calhoun, Glasser, & Bartolomucci, 2001), is a model of conceptualization and intervention for juvenile delinquency whose goal is to reduce juvenile delinquency. The JCAP is a collaborative approach, joining university counseling faculty, educators, graduate students, and the juvenile court system targeted at curtailing juvenile crime. Treating juvenile delinquency is challenging. JCAP is consistently creating new and innovative ways to evaluate the effectiveness of their model. JCAP program effectiveness and recidivism rates suggest that this model has been proven to be effective in combating the revolving door with juvenile delinquents.

***Metropolitan Orleans Total Information on Line, (MOTION)\*\****

A large database that is utilized in Orleans Parish to check criminal histories, do background checks, check for stolen automobiles, social security numbers, and addresses as well as missing or wanted persons.

***Motion Name Check, (MONA)\*\****

A simple inquiry against the data base MOTION, for arrested subjects in Orleans Parish is called MONA. This database will be used to access information on those juveniles that are in this proposed study.

***Juvenile Justice System\****

The mission of the Division of Juvenile Justice is to hold juvenile offenders accountable for their behavior, promote the safety and restoration of victims and communities, and assist offenders and their families in developing skills to prevent crime.

***Note:***

\* These definitions were taken from the Juvenile Justice Bulletin Series (2000, 2001, 2003). *U.S. Department of Justice*. Washington, D.C.

\*\*This information was retrieved from the New Orleans Police Department (NOPD), (2007). *Data Entry Division*. New Orleans, Louisiana.



## **Organization of Remaining Chapters**

This chapter has introduced the research study on reducing the rate of recidivism with first time offenders using the PMP family counseling intervention model.

The second chapter presents a literature review on existing research that examines what is known about juvenile interventions. I will basically conduct a summary of historical findings of juvenile delinquency, including but not limited to causes and prevention. The third chapter outlines the methodological approach that was used in this study. It includes data collection, procedures, data analyses, a description of the participants, variables that were examined, instrumentation, a demographic profile of the participants, the research questions as well as the research hypotheses. Chapter Four presents the results of the data collection and the statistical analyses of the data. Chapter Five discusses the results of the data analyses and offers interpretations of the findings. In addition, the implications for counselor educators and the implications for future research are presented in the fifth chapter.

## **Chapter Two**

### **Literature Review**

The purpose of this chapter is to examine the research and the literature that is related to juvenile crime and recidivism with juvenile offenders as well as treatment interventions that have been used to curtail juvenile offenders from further criminal behaviors. Dynamics and causes that surround juvenile crime will also be discussed. Models of interventions, treatment, and services targeted at reducing juvenile crime will be examined. Gender differences as they relate to juvenile crime and seriousness of offenses will be discussed. An analysis and synthesis of the research involving recidivism with juvenile offenders are provided in this chapter.

#### **Review of the Literature with Juvenile Offenders**

New Orleans has a high violent crime rate. Its homicide rate has consistently ranked in the top five of large cities in the country since the 1980s along with Detroit, Miami, Washington, DC, and Atlanta. From 1999 to 2004, the homicide rate again increased. New Orleans had the highest homicide rate of any major city in 2002 (53.3 per 100,000 people), and again accounted for the highest homicide rate in 2003, with 275 homicides reported. Violent crime is a serious problem for New Orleans residents, especially African Americans. As in other United States cities of comparable size, the incidence of homicide and other violent crimes is highly concentrated in certain low-income neighborhoods, such as housing projects, which are typically sites of open air drug trade. Tulane University Demographer Mark Van Landingham puts New Orleans' per capita homicide rate at 96 per 100,000 people in 2006, the highest in the nation (Ritea & Young, 2004). Along with the increase in violent crime in New Orleans,

juvenile crime is at an all time high in New Orleans. The fear of increasing juvenile criminal activity from America's youth intensified in 1995 when John Dilulio, a professor of politics and public affairs at Princeton University, published an article in the *Weekly Standard* predicting the coming of the juvenile super-predator (Hansen, 2001). Dilulio predicted that tens of thousands of these juvenile super-predators would be roaming the streets and terrorizing innocent citizens by the year 2000.

During the 1980s and early 1990s, a sharp rise in crime, specifically violent offenses, focused much of the nation's attention on juvenile delinquents and their treatment within the justice system. Between 1980 and 1994, the rate of juvenile arrests for violent offenses increased 64%, with the number of arrests for murder jumping 99% during this same time period (Butts & Travis, 2002). During this same period, a dire prediction using terms such as the "coming bloodbath" and a "crime time bomb", were articulated to suggest that the United States was heading straight into an unstoppable era of youth violence (Butts & Travis, 2002).

Juvenile delinquency, a major public concern in the United States, refers to illegal acts committed by youths younger than age 18 years (Hawkins, Smith, & Catalano, 2002). The first juvenile delinquents in New York City date back to 1797. These were the first young New Yorkers who were thrown in the newly built jail. Juveniles are still being incarcerated in New York. Every year, some 2,200 of these juvenile offenders are released back into the community. Within three years, 75% of these young people are rearrested. This is a depressing statistic for the Juvenile Justice System. Families of these juvenile offenders wanted the courts to try to figure out what could be done about this ongoing

problem (Adame, 2005).

The frequency of juvenile crime reached its pinnacle in 1994. Juvenile crime is still very prevalent in the United States, with over two million juvenile offenders detained annually. Fifteen to twenty-five percent of violent crimes are committed by juveniles. Of the non-fatal juvenile violent crimes, the majority are committed against other juveniles. Nearly half of the victims of juvenile crimes know their assailant. Three quarters of these offenders are males, who commit the majority of juvenile crime across the board (Lawyer Source, 2006).

Thorough reporting techniques and greater emphasis on publicizing delinquent acts in the media have made the American public much more aware of juvenile crime than in the past. Official United States crime reports in the mid-1990s showed that about one-fifth of all persons arrested were juveniles, under 18 years of age. For the most serious crimes, about 13% were under 15 years of age. Since the 1970s, juvenile arrests have been on the rise in every serious crime category, and furthermore, female juvenile crime is increasing substantially. Unofficial reports suggest that a higher percentage of juveniles are involved in minor criminal behavior; grossly underreported common offenses such as vandalism, shoplifting under \$100, underage drinking, and marijuana usage (Streib & Sametz, 2006).

### **Causes and Correlates of Juvenile Delinquency**

The major causes of delinquency in various countries are related to each nation's economic and social environments. In Brazil, the incidence of widespread poverty and the number of abandoned children in large city slums

may be the primary causes of juvenile crime. Delinquency research in India suggests that the primary causes of juvenile delinquency are the changing social system, the population explosion, and the shifting of morals and values. Egypt reported that delinquency has doubled in recent times coupled with a decline in available services for juvenile offenders. The Soviet Union abolished the juvenile court system in 1935 but still was unsuccessful in eliminating delinquency. In the United States, many theories concerning the causes of juvenile crime focus either on the individual or on society as the major contributing factor. Theories suggest that children engage in criminal behavior through interaction with others. Almost universally reported is the fundamental change in or breakdown of traditional patterns of family living, and this is cited as a major cause of juvenile crime around the world (Streib & Sametz, 2006).

Roberts (2000) stated that explaining crime and delinquency could be a complex task. A multitude of factors may exist that contribute to the understanding of what leads someone to engage in delinquent behavior. While biological and psychological factors hold their own merit when explaining crime and delinquency, perhaps social factors can best explain juvenile delinquency. Kelley, Huizinga, Thornberry, and Loeber (1997) stated that the research findings to date indicate that preventing the onset of delinquency requires accurate identification of the risk factors that increase the likelihood of delinquent behavior and the protective factors that enhance adolescent development.

Explaining crime and delinquency is an ongoing task. Juvenile delinquency is massive and growing. Some view delinquency as a macro level function of society. Many theories can be applied to some instances of crime and delinquency in society. Juvenile

crime is such a diverse topic that the explanation of this social problem is just as diverse. Delinquency can best be seen as a function of the surroundings or environment that a juvenile lives in (Roberts, 2000). The public appears much more aware of juvenile crime today than in the past. News stories surround the media about the alarming statistics of the increasing youth violence. Juvenile delinquent behavior is one of the most important issues that faces a nation in this new millennium (Wickliffe, 2007).

It is possible that biological factors can play a role in the criminal behavior of a juvenile. However, there is no empirical data that support the belief that juveniles have biological inheritance that causes their delinquency. The real issues surrounding juvenile delinquency today may well hinge on our understanding of how a juvenile who commits a crime thinks and behaves. Despite the social awareness, juvenile delinquency is definitely on the rise. This gives the public much cause for concern (Wickliffe, 2007).

Raising a child is not easy. All the blame should not be placed on parents. According to Wickliffe (2007), the result of being a juvenile delinquent is the increasing incidences of runaways, teenage suicides, teenage parenthood, and a series of unhappy marriages and divorces. Juveniles seem to be getting less nurturing and support from within their family. Instead, children are spending much more time in front of televisions, computers, and surfing the Internet. At times juveniles just want to listen to their peers and follow their advice. If certain variables are looked at such as age, gender, type of offense, and quality of single parent –child relationship, a conclusion may be reached that it is not necessarily the parents who are at fault for their children’s criminal behaviors. One cannot identify a single factor to determine why juveniles commit crimes (Wickliffe, 2007). Why juveniles commit crimes is largely unknown. Needless to say society, as well

as the community, the family, and the government need to work cohesively to understand why juveniles turn to criminal behaviors.

Historically, juvenile justice policy has vacillated between rehabilitative and punitive approaches to managing young offenders (Jenson & Howard, 1998). Policy and practice in the 1970s and the 1980s emphasized individual treatment for young offenders in nonsecure, community based programs. An increase in violent youth crime during the past decade has renewed interest in punishing delinquent youths. However, cyclic fluctuations in juvenile justice policy and practice and juvenile crime needs further examination. Overall juvenile crime rates have increased over the past three decades and they are independent of prevailing juvenile justice policies. There appears to be a growing need targeted at preventative measures in addressing the root causes of juvenile crime. There is a definite need for juvenile justice policy reforms, public education efforts, and emphasis on treatment interventions as opposed to harsher sanctions. Broader measures to reduce the number of juveniles referred to the juvenile justice system should be implemented (Jenson and Howard, 1998).

Hahn (2002) stated that hundreds of innovative media and arts programs have sprung up to offer solutions for dealing with our nation's youngest criminals. There is much debate between retribution, intervention, or rehabilitation efforts for juvenile offenders. Programs targeted at combating the causes and possible answers for juvenile delinquency are ingrained in these program efforts which offer tangible skills, a forum for communication, and therapeutic resources. The ongoing debate on how to balance prevention, punishment, and rehabilitation of juvenile offenders is unending. The mounting caseloads of juvenile crime over the past decades have become extremely

troubling for the nation.

As the literature suggests, juvenile crime is on the rise and is of great concern to the public. Additionally, it appears that juvenile delinquency is a community problem. O'Connor and Treat (1996) propose that any juvenile justice system must be looked at within its social context. The problem of serious, chronic, and violent juvenile offenders arises at the nexus of numerous social welfare issues because these youths tend to grow up in environments in which both family structures and opportunity structures have deteriorated. Poverty, inadequate housing, inadequate education, racism, child abuse, teen pregnancy, drug addiction, alcoholism, and endless other societal ills can push juveniles onto paths of violent and criminal behavior. To attempt to eradicate juvenile crime without paying attention to these issues would be impossible.

One of the problems is that juveniles commit the kinds of crimes that make the evening news. Juveniles were responsible for 13% of the nation's serious and violent crime in 1996 compared to 9% in 1987, based on case clearance data reported in the Uniform Crime Reports. On the average, the first contact with juvenile offenders for male offenders occurs around age 14. Male juvenile offenders are reported to commit more serious violent offenses than females. In fact, based upon self-report by the male juvenile offenders and their mothers, these male youths actually begin much earlier with minor behavior problems surfacing around age 7 and their first serious crime being committed around age 12. The research identifies many individual characteristics and factors that are found in parenting, the family, school, community, peer pressure. More often, violence results from a mixture of these factors (Loeber & Farrington, 1998).



## **Male versus Female Juvenile Offenders**

According to Loeber and Farrington (1998), several psychological characteristics increase the risk of delinquent behaviors, especially in male juvenile offenders. Hyperactivity can predict later violent behavior. Concentration problems predict later violent behaviors as well as academic difficulties, which in and of themselves are risk factors for violent behaviors, especially with males. Aggression in the form of continuity of antisocial behavior from early aggression can lead to violent crime. With male juvenile offenders, aggressive behaviors for age 6 to age 13 have been consistently shown to predict later violence in males across studies. Early violent behavior and delinquency is also associated with more chronic and serious violent offenses.

Acceptance of engaging in problem behaviors shifts in middle school when peers engage in behaviors such as drug use and crimes for males. Dishonesty, antisocial beliefs and attitudes, and hostility towards police have all been found to predict later violence among males. Among females, the relationship between those attitudes and beliefs and violent behaviors appear less consistent (Loeber & Farrington, 1998).

Certain characteristics of family life are suspected as contributing to the development of serious and violent juvenile offenders. Parent's criminal history, child maltreatment, poor family management practices, lack of parent-child involvement, family conflict, separation from parents, and having delinquent brothers and sisters raise the risks of violent behaviors (Loeber & Farrington, 1998). While these characteristics for the most part influence male juvenile crime, male delinquent siblings have greater influence over girls than boys. Furthermore poor

academic achievement gang membership, befriending delinquent peers, growing up in low-income families, and community disorganization, low neighborhood attachment, neighborhood adults involved in crime, and the greater availability of drugs all increase the likelihood of serious delinquent behaviors and violent with male juvenile offenders (Loeber & Farrington, 1998).

Several steps have been suggested to help the juvenile justice system become more effective in their efforts to prevent serious and violent juvenile crime. Parents, schools, neighborhoods, and the juvenile justice system all play important roles in preventing youths from becoming serious and violent offenders and are finding treatment interventions to help these offenders turn their lives around. Early intervention for at-risk families has proven to be effective for those juveniles in reducing violence and recidivism with these male offenders (Loeber & Farrington, 1998).

Although young females account for one in four juvenile arrests in the United States each year, the stereotypical juvenile offender is a violent young male. Consequently research and programming within the juvenile justice system primarily focuses on the danger that male juvenile crime presents to society. As a result, delinquency theories were basically developed for males. The juvenile justice system overlooked and neglected the young female offender. The Juvenile Justice and Delinquency Prevention Act (JJDP) was adopted by Congress in 1974 in an effort to address the growing concern over juvenile delinquency in the United States. Typically, female juvenile offenders were referred to the juvenile justice system for committing offenses that are very different from those committed by male juveniles. Male offenders

represent a majority of the total population of juveniles that are adjudicated delinquent. While on the whole juveniles commit a relatively low percentage of the total number of serious violent offenses, males commit more of these offenses than females. In 1994, about half of the male juvenile arrests for violent offenses were more serious, while only a quarter of female juvenile arrests were serious offenses. Consequently, female juveniles are primarily brought into the system for much lesser offenses than their male counterparts (Branickol, 2000).

Chesney-Lind and Paramore (2001) found that high profile murders committed by juveniles have the public concerned. Males tend to commit these types of violent crimes as opposed to females. There is a scary fact about the rising rate of female violence. Juvenile female crime increased between 1987 and 1994 and then decreased by 1997. Although females are committing more violent crimes, almost all of them involve assault. A further examination reveals that about half of these female arrests were family entered and involved such activities as a girl hitting her mother and her mother subsequently pressing charges (Chesney-Lind & Paramore, 2001). Females commit fewer robberies than males. Typically males rob with guns and these robberies are generally committed by two or more males. Males are most likely to use weapons when committing a robbery. Males tend to use physical violence and weapons as a way displaying masculinity.

Like their male counterparts, female juvenile offenders are juveniles who have broken the law and need to be held accountable for their offenses. However, it is important to recognize that there are important differences between the female and male offender. Chesney-Lind (2001) reported that girls generally commit delinquent

acts for different reasons than boys do. For example, most female offenders have been victims of sexual and physical abuse. In addition, while boys delinquency is related to delinquent lifestyles, young women's delinquent behavior is related to victimization □ and survival on the streets. The problem of teenage pregnancy naturally has a greater impact on female offenders than on male offenders. As a result programs for females should address parenting and pregnancy prevention. Rehabilitation efforts and treatment interventions aimed at delinquent girls must address these issues if they are to be successful. Effective programming for girls must address educational, vocational, and life skills needs as well as the reasons girls commit offenses (Odgers & Moretti, 2002).

Shelden (2004) suggests that part of the explanation of why girls become involved in activities that are likely to land them in the juvenile justice system, but at a rate substantially lower than boys, is that girls undergo a childhood and adolescence that is heavily colored by their gender roles. It is not possible to discuss their problems, their delinquency, and their experiences with the juvenile justice system, without considering gender in all its dimensions. Girls and boys do not inhabit the same worlds so to speak. They do not have the same choices. This is not to say that girls do not share some of the same problems that boys do. But the manner in which these attributes affect the daily lives of young people is heavily mediated by gender.

Since 1997, juvenile female arrests have actually increased at a faster rate than those of juvenile males. In 1967, females constituted 13% of all juvenile arrests, while males made up the remaining 87%. While juvenile male arrests decreased from 92% of total juvenile violent crime arrests in 1967 to 85% in 1996, juvenile female arrests increased from 8% of the total juvenile violent crime arrests in 1967 to 15% in

1996. Specific data also suggest differences in male and female juvenile patterns. Juvenile males show progressively higher rates of violent crime as they age. From 1967-1996, the highest arrest rates were attributable to 17-year-old males. With the exception of males aged 12 and under, juvenile females demonstrate a lower violent crime arrest rate than juvenile males. In contrast to arrest rates for 17 year old males when compared to other males, the 17 year old females have arrest rates similar to females aged 15 and 16, suggesting that juvenile female involvement in criminal activity decreases at a younger age. Furthermore, female offenders are likely to become victims themselves in the course of the offending incident (Juveniles and Violence, 1991).

### **Cost – Benefit Analysis of Juvenile Crime**

The message is that youth who start offending early in childhood, age 12 or younger, are far more likely to become more serious, violent, and chronic offenders later in life than teenagers who begin to offend during adolescence. The public has an opportunity to direct these young offenders to a better path because research indicates that they are at an age when interventions are most likely to succeed in diverting them from chronic delinquency. The Office of Juvenile Justice and Delinquency Prevention (OJJDP), a federal agency, assesses treatment interventions that are available to child delinquents and their families to examine their efficacy. At a time of limited budgets, it is imperative to consider the cost effectiveness of specific programs because juveniles who are not diverted from further criminal behaviors will require significant resources in the future (Sansfacon, 2004).

In addition, Sansfacon (2004) stated that research has already been done on the costs of juvenile crime and criminal justice issues, about the methods and tools to

measure the cost –benefits of juvenile justice, and reducing recidivism with juvenile crime. However, it is important to understand the cost-benefits of various treatment approaches that target reducing juvenile crime. Economic and financial analyses of juvenile crime and crime prevention, control, or reduction efforts, are generally distinguished as cost analysis, cost effectiveness analysis, and cost benefit analysis. It is debatable whether correctional intervention should be included as part of crime prevention measures. Correctional intervention focuses on treatment and rehabilitation rather than punishment or retribution: and it aims to reduce re-offending in the community and strives to impact risk factors for recidivism. With this view correctional intervention should be included as a crime preventative measure. Very few crime prevention treatment programs for juvenile offenders have used cost-benefit analyses. The main reason for this is a lack of rigorous program evaluation, a process which provides the necessary foundation for benefit cost-analysis according to Chisholm, (2000).

Juvenile crime reduction approaches do not always protect society from becoming a victim of crime. Typically much more juvenile crime prevention activity emerges from the field, from communities and community based organizations than from governments and university research centers (Hope & Karstedt, 2003). According to Welsh and Farrington (1999), addressing the larger issue of concern to the field of corrections is whether treatment interventions are more economically efficient than punishment. Research indicates that a combination of the two may be ideal in reducing juvenile crime. It is important to keep cost-benefit analysis, cost-savings analysis, and other forms of cost and outcome analysis in their place. These methods can provide

valuable input to choosing among different programs, demonstrating a program's worth, improving programs, and replicating them (Karoely et al., 1998).

### **Treatment Interventions for Juvenile Delinquency**

According to Pugh et al. (2000), the implementation of treatment intervention programs that show promise and can produce positive results in reducing juvenile crime are direly needed. Perhaps there is no existing instrument that can be used to say whether an intervention program has been effective unless the juvenile offender is asked the question "Has this intervention helped your life? If so, how has it helped? Can intervention programs reduce recidivism rates among juvenile offenders?" The research indicates that programs that have proven to be most effective interventions for non institutionalized offenders include *individual counseling*: one on one counseling with multisystemic therapy; *interpersonal skills training*: which provides role playing and the production of videos to help juvenile delinquents see themselves from the perspective of others; *behavioral programs*: family counseling which includes a contingency contracting program as a method of behavior therapy; and *multiple services*: where juveniles are placed under intense case management and receives an array of treatment services to meet their specific needs (Juvenile Justice Bulletin, 2000).

Broad assessments of the effectiveness of delinquency treatment interventions have greatly benefited from the increasing use of meta-analysis, in which researchers aggregate the ever growing research literature to examine and compare the effect sizes or magnitude for comparisons of treatment and control groups. The most extensive meta-analysis examining the effectiveness of juvenile delinquency programs was conducted by Lipsey (1995), who examined 443 different research studies. Lipsey's analysis focused

on treatment interventions designed to reduce, prevent, or treat juvenile delinquency and antisocial behavior problems. In 64.3% of the studies that he examined, the treatment group did better. In most of the cases there was a greater reduction in recidivism with the treatment group than the control group. In more detailed analyses, Lipsey worked to identify the characteristics that were the most important in determining differences between treatment and control groups. The more effective programs were predicted to reduce recidivism substantially, once the methodological effects were controlled.

Overall, the results of Lipsey's meta-analysis indicated that more effective programs provided larger amounts of meaningful contact or treatment integrity and were longer in duration, were designed by a researcher, and offered a multimodal treatment plan. This indicates that the treatment delivered or administered by the researcher was better implemented than typical programs supporting the theory that poor implementation of a sound theoretical treatment intervention is unlikely to produce positive outcomes.

The Juvenile Counseling and Assessment Model and Program: A Conceptualization and Intervention for Juvenile Delinquency (JCAP) proposed by Calhoun et al. (2001), presents a model of conceptualization and intervention for juvenile delinquency. JCAP provides a theoretical framework that accounts for the etiology of delinquency and proposes an approach with which to conceptualize delinquency as well as address needed interventions. The JCAP model includes the characteristics and variables associated with the juvenile, e.g., gender, personality, life skills, social competence, and cognitive processing, the ecological contexts within which the juvenile lives, e.g., the family, peers, school, and the community, and how



these variables interact together. Although it is essential to understand the variables just outlined, the key to the JCAP model is in understanding the interactions among these variables.

The intervention and prevention approaches that have evolved from the JCAP model involve several strategies including individual counseling, group counseling, and school and family consultation. Kazdin (1995) has suggested that all of these strategies may be necessary to change the pattern of the juvenile offender. According to Kelley et al. (1997) the effectiveness of treatment modalities with juvenile offenders indicates that individual therapy is the most effective method to create long-term changes throughout the individual's life. Individual counseling is essential in helping juveniles to build specific tailor made skills that lead to more productive and less aggressive encounters with others. JCAP also proposes involving families and school professionals in the treatment of youth.

The JCAP model provides services to a diverse population of court referred youth in a southeastern city of approximately 85,000 people. Each year JCAP provides approximately 120 juvenile offenders with therapeutic services. These youths represent diverse racial and ethnic backgrounds and varying socioeconomic levels. The juveniles range in age from 9 to 17 years and attend one of the public, private, or alternative schools in the community. JCAP clients may also be detained at the Regional Youth Detention Center. The degree of offenses committed by these youth also varies from status offenses such as truancy, runaway, underage consumption of alcohol to felonies such as aggravated child molestation, burglary, and aggravated assault.

During weekly individual sessions, JCAP counselors in training (CIT) collect information from the youth, and initially from the parents, through clinical interviews and assessments, to develop a treatment plan. Training counselors to work effectively with this special population requires the CIT to develop an understanding of the etiology of juvenile delinquency. CIT must become proficient in appropriate counseling techniques, interventions and strategies that work well with juvenile offenders. Additionally, CIT need a thorough grasp of the juvenile justice system, effective counseling skills that work with juvenile offenders, and program development and evaluation competencies (Rosen, 1990). JCAP counselors receive training through CACREP approved master's programs. CITs are trained in diagnosis, implications, and treatment strategies. Weekly JCAP clinical meetings provide the opportunity to discuss challenging cases and collaborate with peers and clinical directors on treatment plans.

Currently, the JCAP model of intervention is available to CACREP approved counseling programs. The master's students in these counseling programs can complete their practicum and internship sites using the JCAP model. CITs are able to gain experience with a difficult population. Working with JCAP provides CITs a full range of professional experiences.

JCAP has reached its goal of reducing delinquency and increasing adaptive skills with juvenile offenders as evidenced by the majority of the juveniles in their program self-report of achieving personal success and by preventing further delinquency. Treating juvenile delinquency is challenging and few programs are found to be successful. Kadish et al. (1999) examined the recidivism rates of youth who receive

JCAP services compared with those who did not receive services. Their study found that 25% of JCAP clients re-offend compared with 63% of youth who did not receive services. The significant difference in the recidivism rates suggest that JCAP is working toward its goal of decreasing the rate at which these youth re-offend.

No existing program targeted at reducing the rate of recidivism with juvenile offenders is perfect. JCAP wants to extend its services to include home based interventions. This would enable counselors to include all family members in the treatment intervention. JCAP is completely run, supervised, and operated by two university professors in addition to their university responsibilities which include full teaching assignments, program coordination responsibilities, research, and academia demands. (Calhoun et al. 2001).

Quinn and Van Dyke (2004) examined a multiple family group intervention program (MFGI) for first time juvenile offenders. The recidivism rates for subjects who completed the MFGI were compared to recidivism rates of two other groups of first time offenders. The project was supported by a grant from the U.S. Office of Juvenile Justice and the Georgia Children and Youth Coordinating Council. The purpose of this project was to test the effectiveness of a multiple family group intervention as compared to the traditional case disposition of probation, and a third group comprised of the dropouts of the MFGI. Using logistic regression analysis to predict who would recidivate, juvenile first time offenders who were placed on probation (N=95) were 9.3 times more likely to re-offend compared to the Family Solutions Program, (FSP) graduates (N=267). Families who were referred to FSP but who dropped out (N=93) were likely to re-offend when compared to FSP graduates.

The results also indicated that youths in the probation group were 8.1 times more likely to re-offend than youths referred to the FSP. There were better outcomes on recidivism for FSP graduates for both males and females.

Given the cost and hardship to families and communities, effective intervention programs that reduce the likelihood of continued delinquent behavior are needed. Multiple family group intervention and individual and family interventions with juvenile delinquency have similar conceptual frameworks as they pertain to targeted change characteristics, namely fostering family functioning, for example, communication, parental monitoring, and cohesion. Multiple family group intervention allows juveniles and their families the opportunity to confront, support, and witness the success and failures of others. Adolescents and their families working in the context of a group of families provide a sense of community for troubled youths (Quinn & Van Dyke, 2004).

Four hundred and fifty five first-time juvenile offenders and their parents predominately mothers, participated in the FSP study. Ten sessions were required and there was never a time during the FSP implementation when adults were not present with the youths. Group leaders were required to have a college degree in human services or a social science discipline. There was an FSP manual which allowed all group leaders to become familiar with the contents of each session. Session topics included group cohesion, family cooperation, building home-school partnerships, parenting skills training, family contracting, education, volunteering in the community, conflict resolution, and graduation. Completion of the FSP required attendance by the juvenile and parent and active participation in at

least 9 out of 10 sessions. Group leaders attempted to get families who missed sessions to return via telephone calls (Quinn & Van Dyke, 2004).

Recidivism on the youths were measured monthly and then followed by tracking them from the time they were referred to FSP for their first offense to the time they were no longer considered a minor by the legal system. The mean age for all three groups at the inception of the FSP intervention was approximately 14 years of age. This resulted in an average three-year span for each group. At age 17 these youths were no longer considered minors. Juvenile crimes were recorded as either status offenses (e.g., truancy, curfew, ungovernable) or criminal offenses (e.g., shoplifting, criminal trespassing, and assault). The dependent variable, recidivism, was the probability of a youth re-offending. The variables for recidivism were age at first offense, gender, ethnicity, family involvement in crime, seriousness of initial offense, and type of treatment. Recidivism and participation in FSP were dichotomous variables. Logistic regression was used with the dichotomous variables of recidivism and the probability of recidivism as a function of the FSP intervention.

Quinn and Van Dyke (2004) found significant differences in proportions of those who re-offended according to treatment. Recidivism rates differed among the three groups. FSP completers had a 19.9% repeat-offense rate, and the comparison groups had a much higher re-offense rate, 36.6% for FSP dropouts and 54.7% for those assigned to probation. Preliminary analyses indicated that there were differences among subgroups according to ethnicity, seriousness of offense, and recidivism. The probation group was comprised of Caucasian youths and the FSP consisted of majority African Americans. This was due to the two different, but adjacent counties included in

the samples. Dropout did not seem to be related to seriousness of offense.

Gender has been a common variable in examining juvenile delinquency, putting boys at a greater risk for juvenile delinquency and recidivism (Hagell & Newburn, 1996). One common distinction that has been made regarding juvenile delinquency is that males are more frequent offenders. Additionally, African American males tend to be at a higher risk to re-offend than Caucasian males because the likelihood of recidivism for African American males is 3.3 times greater. This is due largely in part to socio-economic conditions (Hagell & Newburn, 1996). It follows that those families with more resources are able to avoid adjudication by obtaining a lawyer and negotiating settlements. For females, in addition to better treatment outcomes for the FSP graduates, age and seriousness of offense and not race, had an association for recidivism with females. The female juvenile first time offenders group indicated that age at first offense influences recidivism.

The FSP study developed their intervention for juvenile offenders with the inclusion of family involvement to foster systemic change. The focus was on first-time juvenile offenders and the reduction of repeat offenses through an intervention with parent involvement and community. Their research findings suggest that a multiple-family group intervention is effective in reducing recidivism with juvenile first-time offenders. Based upon the research literature, Quinn and VanDyke (2004), recommend that further studies need to address parental monitoring, discipline practices, family communication, and family-school relations.

Liddle et al. (2000) developed a multivariate dimensional family therapy approach, MDFT, for working with adolescents with drug and behavioral problems. MDFT targets families as the impetus in combating adolescent substance abuse. The value of family is an integral part of this model. The theory behind the model suggests that children develop within a web of interconnected systems, schools, neighborhoods, peer groups, but more importantly, families. Proponents of MDFT believe that counselors can achieve lasting change only by understanding and influencing the family and other systems that surround the troubled youth. MDFT typically seeks to produce behavioral change within 3 to 6 months which is approximately 12 to 25 family focused treatment sessions.

The MDFT approach focuses on selected determinants of adolescent growth and development such as the understanding of how adolescent drug problems form, develop, and continue as well as how they can be replaced so that the adolescent will not recidivate. Adolescent parent-child relationships (e.g., attachment or conflict), biological maturation (e.g., puberty and sexuality), and cognitive development (e.g., concrete versus abstract thinking) are variables that are utilized to treat adolescents in the MDFT. The MDFT is certified as a Substance Abuse and Mental Health Services Model Program (Liddle et al., 2000).

## Chapter Summary

This chapter has provided a review of the research literature that informed this study on reducing the rate of recidivism with juvenile first-time offenders. The goal of the juvenile justice system is rehabilitation. America's juvenile and criminal justice system strives to be effective in combating serious juvenile crime. Innovative methods and interventions need to be implemented to help reduce crimes committed by juveniles for public safety as well as for the safety of the juvenile. Growing numbers of young people often from broken homes, or so called dysfunctional families are committing serious crimes. These emotionally damaged people live in aimless and violent neighborhoods, are products of abuse, have no sense of hope, for the present or the future, are without faith, are oftentimes ruthless, and commit crimes against other people.

The United States has a problem with juvenile violence. Violent teenager criminals are becoming more vicious. Juvenile crime has seriously affected teenagers' lives, especially those who live in low SES neighborhoods. The relative growth in juvenile arrest involving females has doubled from 1989- 1993. Juvenile arrests for violent crimes increased 33% for males, and 55% for females. However, the ratio of male arrests to female arrests declined from 8 to 1 in 1989-to 6 to 1 in 1993 (Juvenile Justice System). Congress passed the Juvenile Delinquency Prevention and Control Act in 1968. This was revised in 1972 and renamed the Juvenile Delinquency Prevention Act. The goal is to assist state and local communities in preventative services to youths in danger of becoming delinquent and to train individuals in occupations providing services to juvenile offenders.



New Orleans has a high juvenile violent crime rate. This is a serious problem for New Orleans residents as well as for tourists. The majority of juvenile crime in New Orleans is committed by African American males. On Thursday, January 11, 2007, several thousand New Orleans residents marched through the city streets and gathered at City Hall for a rally demanding that police and city leaders tackle the overall crime problem (Ritea & Young, 2004). NOPD is combating juvenile crime with the juvenile first time offenders program, the PMP, by providing professional counseling services to juveniles and their families with the goal being reducing the rate of recidivism with juvenile crime.

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter presents the methodology that was used in this study to examine the effectiveness of the PMP family counseling intervention designed to reduce the rate of recidivism with juvenile first-time offenders. The first section includes the purpose of the study, research question and hypotheses. The participants, program intervention and instrumentation is described in the next section. The analytic procedures and data collection are addressed in the final section.

#### **Purpose of the Study**

The purpose of this study was to examine the effectiveness of the PMP family counseling intervention program which was designed to reduce the rate of recidivism with first-time juvenile offenders in Orleans Parish. Juvenile crime was increasing by epidemic proportions in Orleans Parish in the mid-1990s. NOPD Superintendent Richard Pennington, who was the Police Chief at that time wanted to develop ways that would prove to be useful in enhancing the effectiveness of the NOPD juvenile detention and release procedures. His main concern was what was happening to those juveniles who committed non-felonious offenses and were released to their parents with little or no consequences. Chief Pennington was aware from the juvenile statistics from NOPD's Juvenile Division that these same non-felonious juvenile offenders would re-offend over and over again and some would eventually upgrade to committing more serious felonious offenses. Chief Pennington also recognized that the juvenile court judges had no choice but to release some of these juveniles because of the lack of juvenile detention facilities in both Orleans Parish and in the State of

Louisiana. The Chief proposed that some type of intervention be implemented at the NOPD Juvenile Division to address these concerns.

Patterson, Capaldi, and Bank (1991) developed an intervention that linked poor family management skills, involvement with deviant peers, and poor academic skills with juvenile delinquency. Simcha-Fagan and Schwartz (1986) developed a model of intervention linking neighborhood variables, school attachment, association with delinquent peers, adolescent age, and poor family functioning with juvenile delinquency. Violence in the family is a major cause of juvenile delinquency. Risk factors that are involved in juvenile delinquency also include education, social class, the influence of gangs, drugs, race, and gender. Adolescents are expected to succeed in life, even though their parents may not have been successful ( Bailey, 2002).

According to Calhoun, Glaser, and Bartolomucci (2001) delinquent behavior is a major and costly problem for society. Calhoun et al. proposed the JCAP model of intervention for juvenile delinquency. The JCAP model provides an approach that rests on a research driven theory base. The model's framework allows emerging professionals to learn an effective, empirically based method to serve a therapeutically challenging population, mainly juvenile offenders, while delivering quality services to offending youth in collaboration with several community agencies. The JCAP model accounts for the etiology of delinquency by involving the juvenile's interaction with their community, peers, school, and family. Examining juveniles in the context of their environment can provide information concerning their likelihood to engage in future delinquent behavior.

The juvenile first-time offenders program at NOPD, the PMP, a family counseling intervention program, was introduced by the researcher in May 1997. The PMP was an intervention that proposed to lower recidivism rates with juvenile first-time offenders. The PMP involves a voluntary family intervention counseling contract between the parent, the juvenile offender, and the assigned juvenile counselor. The PMP model proposed a conceptual framework which is systems theory based and includes, but is not limited to individual, group, and family counseling interventions.

The PMP's intervention model focuses on first-time juvenile offenders who have committed non-felonious offenses as well as those juveniles who are considered "at-risk" of committing criminal behaviors. Although the focus of the PMP is to reduce recidivism rates with juvenile first-time offenders, no one is refused services. So in addition to felonious offenders, repeat and habitual offenders may enroll in the PMP. The PMP is concerned with the recidivism rates for those juvenile offenders who completed the PMP versus those who did not complete or who refused services. In addition, the relationship between level of offenses and recidivism, whether the PMP is more effective for males than females, and whether males commit more serious offenses than females were analyzed.

Consistent with Quinn and VanDyke (2004), the PMP procedures examined a multiple family group intervention for first time offenders. Recidivism rates for those participants who completed the MFGI were compared to those who did not. In addition, logistic regression analyses were used with dichotomous variables to predict who would recidivate.

The following research questions and their derivative hypotheses were examined.

### **Research Questions**

1. What is the impact of the PMP family counseling intervention program on reducing the rate of recidivism with juvenile first-time offenders in Orleans Parish?
2. What is the relationship between level of offenses and recidivism?
3. What is the relationship between recidivism and gender?

### **Hypotheses**

The hypotheses that were tested are:

1. Individuals who receive the PMP family counseling intervention will have lower rates of recidivism than those who do not.
2. There is a positive relationship between level of offenses and recidivism.
3. The PMP family counseling intervention is more effective in terms of recidivism for females than for males.

### **Participants**

The participants in this study were included in three separate groups. The first group, the treatment group, included those juvenile offenders who voluntarily entered the PMP and who were either arrested or referred to the PMP by their parents or another agency. All of the participants in the treatment group had successfully completed the PMP program. The second group included those juvenile offenders who were arrested but refused to enroll in the PMP. The third group included those participants who enrolled in the PMP, but did not complete the program. The treatment group and the two control groups were comprised of mainly African American males and females of low SES.

Participants were identified by level of offenses utilizing the NOPD database MOTION-MONA. Demographic information such as gender, SES, education, family environment as well as level of offenses and seriousness of offenses were characteristics that were analyzed in this study.

### **Characteristics of the Sample**

The criteria for voluntary participation in the PMP included juveniles between the ages of ten through seventeen years old who had committed a non-felonious first time criminal offense; juveniles between the ages of ten and seventeen who had not committed a criminal offense, but were referred by their parents for ungovernable behaviors; as well as those juveniles between the ages of ten and seventeen who had committed felons and were referred to the PMP by an NOPD juvenile detective. Table 1 gives the number of participants in each group by the year of participation and nonparticipation in each group. intervention. The treatment group consists of those participants who entered the PMP and completed the counseling intervention. Control Group I consists of those participants who enrolled in the PMP, but did not complete the counseling intervention. Control Group II consists of those participants who refused the PMP counseling intervention services.

As the data base of participation and nonparticipation had been completed for the years 2001, 2002, and 2003, the number of participants in each group is listed below in Table 1.

**Table 1**

***Frequency Distribution by Year***

---

<u>Year</u>	<u>Treatment</u>	<u>Control I</u>	<u>Control II</u>
2001	242	24	26
2002	298	61	39
2003	350	60	44
<hr/>			
Total	890	145	109

---

The majority of the respondents were males (65%) reflecting that most of the juvenile crime was committed by this particular population. Table 2 presents a frequency distribution of participants by gender. The treatment and both control groups were combined to give a total number of participants separated which are separated into two groups, males and females.

**Table 2**

***Frequency Distribution of Participants by Gender***

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<u>Gender</u>	<u>Total Number of Participants</u>	<u>% Participants</u>
Males	742	65%
Females	402	35%
Total	1144	100%

---

As stated earlier, most of the participants were mainly African American with only 2% being Caucasian and 1% Asian American.

## **Procedure**

Once a juvenile offender is arrested on a non-felonious offense, and the parent is contacted to pick the juvenile up from the Juvenile Division, the juvenile and their family are typically referred to the PMP. If the juvenile detectives are inundated with a large number of offenders, then the juvenile detectives leave the juvenile offenders information in the counseling mailbox and the a counselor contacts the family to offer counseling services to them. However, if the juvenile offender and his or her family are referred to the PMP, and both the juvenile offender and their parent(s) voluntarily agree to counseling, then a participation agreement is signed. Some families refuse counseling services and are asked to sign a form stating that they were offered counseling, but refused the services. Some juveniles come into the program not having committed a crime. Parents come to NOPD in the Juvenile Division attempting to get help for their child before the child has an opportunity to commit a criminal offense. The PMP counseling intervention program is of no cost to juveniles and their families. All of the assessments that were be given to the juvenile offender and family members are included in Appendix A. The assessments used in the PMP were developed by the PMP counselors and are listed below:

1. Juvenile Counseling Program Folder Checklist
2. Consultation Sheet
3. Behavior Contract
4. Parent Intake
5. Juvenile Intake
6. Feeling Safe Assessment
7. Self Esteem Assessment
8. Feeling Words Assessment
9. Peer Pressure Assessment
10. Respect Authority Assessment
11. Parent Questionnaire Assessment
12. Education and Career Assessment



- 13. Confidentiality Release
- 14. Progress Notes

### **Instrumentation of the PMP**

The PMP is explained to the juvenile and his or her family. Once the juvenile's family agrees to enroll in the PMP by signing a contractual participation agreement form with the assigned counselor, both the juvenile and the parent(s) are then given intake information forms to complete. Counselors are assigned cases in rotation by the administrator. In addition, the administrator trains each counselor in the procedures and instrumentation of the PMP. Quality control measures are taken to see that each session is done exactly the way in which it was designed. Weekly staffing and in-service trainings are presented to discuss cases and any concerns that the counselors may have. This is done to further ensure that the PMP is being delivered as developed. The assigned counselor reviews the information sheet with the family and discusses the presenting concern, usually some type of criminal offense(s), and then decides with the family how many sessions are needed for both individual and family counseling, based upon the severity of the crime and or presenting concerns of both the juvenile offender and his or her parents. Sessions are 4 to 6 weeks for one hour per week. Bus tokens are given to participants who do not have transportation.

### **Initial Session/Intake**

Once the initial assessments are completed the family is given a scheduled appointment date for the next sessions. Parental involvement is mandatory once the juvenile is enrolled in the PMP. The parents are informed that if they have two unexcused absences their case is closed. Since the PMP is a voluntary program, if the counselor deems that the case is closed, there is no consequence. The

juvenile offender typically has weekly individual and family sessions. Parents are asked to attend parenting sessions when needed. Counseling assessment forms are given to the juvenile to fill out each week. The assigned counselor goes over the assessment with the juvenile during the individual session. Group counseling is an integral part of the PMP. Parents are invited to attend the group sessions. Groups are usually 5 to 6 juveniles and their parents with two assigned counselors running the groups.

### **Session I**

A typical first session involves establishing a working relationship with the juvenile offender and family members. Expectations and goals are examined. The contractual agreement is reviewed which was discussed during the initial contact with the family. The parent has given the juvenile offender's consequences for criminal actions, for example, phone privileges taken away, no going outside, no television, no listening to music, and no association with the wrong peers. Privileges are then earned by the juvenile offender once the behavior improves. In addition, if in the initial session, poor communication between the parent and the juvenile is observed, then the parents are encouraged to enroll in parenting skills counseling. If the assigned counselor assessed that it was necessary for both the parent and the juvenile to attend sessions together, an appointment is made for both. If not, then an appointment is made for individual counseling for the juvenile offender. However, parents are strongly encouraged to attend all weekly sessions. The Feeling Safe and the Education and Career assessments are given to the juvenile offender to complete and each is discussed in the session.

## **Session II**

The second session involves the juvenile offender (or the juvenile and the parent), following a week after the first session. Academic progress is discussed and report cards are requested by the assigned counselor. If the juvenile offender's grades are poor, it is deemed necessary to talk to a school official, then the parent(s) signs a confidentiality release form. A copy of the report card is placed in the juvenile's file. It is important to note that any time a third party such as another family member, counselor, doctor, or employer of the juvenile is to be involved with the PMP, then a signed confidentiality form by the parent is required. Any communication with a third party is put in the case notes in the juvenile's file. The Self-Esteem and the Feeling Words assessments are given for the juvenile to complete and the counselor reviews the assessments with the juvenile. As counseling begins to unfold, presenting concerns of the juvenile are addressed.

## **Session III**

By the third session a solid working relationship has been established with the assigned counselor and the juvenile and the parent(s) as evidenced by their coming to their appointments promptly and engaging in the sessions. A different set of assessments are given, the Respect for Authority is given to the juvenile and the Parent Questionnaire is given to the parent(s). The counselor goes over the assessments with the family. Follow-up is continuous within each session. The family's presenting concerns are still being discussed. The counselor discloses to the family that there is one remaining session. The family discusses with both the client and the counselor whether or not they want to re-enroll their child for four more sessions.

Typically, the progress of both the juvenile and the family dictates whether to reenroll the family or to refer them to an outside agency for further intervention. Progress is determined by self-report of both the parents and the juvenile, as well as the assigned counselor, compliance with the contractual agreement, and academic progress reports from school. The counselor informs the family that a decision will be made as it relates to reenrollment at the next session.

#### **Session IV**

The fourth session is usually the final session. At this point in the intervention the juvenile offender has been involved with weekly individual, group, and family counseling interventions for four weeks. This session usually is the closing session. If the parent and the juvenile report that progress was made, if academic progress was achieved as evidenced by a report from the school, and if the juvenile has not re-offended, and the assigned counselor agrees, the case is considered completed. Some juveniles qualify for vocational rehabilitation and are assisted with attaining gainful employment. Some juveniles are referred for psychological evaluations and or medical examinations. Every family's situation and needs are different but the same outcome of the juvenile not returning to criminal behavior is the focus.

There are times when the juvenile offender has not made sufficient progress. The family then re-enrolls in the PMP for another four weeks with the focus being on the "why" the juvenile is not progressing. After the next four weeks, if the juvenile's behavior has improved, the case is completed.

After the juveniles and their families successfully complete the PMP by meeting the requirements of the contractual agreement, a certificate of completion is given to the juvenile offender signed by the Superintendent of Police, the Juvenile Division commander, the assigned counselor, and the counselor supervisor. If for some reason the juvenile does not complete the program the case is deemed closed. Follow-up is self-report by both the juvenile and the parent(s), and is done monthly, every three months, and yearly by phone. In addition, the database MOTION-MONA is used to assess recidivism success of the PMP.

If a juvenile is referred to the PMP and their presenting concern is deemed outside of the scope of services that the PMP offers, or if the juvenile's behavior has not improved after eight sessions, the family is referred to another mental health agency. These cases would include when the family requests that the juvenile be taken out of the home and placed with an agency such as, Boys and Girls Town or Job Corps. Sometimes home visits are necessary, when the Office Of Child Protection Services is called by the assigned counselor, the family is referred to an outside mental health agency, such as Milestones Mental Health. The PMP offers counseling services, parenting skills training, and job placement only at the NOPD Juvenile Division.

There were six counselors on staff to assist the juvenile offenders and their families during the time the data was collected for this study. A licensed professional counselor was available to the PMP staff for consultation and supervision. The requirements to be a counselor at the NOPD Juvenile Counseling Unit are a bachelors or master's degree in counseling, social work or related field, and at least two years experience counseling juveniles or at least five years experience counseling juveniles and

their families. Counselors work under the New Orleans Civil Service Department and are called Institutional Counselors.

As stated earlier, the administrator trained the counselors for the PMP for a period of two weeks. Training included role-plays, assessment interpretation, systems theory, sitting in on group, individual, and family sessions, training on the MOTION-MONA database, and a test on the impetus behind the PMP's implementation. Weekly staffings were held to discuss protocol, problem cases, and new ideas or concerns that the counselors may have.

### **Data Analyses**

Regression methods are commonly used to describe the relationship between a dependent variable and one or more independent variables. For a discrete outcome, such as recidivism, logistic regression, which is based on the method of maximum likelihood, rather than ordinary least squares, is the appropriate technique to describe the relationship between a dichotomous dependent variable and a set of categorical and/or continuous variables (Agresti, 1990 & 1996; Hosmer & Lemeshow, 1989). The logistic regression model, where  $Y$  is a binary valued variable, has a linear form when modeling the logit of the conditional mean of  $Y$  given  $x$ :

$$\log \text{it}[\pi(x)] = \log\left(\frac{\pi(x)}{1 - \pi(x)}\right) = \beta_0 + \beta x.$$

The probability that  $Y = 1$  can be written in a more interpretable way by exponentiating the logit model:

$$\pi(x) = \frac{\exp(\beta_0 + \beta x)}{1 + \exp(\beta_0 + \beta x)} = \frac{e^{\beta_0 + \beta x}}{1 + e^{\beta_0 + \beta x}}.$$

Since the logit is the log of an odds, logistic regression results are often interpreted in terms of odds or odds ratios. The odds of  $Y = 1$  (i.e., the odds of "success") are:

$$\frac{\pi(x)}{1-\pi(x)} = \exp(\beta_0 + \beta x) = e^{\beta_0} (e^\beta)^x.$$

Under this formulation, for every one unit increase in  $x$ , the odds of "success" increase multiplicatively by  $e^\beta$ . An odds ratio greater than one indicates that the odds of "success" (i.e.,  $Y = 1$ ) increase when  $x$  increases and an odds ratio less than one indicates that the odds of "success" decrease when  $x$  increases.

Consider, for example, a simple logistic regression equation for the dichotomous outcome recidivism:

$$\text{Logit}(\pi) = \beta_0 + \beta_1 X_1$$

where  $\pi$  equals the probability of committing a crime and  $X_1$  is the gender indicator variable (i.e., equals 1 for females). The parameter estimate for  $\beta_1$  is then the logit difference or log odds in recidivism between females and males. Further,  $e^{\beta_1}$ , the odds ratio, is the ratio of the odds of females committing a crime to the odds of males committing a crime. An odds ratio greater than one indicates females are more likely than males to commit a crime while an odds ratio less than one indicates males are more likely.

## **CHAPTER FOUR**

### **RESULTS**

The purpose of this study was to examine the effectiveness of the PMP family counseling intervention program which was designed to reduce the rate of recidivism with juvenile first-time offenders in Orleans Parish. In addition, this study sought to determine if there were a positive relationship between level of offenses and recidivism as well as if there were gender differences in terms of recidivism. The results of the data analyses are also discussed.

The research questions in this study were:

#### **Research Questions**

1. What is the impact of the PMP family counseling intervention program on reducing the rate of recidivism with juvenile first-time offenders in Orleans Parish?
2. What is the relationship between level of offenses and recidivism?
3. What is the relationship between recidivism and gender?

Although the PMP's counseling intervention model focuses on first time juvenile offenders who have committed non-felonious offenses, no one is refused services. There have been times when felons as well as "at-risk" juveniles (e.g., those with ungovernable behaviors have enrolled in the PMP. In addition, many first time offenders have committed felonies for their first arrest. Therefore felons, as well as non felonious habitual and repeat offenders have been included in this study.



All of the data that were put together for the years 2001, 2002, and 2003, were retrieved from the NOPD MOTION-MONA database. The participants remained anonymous. Once the data were collected, the data analyses were completed with SPSS 14.0. The researcher computed the descriptive statistics, and employed chi-square, Cramer’s V, and logistic regression analysis to test this study’s hypotheses.

### **Descriptive Statistics Results**

***Hypothesis 1:***

*Individuals who receive the PMP family counseling intervention services will have lower rates of recidivism than those who do not.*

Many researchers usually use the results from a sample to make inferential statistical statements about the population that is under study. When the data are interval or ratio scaled, they can usually be described in terms of measures of central tendency and variability. Means and standard deviations are typically reported in all research studies (Agresti, 1996). Table 3 provides the descriptive results of the recidivism rates in terms of the means and standard deviations for this study.

**Table 3**

***Means and Standard Deviations of Non Recidivism rates for PMP Groups***

<b>Treatment Group = Completed Program</b>		
N	Mean	SD
890	.84	.36
<b>Control Group = Did not Complete</b>		
N	Mean	SD
145	.20	.40

**Table 3**, continued

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<b>Control Group = Refused</b>		
<b>N</b>	<b>Mean</b>	<b>SD</b>
109	.19	.39

---

*Note: The information in the table is reporting the proportions of the means and standard deviations for recidivism rates for the PMP groups. The treatment group has a mean proportion of .84 which is describing the proportion of individuals who did not recidivate when compared to those who did not complete, .20 and those who refused services, .19.*

Descriptive statistics are used to describe the basic features of the data in this study as they relate to the differences in the outcome on recidivism for those individuals who received the PMP family counseling intervention versus those who either did not complete or refused services. Table 4 provides a breakdown of the participants in each group and the recidivism rates associated with each. As seen from the table, the treatment group, those individuals who enrolled in and completed the PMP had lower recidivism rates than those who did not. In addition, in all three groups, felons tended to recidivate more than nonfelons for both males and females. These results indicate that those participants who completed the PMP family counseling intervention were likely to recidivate than those who do not complete the PMP or those who refused services.

**Table 4**

***Frequency of Recidivism and Felon Status by Group***

---

	<b>Treatment Group</b>			
	<u>Non-recidivate</u>		<u>Recidivate</u>	
	<u>Felon</u>	<u>Non-felon</u>	<u>Felon</u>	<u>Non-felon</u>
Female	64	407	63	25
Male	28	249	36	21

---

**Control Group I: Did Not Complete**

	<u>Non-recidivate</u>		<u>Recidivate</u>	
	<u>Felon</u>	<u>Non-felon</u>	<u>Felon</u>	<u>Non-felon</u>
	Female	8	12	70
Male	3	7	37	9

---

**Control Group II: Refused**

	<u>Non-recidivate</u>		<u>Recidivate</u>	
	<u>Felon</u>	<u>Non-felon</u>	<u>Felon</u>	<u>Non-felon</u>
	Female	4	10	45
Male	0	7	20	9

---

**Note:** Table 4 reports that when all of the data are examined, these are the results in terms of recidivism when looking at felon status between groups.

As reported in Table 4, there are significant differences between groups in terms of recidivism and felon.

***Hypotheses II:***

*There is a positive relationship between level of offenses and recidivism.*

The chi-square test is a statistical test that can be used to determine whether observed frequencies are significantly different from expected frequencies. Chi-square can be used to determine if there are relationships or associations between variables. Table 5 reports the correlation or the association between level of offenses and recidivism. This information indicates that the association between level of offenses and recidivism yielded a positive relationship ( $p < .001$ ). These results enabled the researcher to compare observed and expected frequencies objectively. Statistical significance in this case implies that the differences are not due to chance alone, but instead may be indicative of other processes at work.

**Table 5**

***Chi-Square test statistic for Recidivism and Felon***

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	<u>Chi-Square</u>	<u>p</u>
Recidivism	180.17	.000
Felon	160.26	.000

---

The odds ratio is a measure of effect size that is particularly important in logistic regression. It can be calculated by dividing the odds in the treatment group by the odds in the control group. It is defined as the ratio of the odds of an event

occurring in one group to the odds of it occurring in another group, or to a sample-based estimate of that ratio. These groups might be men and women, an experimental or treatment group and a control group or groups, or any dichotomous classification (Agresti, 1996).

An odds ratio of 1 indicates that the condition or event under study is equally likely in both groups. An odds ratio greater than one 1 indicates that the condition or event is more likely in the first group. On the other hand an odds ratio less than 1 indicates that the condition or event is less likely in the first group. An odds ratio should be greater than or equal to zero. As the odds of the first group approaches zero, the odds ratio approaches positive infinity. The odds ratio is a relative measure of risk, telling us how much more likely it is that someone who is exposed to the factor under study will develop the outcome as compared to someone who is not exposed (Vogt, 2007).

Table 6 provides the odds ratio for the treatment and control groups. The interpretation of the table of the odds ratio between the groups indicates that those participants who completed the PMP, Group I, the treatment group, and who did not recidivate odds of committing a felon are 16 to 1. The odds of the Control Group II, those participants who did not complete the PMP, and who did not recidivate odds of committing a felon are 5 to 1. Control Group II, those individuals who refused the the PMP family counseling services, and who did not recidivate, odds of committing a felon are 8 to 1.

**Table 6**

**Logistic Regression on Odds Ratio Between Groups for Felon and Recidivism**

	<u>Odds Ratio</u>	<u>p</u>
Treatment=Completed	16	.000
Control Group I=Did not Complete	5	.000
Control Group II=Refused	8	.000

Cramer's V is a statistic measuring the strength or association between two nominal or categorical variables in a contingency table (Cramer, 1999). Cramer's V is a measurement of association. It tells whether or not two variables are related to each other. Cramer's V ranges in value from 0 to 1.0. The higher the number the more strongly two variables are related (Agresti, 1996).

Specific to this study, the Cramer's V in Table 7 provides further evidence of the relationship between the treatment and control groups significance of the relationship between level of offenses and recidivism. This shows a significant association between the PMP groups and recidivism.

**Table 7**

**Cramer's V for Association Between the PMP Groups and Recidivism Rates**

	<u>Cramer's V</u>	<u>p</u>
	.579	.000

An independent variable is a variable that is associated with a change in the dependent variable. For example, in this study I hypothesized that there was a positive relationship between level of offenses and recidivism. In other words, recidivism is related to level or seriousness of offense. The value of Cramer's V in Table 8 indicates that there are significant differences between committing a felony and recidivism.

**Table 8**

***Cramer's V for Association Between Felon and Recidivism***

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<u>Cramer's V</u>	<u>p</u>
.583	.000

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***Hypothesis III:***

*The family counseling intervention program is more effective in terms of recidivism for females than for males.*

The results from male-female odds ratios using a logistic regression model, are presented in Table 9. It was hypothesized that females are less likely than males to recidivate, while the converse is true for odds ratios greater than one. Although the odds ratios are slightly greater than one (1.2), the results are not statistically significant. Therefore one cannot conclude that there are differences in males and females as it relates to recidivism.

**Table 9**

***Odds Ratio for Gender and Recidivism***

---

	<u>Logit</u>	<u>SE</u>	<u>Odds Ratio</u>	<u>p</u>
Constant	.76	.07	2.1	.000
female	.22	.13	1.2	.108

## Summary

This chapter presented the results of the hypotheses that were analyzed in this study. Evidence to support hypothesis I was found to be statistically significant. The treatment group, those participants who completed the PMP family counseling intervention, had an 84% rate of non recidivating as compared to the control groups. Those participants in Control Group I, who did not complete the PMP, had a 20% non recidivating rate, and Control Group II, those individuals who refused the PMP service had a 19% non recidivating rate. These results suggest that those individuals who receive the PMP counseling family intervention have lower recidivism rates than those who do not.

Evidence was also found to support hypothesis II. The results indicated that there were significant differences between groups for level of offenses. Level of offense and recidivism was found to be significant ( $p < .001$ ). Furthermore, as reported in Table 10, the odds ratio for the treatment group, those individuals who completed the PMP was 16 to 1 as compared to the control groups which were 5 to 1 for those who did not complete the PMP and 8 to 1 for those individuals who refused the PMP services.



**Table 10*****Odds ratios on Recidivism for the PMP Groups and Felons***

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**Treatment Group = Completed Program**

	<u>Logit</u>	<u>SE</u>	<u>Odds Ratio</u>	<u>p</u>
Felon	2.7	.21	16	.000

---

**Control Group = Did not Complete**

	<u>Logit</u>	<u>SE</u>	<u>Odds Ratio</u>	<u>p</u>
Felon	1.7	.43	5	.000

---

**Control Group = Refused**

	<u>Logit</u>	<u>SE</u>	<u>Odds Ratio</u>	<u>p</u>
Felon	2.0	.56	8	.000

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These data indicates that there are positive relationships between level of offense, felon or non-felon and recidivism. If you are a non –felon, you are less likely to recidivate as a felon, if you completed the PMP, with an odds of 16 to 1. Support for hypothesis III, that there would be a difference in recidivism for males and females, in terms of recidivism rates was found not to be significant ( $p > .001$ ). These results indicate that the PMP program outcome is the same for both males and females in terms of recidivism.

## **Chapter Five**

### **Discussion**

Chapter Five includes a summary and a discussion of the findings from this study. The limitations of this study are discussed as well as the implications for counselor educators and the counseling profession. Recommendations for future research in the area of juvenile crime and recidivism are also discussed in this chapter.

### **Purpose of the Study**

The purpose of this study was to examine the effectiveness of the PMP family counseling intervention program which was designed to reduce the rate of recidivism with juvenile first-time offenders in Orleans Parish. The PMP's family counseling intervention model focused on first time offenders who had committed non-felonious offenses as well as those juveniles who were considered "at-risk" of committing criminal behaviors. Although the focus of the PMP was to reduce recidivism rates with juvenile first-time offenders, no one was refused services. The PMP's family counseling intervention combines a multiple model of intervention by combining individual, family, and group counseling with the goal of reducing recidivism with juvenile offenders.

### **Discussion of Findings**

Juvenile crime is very prevalent in the United States. Juvenile delinquency, a major public concern in the United States, refers to illegal acts committed by youths younger than age 18 years (Hawkins, Smith, & Catalano, 2002). The frequency of juvenile crime reached its pinnacle in 1994. Thorough reporting techniques and greater emphasis on publicizing delinquent acts in the media have made

the public more aware of juvenile crime than in the past (Lawyer Source, 2006).

Unofficial reports suggest that a higher percentage of juveniles are involved in minor criminal behaviors and grossly underreported offenses, for example, shoplifting, vandalism, underage drinking, and marijuana usage. The literature suggests that juvenile crime is of great concern to the public (Streib & Sametz, 2000).

The insurmountable caseloads of juvenile crime over the past decades are becoming extremely troubling for the nation (Hahn, 2002). There is much debate as to whether or not retribution, intervention, or rehabilitation efforts are the most effective means to deter juveniles from future criminal behaviors. There is an ongoing debate on exactly how to balance prevention, punishment, and rehabilitation of juvenile offenders. Several factors are involved when children are “at risk” of becoming a juvenile offender. Intervention efforts that are directed toward multiple components are more likely to be successful than those geared toward one single component. For example, by combining individual, family, group, and school multiple intervention programs, it is likely that these measures would and could reduce risk factors surrounding juvenile delinquency (Juvenile Justice Bulletin, 1998).

This study examined the effectiveness of the PMP family counseling intervention in reducing the rate of recidivism with juvenile first-time offenders by combining individual, family, and group counseling interventions for juvenile offenders and their families.

The hypotheses in this study were:

1. Individuals who receive the PMP family counseling intervention will have lower rates of recidivism than those who do not.
2. There is a positive relationship between level of offenses and recidivism.
3. The PMP family counseling intervention is more effective in terms of recidivism for females than for males.

The starting point of recidivism for the juvenile offenders in this study was decided by the researcher as the point from which later criminal activity was measured. For this study, the date that the participants enrolled in the PMP was the starting point. After one year of completion of the program, from the time of enrollment, the recidivism outcome was measured. A one year follow-up was later conducted by combining phone interviews using self-report and information from the NOPD MOTION-DATA base to determine if the juveniles in the treatment group had recidivated .

In terms of recidivism, the individuals in this study who did not commit subsequent criminal activity, after completing the PMP, or who did not complete the PMP or refused services, after one year was considered significant. Although some follow-ups, the amount of time that the individuals in this study were tracked after the starting point included self-report from the juvenile and their families, the best and most reliable indicator of measuring future criminal activity is being arrested. Hence, recidivism for this study was defined by the data that were available in the MOTION-MONA database.

### *Discussion of Findings for Hypothesis I*

Hypothesis I stated that individuals who received the PMP family counseling intervention will have lower rates of recidivism than those who did not. Results of the data analyses indicated that those individuals who completed the PMP family counseling intervention had lower recidivism rates than those who did not complete the PMP as well as those who refused the PMP services. This is evidence that the PMP is accomplishing its goal of reducing the rate of recidivism with juvenile first-time offenders.

Furthermore, those individuals in the treatment group, who completed the PMP, had a mean of .84 indicating that 84% of these participants did not recidivate when compared to a mean of .20 for control group I, who did not complete the PMP, where only 20% of those individuals did not recidivate, as well as control group II, those individuals who refused services who had a mean of .19 where 19% of those individuals did not recidivate.

In addition, programs that have shown to be most effective for non institutionalized juvenile offenders are those which offer multiple services such as individual counseling, interpersonal skills training, behavioral programs, and family counseling (Juvenile Justice Bulletin, 2000). Can intervention programs reduce the recidivism rates among juvenile offenders?

As suggested by Kazdin (1995), intervention approaches that have evolved from the JCAP model involving strategies that include individual, group, school, and family consultation are necessary in order to produce changes in the pattern

of behaviors for juvenile offenders. Additionally, the effectiveness of an intervention whose method creates long-term changes throughout the individual's life is essential in helping juvenile offenders to lead more productive lives. There are intervention programs in place such as the JCAP model of intervention, that reduce the rates of recidivism with juvenile first time offenders.

Consistent with the findings from this study, the research suggest that early intervention is essential. Kadish et al. (1999) examined the recidivism rates of youth who received JCAP services compared with those who did not receive services. Their study found that 25% of JCAP clients re-offend as compared with 63% of youth who did not receive services. The significant differences found in the JCAP model and the PMP intervention model of intervention indicate that they are working towards their goal of decreasing the rate at which youths re-offend

Young offenders are more likely to continue their involvement in crime if treatment interventions and juvenile prevention programs are not readily available to this population (Juvenile Justice Bulletin, 2001). The PMP family counseling intervention targets first-time non felonious offenders and "at risk" behaviors in an effort to reduce the rate of recidivism to promote delinquency prevention as well as prevent young offenders from re-entering the juvenile justice system. Given the high costs of juvenile crime to society, even the most modest effects of early intervention on delinquency suggest that treatment intervention programs can provide a means to combat the unending the revolving door with juvenile crime. Without effective treatment intervention programs, young offenders could move through the stages of delinquency and graduate to ongoing

adult criminal behaviors (Redding, 2000).

### ***Discussion of Findings of Hypothesis II***

Hypothesis II stated that there was a positive relationship between levels of offenses and recidivism. Results of the data analyses indicated that the relationship between level of offense and recidivism was statistically significant ( $p < .001$ ).

Higher levels of recidivism rates are associated with more serious levels of offenses. In addition, those individuals who committed a non felony whether in the treatment or control groups tended not to recidivate at such high levels as those who had committed a felony.

Types or levels of offenses, crimes, whether committed by adults or juveniles, are classified by the seriousness of the offenses. A felony is the most serious offense, normally punishable by a sentence to an institution. Juvenile felonies generally include, for example, sex offenses, many types of drugs and property violations among others. A non felony or misdemeanor is a less serious offense for which the offender may be sentenced to probation, county detention (in a juvenile facility or jail), a fine, a suspended sentence, or some combination of the three. Non felons or misdemeanors generally include crimes such as simple assault or battery, petty theft, criminal trespassing, and disturbing the peace. Juveniles can be charged with a felony, a non felony or misdemeanor, or an infraction. Juveniles, unlike adults, can also be charged with status offenses like truancy, curfew, and runaway (Roberts, 2000).

Criminal history is a good predictor of whether a juvenile will recidivate. In addition, gender, age at sentence, race and ethnicity, educational attainment, socio-economic status, and whether the youth comes from a one or two parent home account for an explanation of why a youth would recidivate. Consistent with the findings in this study, juvenile offenders with minimal prior criminal histories tend to have lower recidivism rates than habitual felonious offenders. On the other hand, there appears to be no correlation between offense seriousness and recidivism. Whether an offender has a low or high guideline offense level is not intended or designed to predict recidivism. However, the association between recidivism and felons is noteworthy in that, felons do tend to have higher recidivism rates (Castillo et al., 2004).

Aloisi and LeBaron (2001) stated that when discussing seriousness or level of offenses and recidivism that it is important to identify the type and degree of the first criminal offense. Furthermore, they stated that whether the new offense was more or less serious than the original offense should be considered. For my study, all three groups outcomes were better for prevalence of recidivism and time to recidivate in terms of seriousness or level of offenses. However, further investigation is needed in terms of personal risk factors for recidivism, such as the environment the youth returns to after treatment intervention has been completed. Often programs are ineffective because they fail to address criminogenic risk factors and are not individualized enough to meet the unique needs of each child (Redding, 2000).



### ***Discussion of Hypothesis III***

Hypothesis III stated that the PMP family counseling intervention was more effective in terms of recidivism for females than for males. Results indicated that in terms of recidivism there were no differences between males and females. Support for hypothesis III, that there would be differences for males and females in terms of recidivism was found to be not significant ( $p > .001$ ,  $p = .108$ ). These results indicated that the PMP works equally as well for both males and females.

Generally, females recidivate at lower rates than males (Castillo et al., 2004). No matter what the numbers are today involving crimes committed by female juveniles, overall the crimes are typically less significant in terms of seriousness of offense, except when the female has been a victim of sexual or physical abuse. Females have the same factors that lead them to the path of delinquency as males such as family dysfunction, learning disabilities, anti-social behaviors, among others. Female crime usually begins at an early age and after age fifteen female crime goes down. Females are two to three times less likely to get involved in more serious criminal activity. In addition, females commit fewer severe crimes than males, are less likely to recidivate, and are treated differently in the courts (Castillo et al. 2004).

Kazdin (1995) examined gender differences in risk factors for overt and relational forms of aggressive behaviors in a large national sample of Canadian youth and concluded that aggressive girls and boys do not differ significantly with respect to exposure to risk factors. This leads researchers to argue that the same risk factors that give rise to girls anti-social and aggressive behaviors are the same as those of that for boys. Furthermore, while girl violence may becoming

prominent in the public's eye, the reality is that only 38% of violent crimes are committed very young female offenders.

By 2005, the State of Washington reported that of the approximately 9,937 cases that went before the juvenile court system, all of the offenders all had sentencing crimes. The overall rate of recidivism for boys was 77% as compared to 72% among girls. These findings are consistent with the findings of this study in that in terms of recidivism that there was no significant difference between males and females in terms of recidivism. Male recidivism rates for the PMP were found not to be significant when compared to females. Similarly, those individuals who did not recidivate committed non felons or misdemeanors. As expected, those juveniles, both males and females, who were found to be have committed the more serious levels of offenses, tended to recidivate and graduate to becoming habitual offenders.

### **Limitations of this Study**

A limitation is generally defined as a natural condition that restricts the scope of a study and potentially affects the validity of the results (McMillan & Schumacher, 2000). Because this proposed study was conducted in the years 2001-2003, the data had already been collected. However some potential limitations were that the samples I drew from did not include all of the juvenile first-time offenders that refused services during between the years 2001-2003, because some data got lost due to Hurricane Katrina's mass devastation in Orleans Parish, in August 2005. These data did not give me an accurate account of how many juveniles actually did not re-offend over this time period.

Participants may have given false information to data entry personnel or the data may have been entered incorrectly into the Metropolitan Orleans Total Information Online, (MOTION), and Motion Name Check, (MONA) database. The MOTION-MONA database was utilized for this study to retrieve statistical information that was needed for recidivism in Orleans Parish. The juveniles in this study may have committed criminal offenses in other parishes or other states. This is an obvious limitation, however as explained by the Criminal Justice System, this would account for only a small proportion of criminal activity. In addition, some juvenile records may not be available due to expungements of their criminal records by the legal system.

### **Implications for Future Research**

Future research should emphasize the importance of early intervention when attempting to implement programs to reduce the rate of recidivism with juvenile offenders. Until quite recently, the common wisdom has been that nothing works when rehabilitating juvenile offenders (Redding, 2000). However, the research has demonstrated that there are many effective programs that help to reduce recidivism among juvenile offenders when treatment interventions rather than incarceration are offered early on to prevent an escalating pattern. Furthermore, the best programs that have been empirically based are those that address not only multiple risk factors, such as the child, family, school and neighborhood factors but that also offer multiple treatment interventions such as individual, family, school, and peer counseling (Redding, 2000).

Early intervention is integral in combating juvenile delinquency. It is clear from the literature that the juvenile justice system does not see most offenders until it is too late to intervene effectively. The lack of consistent intervention with juvenile offenders soon after their initial contact with police or authority has long been recognized as perhaps the largest gap in services for troubled youth (OJJDP, 1995). As offenders progress in a graduated sanctions system, treatments must become more structured and intensive to effectively deal with the more intractable problems that the more difficult and dangerous offenders present (Redding, 2000).

There appears to be too few attempts to determine the critical features of effective early intervention programs (Redding, 2000). Many studies report that the earlier the intervention, the more effective and longer lasting the effect. The implementation of treatment interventions that show promise and can produce positive results in reducing juvenile crime are definitely needed (Juvenile Justice Bulletin, 2000).

Early interventions can focus on the offender alone or on the offender and the family. Patrick (2006) states that the effect of families in juvenile delinquency is an important issue for future research studies. Children are products of their environments. Many children become juvenile offenders because they have typically experienced or have been exposed to violence in their homes, criminal behaviors by their parents, and inappropriate discipline at the hands of their caretakers. The offender can easily go from victim to victimizer. There are simply not enough appropriate interventions

in place to protect these youths from the hands of ineffective parenting. The end result is usually that these kids end up as juvenile delinquents if proper treatment interventions are not readily available to them.

Future research should be conducted on programs that include parenting education as one of their services to see the benefits for children. These programs should develop information that all parents/caretakers need in order to have realistic expectations about what children can and cannot do. A series of parenting strategies and skills for creating rich, supportive and safe physical and social surroundings should be in place. These programs can be taught in a variety of formats and can be designed for parents of children who are particularly challenging. In addition, community support services information should be provided to parents (Alvy, 1999).

Programs should be in place that focuses not only on the juvenile offender but also encourage families to participate. Residential conditions are not the only explanation that accounts for the relationship between living conditions and juvenile delinquency. Residential mobility and level of neighborhood disadvantages have also been found to have an increasing impact on youths maladaptive behaviors as well as family dynamics (Crowder & Teachman, 2004). In addition, Gerard and Buchler (2004) examined the exposure of multiple risk factors on youths. These included family poverty, level of parents education, marital status and household size as well as perceived peer support, school connectedness, and neighborhood quality.

According to Shader (2004), a risk factor predicts an increased probability of later offending. Although researchers use risk factors to detect the likelihood of later offending, it is noteworthy to state that many youth with multiple risk factors

never commit delinquent or violent acts. A risk factor may increase the probability of offending, but does not make it a certainty. However, the continued study of risk factors involving juvenile violence and prevention is very critical to the enhancement of prevention programs that aim to reduce and prevent delinquency, especially as they relate to why some youth that are exposed to multiple risk factors do not commit delinquent acts (Shader, 2004).

Future researchers should not ignore the impact that religious organizations have on reducing and preventing juvenile crime. Johnson, Jang, Larson, and DeLi (2001) examined the hypothesis that the religious involvement of African American youth significantly shields them from the deleterious effects of neighborhood disorder and decay on juvenile crime. Scholars have documented that the African American church has been an important agency of social control and organization among black American youths. Social networks are important because they provide social as well as emotional support. Church involvement refers to the extent to which an individual can be deterred from delinquent behavior.

Johnson et al. (2001) proposed a series of hypotheses that involved African American youth going to church with respect to include: black youths who go to church are less likely to engage in criminal activities; the harmful effects of rundown low-socio-economic black neighborhoods on crime are reduced by the youths religious involvement; and that black youths living in “bad” neighborhoods are more easily engaged in criminal activity than those who do not. Results from a regression analysis showed that for black youth with low religious involvement, the effect of neighborhood disorder on serious crime is positive. As expected, the relationship between religious

religious involvement and serious crime is inverse: that is the higher the religious involvement, the lower the level of serious crime. Black youths from low SES neighborhoods who had religious involvement tended to have lower crime rates than among their counterparts living in “good” neighborhoods.

Johnson et al. (2001) aspired in his research to demonstrate that African American churches should no longer be overlooked when discussing juvenile crime. The role of church and religion in protecting black youth from delinquent behavior is overlooked in the research surrounding juvenile delinquency. Though much more research is needed in this area, the current study provides initial evidence that the African American church may play a key role as an agency of local social control in communities that are often hampered by disorder, disadvantage, and high incidences of juvenile crime.

More quantitative analyses should be conducted that would facilitate a better understanding of the interaction between , as well as the direct and indirect effects of, religious involvement and other interventions and dependent variables that are traditionally studied in criminological research and juvenile delinquency present or the future, are without faith, are oftentimes ruthless, and commit crimes against other people.

In addition, Trusty and Watts (1999) found that positive perceptions of religion and frequent attendance at religious activities for high school seniors across various backgrounds such as, gender, race, and SES were related to positive parental involvement, positive perceptions of the future, positive attitudes towards academics, less frequent drug use, less delinquent behavior, fewer school attendance problems, more time spent on homework, more frequent volunteer work, recognition

for good grades, and more time spent on extracurricular activities.

### **Implications for Counselor Educators**

Counselor education training programs can use the information from this study to prepare students for their professional careers by making the student aware of how important it is to ensure that both the individual and family members become involved in any treatment intervention that targets juvenile delinquency (Patrick, 2006). Moreover, knowledge of the risk factors that are involved in juvenile delinquency are integral for the counselor educator to recognize (Shader, 2004).

As the counseling profession grows and juvenile crime continues to rise, counselors should not overlook the importance of the various multicultural issues such as race, ethnicity, racial disparity, violence against women, disproportionate minority confinement, and public opinion on youth, crime, and race that are involved with this special population (Juvenile Justice, 2000). The ongoing sensitivity of understanding gender differences, especially as they relate to female juvenile delinquents, are major factors to consider (Baerger, Lyons, Quigley, & Griffin, 2001).

In addition, counselors should understand the important role that families play with juvenile delinquency and the resources are readily available such as parenting classes, to assist families on how to effectively raise their children as well as how to communicate with them effectively (Alvy, 1999).

The role of advocacy is important in facilitating the successful integration and development of treatment intervention plans that will address issues and concerns in the home, at school, and in the environment (Juvenile Justice, 2000). Counselors should pay special attention to the treatment of juvenile sex offenders and the importance of the



needed interventions that are tailored to this very special population (Juvenile Justice, 2003).

Counselor educators should be aware of the role that the juvenile justice system plays in juvenile delinquency. Programs are in place such as the Juvenile Diversionary Program and Peer Court which was established to reduce and prevent juvenile delinquency. These programs give the juvenile the opportunity to avoid the juvenile justice system and instead be sentenced by a court of their peers (Juvenile Justice, 2001).

Redding (2000) states that not enough treatment interventions are in place that target juvenile crime. Research demonstrates that early intervention is the key to reducing the rate of recidivism with juvenile delinquency. Counselors need to be aware that the best treatment programs are empirically based while they simultaneously address the multiple risk factors that are involved in delinquency. In addition, counselors should know what community resources are available to juveniles and their families. Moreover, counselors should have the knowledge that helps them to understand why treatment interventions are more effective than harsher sanctions such as incarceration when counseling and advocating for juvenile offenders.

### **Conclusions**

Findings from this study demonstrated the important role that counselors play in terms of a broader field of juvenile delinquency. Overall the results of this study supported the hypothesis that juveniles who received the PMP family counseling intervention had lower recidivism rates than those who did not complete the program or refused. In addition, level of offense such as felon or no felon was associated with

recidivism. However, there was no significant difference found for the variable gender.

The characteristics of effective treatment intervention programs were discussed as they related to reducing the rate of recidivism with juvenile offenders. This study concluded that early intervention was extremely important, that community based programs were more effective than harsher sanctions, such as incarceration, that the same multiple risk factors, for both males and females, contributed to a child's delinquency, and that a multimodal treatment approach was the best available treatment for long term effects.

Furthermore, a comprehensive approach aimed at treating juvenile delinquency should include parental discipline practices, enhanced family relations, a support network of family and friends, increasing youth's engagement in educational attainment, decreasing their association with deviant peers, and getting involved with local church activities. Ultimately, combating juvenile crime is a community problem.

The PMP was implemented in May 1997. Since its inception the PMP family counseling intervention has continued to reach its goal of reducing the rate of recidivism with juvenile offenders in Orleans Parish. Each year the PMP has attempted to implement more effective ways of combating juvenile crime. Initially, only individual counseling was offered. In 2001, group and family counseling were implemented. In 2002, community based referrals were in place. In 2005, parenting classes and educational and vocational rehabilitation were implemented. In addition, in 2006, school visitations and consultations became an

integral part of the PMP as well as professional development of the juvenile counselors.

Funding from the New Orleans Police Foundation has been made available to the PMP program to purchase bus tokens, beverages, and snacks for the families. Donations from NOPD officers and the community such as clothes and shoes have been welcomed. The PMP is continuing to intervene early in the lives of the juveniles and their families. Enhancing the juvenile's development, providing support and assistance to the family, and bringing the family to the highest degree of functioning in society are objectives that have become an integral part of the PMP.

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## **Appendix A**

### **Assessments**

Juvenile Counseling Program Folder Checklist  
Consultation Sheets  
Behavior Contract  
Parent Intake  
Juvenile Intake  
Feeling Safe Assessment  
Self-Esteem Assessment  
Feeling Words Assessment  
Peer Pressure Assessment  
Respect for Authority Assessment  
Parent Questionnaire Assessment  
Education and Career Assessment  
Confidentiality Release  
Progress Notes

## Juvenile Counseling Program Folder Checklist

	Date	Counselors
<b>1. Consultation Sheets</b>		
<b>2. Behavior Contract</b>		
<b>3. Parent Intake</b>		
<b>4. Juvenile Intake</b>		
<b>5. Feeling Safe Assessment</b>		
<b>6. Self-Esteem Assessment</b>		
<b>7. Feeling Words Assessment</b>		
<b>8. Peer Pressure Assessment</b>		
<b>9. Respect Authority Assessment</b>		
<b>10. Survey of Drugs Usage</b>		
<b>11. Food for Thought</b>		
<b>12. Parent Questionnaire Assessment</b>		
<b>13. Education and Career</b>		
<b>14. Confidentiality Release</b>		
<b>15. Progress Notes</b>		
<b>16. Reports Cards</b>		
<b>17. Misc. Documents Involving Client</b>		

**LETTER HEAD**

**CONSULTATION SHEETS**

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**REASON FOR CONSULTATION:**

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**COUNSELOR:** \_\_\_\_\_  
\_\_\_\_\_ was counseled on  
\_\_\_\_\_, by \_\_\_\_\_ at  
\_\_\_\_\_

**CONSULTATION REMARKS / SUMMARY:**

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**ATTITUDE:** \_\_\_\_ GOOD \_\_\_\_ FAIR \_\_\_\_ POOR  
**ATTENTION:** \_\_\_\_ GOOD \_\_\_\_ FAIR \_\_\_\_ POOR  
**CONDUCT:** \_\_\_\_ GOOD \_\_\_\_ FAIR \_\_\_\_ POOR  
**FOLLOW INSTRUCTIONS:** \_\_\_\_ GOOD \_\_\_\_ FAIR \_\_\_\_ POOR  
**ADDITIONAL COMMENTS:**

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**BEHAVIORAL CONTRACT**

**JUVENILE OFFENDER-PARENTS-INSTITUTIONAL COUNSELOR  
BEHAVIOR MODIFICATION AGREEMENT**

The New Orleans Police Department is implementing a counseling program within the already established Juvenile Intake and booking process. The program is designed to reduce the rate of recidivism which is so prevalent with juvenile offenders by directly and actively involving the parents with rehabilitation of their offspring. This is a voluntary rehabilitation program offered by the Juvenile Division NOPD that is of no cost to the juvenile and his or her family.

As a condition of this of this voluntary rehabilitation process an agreement with the parents of the offenders and assigned counselor is required. This agreement is hereby understood as “Parents (s) Monitoring” whereas the parent (s) becomes the enforcer (s) and report to the assigned counselor as to the progress of the juvenile.

Listed below are the stipulations agreed upon by all parties effective immediately.

PRIVILEGE (S) TAKEN AWAY:

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ASSIGNED HOUSEHOLD CHORES:

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PARENT SUPERVISED CURFEW:

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TIME PERIOD:

BEGINNING: \_\_\_\_\_

ENDING : \_\_\_\_\_

FOLLOW- UP

DATE (S): \_\_\_\_\_ TIME \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to the behavioral contract outlined by the counselor. Furthermore, I fully understand its' contents and that any breach of this contract will result in the juvenile offender's case being closed.

Thus Done and Signed in New Orleans, Louisiana this \_\_\_\_\_  
day of \_\_\_\_\_,2007

Juvenile Offenders

\_\_\_\_\_

Parent

\_\_\_\_\_

Counselor

\_\_\_\_\_



**Juvenile Parent Intake Counseling Session**

Child's Name: DB:

Address:            Sex:

Phone:

Additional Info:

Parent(s) / Guardian Name:

Address:

Phone:

Additional Info:

How was case referred? (Officer, Phone, Walk-in, Etc...)

Is the child in State's custody? Case worker's name?

Does the child currently reside with the parent/guardian? If no, where and with whom?

List all additional siblings that reside with the child.

Has the child alleged physical or sexual abuse? If yes, has it been reported to the police?

Goals / Objectives of counseling sessions?  
i.e., What are your presenting concerns?

NOTES: (outside referrals, additional counseling, etc...)  
Any medications?

**JUVENILE INTAKE**

**NAME:**

**ADDRESS:**

**PHONE:**

**D.O.B.**

**AGE:**

**SEX:**

**RACE:**

**GRADE LEVEL:**

**SCHOOL:**

**Are you currently enrolled in school?**

**If no, why?**

**REASON FOR CONSULTATION:**

**PARENT(S) NAME(S):**

**HOME PHONE:**

**WORK PHONE:**

**How many arrests? \_\_\_\_\_ If None: Why are you enrolling in counseling?**

**DESCRIBE YOUR FAMILY LIFE:**

**DO YOU AGREE TO PARTICIPATE IN COUNSELING? \_\_\_\_\_**

**SIGNATURES:**

\_\_\_\_\_  
**CLIENT**

\_\_\_\_\_  
**PARENT/GUARDIAN**

\_\_\_\_\_  
**COUNSELOR**

\_\_\_\_\_  
**PARENT/GUARDIAN**

## Feeling - Safe Assessment

Name \_\_\_\_\_

### What does being safe mean?

*Being safe means free from danger or the risk of harm. Examples are: taking a safe trip, or feeling safe in a certain place.*

### When do you feel the safest? Explain your answer(s)

**It is okay to feel safe in more than one place.**

*At Home:*

*At School:*

*At Church:*

*With a Police Officer:*

*At your special place:*

*I don't feel safe any place:*

### Circle the person(s) you feel that you can confide in:

*Parent(s), Friend(s), Teacher(s), Counselor, Social Worker, Police,*

*Security Guard, Pastor, Siblings(s) Other family member(s)*

**Explain:**

## Self- Esteem Assessment

Name \_\_\_\_\_

**Positive Self-Esteem:** The term self –esteem refers to one’s beliefs about his or her own worth that is derived more from inner thoughts and values than from praise and recognition from others.

**Low Self- Esteem:** Individuals who do not value or respect themselves and lack self-confidence. Often, individuals engage in negative self –defeating behaviors.

**Below are statements about self-esteem. Place an “X” by those that apply to you.**

\_\_\_ Feeling as though you’re bad, good for nothing, or defective.

\_\_\_ Rarely believing good things you hear or read.

\_\_\_ Do you always feel a need to try harder or do better to make up for feeling bad or no good.

\_\_\_ Regularly feeling down, depressed, sad or “blue”.

\_\_\_ Self-cutting, self- abusive or self- destructive behavior.

\_\_\_ Being very cocky.

\_\_\_ Let people walk all over you.

\_\_\_ Good family relationships.

\_\_\_ Love yourself.

\_\_\_ Good communication skills.

\_\_\_ Believe you can do anything.

\_\_\_ Feel good about self.

\_\_\_ Have spirituality.

## Feeling Words

Name: \_\_\_\_\_

**It is important to be aware of your feelings and to be able to express them.**

**Fill in the blanks;**

Typically I feel \_\_\_\_\_ because \_\_\_\_\_

**Feelings words you can use or you can create your own.**

<b>HAPPY</b>	<b>SAD</b>	<b>ANGRY</b>
Joyous	Unhappy	Irritated
Glad	Depressed	Furious
Cheerful	Melancholy	Annoyed
Thrilled	In the dumps	Provoked
Elated	Low	Infuriated
Surprised	Ashamed	Offended
Calm	Disappointed	Cross
Relaxed	Quiet	Bitter
Festive	Gloomy	Frustrated

Name:

You Are On Your Way To A Teen Summit Concert. One Of Your Friends Take Out A Joint(marijuana) Out Of Her Pocket. She ask you to take a hit before you walk through the doors where security is checking everyone in. What do you do?

- A) Take a quick hit and give it back to your friend.
- B) Report your friend to security.
- C) Tell your friend "I am not going to start doing drugs."
- D) Leave your friends at the concert.

2) Your best friend has told you in confidence about his/her sexual preference. One day you are sitting in study hall and a nosey classmate approach you and asks, "What is real y going on with him/her? What do you say?"

- A) Tell her what your friend told you in confidence.
- B) Tell her what is going on, but make him/her promise not to tell anyone else.
- C) Tell her to ask your friend.
- D) Say "It is not your business and walk off."

3) It is your prom night and everything is going along perfectly. You are on the dance floor and your date whispers in your ear, "Are we going to have sex tonight? However, you not ready to lose your virginity. Your response is.

- A) Yes because this is our prom night.
- B) Yes, but you know you are not going to have sex.
- C) No, I am not ready to have sex.
- D) Run off the dance floor and leave the prom.

4) You are in your favorite store in line about to check out and your friend tells you to put the eyeglasses in her pocketbook. What do you do?

- A) Put the glasses in your friend's purse quickly.
- B) Place the glasses on the counter and walk out of the store.
- C) Tell the clerk that your friend is trying to take the sunglasses.
- D) Say to your friend, "I am going to pay for my sunglasses."

**Peer Pressure**

**Page 2 of 2**

5) You are in class preparing for a test. Some classmates behind you are passing around cheat sheets before the teacher comes in the classroom. Someone gives you the sheet, what do you do?

- A) Take the sheet to save face.
- B) Tell the teacher what everyone is doing.
- C) Tear the sheet up immediately.
- D) Leave out of the classroom



## RESPECT FOR AUTHORITY

Choose the decision that you would make yourself.

Name-----

1) WHY SHOULD YOU RESPECT YOUR PARENT(S)?

- A) I don't respect my parents.
- B) Because they are my parents.
- C) Because if I don't, I'll get punish.
- D) Why should I respect them, because they don't respect me

2) WHY SHOULD I RESPECT MY TEACHERS?

- A)They don't deserve respect
- B)Teachers are stupid.
- C)Because they are someone in authority.
- D)Teachers are there to help you.

3) WHY SHOULD YOU RESPECT THE SECURITY GUARDS?

- A) The security guards don't respect me.
- B) The security guards play too much.
- C) I do respect the security guard.
- D) I have no choice, but to respect them, because they are in control.

4) WHY SHOULD YOU RESPECT ADULTS?

- A) They are not my parents.
- B) Because they are people, whom I should respect.
- C) Because they are too mean.
- D)They think, they know everything.

5) WHY SHOULD YOU RESPECT YOURSELF?

- A) I don't respect myself and I don't care about myself.
- B) Because I love myself.
- C) Because if I don't respect myself, no one else will respect me.
- D) Because I have low self esteem.

## Parent Questionnaire

Name \_\_\_\_\_

### Questionnaire

*Answer Yes or No to each question. If the answer is Yes check the blank.*

- \_\_\_ 1. Does your teen struggle with basic family rules and expectations?
- \_\_\_ 2. Has your teen ever been suspended, expelled, truant or had a drop in school grades?
- \_\_\_ 3. Has your teen ever been verbally abusive?
- \_\_\_ 4. Has your teen had problems with the law?
- \_\_\_ 5. Do you find yourself picking your words carefully when speaking to your teen so as not elicit a verbal attack or rage from them?
- \_\_\_ 6. Are you worried that your teen may not finish high school?
- \_\_\_ 7. Does your teen, at times, seem depressed and /or withdrawn?
- \_\_\_ 8. Has your teen ever displayed violent behaviors?
- \_\_\_ 9. Do you suspect that you have had money or other valuables missing from your home?
- \_\_\_ 10. Does your teen seem to lack self-esteem and self-worth?
- \_\_\_ 11. Do you have a lack of trust with your teen?
- \_\_\_ 12. Is your teen angry or displaying temper outbursts?

- \_\_\_ 13. Do you think your teen is using or experimenting with drugs and /or alcohol?
- \_\_\_ 14. Does your teen seem to be in constant opposition to your family values?
- \_\_\_ 15. No matter what rules and consequences are established, does your teen defy them?
- \_\_\_ 16. Are you exhausted and worn out from your teen's defiant or destructive behaviors and choices?
- \_\_\_ 17. When dealing with your teen, do you often feel that you are powerless?
- \_\_\_ 18. Are you concerned that your teen may be sexually promiscuous?
- \_\_\_ 19. Does your teen know about birth control and sexually transmitted diseases?
- \_\_\_ 20. Do you know all of the possible consequences of having unprotected sex?

**What would you do if your teen disclosed to you that he/she was sexually active? Explain your answer**

## Education and Career Assessment.

Name: \_\_\_\_\_

Answer the questions below.

- 1) What grade are you in?
  
- 2) Have you ever been kept back? If so, how many times?
  
- 3) What are your best subjects?
  
- 4) Do you plan on going to college? Why? Or Why Not?
  
- 5) What is your career choice?
  
- 6) What are your plans to achieve your career choice?
  
- 7) Why do you think it is important to have a career plan?

**NOPD Juvenile Division  
Juvenile Counseling Unit  
Release of Authorization**

Date: \_\_\_\_\_

I authorize \_\_\_\_\_, to release information  
on the counseling sessions, and any other information that we have discussed, with my  
son/daughter \_\_\_\_\_ and  
myself \_\_\_\_\_ to the following  
agency/person \_\_\_\_\_.

Signature

\_\_\_\_\_  
Parent/Caretaker

RCVA/rcva



## **Vita**

Rhonda Cecilia Vappie-Aydin was born and raised as “Creole”, in New Orleans, Louisiana. She graduated from Xavier University of New Orleans, Louisiana where she earned a Baccalaureate Degree in Psychology in May 1982. She graduated from Our Lady of Holy Cross College, OLHCC, in December 2003 where she earned a Master’s degree in Marriage and Family Counseling. In August 2007, Rhonda earned her Doctor of Philosophy degree in Counselor Education from the University of New Orleans.

Rhonda has been employed with the New Orleans Police Department, NOPD, since may 1997 until current. She is the Commander of the Juvenile Counseling Unit. Rhonda wrote and implemented the first juvenile offender program, PMP, for NOPD in May 1997. Rhonda was nominated “Civilian of the Year” by the Public Affairs Office at NOPD in 2000. She was awarded a commendation for her achievements at NOPD in 1998. In 2005, Rhonda was awarded “Outstanding Community Service Worker” by the Mayor and the City Council.

Rhonda continues to work in the counseling field with her focus on juveniles and their families and couples. She would also like to teach in a counselor education program and publish research.