

University of Windsor

Scholarship at UWindor

Electronic Theses and Dissertations

Theses, Dissertations, and Major Papers

1998

MRT: Is it Effective in Decreasing Recidivism Rates with Young Offenders?

Tammy Deschamps
University of Windsor

Follow this and additional works at: <https://scholar.uwindsor.ca/etd>



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Deschamps, Tammy, "MRT: Is it Effective in Decreasing Recidivism Rates with Young Offenders?" (1998). *Electronic Theses and Dissertations*. 7684.
<https://scholar.uwindsor.ca/etd/7684>

This online database contains the full-text of PhD dissertations and Masters' theses of University of Windsor students from 1954 forward. These documents are made available for personal study and research purposes only, in accordance with the Canadian Copyright Act and the Creative Commons license—CC BY-NC-ND (Attribution, Non-Commercial, No Derivative Works). Under this license, works must always be attributed to the copyright holder (original author), cannot be used for any commercial purposes, and may not be altered. Any other use would require the permission of the copyright holder. Students may inquire about withdrawing their dissertation and/or thesis from this database. For additional inquiries, please contact the repository administrator via email (scholarship@uwindsor.ca) or by telephone at 519-253-3000ext. 3208.

**MRT: Is It Effective in Decreasing
Recidivism Rates with Young Offenders?**

BY

TAMMY DESCHAMPS

**FACULTY OF GRADUATE STUDIES AND RESEARCH
UNIVERSITY OF WINDSOR**

1998

*MRT: Is It Effective in Decreasing Recidivism Rates
with Young Offenders ?*

By

Tammy Deschamps

A Thesis

Submitted to the Faculty of Graduate Studies and Research
through the Department of Sociology in
Partial Fulfillment of the Requirements for
the Degree of Master of Arts at the
University of Windsor

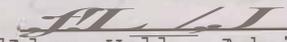
Windsor, Ontario, Canada

1998

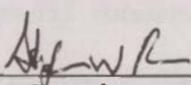
© 1998 Tammy Deschamps

The Moral Reasoning Program is a curriculum program primarily in the
 New Engineering of Business... (faded text)
 study... (faded text)
 The MRP program is
 a... (faded text)
 developed by... (faded text)
 It is... (faded text)
 The... (faded text)
 The... (faded text)

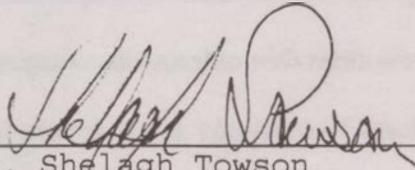
APPROVED BY: _____



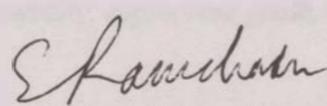
 Dr. Alan Hall, Advisor
 Sociology and Anthropology



 Dr. Stephen Baron
 Sociology and Anthropology



 Dr. Shelagh Towson
 (Psychology)



 Dr. Subhas Ramcharan, Chair
 Sociology and Anthropology

Abstract

The Moral Reconciliation Therapy Program is a rehabilitative program presently in use at New Beginnings of Essex County; a phase II open custody facility in Windsor, Ontario. This study examined the effects of the MRT program on recidivism rates. The MRT program, a cognitive behavioural approach, was examined from the perspective of the social control framework developed by Travis Hirschi. It was hypothesized that MRT would have little effect on recidivism rates because it does not adequately address the social control bonds (attachment, commitment, involvement and belief in the moral order) discussed by Hirschi. The records of 134 young offenders were selected from New Beginnings between 1994 and 1995 (the treatment group) and 134 subjects were randomly selected from the same time period from Wycliffe Booth House (a phase II open custody facility in London, Ontario). The sample from Wycliffe served as the control group which did not receive the MRT treatment program. The subjects were measured on attachment to significant other, commitment after discharge, negative peer influence, length of criminal record, MRT step achieved, sentence length, age, appropriate grade obtained and learning disabilities. There was an 11% difference in the recidivism rates between the treatment and control groups ($t=2.05$, $p<.05$). Attachment and commitment had significant negative relationships with recidivism ($r= -.365$, $p<.001$, $r=-.266$, $p<.005$) and negative peer influence and record had positive relationships with recidivism ($r=.224$, $p<.01$, $r=.367$, $p<.001$). MRT step achieved had a significant negative relationship with recidivism ($r=-.176$, $p<.05$). In the multiple regression equation the social control model, consisting of attachment and commitment produced a significant r squared of .16 and the combination of all 9 variables accounted for 30% of the variance in recidivism. Learning disability, appropriate grade, age and length of sentence did not have significant findings.

Acknowledgements

One of the joys of doing a thesis has been meeting some amazing

people who have helped me in many ways. I would like to thank the

members of my committee for their contributions towards the

completion of this thesis. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

help me during the process. I would like to thank them for all they did to

Acknowledgments

One of advantages to doing a thesis that involves tracking down extensive information is the many people you meet along the way. I have many people to thank for helping this process run smoothly and efficiently. To start off, I would like to thank the members of my committee for their time and guidance. Their contribution towards the completion of this thesis was greatly appreciated. Further, New Beginnings of Essex County also played an important role. I would like to thank them for allowing me to access the treatment population and for providing the discharge forms; they were essential for the completion of this thesis. Also, thank you to Jeff Wright from the Ministry for helping to accelerate the approval process and allowing me to access the files.

I would also like to thank the staff at Wycliffe Booth House for providing the data on the subjects for the control group. Their promptness with providing the data and their encouragement was greatly appreciated. Further, I can not thank the Probation and Parole Offices of the southwestern region enough for helping me to access the files. I would specifically like to thank the staff at the Probation Offices in Windsor, Leamington, Chatham, London and Samia. Their kindness and support helped to make a long and tedious process proceed smoothly and quickly. They welcomed me into their work areas without making me feel like an inconvenience, even though I distracted them from their busy schedules. Their smiles were greatly appreciated.

These acknowledgments would not be complete without reminiscing about the support and encouragement from my family and friends. Their constant support was always evident; they had a unique way of always politely asking "Aren't you done that thing yet?". Specifically, thank you to my friend Sue Oswald for her unwavering support and consistent encouragement. Also, to my friend Linda Makuch who was always willing to share her experience, encourage me to continue and listened to me vent during the frustrating times. Thank you for always asking "How's the thesis going?" even when you knew I had a lot to say.

It is with gratefulness and heartfelt thanks that I also acknowledge the contributions of June Gilbertson, Ruth Flynn, Michelle Gobbo, Sue McGilveary and Teresa Harrington. Each one of you, with your natural kindness, managed to help renew my motivation to complete the thesis. To June Gilbertson, who so enthusiastically read the proposal "from cover to cover" thereby unknowingly providing me with the courage to continue at one of the many times it seemed easier to quit. To Ruth Flynn, the strength and wisdom of New Beginnings; thank you for making the phone calls and helping speed the thesis process. Thank you for listening to me, believing in me and providing me with constant support. But most of all, thank you for reminding me that selfless compassion for humanity still exists; evidenced in your smile, words and actions.

A special thank you to Michelle Gobbo from Probation and Parole, for always accepting my interruptions with a smile and for always encouraging me to continue through her acceptance and genuine kindness. To Sue McGilveary, the backbone of the

graduate department of Sociology. For always making sure my administrative deadlines were met, for processing the paper work and for "checking in". Thank you Sue, for always greeting me with a smile and never making me feel like I was interrupting. Finally, it is with heartfelt gratitude that I thank Teresa Harrington. Not only for proof-reading and taking parts of my shifts so that I could work on the thesis, but also for her wisdom, support and encouragement. Thank you Teresa for reminding me how important respect, compassion and giving is, and thank you for the new directions

If you were interested in creating a criminal, you would have a pretty good chance if you took a young person from a seriously troubled home, put them into a series of foster and group homes, changed their primary worker on a regular basis, let them run away from 'home' at an early age, allowed them to drop out of school and enabled them to develop a drug and/or alcohol addiction. Your chances would improve if, somewhere in their lonely and painful existence, they had been sexually, physically or emotionally abused.
(Young People Say, Final Report, 1997)

Table Of Contents

Abstract	iii
Dedication	iv
Acknowledgments	v
Quotation	viii
Table of Contents	ix
List of Tables	xi
List of Figures	xii

<u>Chapter</u>	<u>Page Number</u>
I Introduction	1
The importance of the thesis	4
Sociological Theories	7
Criticisms of Social Control Theories	18
A Summary of the Sociological Theories	23
Moral Reconciliation Therapy (MRT)	25
Limitations of the MRT Research	32
Rehabilitation: A Review of the Literature	34
Hypotheses	41
II. Methods	44
Operational Definitions	47
III. Results	50
Hypotheses 1 through 3	50
Hypotheses 4 through 7	53
Hypotheses 8 through 12	59
MRT and its Relationship with Other Variables	63
Multiple Regression: Testing the Model	65
Correlational Coefficients	66
I V. Discussion	71
The Central Findings	71
Social Control Theory	74
The Limitations of Social Control Theory	76
Parents not Willing to Participate	78
Attachment as Foundation	79
Commitment	81
The Other Variables: Negative Peer Influence	85
Learning Disabilities and Grade Obtainment	88
MRT and Other Variables	89
MRT and the Literature on Successful Programming	90
Rehabilitation Efforts and Prevention	99
Limitations and Future Research	101

Table of Contents continued....

References.....	102
Appendix A.....	111
Appendix B.....	112
Appendix C.....	114
Appendix D.....	115
Appendix E.....	116
Appendix F.....	117
Appendix G.....	119
Appendix H.....	120
Appendix I.....	127
Appendix J.....	132
Appendix K.....	138
Appendix L.....	139
Vita Auctoris.....	149
Table 1.....	50
Table 2.....	60
Table 10.....	61
Table 11.....	64
Table 12.....	65
Table 13.....	68
Table 14.....	78
Table 15.....	85

List of Tables

<u>Table Number</u>	<u>Page Number</u>
Table 1	51
Table 2	52
Table 3	54
Table 4	55
Table 5	56
Table 6	57
Table 7	58
Table 8	59
Table 9	60
Table 10	61
Table 11	64
Table 12	65
Table 13	68
Table 14	68
Table 15	69

Special Education / Chapter 103-201-0000
4. Monitoring Evaluation and Reporting
List of Figures

<u>Figure Number</u>	<u>Page Number</u>
Figure 1.....	53
Figure 2.....	62

Moral Reconciliation Therapy: Is it Effective

in Decreasing Recidivism Rates with Young Offenders?

Chapter I:

Introduction

Rehabilitation has consistently been a central issue in the debate concerning the needs of young offenders. Society and professionals involved in the system have fluctuated from one end of the punishment continuum to the other. Presently, there is a resurgent interest in the rehabilitative needs of the young offender and therefore, agencies are searching for effective programs. The focus of this thesis is the Moral Reconciliation Therapy Program being used at New Beginnings of Essex County, an open custody facility for 16 to 17 year old young offenders. The objectives of this thesis are to evaluate the program, examine its limitations and strengths from a sociological framework and develop recommendations to improve the program.

In brief, the Moral Reconciliation Therapy program is a cognitive behavioural approach to rehabilitation. The program's objective is to challenge the criminogenic thoughts of the offender through exercises and testimonies.

Moral Reconciliation Therapy is a systematic, step-by-step treatment strategy designed to enhance self image, promote growth of a positive, productive identity and facilitate the development of higher levels of moral reasoning. It attempts to re-educate clients to display positive habits and value oriented behavior based upon high levels of moral judgment (Little & Robinson, 1986, pp. iv).

It is thought that this introduction or re-introduction of societal morals and values will lead to a change in behaviour. If the client thinks differently, his/her behaviour will change and reflect the new thought pattern.

The program was originally created in the United States for adults convicted of driving while impaired (Robinson, Little, & Burnette, 1993). It has since branched out to other offender populations in an attempt to reduce recidivism rates with more diverse groups. The program consists of nine levels and 16 steps and it was created by Gregory Little and Kenneth Robinson in Memphis, Tennessee. The details of the program are found in their book How to Escape Your Prison: A Moral Reconciliation Therapy Workbook (1986). As previously mentioned, it is currently operating at New Beginnings of Essex County. New Beginnings and the program director at New Beginnings advocate long term changes in thinking, and thus, predict a behavioural change when step 3 is completed. They suggest that when acceptance of rules and regulations are internalized, behaviour changes. Step 3 is called acceptance and the clients must be acceptant of all the rules in the facility to maintain the step. The creators of the program (Little & Robinson) advocate a behavioural change at step 7 (setting long term goals) and step 12 (choosing moral goals), and they claim that each sequential step strengthens the intensity of the change.

However, there are a number of reasons why it is expected that MRT may not be as effective as the literature and its creators claim it to be. Other extraneous variables such as negative peer influence, learning disabilities and

criminal records (to be discussed in detail in the literature review) may stifle the success of the program because the program does not deal adequately with these issues. Further, the program does not recognize a number of key sociological factors that are identified in major delinquency theories such as Travis Hirschi's social control theory (Hirschi, 1969). Therefore, it is argued that the program could be improved by expanding its base to address extensively, peer influence, criminal record, learning disabilities, damaged relationships, commitment to school and/or employment, involvement in the community and belief in the moral order. In order to evaluate the effectiveness of the MRT program it is necessary to examine the literature on the social control theory and other sociological variables, MRT, rehabilitation and correlates of delinquency.

In addition, MRT's therapeutic ideal ignores other environmental and situational constraints. While there may be evidence of change within a structured, secure environment (i.e. the institution), there are many other obstacles that must be faced in society within the unstructured, insecure, abusive environment from which the majority of the clients originate. Consequently, the change in the behaviour of the client may not persist when the client is released back into the community because the structure of the institution is not transferable. "Returning a young offender at the end of a disposition to an unchanged family and community situation which, if not addressed in some way, will undo whatever change there has been in the young person" (Cohen, 1997, p. 6).

The social control literature will facilitate an in depth analysis of the theory's strengths and limitations and this sociological framework will also help to explain the anticipated negative results. The review of the MRT literature will provide an overview of the program's claims and professed success rates and the review of the rehabilitative literature will provide a glance at the general limitations and strengths other authors have outlined.

The Importance of This Thesis:

Most youth offending behaviour is minor and temporary with only a minority of young offenders involved in serious and persistent criminal acts. Yet, youth in conflict with the law in this country are processed through the courts and sentenced to custody at rates higher than those in many other industrialized countries. (Cohen, 1997, p. 1)

This fact outlines two of the many reasons for the importance of this thesis.

First, as mentioned in the above quote, we as Canadians, we incarcerate our youth at a rate that is higher than that of many other industrialized countries. This is disturbing because the empirical data suggests that the successful effects of incarceration are not well developed in the literature, and in fact, some theories suggest it is more detrimental than beneficial for the offender. For example, labeling theory by Howard Becker argues that it is stigmatizing and the differential association theory by Edwin Sutherland discusses the effects of subjecting offenders to environments which may only perpetuate the development of new skills (Williams & McShane, 1988). Therefore, since we incarcerate at such a high rate, we need to look into this process and assess its limitations.

Incarceration may allow us to control the daily life of offenders but it does not necessarily help prevent the commencement or continuation of criminal behaviour.

Further, this research is important for developing appropriate and effective programs. If, as professionals, we do not evaluate and examine the effects of the programs to which our youth are being subjected, we run the risk of overlooking young people who could possibly have been persuaded to follow the legal and moral beliefs of society (had we only used the correct tools to reach them). Further, testing and analyzing the existing theory base of programs helps to strengthen and empower their existence. "Theories of crime may act as guides to public policy, as bases for assessment of the functioning of social institutions, and even as sources of insight into the practices of academic disciplines" (Hirschi & Gottfredson, 1994, p. 1).

This thesis is also important from an ethical standpoint. It is imperative that we evaluate programs so that the best interest of the child remains paramount in decision making. Institutions should be constructed and run in an environment that facilitates growth, challenges the conscience and teaches coping skills that are necessary for youth to be better prepared for the trials and tribulations of life. By evaluating programs we can discover the limitations, strengths and needs of the program and address these needs appropriately. If we fail to address these needs and circumstances appropriately, today's young offender may become tomorrow's adult offender.

As a community, we have an obligation to determine the conditions that lead to successful rehabilitation and discover which type of offender would benefit most from the treatment because, having accomplished this, all of the community would benefit from a safer environment. Similarly, as a society, we have an obligation to provide structure, guidance and security to our troubled youths because when we do not provide this, the issues of childhood are manifested into adult behaviour. For example, Sokol-Katz (1996), states that childhood antisocial behaviour predicts problems in later adult development. The logical implication of this argument is that criminology has neglected the link between early childhood behaviours and later adult outcomes. By examining the programs our youth are entering today, we can better find the roots of the issues and deal with them effectively, before the young offender graduates to adulthood.

Lastly, this research is important, specifically to New Beginnings, because it will provide an assessment of the claim that the MRT program is contributing to a decrease in recidivism rates. Further, this study will outline MRT's strengths and limitations and seek to develop recommendations for improvements that may make MRT a more effective program. Consequently, this will strengthen MRT's ability to be successful and thus, give more adolescents a second chance at a crime free life.

Literature Review

Sociological Theories

Criminologists have developed a number of theories to explain delinquent and criminal behaviour. The four prominent theories, as discussed by Holman and Quinn (1992), are: 1) the culture conflict perspective, 2) the strain perspective, 3) the social-learning perspective, and 4) the social control perspective. The culture conflict perspective argues that the norms of any particular native culture or subculture are unacceptable in the dominant culture. This leads to conflict because individuals base their interactions on the norms of their own culture instead of adhering to or acknowledging the norms of the dominant culture. In contrast, the strain perspective argues that not all groups benefit equally from the organization of society and therefore all citizens are not privy to the same means for obtaining the goals of society. That is, individuals are raised to want and desire the same goals but all are not given the opportunity to achieve them. For example, it is much easier for an adolescent born into an affluent family to attend University than it is for an adolescent born into a family of lower economic status.

Social learning theory asserts that crime is learned by association with different groups and is strengthened or weakened by the frequency, duration, intensity and priority of the definitions received from the group members. Individuals learn from their peers and associates and this learning is intensified by the length of time, amount of time and the priority the individual places on the

behaviour being learned. Hagell and Newburn (1996) acknowledge the importance of the peer group: 'The importance of the peer group to the offenders, particularly in the face of disrupted family lives, might be a contributing factor in whether or not programs and criminal justice options work' (p. 17). This theory will be discussed in detail later to help explain a limitation of the MRT program.

Finally, social control theory, the theory that is the foundation of the analysis in this thesis, argues that humans are self serving by nature and it is the binding to the moral order that dictates acceptable behaviour. Social control theory has its foundation in the thoughts of Emile Durkheim. Both Durkheim and social control theorists argue that the most important way to exercise control is through socialization. "The more integrated people are into society, the more they will feel a part of that society and the less likely they are to deviate" (Sokol-Katz, 1996, p. 12). Social control theory as formulated by Hirschi argues that the bonds are formed through attachment, commitment, involvement and beliefs. An in-depth explanation of social control theory will follow and the other three theories listed above will be acknowledged within the "Criticisms of Social Control Theory" section.

There are two major reasons why the author decided to use the social control theory by Travis Hirschi to examine the effects of the MRT program. First, the social control theory (Hirschi, 1969) adds to the psychological orientation expressed by the cognitive behavioural approach of MRT by

examining the need for attachment to significant others, the need for involvement and commitment to school and/or employment and the need for changing beliefs so that they resemble those of the moral order of society. Shoemaker and Gardner (1988) explain that "elements of the social bond are thought to be connected with delinquency through family, school and peer associations" (p. 195), therefore, indicating that there is more than the cognitive behavioural aspect of delinquency. Even Little and Robinson (1988) assert that to produce positive, moral and lawful behaviour one must learn to subscribe to the moral order of society, challenge hedonistic thoughts or influences and work on damaged relationships (Little & Robinson, 1988). Therefore, the social control theory was chosen because it elaborates on the cognitive behavioural approach by adding sociological concerns, concerns that need to be addressed extensively if the program is to be successful.

The second reason for choosing this theory is because, according to Shoemaker (1990), social control theories of delinquency have more empirical support than other explanations. Hirschi's (1969) book, Causes of Delinquency, is the foundation of his social control theory. The book discusses, amongst other topics, parental attachment and belief in the moral order. Hirschi's theory assumes that delinquency is intrinsic to human nature, and therefore it is conformity that must be explained. This conformity is achieved through socialization (Wiatrowski, Griswold & Roberts, 1981, p. 525). Socialization is the process by which individuals learn to bond with society and significant others.

"Social control theory has as much to do with conformity as delinquency"

(Empey & Stafford, 1991, p.270).

Social control theory asserts that bonds to persons and things are the roots of the explanation for conformity because they seek to control our behaviour and manifest in non-criminal behaviour. Individuals are free to commit delinquent acts when these bonds are broken. Hirschi (1969) and others list four elements that are essential to bonding: attachment with significant others (Rankin & Kem, 1994, p. 496), commitment to society, involvement in society and belief in the conventional order (Matsueda & Heimer, 1987, p. 828). In their book, Criminological Theory, Williams and McShane (1988) define each bond. They explain that attachment to significant others represents the ties one has to parents, friends and role models. These ties can inhibit deviance. Involvement means the degree of activity, the time and energy, available for conventional or unconventional behaviour. "Those most occupied by conventional activities will simply have less time to be involved in deviance" (p.113).

Commitment represents the investment one has already built up in society. For example it could be the amount of education, a good reputation or the establishing of a business. Those who have these forms of commitment have a lot more to lose if they are caught in criminal activity and therefore, usually do not participate in criminal activity. Finally, the authors explain that the last element belief "constitutes the acknowledgment of society's rules as being fair" (Williams & McShane, 1988, p. 113). One must have a respect for societal rules and norms

and feel a moral obligation to obey them. If they do not have reverence for the law it is easier to rationalize the appropriateness of breaking the law.

"Empirical support for the bond of involvement is weak" (Agnew, 1993, p. 247), but a large body of data suggests subjects low in attachment, commitment and beliefs are more likely to engage in delinquent acts (Empey & Stafford, 1991; Junger-Tas, 1992; Shoemaker, 1990).

Control theory reminds us that while we are all closer to some people than others, it does not follow that we are all equally close to someone... One set of people we are expected to be close to, at least in childhood, is parents... We may therefore assume that delinquency often says something about the quality of the relationship between parent and child (Hirschi, 1977, p.332).

Research has demonstrated that delinquency is very strongly related to the attachment element described by Hirschi. Poor parent-child communication, lack of expressed love and weak attachments with significant others are strongly correlated with delinquency (Agnew, 1993; Blakely, Stephenson & Nichol, 1974; Johnson, Su, Gerstein, Shin & Hoffmann, 1995; Rankin & Kem, 1994; Rankin & Wells, 1990; Towberman, 1994). "Effective delinquency prevention efforts must involve the family, and should incorporate family strengthening" (Cantelon, 1994, p. 8). Consequently, Hirschi articulates this bond to be the most important in his theory. Hirschi views the absence of effective attachment beliefs as the result of weak attachments to significant others. "If a person does not care about the wishes and expectations of other people-that is, if he is insensitive to the opinion of others-then he is to that extent not bound by the norms. He is free to deviate"

(Hirschi, 1969, p. 18). He asserts that attachment is the first bond that must be in place. Given this assertion, attachment will be thoroughly emphasized as a key variable in this study.

Social control theory focuses the lack of significant attachments. Hirschi further elaborated and believed that behaviour reflected varying degrees of morality and he argued that the power of internalized norms, conscience and the desire for approval motivated people toward conventional behaviour (Williams & McShane, 1988). It is argued that attachment has a negative effect on crime because we do not want to hurt or incur the disapproval of those for whom we care (Agnew, 1995). When the social control to society is broken or weakened, adolescents become free to engage in delinquency (Holman & Quinn, 1992). In short, social control theory, according to Junger-Tas (1992), claims that:

the more a juvenile is attached to conventional significant others,
the more he is committed to the values of conventional systems,
the more he is involved in those systems, and
the more he believes in conventional values and norms,
the more conforming and the less delinquent his behaviour will
be (p. 11).

Further, Sokol-Katz (1996) explains that family attachment is more important than family structure (two parents, single parent), even though family structure does have an effect on family attachment. Therefore, the main issue of 'family values' is the type and quality of the family relationship, not the living arrangement of the family.

Rooted in this attachment bond is obedience to the conventional moral order of society and the security to become involved within society. As Le Banc and Caplan (1993) suggest, "Hirschi perceives a very subtle relationship between beliefs and delinquency; he sees the absence of effective beliefs as the result of weak attachment to conventional others" (p. 258). As Lyerly and Skipper (1981) explain: "all four elements of the bond are interrelated. Hence, a breakdown in one area is likely to affect degeneration elsewhere" (p. 387). Foshee & Bauman (1992) also add that "Control theory's basic premise is that people with strong bonds to society are less likely to deviate from conventional behaviour than those with weak bonds" (p.66).

With regards to the connection between attachment and belief, Hirschi (1969) explains that insofar as the child respects, loves and fears his parents/adults, he will accept their rules. Le Banc and Chaplan (1993) elaborate by explaining that "the chain of causation is from attachment to parents, through concern for the approval of persons in positions of authority, to belief that the rules of society are binding on one's conduct" (p. 258). When respect for parents and persons in authority is lacking, so also will be respect for the moral order. "It is assumed that attachment may produce conformity even in the face of beliefs favorable to nonconformity" (Le Banc & Chaplan, 1993, p.30). That is, the stronger the attachment to parents, the more likely the relationship will be taken into account when contemplating criminal acts. This assertion by Hirschi acknowledges the importance of parental bonding over the other three elements.

"The fact that delinquents are less likely than nondelinquents to be closely tied to their parents is one of the best documented findings of delinquency research" (Hirschi, 1969, p. 85).

This moral element expresses itself when the person who is attached considers the reactions of parents, peers and teachers. According to social control theory there is only one moral order, therefore deviations will attract negative responses.

We can say that the more the child is accustomed to sharing his mental life with his parents, the more he is accustomed to seeking or getting their opinion about his activities, the more likely he is to perceive them as part of his social and psychological field, and the less likely he would be to neglect their opinion when considering an act contrary to law--which is, after all, a potential source of embarrassment and/or inconvenience to them (Hirschi, 1969, p. 90).

If the "attached person" considers a violation and anticipates that the violation is against the moral order of the "significant other," they may reconsider their actions. In this way attachment dissuades persons from deviance. Further, belief in the legitimacy of moral rules directly reflects one's bond to morality, consequently dissuading a person from deviating. It is the offender's lack of belief in the conventional order that leads him/her to deviate.

Rankin and Kern (1994) found, as did Hirschi (1969), that weak attachments to parents lessen a sensitivity to parental opinions and thus frees the individual youth to deviate in response to situational demands and peer encouragement. Rankin and Kern further explain that parents furnish a source of

ongoing motivations to conform while providing normative definitions of appropriate behavior. The bond between parent and child, when strong, acts as guidance and a foundation from which to explore society. Rankin and Kem found that children who are strongly attached to both parents have a lower probability of committing delinquent acts. Wiatrowski et al. (1981) also found that parental attachment has a strong negative relation with delinquency and Towberman (1994) found that those youth who reported bonds of affection with parents had lower numbers of offenses.

There is also evidence to suggest that beliefs and commitment are related strongly to delinquency. According to social control theory, the problem is not the presence of deviant beliefs, but the absence of conforming beliefs (Hagan & Simpson, 1977). It is the absence of these beliefs that enables the adolescent to offend. "The 'demands of conformity' are perhaps heard, but those making the demands are not respected, and the punishment they propose to mete out is not considered serious" (Hirschi, 1969, p. 203). Junger-Tas explains that "needs, desires and aspirations are neutral in themselves, but the fulfillment of those needs may be achieved by legal or illegal means" (1992, p.10). Weak ties to the moral order free the adolescents to achieve their needs and desires through illegal means. Lysterly and Skipper (1981) found that youngsters not bound to conventional society are more likely to commit delinquent acts than are those whose bonds are strong.

The belief bond is strengthened or weakened by many factors, including education. To obtain an education you must attend school, be capable of progressive learning and have a belief in most of what is being taught. For example, an adolescent who is challenged by a learning disability or has spent most of their life abused, hungry and without adequate clothing, would have a difficult time believing in or understanding democracy, capitalism and implied "free will," as well as math, geography and science. This lack of understanding can cause frustration, low self-esteem and feelings of inadequacy. For these reasons and others, young offenders tend to have poor attendance records and lack a strong academic bond. Wiatrowski et al. (1981), in their study of 2213 tenth grade boys, found that school attachment had a strong negative relation with delinquency. This frustration in the academic sphere affects their bond to the moral order as well as their commitment to society. Again, we can see how the bonds are interrelated.

Further to social control theory, Agnew (1993) found that low attachment, commitment and belief lead to an increase in anger and frustration and to an increased likelihood of association with delinquent peers. Rankin and Wells (1990) found that delinquency occurs disproportionately in homes where there is: 1) poor parent-child communication, 2) lack of attachment between parents and children and 3) a lack of supervision and control over the child's behaviour. The authors continue to explain that "juveniles with weak attachments are not bound by their parents' norms and are not as likely to take their (conventional) feelings

and opinions into account when contemplating the commission of a delinquent act" (p. 142). In short, Hirschi (1969) explains, "The more strongly a child is attached to his parents, the more strongly he is bound to their expectations, and therefore the more strongly he is bound to conformity with the legal norms of the larger system" (p. 94).

Before concluding this section on social control theory, it is important to clarify the role of family structure and the attachment bond. (This will provide an understanding of why and how the attachment variable in this study was operationally defined). In the past, academics have hypothesized that negative attachment to parents was correlated to single parent homes. More recent findings suggest that the relationship has less to do with the structure (one or two parents) of the home and more to do with the degree of attachment to significant others. Sokol-Katz (1996), examined 599 adolescent boys and 629 adolescent girls who were all part of a South Florida Youth Development Project and found that each deviant behaviour under study (delinquency, alcohol, cigarette smoking and drug use) increased in frequency with those reporting a negative parental attachment. Also, she did not find a significant direct relationship between family structure (one or two parents) and minor or serious offences.

In other words, it is possible to have a broken or reconstituted family that provides attachment and belief better than some intact families, thus resulting in lower levels of delinquency. However, adolescents' family attachment is more important than family structure, even though family structure does have an effect on family attachment (p. 90).

Free (1991a) divided structure into intact and broken (broken equaled one parent families). What Free discovered was "that even in a situation that should maximize the impact of the broken home on delinquency, family structure has little effect on delinquency when the influence of other variables are controlled" (p.15). Free suggests that the type of home the adolescent comes from has less of an effect on delinquency than does the intensity of the attachment. Therefore, we would expect that, if a one-parent family has successfully maintained a positive relationship between the adolescent and the parent, there should be a negative correlation with delinquency. That is, when positive attachment increases, delinquency decreases. However, there does seem to be a need to be cautious with this assertion because Free (1991 b) also remarks that "they reported that the broken home was less of a factor in delinquency in lower-class neighborhoods than in other neighborhoods" (p. 160).

Criticisms of Social Control Theory

Social control theory is not without its critics. Even Hirschi and Gottfredson (1994) acknowledge its deficiencies. They admit that the theory may be too general or too broad to explain, with accuracy, the range of deviant behaviours youth display. They also acknowledge that it ignores important distinctions between the incidence and prevalence of criminal behaviour. Agnew (1993) also argues that social control theory is a better predictor of why adolescents start to commit crime (prevalence) but it is not really suited for explaining the intensity of offending. Shoemaker and Gardner (1988) add to this

claim by arguing that young adolescents are more likely to be affected by parental associations, while middle adolescents are more likely to be affected by school factors. Therefore, while social control theory may be suitable for explaining why delinquency starts, it still falls short of explaining why delinquency continues and intensifies for some adolescents. This raises the question as to the appropriateness of using social control theory in explaining recidivism rates. However, the researcher still maintains the appropriateness of the theory to this study because a criticism does not necessarily debase an entire theory. Further, the criticism itself is not fully researched (i.e. Why does it fall short? Why could a continued weaken attachment to significant other not explain continuation of crime? etc .).

Foshee and Bauman (1992) also argue that their findings suggest that bond-behaviour relationships are more complex than suggested by Hirschi and the social control theory. They claim the theory over states the importance of self-control and it ignores the complex nature of the four bonds. Burton, Cullen, Evans, Dunaway, Kethineni and Payne (1995) also question the validity of Hirschi's attachment variable. While the authors recognize the empirical support for the social control theory, they still criticize its lack of creative theoretical reconceptualization. Burton et al. (1995) suggest that Hirschi's attachment variable would be even more successful if it distinguished between "direct and indirect" controls from parents. They explain that the difference between these two types of control is behaviour.

Indirect controls are similar to Hirschi's definition; a by-product of adolescents' attachments to parents. Therefore, indirect controls flow from the quality of their affective attachment to parents. Alternately, Burton et al. (1995) suggest that direct controls "are the actions that parents consciously take to limit misconduct" (p. 112). For example, when punishment is too strict, frequent or severe it can lead to a greater probability of delinquency regardless of parental attachments. Consequently, direct controls "are the overt actions or sanctions parents place over children to ensure law-abiding and conformist behaviour" (p. 120). In their study of 263 adolescents, Burton et al. found that the "direct parental control measure had a significant, inverse relationship with both the incidence and prevalence of general crime" (1995, p. 120), thus suggesting that there is some validity to the notion that Hirschi's attachment bond would benefit from redefinition and specific detailing of the attachment bond. As it seems, teenage boys seem to be susceptible to delinquency in the absence of parental efforts to monitor their behaviour.

Another criticism is Hirschi's lack of interest in extraneous variables that could have a significant impact on his suggested bonds. "He fails to incorporate constructs--such as family socioeconomic level, ability and significant others influence--that research has determined to be important in the development of these aspirations" (Wiatrowski et al., 1981). This point also relates to the argument that "moral orders" are not constant across class and culture. Hirschi claims there is one moral order, but the universal nature of this claim is

disputable. For example, the subculture approach argues the existence of differing cultures or subcultures within a society. A subculture is "a group with distinctive patterns of norms, beliefs, attitudes, values and concerns that evolves within the dominant society and shares many of its traditions" (Holman & Quinn, 1992, p. 194). The problem arises because "a subculture does not share all of the same traditions of the dominant culture, and therefore, acts that are normative for some groups may be defined as criminal by the dominant group. This has direct reference to youth gangs or youth peer groups. MRT and social control theory do not adequately address the influence of peer groups or gangs. If the definitions of crime differ from the larger society within the peer group, young offenders will not define their behaviour as negative or in need of change. Indeed, one of the only universal taboos seems to be against incest; most other beliefs find roots in different societies, cultures and socioeconomic classes.

This lack of focus on the large domain of peer influence is also criticized by other theories such as differential association theory. Social control theory underestimates the importance of delinquent friends (Lyerly & Skipper, 1981). Certainly, delinquent peer groups often become a substitute for parental influence and become the adolescents "significant other". The differential association approach explains this phenomenon by asserting that "criminal behaviors are acquired in the same way as conventional behaviors--they are learned" (Holman & Quinn, 1992, p. 130).

Individuals have varying levels of access to both criminal and conventional values through contact with other people. The frequency, duration, intensity and priority of these values determines what people will subscribe to. Therefore, if a youth spends a lot of time with a delinquent group or peer and chooses to accept the norms and beliefs of that group, they learn to view their actions as correct. This would come into direct conflict with MRT, the objective of which is to attempt to dissuade the youth from believing in the morals of their peers and others in the criminal population.

Le Blanc (1994) explains that "disadvantageous structural conditions, such as low socioeconomic status and deficient family status, will favour weak bonding to parents and school, as well as poor school performance and adverse parental conditions" (p. 114). Therefore, although this seems consistent with social control theory, Hirschi does not specifically point out the effects of disadvantageous structural conditions. It seems possible that even if parental bonds are strong, living in a lower socioeconomic class could still lead to delinquency; this is not an assumption accepted or discussed by Hirschi. Strain theory further explains this assertion by pointing out that not all groups have equal access to the same goals. Society attempts to define the appropriate goals for its group members but at the same time does not provide the same opportunity to achieve the goals. Deviance and crime result from individuals choosing to violate the regulations (Holman & Quinn, 1992).

A Summary of the Sociological Theories

At this point the arguments for the significance of the social control theory have been made and the contributions of other sociological theories mentioned. There is significant evidence to claim that negative parental relationships are very common to young offenders and that this lack of attachment may lead to delinquent behaviour. Further, lack of respect and belief in the moral order also allows the young offender to deviate with little anxiety over his/her actions. When a youth does not subscribe to the norms of society, a second, likely deviant, moral order replaces it. The deviant moral order that delinquents conform to usually eliminates honesty, trust and truthfulness elements usually found in the conventional order.

Further, other sociological theories must be recognized when evaluating the MRT program. Research also explains the significant relationship between youth crime and delinquent peer groups. When the youth spends large amounts of time with delinquent groups, the views of that group become part of the new member's moral order. The subculture that is formed may share some traditions of the dominant society but finds conflict in other norms. Adding to this theory is the observation that not all individuals have the same opportunities to obtain the same goals. Young offenders are usually from low socioeconomic status groups and do not think they can obtain material things through legitimate means.

Further, there are many other correlates to delinquency that should be mentioned at this point. Studies have shown that certain key factors are highly

correlated with delinquency. Silverman and Creechan (1995) list the following as correlates to delinquency: behavioural history (history of antisocial behavior), associations with antisocial peers, poor supervision from parents, low levels of affection in the family, personal attitudes, values, beliefs, feelings towards law and rationalizations, low levels of achieved education, poor school performance and long term reliance on welfare. Doob, Marinos and Varma (1995) add to this by incorporating these correlates into 4 distinct categories: 1) poverty, 2) low educational attainment, 3) poor parental child-rearing behaviour and 4) impulsivity.

Other authors also speak to this subject: Steiner (1994) discusses the family, the community, the school, and the individual's peer group as factors of delinquency. Gottfredson and Hirschi (1990), discuss the family component by noting that impulsivity may be a result of ineffective or incomplete socialization. This is because efforts by most parents are geared toward suppression of impulsive behaviour thus making the child consider the long-range consequences of their action. However, parents with poor parenting skills, may not adequately deal with teaching children to suppress their impulsivity. Indeed, "poor parenting skills" (Silverman & Creechan, 1995) are almost certain to be a factor in delinquency. Finally, there is also evidence that acknowledges the faulty processing some delinquents display. Hollin and Swaffer (1993) discovered that delinquents demonstrate poor recognition of emotions (e.g., sadness, surprise and disgust), they have poor parental relationships, antisocial feelings and thoughts,

negative peer groups and they do not subscribe to the same moral order as conventional society.

The above outline of the social control theory, the other sociological theories and the correlates of delinquency set the sociological framework for the analysis of MRT. Does the MRT program incorporate enough sociological theory to be successful? Does MRT put enough emphasis on negative peer groups? Can the offenders learn enough, in the short period they are allotted, to make the drastic changes that are necessary to succeed by definition of society's moral order? Let us now examine the MRT literature.

Moral Reconciliation Therapy (MRT)

The word "conation" in the title of the program is derived from Descartes' idea of the point where mind and body fuse to create consciousness (Little & Robinson, 1988). Philosophers discuss conation as the driving force of behaviour and personal experience. They view this force as being susceptible to hedonistic influences. This concept is the central foundation of the MRT program. The program seeks to challenge the offender's thinking and thus seeks to disrupt the foundation of their behaviours. "Reconciliation" is the attempt to redefine the roots of one's behaviour, and to produce a new definition that will produce positive, moral and lawful behaviour (Little & Robinson, 1988).

The MRT philosophy combines elements from Erikson's theory of ego development, Maslow's hierarchy of needs, Kohlberg and Piaget's moral development theories and Carl Jung's theory. (The author would also argue that

it contains elements of Hirschi's social control theory, elements that need to be significantly added to). The program is defined as having a cognitive-behavioural approach and it seeks to increase moral reasoning and thus decrease recidivism rates. "The MRT system assumes that much of substance abuse and sociopathic behavior is mediated or caused by inadequate reasoning--that is, that substance abusers make judgments about behaviour based upon hedonism (pleasure/pain)" (Robinson, 1994, p. 25).

Since the early 1980's, cognitive-behavioural approaches have been used in an attempt to alter the thinking patterns of offenders. MRT was developed for use with treatment resistant clients. These "resistant" clients come from backgrounds of poverty. They are alcohol and drug abusers, they belong to criminal populations and they display antisocial personality disorder (Little & Robinson, 1988). Antisocial personality disorder is characterized by irresponsibility, a disregard for others and a disregard for societal rules and morals (Sue, Sue & Sue, 1990). MRT was the first systematic cognitive-behaviour approach fully implemented in a large prison based drug treatment program specifically to deal with resistant clients. This took place in Memphis, Tennessee. ("Five year", 1993, p. 1).

Little and Robinson (1993), define the MRT program in the following manner: "It attempts to re-educate clients to display positive habits and value oriented behavior based upon high levels of moral judgment (Little & Robinson,

1993, p. iv). Through 9 levels and 16 steps the clients begin their attempt at changing their antisocial, immoral beliefs, as well as trying to repair damaged relationships.

The system uses a series of structured exercises and tasks to foster development of higher levels of reasoning as well as addressing other important treatment areas: confrontation of personal beliefs, attitudes, and behaviors; assessment of relationships; facilitation of identity development. (Little, Robinson, & Burnette, 1992, p. 2).

Clients complete exercises on honesty, trust, acceptance, awareness, healing damaged relationships, helping others, long and short term goals, trading places and selfassessment.

Each client must complete each step systematically and maintain behaviour that is consistent with the level they have achieved. For example, on step one, they must admit their prior deceptions, discuss how these have affected their life and decide that they are going to make a valid effort to try to change within the program. After achieving step 1 (honesty), they are expected not to deceive anymore and to be honest in their interactions within the agency and in the community. If they are found in violation, a report is written and they lose their step and will have to re-do it. A client who reaches Step 6, level 4 is the focus of many more expectations because they are progressing up the "moral ladder." They are expected to be honest, to trust someone, to be accepting of

directives, working on their damaged relationships and helping others. Any violations would also result in the client having to re-do the step.

Through this process, the MRT program attempts to increase moral reasoning and change the behaviour of the young offender to that which reflects the moral order (for example, he is expected not to steal cars, break into homes or assault other members of the community). It is through this moral order concept that this program is connected with Hirschi's social control theory. Even though MRT is a cognitive-behavioural approach, the elements of the social control theory can be found throughout the program.

First, the element of belief is the foundation the program is based on. It is an attempt to help the client connect with and understand the moral order of society. Second, Step 5 deals with healing relationships. The step entails a form that develops into a written summary and plan to deal with the many relationships in their lives that they have damaged (Little & Robinson, 1991). According to social control theory, a client who achieves and goes beyond this step should have a lower rate of recidivism because they are attempting to rebuild and heal their damaged relationships with their significant others. Third, Steps 6 and 10 deal with helping others by volunteering in the community, thus creating a commitment and involvement with society. Fourthly, each client, unless there is insufficient time, must be enrolled in community school or the agency school, thus increasing the commitment bond.

It is important to note the similarity between the sequential rehabilitative nature of the MRT program and social control theory. Social control theory implies that it is the attachment bond that exists before the belief in the moral order. Consequently, they grow together. MRT works on the pre-existing bond by trying to heal it, while at the same time trying to change negative beliefs that oppose the moral order. Both elements are incorporated as early as step one and healing damaged relationships is the topic of Step 5. The main question of this study is found here. Does the MRT program focus enough time, effort and influence on the need for repairing relationships with significant others. If the relationship with the significant other does not improve, or is not positive, can we logically think that the client could continue increasing their step attainments and thus increase their moral reasoning? Social control theory, as pointed out in the literature above explains at great length the need for a positive, healthy attachment to significant others.

Many studies evaluating the MRT program have found significant decreases in recidivism rates (Little & Robinson, 1989a, 1989c; Little, Robinson, & Burnette, 1990, 1991a, 1991b, 1993) and an increase in moral reasoning (Little & Robinson, 1989a, 1989b) with clients who participate *in* the program. For example, Little and Robinson (1989c) found that offenders in the treatment group showoo less re-involvement with the criminal justice system than those in the control group; 20 % of the treatment group had been rearrested in a year's time compared to 27.6% of the control group. Another study conducted by Little et.

al. (1993) compared a treatment and control group five years after release.

Treated subjects showed a recidivism rate of 37.1 % as compared to 54.9% for the controls. It should also be noted that the subjects who participated in MRT also had fewer days of additional sentence and fewer rearrests after release.

The most current information on the success of the MRT program was written by Little, Robinson, Burnette and Swan (1996). They assert that in their 7-year re-incarceration figure, the MRT treated groups show significantly lower recidivism at each yearly analysis. The success of the MRT program has lead the creators to expand their techniques. In their 1997 newsletter they discuss their new more individualized programs that deal with parenting, spiritual growth, anger management, domestic violence and job readiness (Correctional Counseling, 1997). It is interesting to note that they have created a program for parenting, the very issue that this thesis suggests is severely lacking in the MRT program.

Petry, Kenny and Bowman (1992) have conducted the only study involving the MRT program and young offenders that is accessible to date. The MRT program was incorporated in Project About Face, an eight week residential program where residents took part in structured living, counseling and academics followed by six months of aftercare. The objectives of the program were: 1) to reduce the rate of recidivism among the juvenile offenders assigned to the program and 2) to establish a profile of offenders who would most likely benefit from the academic, physical training and MRT components of the project. The

study included 162 subjects, mostly African-American males (2 subjects were Caucasian) whose median age was 16; the average level of schooling was grade 9, two-thirds came from single parent homes and they averaged four legal complaints with the law. The program incorporated academics, physical training, MRT and an after-care program.

The MRT aspect was assessed by The Defining Issues Test (DIT). This measures levels of moral reasoning "indicating an individual's reasoning at different moral stages" (Petry & Kenney, 1995, p. 6). The results of the DIT suggest "that participants significantly decreased approval-seeking (Stage 3) tendencies on posttest 1" (p. 6). Recidivism data, as determined through official reports, was also successful. Out of the 66 subjects who successfully completed the program, 17 (25.8%) recidivated during the first 6 month follow up. Also important is the fact that the recidivists committed more misdemeanors than felonies. This is important because it could mean that the clients scaled down to only committing the crimes that are less serious. For example, it is more tolerable to not pay a parking ticket than it is to break into someone's home. Long term results for this study are still to be examined. It is also recommended in the study that increased emphasis on MRT should take place because an intrinsically assured value system would seem to be essential in achieving the goal of lower recidivism rates. Increased performance on measures of physical ability and education are not enough. (Petry & Kenney, 1993)

It is important to note some differences between this study and the present one. First, the MRT program at New Beginnings does not have an after-care program and it does not include physical training. Secondly, clients at New Beginnings are not sentenced to the program, but for the seriousness of the crime they committed, and thus many do not finish the program before they are released. This could have an effect on the results of the present study in that not all clients will finish the program because of insufficient time dictated by their sentences. It takes at least 10 to 12 months to complete all 12 steps (booklet).

Limitations of the MRT Research:

All of the research on the success of the MRT program is vague and minimal. It reads as if it is trying to sell a product (which it is trying to do) and not as if it is a piece of scientific research. The results seem to be significant, but not always by large margins. For example, in Little et al.'s study (1993) the difference between recidivism rates for the treated and control group was 17.8%. In Little and Robinson's study (1989c) the difference was 7.6% in a year's time. The studies do not address why the program did not work for the individuals who recidivated, nor do they address why, in both cases, a large portion of each control group did not recidivate (45.1% and 72.4% respectively). If you look at the figures this way, the differences are not as impressive and success is questionable. Why did the program work for some and not others? What types of offenders do benefit from the program? The groups in the Little and Robinson studies did not differ on age, race, length of sentence or prior arrest records. However, these

groups were all adult offenders who applied to be part of the program, thus implying they made an internal decision to try to change their thoughts and behaviours.

The last limitation of the research to be discussed is that there are no sufficient data that acknowledge the same significant results for MRT with young offenders. The studies conducted by Petry and colleagues deal with the same group of adolescents in the About Face Program, but still does not provide enough information regarding the success of the MRT program within this program.

Petry and Kenney (1993) state there should be an "increased emphasis on MRT" (p. 18) because an "intrinsically assured value system would seem to be essential in achieving" (p. 18) the goal of lower recidivism rates. Therefore, they too imply that the lower recidivism rates found in their study are not solely due, or significantly due, to the MRT program. However, they suggest that there may have been a slight effect and an increase in MRT would determine its validity.

Having discussed the social control theory and the MRT literature it is now appropriate to examine the literature on rehabilitation. First and foremost, MRT is a program designed for rehabilitation. Therefore, it must also be examined within the rehabilitative literature to assess its effectiveness. After examining the research on rehabilitation, the author will finish the literature review with research on the correlates of delinquency. This will provide a complete examination of the literature on young offenders and make for a complete evaluation of the program.

Rehabilitation: A Review of the Evaluation Literature:

Rehabilitation was a viable and encouraged method of dealing with offenders prior to the 1970's. The 1970's was an era "in which a rehabilitative approach to juvenile justice mirrored other social movements stressing an emphasis on human rights, women's rights, prisoners' rights, civil rights" (Clark & O'Reilly-Fleming, 1993, p. 189-190). In this light, juvenile rehabilitative efforts were criticized because they did not deal with the rights of the offenders (for example their right to counsel). This lack of focus on the rights of adolescents left the Juvenile Delinquents Act (JDA) to be solely defined by its emphasis on rehabilitation. Eventually, this lack of concern with due process would lead to its demise, and in its place would be the Young Offenders Act.

Also during this time period Robert Martinson was asserting that "almost nothing works" in regard to rehabilitation (Gendreau & Ross, 1993, p. 309). A growing frustration with the amount of crime being committed, the tax dollars needed to sustain the legal system, and the increasing recidivism rates of offenders being released from rehabilitative centers, led Martinson to examine several studies. In his evaluation Martinson found that there was a severe lack of successful programs. Martinson's findings combined with the views of the human rights advocates helped lead to the demise of the JDA and its support for rehabilitation. In its place is a legislation that allocates more rights to young offenders. The Act was introduced because it was thought that "correctional treatment was impotent, recidivism could not be reduced, and delinquency could

not be prevented by treatment programs which focused on the individual offender" (Gendreau & Ross, 1993, p. 309).

While the concept of young offenders having rights was adopted within the YOA, the premise that "nothing works" was not accepted by many researchers. This assertion led researcher; to reexamine the evaluation research of rehabilitative programs. Gendreau and Ross (1979) and Antonowicz and Ross (1994) showed that under various conditions rehabilitation did work. A review of the literature from 1973-1980 completed by Gendreau and Ross (1979) found that it did demonstrate successful rehabilitation of offenders. Even Martinson declared that under various conditions there were examples of successful outcomes. (Gendreau & Ross, 1993).

Gendreau and Ross (1979) developed a list of problem areas for ineffective programs. These programs are characterized by:

- 1) Reliance on a single method of intervention.
 - 2) Reliance on a single outcome measure to assess success.
 - 3) The lack of understanding of individual differences within the correctional population.
 - 4) Not offering enough treatment over an adequate length of time.
 - 5) Lack of interaction among agencies.
- (pp. 485-488).

Gendreau and Ross's clarification developed new hope for rehabilitation. The key was developing a new perspective for evaluating research. Instead of focusing on whether or not it worked, the focus became understanding under what conditions it did work (Antonowicz & Ross, 1994). For example, Andrews, Zinger, Hoge and Bonta (1990) found that "the major source of variation effects on recidivism was the extent to which service was appropriate according to the

principles of risk, need and responsivity" (p. 384). In other words, if the service was appropriate, thereby addressing the needs of the offender, there would be lower recidivism rates. If the program was not specific to the needs of the offender recidivism rates would vary.

Antonowicz and Ross (1994) helped to strengthen Gendreau and Ross's findings. They examined published reviews of 44 correctional programs from 1970-1991. After examining these programs they identified six characteristics that are essential for an effective program:

- 1) a sound conceptual model
- 2) multifaceted programming
- 3) targeting 'criminogenic needs' (changing antisocial feelings)
- 4) responsivity principle (matching modes of service to abilities of offenders)
- 5) role playing, modeling and
- 6) social cognitive skills training. (pp. 98-100).

The authors found that programs that incorporated all six characteristics were the most successful. They also found that "programs that were based on a cognitive-behavioural theoretical model were the most beneficial" (p.98).

"Research on cognitively based intervention with correctional populations begins with the assumption that individuals can change their behavior once they change their thinking" (Wright, Buzzel, Wright & Gay, 1994, p.204). Comparing these findings to Gendreau and Ross (1979) we can see an overlap of characteristics. They both discuss the use of more than one method of intervention and the need to target individual needs. Gendreau and Ross assert the need for more treatment over an adequate amount of time and Antonowicz and Ross (1994) assert the need for multifaceted programming.

Antonowicz and Ross's finding concerning the benefits of using only cognitive-behavioural models, as does the MRT program, should be regarded with caution. It should be kept in mind that Gendreau and Ross asserted that reliance on one intervention method could reduce the effectiveness of the program. The present study questions the fogg of not fully integrating other theoretical models. This is especially relevant to this study because the MRT program relies almost solely on cognitive-behavioural theory and only mimmally takes other theories into account. Using only a psychologically based intervention leaves out a whole realm of sociological issues that may be critical to the outcome. Increasing the self-esteem or changing the beliefs of an individual still does not change the environment from which he/she originates or to which he or she returns to. This is especially true when dealing with young offenders who usually have no alternative but to return home to an often abusive and neglectful environment.

The MRT program also falls short in other areas. The responsivity principle is one area. The program itself was designed for adult offenders. It is difficult for young offenders with low levels of education or learning disorders to comprehend the concepts and wording. For example,

The ego has a number of layers. We will explore them in a moment, but for n_w let's just say that ego has a conscious part and an unconscious part. The conscious part experiences and learns about things. It is the part you can identify as you. (Little & Robinson, 1986, p. 19).

While this example may be easily understood by the reader, an adolescent with a learning disability and Gr. 8 education would struggle with the words, if not the concepts introduced. Also, a minimal effort is made to adapt to different individual needs because exceptions are not favored in the program.

Lastly, MRT struggles with adequate time for treatment. For the program to be successful, dispositions have to be equated to the rehabilitative needs of the offenders and the time needed to complete the MRT program. Advocators of the program indicate that offenders may complete all 12 steps in 10 to 12 months (booklet). Very few offenders are sentenced to open custody for this amount of time. Thus, if an offender only receives a sentence of 3 months, they do not have the option to complete the program. In sum, the dispositions handed down by judges are often short in nature. This short length of time often leaves the young offender half way through the program by discharge date.

Other authors also speak of the elements needed to operate a successful program. Montgomery and Landon (1994) point out that more traditional treatments focused on a single modality and therefore defeated themselves prior to commencing. They discuss the following components as critical for success: clear goals and objectives, community involvement, case management, security and monitoring, behaviour management, staff, evaluation mechanisms and aftercare. They need to focus on the needs of the individual, social networks and a comprehensive array of interventions. The Youth Consultation initiative (1997) further elaborates on what is needed to run a successful program by suggesting

that it is necessary to "ensure that decisions or activities affecting youth, involve, support and affirm youth voices" (p.10).

Silverman and Creechan (1995) also discuss in their report on delinquency and treatment for the Canadian government what elements are necessary for a successful program. They cite continuous case management, careful emphasis on reintegration and re-entry services, opportunities for youth achievement and program decision making, clear and consistent consequences for misconduct, diversity of forms of family and individual counseling matched with individual adolescent needs. Each study suggests the same themes; community involvement, diverse treatment programs with one facility, behaviour modification programs, youth involvement in decision making and aftercare.

Lengyel (1990) discusses another issue that must be considered when trying to provide appropriate rehabilitative programs. The author looked at clinical impressions from social work with 1400 delinquent youth in Wisconsin. Through this he developed a preliminary typology for delinquents: one-time-only offenders, incidental and repeat offenders. Lengyel described repeat offenders as individuals with 10 or more charges who never display genuine, internally developed remorse for victims. "They see laws, rules, and social conventions as the creations of individuals, rather than as expressions of the general will" (p. 7). In contrast, Lengyel describes incidental offenders as individuals with short offense histories, with anywhere from three to ten charges. These individuals

have a weak commitment to the normative order and can be persuaded to comply with supervision more easily than repeat offenders can.

This information is relevant for rehabilitation because Lengyel (1990) explains the different needs of each group in the rehabilitative process. The author explains that the key to changing the behaviour of repeat offenders is to intervene in the family socialization process. This would take place through 1) early prevention (e.g. parental education) and 2) treatment through family systems approach (e.g. resocialization). "Young people also say how important it is to have counseling programs for families as part of a young offender's rehabilitation" (Youth Consultation Initiative, 1997). This approach differs from the programs best suited for incidental offenders. Incidental offenders are more receptive to treatment programs such as restitution, mediation and home detention. "These "structured" tactics seem best suited to the cognitions and emotional logic of incidental offenders" (p.9).

This finding relates to this study in two ways. First, it strengthens the assumption that repeat offenders have a difficult time in the MRT program. The longer the criminal record and the more internalized the morals and beliefs are, the more an adolescent can identify with a delinquent peer group. Repeat offenders do not subscribe to the conventional order and often show no remorse for their actions. Secondly, it demonstrates the need for specialized rehabilitation programs for repeat offenders. It describes the needs that social control theory defines as needed for successful rehabilitation, that is, the need to return to the

family and repair or prevent damaged relationships. This is a function that MRT does not deal with adequately.

Hypotheses:

The following three hypotheses have roots in social control theory. Firstly, social control theory stresses the importance of attachments to significant others to be successful in life. Secondly, social control theory advocates the need for offenders to be committed to conventional society. The two variables must follow each other to be successful. Without a proper foundation (i.e., attachment to significant other) the young offender will not be able to commit to conventional society. Social control theory assumes that attachment produces conformity.

H1: Young offenders with a positive attachment to their parent/parents will have lower recidivism rates than those with a negative attachment.

H2: There will be a large number of subjects with a high rate of academic failure (inappropriate grade level for age). These clients will have higher recidivism rates than those who are in the appropriate grade. This would represent a lack of commitment to school before the custody sentence.

H3: Young offenders who were committed to school (registered and attending) or lawfully employed after their custody disposition will have lower recidivism rates than those who did not have a commitment when released.

The next three hypotheses deal with the MRT program and its effect on recidivism rates. A possible participation effect is anticipated and recidivism rates are expected to decrease as step achieved increases.

H4: The treatment group (sample who were subjected to MRT) will have lower recidivism rates than the control group due to

participation in the MRT program regardless of step achieved.

H5: Young offenders who achieved Step 3 and higher will have lower recidivism rates than those young offenders who achieved Step two or lower.

H6: Young offenders who participated in the MRT program and reached step 7 or higher, will have lower recidivism rates than those young offenders in the treatment group who only reached Step 3.

The next hypothesis stems from the literature on rehabilitation. The literature states that there must be sufficient time allocated for rehabilitation programs to be successful.

H7: Young offenders from the treatment group who received a disposition of 51 days or more will have lower recidivism rates than the control group who received the same time span.

The next hypothesis deals with the effects of negative peer influence on delinquency. The influence of negative peer groups has clearly been documented in the literature. Brownfield and Thompson (1995) assert that "nearly all researchers agree that deviant behaviour in its many forms is more likely to occur when the individual's peers engage in deviant activities" (p.181).

H8: Young offenders who have been described as participating in crime due to peer influence will have higher recidivism rates after discharge than those offenders who were not influenced.

The next four hypotheses deal with criminal records, learning disabilities, and the theory that recidivists take time to get re-established in their community and/or peer group before they recidivate. Weiss, Wozner and Teichman (1994) assert that a decrease in recidivism rates after discharge could be explained by

considering the following: the offender may need time to reestablish or adjust to the non-institutional environment, pick up old connections and establish new ones. Hypothesis 12 reflects this possibility.

H9: Young offenders who have extensive criminal records will have higher recidivism rates than those offenders with no record.

H10: Young offenders who have been measured as having a learning disability will not be successful in MRT.

H11: Young offenders who have been measured as having a learning disability will have high recidivism rates.

H12: Young offenders who are successful in MRT will have lower recidivism rates in the first 6 months, but recidivism will increase in the following time span (time span depends on discharge date).

Chapter II

Method

The subjects for this study were 134 of the 142 male young offenders serving custody dispositions at New Beginnings between June of 1994 and December of 1995. They went through the MRT program that is still in effect at the two locations of New Beginnings of Essex County. Eight subjects were excluded from the sample because of insufficient data recorded on their discharge sheet. New Beginnings is a phase II open custody facility for young offenders. This is a residential agency that is mandated under the Young Offenders Act to provide open custody services to young offenders. New Beginnings is fully funded by the Ministry of the Solicitor General and Correctional Services. Phase II refers to the age requirements (16-17 yrs., or older, depending on what age the crime was committed and when they were convicted for that crime) and open custody indicates that the offenders are not secured behind bars. If the clients decide to leave, the staff are not required to intervene physically in this process, but the offenders will receive a new charge when they are apprehended again (escape lawful custody). Each location houses up to 10 male offenders with the length of their sentences varying.

New Beginnings has a discharge form (Appendix A) that indicates the MRT level and step achieved upon discharge. These data were obtained from New Beginnings. Permission was granted from the Ministry of the Solicitor General and Correctional Services (Appendix B) to obtain the recidivism rates

from the Offender Management System (OMS). This is a computer program that provides information on length of sentence, personal information, current dispositions and criminal history of the subject. The Ministry also granted permission to access the personal files of the subjects through the probation and parole offices of Windsor, Leamington, Chatham, Samia and London (all within the southwestern region of Ontario).

From the files the author was able to measure (as per operational definitions) the strength of each subject's relationship with his parent/parents, commitment to school and/or employment after discharge, length of criminal record, degree of negative peer affiliation, length of sentence, age, grade obtained before custody, and if the subject had a learning disability. The recidivism rates were also gathered from the OMS program. Unfortunately, the researcher was not able to measure socioeconomic status adequately to retain it as a respectable variable and permission was not granted to access the files that contained only summary offences. The author had originally wanted the information on summary offences to measure the severity of the re-offence.

Permission was also granted by the Ministry of Corrections and London Probation and Parole to access a random sample of 134 male young offenders from a population of approximately 200 offenders from the same time period at Wycliffe Booth House in Ilderton, Ontario for the control group. Wycliffe Booth House is also a phase II open custody for young offenders. However, this facility does not run the MRT program nor does it have any specific rehabilitation

program in place. It does use community agencies for short term counseling and a level system to earn privileges (clients earn point to gain privileges). Ten files from this group were randomly sampled to assess its function as a control group. Time limitations prevented the researcher from examining each file from the control group. This control group was strictly used to assess whether there was an overall MRT treatment effect. Also the recidivism rates and length of sentences for the subjects from Wycliffe Booth house were gathered from the OMS computer.

The data were collected by first going through several files to determine if there was sufficient information in the files to support and validate the operational definitions. This also addressed the possibility of inconsistencies in recording techniques. The definition of attachment was slightly altered so that it would be a stronger measure (made dichotomous instead of 4 levels). Also, socioeconomic status was dropped due to lack of information. The data were compiled on the forms found in Appendix C and D, these forms also provide an example of how the data was used to form the operational definitions. The forms were devised by the researcher in an attempt to gain organized, simplified data. Each subject's name, birth date and code number are concealed in a black notebook under lock and key. It will be destroyed by February of 1998. A codebook is included in Appendix E.

Operational Definitions:

1. **Negative Attachment to parent/s:** a subject who does not live with his parents and/or was not discharged to his parents, and/or parents are not their legal guardians, and/or is a crownward, and/or defines his relationship as negative, and/or abusive, and/or non-existent. The relationship may or may not have been described as negative in respect to the parent having a drug and/or alcohol problem and possibly having a criminal record.--(Appendix D).
2. **Positive Attachment to Parent/s:** the client lives with the parents or parent, receives or makes regular phone calls to them, the parent/s comes to visit, the youth remains in the parents' custody while on temporary releases and the youth is discharged to their parents' residence. The youth may not have contact with one because that parent left town and is not involved in the adolescent's life but the relationship with the remaining parent is described as positive and healthy. It is indicated in the file that the parents are supportive. (Appendix D).

**Please Note:* Originally the author had intended to divide the attachment variable into 4 categories: positive attachment to both parents, positive attachment to one parent, negative attachment to both parents and negative attachment to one parent. However, after reviewing the literature on single parents homes (see page 16), it was decided that it would be appropriate to combine the positives and negatives into a dichotomous variable because the literature states that "even in a situation that should maximize the impact of the broken home on delinquency, family structure has little effect on delinquency when the influence of other variables is controlled" (Free, 1991a, p. 15).

3. **Record:** no prior criminal record to as many as 12 prior convictions on their record. That is, the offender has been charged and found guilty of up to 12 prior offenses.
4. **Learning Disability:** documented evidence from the file indicating that the subject has a learning disability such as ADD (inability

to concentrate) or Dyslexia.

5. **Commitment:** no commitment (not registered or attending) school and/or lawful employment or does have commitment after discharge to school and/or lawful employment after custody.
6. **MRT Steps:** the step completed in the MRT program when discharged from custody. There should be behavioural change at Step 3 (according to New Beginnings), Step 7 (according to the creators of the program and Step 12 (the step that leads to "normal" behaviour and is therefore labeled normal).
7. **Recidivist:** any subject who committed a crime (or crimes) and was charged and convicted after he was discharged from New Beginnings and the MRT program or Wycliffe Booth House.
 - * Subjects who were remanded for trial were not included as recidivist because trial was pending, therefore guilt had not been established.
 - * This group did include subjects who escaped lawful custody during their sentence. These subjects were automatically counted as recidivists.
 - * Also, there were a few subjects that had received more than one disposition during the 2 year time period. These subjects were coded from their last sentence at New Beginnings during the 1994 - 1995 time period.
 - * Finally, the subjects were not differentiated by a specific time period for recidivism. The only thing considered was if they recidivated after they were released on their discharge date. That is, those released in 1994 possibly would have not recidivated over a longer period than those released in 1995. The minimum time lapse between discharge and the date data was collected was 1 year and 4 months.
8. **Control group:** a 134 subjects from Wycliffe Booth House who had not participated in the MRT program.
9. **Treatment group:** 134 subjects from New Beginnings of Essex County who participated in the MRT program.
10. **Time lapse after discharge:** was the crime committed in the first 6

months after the subject's discharge or after the first 6 months.

11. Negative Peer Affiliation/Influence: according to the files and thus personal interviews that indicated that the adolescent's behaviour has been connected to negative peer influence. For example, if described as a follower or described as having started crime due to negative influences they were defined as having negative peer influence.

12. Appropriate Grade Obtained: successful completion means that the subject had completed the appropriate grade that was in sync with current age at the time of incarceration. For example: a 16 year old adolescent would appropriately be in the 10th or 11th grade. This is a measure of commitment assuming that had the student been attending classes regularly, they would have had better chance of being in the appropriate grade. Please see table 5 for details.

Chapter III:

Results

Hypotheses 1 through 3

Hypotheses 1, 2, and 3 were constructed to test the social control theory.

As mentioned previously, the social control theory discusses four bonds:

attachment to significant other, commitment to conventional society, involvement in the community and belief in the moral order. Hirschi advocates attachment as the most important bond and states that it must be in place before the other bonds are realized. These bonds intertwine and when one is weakened or strengthened all of the bonds are affected.

Hypothesis 1 hypothesized that young offenders who were scored as having a positive attachment to their parent/s would have a lower rate of recidivism than the subjects scored as having a negative attachment. Out of the 134 subjects, 40% (N= 54) of the subjects, had positive attachments and 60% (N= 80) had negative attachments. Further, 12 out of 54 (22%) of the subjects with positive attachment recidivated while 50 out of 80 (63%) of the subjects with negative attachment recidivated. This hypothesis was found to be significant $\chi^2(3, N = 134) = 21.292, p < .001$. It demonstrated that young offenders who were measured as having a positive attachment to their parents had a significantly lower rate of recidivism compared to those who were measured to have a negative attachment. (See Table 1).

In hypothesis 2 it was suggested that there would be a large number of subjects below their appropriate academic grade level in the treatment group.

Table 1
Chi-square results for attachment to significant other and recidivism (N=134).

<u>Chi-Square</u>	<u>Value</u>	<u>DF</u>
Pearson	21.292 *	3
Likelihood Ratio	22.360 *	3
Mantel-Haenszel test for linear association	16.325 *	1

* p<.001

Although other interpretations are possible, hypothesis 2 was used here as a measure of commitment based on the argument if they had a stronger commitment to school, they would be in a more appropriate grade level. A crosstab illustrated that there were 127 subjects out of 134 (94.7%) who were below their appropriate grade level according to their age. (See Table 2 below which displays the expected grade level for each age group and the number of subjects at each point.)

Specifically, it was assumed that most 16 year old adolescents would be in grade 10 or 11, depending on when their birthday fell. It was assumed therefore, that since the population under study was from a phase II (16 - 17 yrs.) open custody, the lowest level of education would be grade 10. This would continue sequentially with age increasing as grade increases. However, what was demonstrated in the crosstab was the opposite. When age increased, grade did not necessary increase and the majority of the subjects were not at their appropriate

Table 2
 Summary of age and completed grade at time of disposition for the treatment group and appropriate grade acquisition by age (N= 134).

Age of subjects	Grade Obtained	Academic Grade Level	
		N	Appropriate Grade
<i>16 years old</i>	Grade 8	2	Gr. 10/Gr. 11
	Grade 9	5	Gr. 10/Gr. 11
	Grade 10	1	Gr. 10/Gr. 11
	Grade 11	4	Gr. 10/Gr. 11
<i>17 years old</i>	Grade 8	13	Gr. 11/Gr. 12
	Grade 9	23	Gr. 11/Gr. 12
	Grade 10	10	Gr. 11/Gr. 12
	Grade 11	2	Gr. 11/Gr. 12
	Grade 12	0	Gr. 11/Gr. 12
<i>18 years old</i>	Grade 8	12	Gr. 12
	Grade 9	29	Gr. 12
	Grade 10	12	Gr. 12
	Grade 11	5	Gr. 12
	Grade 12	0	Gr. 12
<i>19 years old</i>	Grade 8	0	Entering post-secondary education or employment
	Grade 9	5	
	Grade 10	3	
	Grade 11	3	
	Grade 12	1	
	Post Secondary	0	
<i>20 years old</i>	Grade 10	1	
	Grade 12	1	
	Post Secondary	0	
<i>21 years old</i>	Grade 9	1	
	Grade 10	1	
	Post Secondary	0	

academic grade. As mentioned above 94.7% were not in the appropriate grade level. However, the relationship between academic grade obtained and age was not significant: $\chi^2(2, N = 134) = 4.831, p > .05$.

Hypothesis 3 was examined using a chi-square analysis. It was hypothesized that subjects who had commitments after custody to school and/or employment, would have lower recidivism rates than those young offenders who were not committed. As Figure 1 outlines, subjects who were committed to school

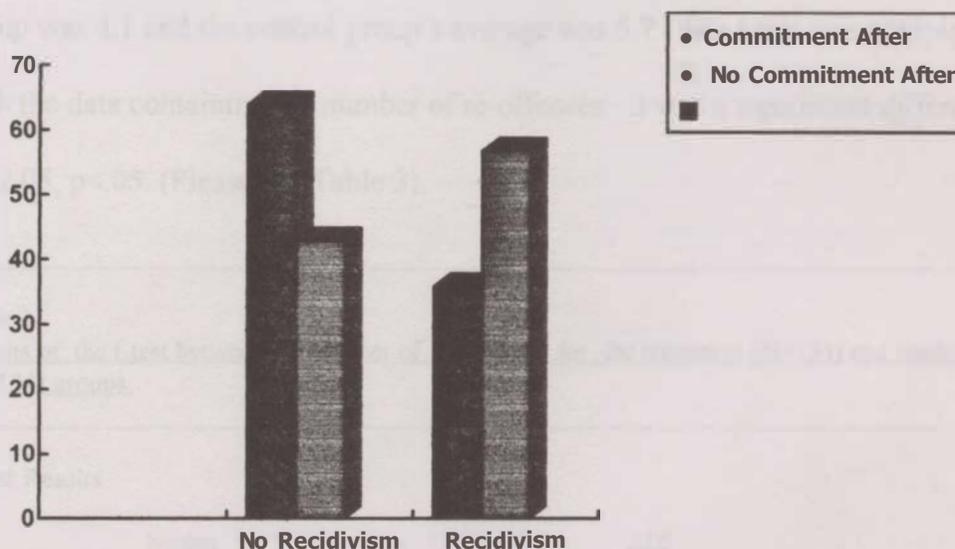


Figure 1. Results of the relationship between commitment after custody and recidivism.

and/or employment after custody recidivated at a lower rate of 36% (24 out of the 67) while the subjects without a commitment recidivated at a rate of 57% (38 out of 67). The chi-square analysis deemed this significant ($\chi^2(3, N = 134) = 9.680, Q < .05$).

Hypotheses 4 through 7

Hypotheses four through seven evaluated the effects of the MRT program on recidivism rates. The fourth hypothesis was that MRT participants would have

significantly lower recidivism rates than the control group subjects. Of the MRT participants 46% (62 out of 134) recidivated before July of 1997 compared to 57% (77 out of 134) of the control group subjects representing an 11% difference. This finding was examined further by recording the number of re-offenses for each subject in each group. The average number of re-offenses for the treatment group was 4.1 and the control group's average was 5.7. The t-test was completed with the data containing the number of re-offenses. It was a significant difference $t = 2.05, p < .05$. (Please see Table 3).

Table 3

Results of the t-test between the number of re-offences for the treatment (N=134) and control (N=134) groups.

T-test Results

t-value	2.05
2-tailed Sig.	.043

However, although this finding was significant, the author noticed that the groups varied on length of sentence, which suggested that they may not be comparable populations. This raised the question of whether the difference in recidivism between the two groups is a function of the sentence length or the effects of MRT. When sentence lengths were subjected to a t test, the means between the treatment and control groups were also significantly different (t test, $t(133) = 5.82, p < .001$, using actual length of sentence in days). This finding would imply that the groups were recidivating at different rates for reasons other than

MRT. More precisely, it could mean that the two programs may have different populations, questioning the assertion that MRT is responsible for the difference between the two groups. The researcher used crosstabs and chi-square to ascertain if sentence length was indeed responsible for the difference between the groups.

First, a crosstab comparing sentence length and recidivism from the treatment and control group was conducted (please see Table 4). In this crosstab

Table 4
Summary of effect of sentence length on recidivism rates for the *control and treatment* group (N = 134)

<u>Sentence length</u>	<u>Recidivism</u>	
	No recidivism	Recidivism
Treatment Group		
1) 1 - 50 days	49 (53%)	42 (46%)
2) 51 - 90 days	14 (50%)	14 (50%)
3) 91 - 180 days+	9 (60%)	6 (40%)
Total:	72 (53%)	62 (46%)
Control Group		
1) 1 - 50 days	20 (44%)	25 (55%)
2) 51 - 90 days	14 (36%)	24 (63%)
3) 91 - 180 days +	23 (45%)	28 (54%)
Total:	57 (42%)	77 (57%)

it is evident that the pattern of lower recidivism rates in the treatment group held at each sentence level. However, it is worth noting that at the 51 to 90 days, both the treatment and the control group showed higher recidivism rates than at the other sentence levels. This is also the level where both groups had their worst

proportion of recidivism. This suggests that the program is making a difference in recidivism relative to the control program for subjects with shorter and longer sentence lengths. Considering that this area was the only area of concern, and taking into consideration that the result was not significant ($t(16, N = 134) = 9.202, p > .05$) and the fact that the treatment group maintained a lower recidivism rate at each interval (Table 5), it is suggested that the difference in recidivism

Table 5

Recidivism rates for the treatment and control group compared at each sentence interval (N= 134 for each group)

<u>Sentence Length</u>	<u>Recidivism Rate(%)</u>	
	Treatment	Control
1) 1-50 days	46%	55%
2) 51-90 days	50%	63%
3) 91 -180 days +	40%	54%
Total:	46%	57%

rates between the two groups is a function of the MRT variable. In short, the effects of a difference in recidivism between the treatment and control group holds regardless of sentence length.

To further assess the impact of the MRT program, the fifth hypothesis stated that the subjects who were successful in MRT (those achieving Step 3 and higher) would have lower recidivism rates than those who did not achieve Step 3.

Twenty five out of 134 or 19% could not reach Step 3 due to an insufficient sentence length; they were left in the analysis because they were at New Beginnings during the time frame indicated and MRT was a part of the program. This hypothesis was supported. A cross tab demonstrated that out of the 59 young offenders from the treatment group who were successful in MRT, only 32% (N= 19) were convicted of a new crime(s) and out of the 75 who were not successful in achieving Step 3 or higher, 56% (N= 42) recidivated. This was a significant finding ($\chi^2(3, N = 134) = 8.162, p < .05$). (See Table 6).

Table 6
Recidivism rates for treatment group according to Step achieved. Chi-square results for recidivism and Step achieved (N= 134).

Recidivism	MRT Step Achieved	
	Steps 0 to 2	Steps 3+
No recidivism	34	38
1 new conviction	22	7
2 new convictions	8	5
3 to 7 new convictions	11	9
Totals:	75	59

<u>Chi-square</u>	<u>Value</u>	<u>DF</u>
Pearson	8.162 *	3
Likelihood Ratio	8.361 *	3
Linear-by-Linear	4.108 *	1

*p<.05

The sixth hypothesis stated that those subjects who reached Step 7 or higher in the MRT program would have lower recidivism rates than the subjects

who reached Step 3. This hypothesis speaks directly to the prediction of the MRT program which argues that the higher the step achieved, the lower the recidivism rates will be. While the crosstab suggests some support for the hypothesis, the relationship was not significant $\chi^2(9, N = 134) = 12.708, p > .05$. Out of the 10 who made it to step 7 and higher, only 20% (N=2) recidivated. Out of the 49 subjects who were successful in reaching Step 3, 41% (N=20) recidivated (those who surpassed Step 3 up to Step 6 were included in this category). (See Table 7).

Table 7
Recidivism rates for treatment group according to Step achieved. Chi-square results for recidivism and Step achieved (N= 134).

Recidivism	MRT Step Achieved			
	No Step	Steps 1 to 2	Steps 3 to 6	Step 7+
No recidivism	17	17	30	8
1 new conviction	9	13	6	1
2 new convictions	6	2	5	0
3 to 7 new convictions	7	4	8	1
Totals:	39	36	49	10

<u>Chi-square</u>	<u>Value</u>	<u>DF</u>	<u>Significance</u>
Pearson	12.708	9	.176
Likelihood Ratio	13.452	9	.143
Linear-by-Linear	2.634	1	.105

While not supported by a chi-square analysis, it is likely that the above two results were not significant because the chi-square analysis is sensitive to cells under 5.

Therefore, the results may have been more positive, assuming the trend would

have continued, had there been more individuals who could have reached step 7 (they would have needed longer sentence lengths to have had this option).

The seventh hypothesis (see Table 8) theorized that young offenders from the treatment group, who had a disposition of 51 days or more, would have lower recidivism rates than the subjects from the control group who had dispositions of

Table 8

Summary of data collected on the length of sentence (51 days or more) and recidivism rates for the treatment and control groups. (Treatment N=43, Control N=88)

<u>Group</u>	<u>Recidivism</u>	
	<u>Raw data</u>	<u>Percentage</u>
Treatment Group	19	44%
Control Group	51	58%

51 days or more. This hypothesis was supported to some extent because 44% (N= 19 out of 43) of the subjects from the treatment group who had sentences over 51 days re-offended, while 58% (N= 51 out of 88) of the control group with sentences over 51 days recidivated. However, according to the chi-square analysis, it was not significant $\chi^2(1, N = 131) = 2.21, p > .05$.

Hypotheses 8 through 12

The next four hypotheses dealt with other sociological variables that have been expressed in the literature as correlates of delinquency (for example, negative peer influence, learning disabilities and extensive criminal records). Hypothesis 8 stated that young offenders who were described as participating in crime due to peer influence would have higher recidivism rates after discharge

than those who were not influenced. This data was subjected to a crosstab and chi-square calculations (see Table 9). The relationship was found to be significant: $\chi^2(3, N = 134) = 9.112, p < .05$ suggesting that as negative peer influence increases, the likelihood of recidivism rates increases. Out of the 62 who re-offended, 79% (N= 49) recidivated having been coded as being

Table 9

Summary of recidivism rates for those subjects influenced by negative peers and those subjects who were not influenced by negative peers. Chi-square results (N=134).

Recidivism	Negative Peer Influence	
	No influence	Influence
1. No recidivism	32	40
2. 1	6	23
3. 2	4	9
4. 3+	3	17
<u>Chi-square</u>	<u>Value</u>	<u>DF</u>
Pearson	9.112 *	3
Likelihood Ratio	9.596 *	3
Mantel-Haenszel linear association	6.689 *	1

* p<.05

influenced by negative peers while only 21% (N= 13) of those not influenced recidivated.

Hypothesis 9 stated that young offenders with extensive criminal records (6 or more prior convictions) would have higher recidivism rates than those offenders without a criminal record (see Table 10). The crosstab demonstrated that out of the 27 subjects with extensive records (6-12 priors) 59% (N= 16) recidivated, and out of the 20 with no record 25% (N= 5) recidivated. Further, examination of the relationship between record and recidivism demonstrates that

out of the 86 subjects who had a record of 1-5 priors, 47% recidivated. Evident here is a sequential increase in the percentages as the percentages climb. This relationship between extensive record and recidivism was significant, 19.518, $p < .05$.

Table 10
Summary of recidivism rates for subjects with extensive records and those without a record. Chi-square results (N=134)

Recidivism	Length of Criminal Record			
	No record	1-2	3-5	6-12
1. No recidivism	15	30	16	11
2. 1	5	9	9	5
3. 2	0	3	6	4
4. 3+	0	3	10	7
<u>Chi-square</u>		<u>Value</u>		<u>DF</u>
Pearson		19.518 *		9
Likelihood Ratio		24.102 *		9
Mantel-Haenszel linear association		15.866 *		1

* $p < .005$

Hypothesis 10 claimed that the subjects who had been measured as having a learning disability would not be successful in the MRT program (Step 3+) because of its complex nature. Out of the 33 subjects that were measured as having a learning disability, 17 (51%) did not reach a step higher than Step 2. This is only slightly lower than the portion of subjects who did not have a learning disability (57% of this group were also unsuccessful in MRT). Further, hypothesis 11 stated that young offenders coded as having a learning

disability would have higher recidivism rates than those who were not coded as having a disability. Seventeen out of the 33 (51%) scored as having a learning disability recidivated after discharge. This is compared to the 45 out of 101 (44%) who recidivated without a learning disability. However, the chi-square analysis did not find either relationship to be significant ($\chi^2(3, N = 134) = 2.457, Q > .05$ and $\chi^2(3, N = 134) = 2.118, Q > .05$ respectively). (See figure 2).

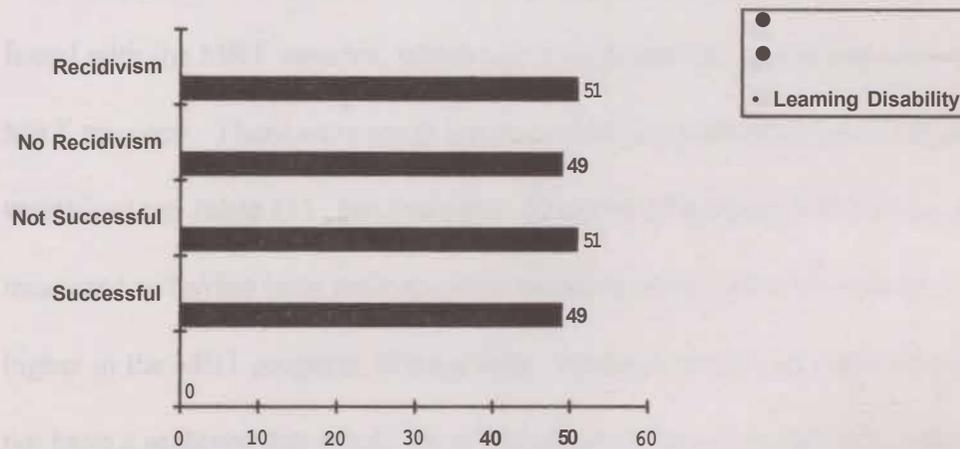


Figure 2 The relationships between MRT and learning disabilities and recidivism and learning disabilities.

Hypothesis 12 was utilized to strengthen the recidivism measure. It was thought that having a second measure of recidivism would lend more credibility to the analysis and would tap out more specific areas of recidivism. It assumes that the subjects who were successful in the MRT program would have lower recidivism rates in the first 6 months, but recidivism would increase in the following time span (Weiss, Wozner and Teichman, 1994). This was examined through crosstabs. Out of the 59 successful candidates (achieved Step 3+) in MRT, 14 (24%) recidivated in the first 6 months after discharge, and 7 (12%)

recidivated after a 6 month time lapse. In general, out of the 134 subjects, 25% (N= 34) recidivated in the first 6 months after discharge and 22% (N=29) recidivated after having been released for more than 6 months. This relationship was not significant $\chi^2(6, N = 134) = 12.203, p > .05$.

MRT and its Relationship with Other Variables:

At this point it would seem appropriate to discuss other relationships found with the MRT variable, which again measures the step achieved in the MRT program. There were some interesting results with MRT and a lot of other variables (see Table 11). For example: 53 out of 89 subjects (60%) who were measured as having been influenced by negative peers, did not reach Step 3 or higher in the MRT program. (Please note: nineteen percent of these subjects did not have a sentence that would have allowed them to reach step 3 or higher). This relationship was not statistically significant: $\chi^2(3, N = 134) = 2.530, p > .05$.

In fact, the only significant relationship found with MRT was the one with length of sentence $\chi^2(6, N = 134) = 70.141, p < .005$. When the length of sentence increased, the step achieved also increased. This is not surprising since MRT is a sequential program and subjects would be subjected to higher steps when the sentence allowed for it. Ideally, a sentence would need to be at minimum 90 days (to reach and maintain Step 7). In fact, the advocates indicate that offenders have shown that they can complete all 12 steps in as quickly as 10 to 12 months (Booklet, Moral Reconciliation Therapy).

In this study, the length of sentence was imperative in determining which

step could be achieved. Remembering that 25 could not successfully reach Step 3, solely due to insufficient time, it was discovered that out of the 91 subjects who received a sentence of less than 51 days, 27 were successful in achieving Step 3 or higher (30%), and out of the 43 that received a sentence of 51 days or more, 32

Table 11

Summary of Subjects who were Successful (Achieved Step 3+) and Not Successful in the MRT Program by 8 different variables (N=134)

Name	Variable Level	MRT	
		Successful	Not Successful
Age	16-17 years	24 (18%)	36 (27%)
	18-19 years	32 (24%)	38 (28%)
	20+ years	3 (2%)	1
Attachment	Positive Attachment	23 (17%)	31 (23%)
	Negative Attachment	36 (27%)	44 (33%)
Commitment	No commitment	23 (17%)	41 (31%)
	Commitment After	33 (25%)	34 (25%)
Appropriate Grade	Appropriate grade	4 (3%)	5 (4%)
	Not appropriate grade	55 (41%)	70 (54%)
Learning Disability	No disability	43 (32%)	58 (43%)
	Disability	16 (12%)	17 (13%)
Length of Sentence	1 - 20 days	1	43 (32%)
	21 - 50 days	26 (19%)	21 (16%)
	51 - 390 days	32 (24%)	11 (8%)
Negative Peers	Not influenced	23 (17%)	22 (16%)
	Influenced	36 (27%)	53 (40%)
Criminal	No Criminal Record	8 (6%)	12 (9%)
	1 - 2 prior convictions	21 (16%)	24 (18%)
	3-5 prior convictions	16 (12%)	25 (19%)
	6-12 prior convictions	13 (9%)	14 (10%)

achieved Step 3 or higher (74%). Further, 47% recidivated in the under 51 days category and 44% recidivated in the 51 days plus category. What this seems to

imply is that when offenders have a longer time in the MRT program, and thus have potentially completed more steps, their chances of completing higher than Step 3 increases and their chances of recidivism decreases. When they are subjected to shorter sentences they are not allotted sufficient time to complete the program. However, this relationship between sentence and recidivism is not significant; $\chi^2(6, N = 134) = 9.202, Q > .05$. Please see Table 12 for the effects of sentence length on success in MRT and recidivism.

Table 12

Summary of subjects who achieved Step 3 or higher in MRT and recidivism rates for short term (N=91) and long term (N=43) sentence lengths for the treatment group

	Length of Sentence	
	1-50 days	51 + days
Success in MRT	30%	74%
Recidivism Rates	47%	44%

Multiple Regression: Testing the Model:

The researcher also computed correlation coefficients to test for relationships between the variables. Also, in an attempt to understand the multivariate relationship a multiple regression analysis was used. The objective was to examine the relationships between the variables and determine which of the nine variables were significant in predicting recidivism rates. The coding of the variables was very tedious. The author attempted to use the actual numbers, but this was not sufficient. The author then tried to create different levels of the variables with the same number of respondents in each group and this was

promising. However, the author then tried the analysis using logged variables and after comparing and analyzing which method was more appropriate for the data, the logged variables were chosen for the multiple regression analysis and correlational coefficients.

The researcher also had to choose between linear regression (appropriate for dependent variables with more than two levels) and logistic regression (appropriate for dichotomous dependent variables) because there were five dichotomous variables and five variables with more than three levels. Taking into account the fact that the dependent variable consisted of three levels, it was decided to use linear regression.

Correlational Coefficients

Before examining the multiple regression output, it is first important to briefly discuss the correlational coefficients that were computed to examine the relationships between the variables. Commitment after discharge (social control variable) had a positive relationship with attachment to significant others ($r=.243$, $p<.005$) and appropriate grade level ($r=.268$, $p<.005$) and a negative relationship with recidivism ($r=.266$, $p<.005$). Therefore, when commitment after discharge increased, attachment to significant other and the probability that the subject was in the appropriate grade level also increased. Further, when commitment after discharge increased, recidivism rates decreased.

Attachment to significant others, another social control variable, also had several relationships with the other variables. As noted above, attachment to

significant others had a positive relationship with commitment. When attachment increased so did the chances of commitment after discharge. Attachment to significant others also had several negative relationships. It had a negative relationship with learning disability ($r = -.187, p < .001$), record ($r = -.242, p < .005$) and recidivism ($r = -.365, p < .001$). When attachment to significant other was positive, learning disabilities, length of criminal record and recidivism all decreased.

Other positive relationships included: sentence and age ($r = .168, p < .05$), MRT and sentence ($r = .616, p < .001$), negative peer influence and recidivism ($r = .224, p < .01$), record and negative peer influence ($r = -.250, p < .005$), and record and recidivism ($r = .367, p < .001$). When length of sentence increased so did the age of the subject and MRT step achieved; and when length of criminal record and negative peer influence increased so did the chances of recidivism. It is important to note that MRT had a relationship with sentence and recidivism (even though it does not maintain itself in the multiple regression). When length of sentence increased so did the step achieved in MRT, and when the step increased recidivism decreased. MRT's lack of relationship with attachment, commitment, negative peer influence and record is not surprising. Please see Table 13 for a summary of significant correlational coefficients with recidivism.

The social control model was tested first to determine if the relationships found in the correlational coefficients held constant when placed within the

multiple regression equation. When examining Table 14 it becomes evident that the social control model, with its incorporation of attachment and commitment, explains 16.6% of the equation that predicts to recidivism.

Table 13
Summary of correlation coefficients relating to recidivism for treatment group (N=134)

Variable	Direction of Relationship
Age	-.112
Attachment	-.365 ***
Commitment	-.266 **
Grade	-.117
Learning Disability	.091
MRI	-.176 *
Negative Peers	.224 **
Criminal Record	.367 ***
Sentence length	-.024

* $p < .05$, ** $p < .01$, *** $p < .001$.

Initially, it was thought that grade obtained in school prior to entering the program could be used as a pre-program measure of commitment. However, it was not strongly related to the other commitment variable and was not strongly related to recidivism. As such, it was not used in the social control mode. This

Table 14
Summary of Linear Regression Analysis for the Social Control Variables Predicting to Recidivism (N=134)

Variables	B	SEB	Beta	I
Attachment	-.384 **	.099	-.319	-3.873
Commitment	-.213 *	.097	-.189	-2.296

Note. $R^2 = .166$, * $p < .05$, ** $p < .001$

model could have represented a larger portion had the author been able to measure the involvement and belief bonds that are also part of the control theory.

Other studies have also mentioned this deficiency. Shoemaker & Gardner (1988) note that in their study "belief was not included in the analysis, which could have lowered the influence of social bond variables on delinquency" (p.197).

When the other variables were added into the equation, the model became stronger in its ability to predict recidivism. Taken as a whole, the nine variables explained 30.2% (Significant F, $p < .000$) of the equation, leaving the responsibility of the other 69% to variables not acknowledged in this study (socioeconomic status, drug and or alcohol use, level of excitement, gang involvement, personality disorders, etc.). Please see Table 15.

As noted in Table 15, the B value for attachment to significant others (-.293) had a significant negative relationship with recidivism and criminal record

Table 15
Summary of Linear Regression Analysis for Variables Predicting to Recidivism with Young Offenders (N=134)

Variables	<i>B</i>	<i>SEB</i>	<i>Beta</i>	<i>I</i>
Attachment	-.293 *	.098	-.243	-2.992
Commitment	-.161	.099	-.136	-1.621
Grade Obtained	-.109	.190	-.046	-0.577
Negative Peers	.142	.099	-.113	1.426
MRT	-.111	.082	-.287	-1.353
Criminal Record	.244 *	.070	-.015	3.497
Length of Sentence	-1.02	.074	-.142	-.136
Learning Disability	3.22	.109	-.023	.296
Age of subject	-.111	.085	-.104	-1.319

Note. $R^2 = .302$, * $p < .005$

(B value, .244) had a significant positive relationship with recidivism. Beyond this, the lack of other significant predictors to recidivism in the final equation

was surprising. The B value for commitment (-.161) was not significant and it lost its ability to predict when the last variable (age) was added into the equation. This suggests that whatever its contribution, it was accounted for by another variable. Appropriate grade obtained, another measure of commitment, was also not significant (B value, -.109) in predicting recidivism.

The 10% effective delinquency rate positive effect for the program. The significant correlation finding ($r = .30$, $p < .01$) also supports this finding. The correlational finding indicates that when they achieved an MFT equivalent, crime rate decreased. Further, support for the effectiveness of the program was also found by the chi-square statistic ($\chi^2 = 8.180$, $p < .01$) which indicates that those who reached step 1 had a higher rate less likely to recidivate. Taken as a whole, these 3 findings indicate support for the argument that the program had a positive effect on reducing recidivism rates with young offenders.

Chapter IV

Discussion

The Central Findings

Based on the comparison done between the control group and the treatment group ($t = 2.05, p < .05$), the program seems to have had a positive effect on recidivism rates. This is consistent with the findings of other research. As noted in the introduction, many studies have found significant decreases in recidivism rates for participants in the MRT program (Little & Robinson, 1989a, 1989c; Little et al., 1990, 1991a, 1991b, 1993). For example, in Little et al. (1989c) a 7.6% difference was found between the treatment and control group and in 1993 a 17.8% difference was found. However, it is still important to note that these findings were done with adult populations and that there is only the one study by Petry, Kenny & Bowman (1992) that found successful results with young offenders.

The 11% difference demonstrates an overall positive effect for the program. The significant correlational finding ($r = -.176, p < .05$) also supports this finding. The correlational finding indicates that when step achieved in MRT increases, recidivism decreases. Further, support for the effectiveness of the program was also found by the chi-square analysis ($X^2, N = 134 = 8.162, p < .05$) which indicates that those who reached step 3 and/or higher were less likely to recidivate. Taken as a whole, these 3 findings indicate support for the argument that the program had a positive effect on reducing recidivism rates with young offenders.

However, it is still important to note that 46% of the treatment group did recidivate and the relationship between MRT and recidivism was not significant when placed in the multiple regression equation. While this may seem discouraging, it is argued that indeed it is not, and that as outlined in the introduction of this thesis, the addition of treatment to address the issues raised in the analysis may be the tool needed to increase the effectiveness of the MRT program. Inadvertently, MRT may have challenged itself from the beginning because it followed the path of more traditional treatment modules and relied on a single modality. However, this does not mean that its efforts have been futile (as evidenced above) or that it could not be part of a more complex model of dealing with young offenders effectively. As discussed earlier, research has demonstrated the need for multifaceted programming while articulating the problematic nature of relying on one mode of programming (Gendreau & Ross, 1993; Montgomery & Landon, 1994). Therefore, with this knowledge base, development of a more complex program seems logical.

This multifaceted approach would take root in the other central findings of the study. One of the strongest correlational findings found in this research project is the correlation between attachment to significant other and recidivism. The findings demonstrate that those with positive attachments to significant others have lower recidivism rates than those with negative attachments (this maintained in the multiple regression equation, $r = -.293$, $p < .005$). Further, there is a strong correlation between commitment and recidivism. When commitment to school and/or employment after discharge increased, recidivism decreased. Both of these variables are important to the

findings because they are part of the social control model. These findings need to be taken into consideration when attempts are made to move MRT into the direction of a multifaceted program.

There were also other variables that had significant findings. When negative peer influence increased, recidivism increased ($r=.224$, $p<.01$) and when length of criminal record increased, recidivism increased ($r=.347$, $p<.001$). Criminal record also maintained its strength in the multiple regression equation ($r=.244$, $p<.005$). Further, although not significant, 51 % of those with learning disabilities recidivated and 94.7% were not in their correct grade level.

Taken as a whole, these findings suggest that negative peer influence, criminal record, attachment to significant other, commitment after discharge and success in MRT are all related to each other. It is argued that young offenders who display poor choice in peer relations and those who have extensive criminal records present a unique challenge for the program. Further, when negative attachment and lack of commitment are also intertwined in the description, the program is even more challenged. Therefore, the following typology is suggested: young offenders with negative attachment to significant others are more likely not to be committed after custody, are more likely to be behind in their academic career, are more likely to be susceptible to negative peer influence and are more likely to have a criminal record. All these issues would need to be addressed in the MRT program if the needs of these offenders were to be addressed properly and MRT was to be more successful.

At this point then, it would seem appropriate to look at the limited success rates of the MRT program as a solid foundation for the possibility of more extensive success. In this light, the above results can be viewed as potential additives to gaining a multifaceted program functioning at New Beginnings. In the following pages, by looking at the current results and the current literature, the author will design a program that will take the foundation of MRT and incorporate it into a complex environment that deals with combating the correlates of delinquency, while providing an arena for healing, growth and success.

Social Control Theory

It is very encouraging to note that attachment to parents remained significant throughout the different statistical analysis applied in the study. It can not be expressed enough at this point the necessity for addressing the phenomenon of poor parent/child relationships and how the criminal justice system perpetuates this phenomenon. As a community and professional society we need to "acknowledge the importance of parents and families, and recognize that they are often marginalized by the youth justice system rather than being drawn upon as an essential rehabilitative resource. Policies and programs have to be put into place to more fully integrate parents and families into efforts to work with young offenders" (Cohen, 1997, p.6). Ignoring or perpetuating this phenomenon only leaves a greater portion of offenders at risk. When parents fail to provide a safe, secure and loving environment, all of society suffers at their hands. The parental role is supposed to be conservative; mothers and fathers are, in general, invested in conserving, protecting, maintaining and promoting safe growth and development of

the child (Dekovic, Noom & Meeus, 1997). Too many of the adolescents coming from the young offender population can not admit to having obtained the benefits of positive parenting.

New Beginnings must acknowledge and utilize the abundance of literature that directly relates lack of family cohesiveness and lack of significant familial relationships to crime and recidivism. Although MRT is a positive start to rehabilitation it does not deal directly with the environment that young offenders are returned to. We know that "antisocial children typically come from multiproblem families characterized by financial and housing problems, unemployment, conflict and violence, parental criminality, substance abuse, and inconsistent and incompetent parenting practices" (Cohen, 1997, p. 1) yet, we do not address all of these issues when the offender is committed to custody. It would seem only appropriate then that New Beginnings address this phenomenon by adding parenting groups, family counseling, parental skills training and parenting programs to the MRT foundation.

This additive should be two fold. First, it should target young offenders as parents. It does occur where offenders in custody are either awaiting the birth of a baby or already have a child existing in the community. Further, many more will become fathers in the future. Therefore, it is essential to promote the birth of healthy children and prepare fathers for the job of parenting as early as possible. "We have no hesitation in suggesting programs that guide teenage "morns-to-be" into appropriate care of fetus. Dollars invested at this stage will save many more dollars in care of the offspring in later

years" (Cohen, 1997, p. 64). Not only will it save money, but it will also help to save one more child from possible child abuse.

Secondly, there must be programming developed within the rehabilitative program at New Beginnings that targets the rehabilitation of attachment to significant other. The author notes two suggestions 1) the Adolescent Crisis Service (ACS) would be an ideal candidate for helping to provide individual and family counseling for young offenders and their families and 2) New Beginnings could further add to its program by going back to the developers ofMRT and starting a parent group that utilizes their new manual on parenting. *Par2nting and Family Values* is a 12 session open ended MRT based group program that provides a highly unique perspective to teaching and inculcating parenting values and appropriate behaviors (CCI Staff, 1997).

If neither of these opportunities are used, at the very least, New Beginnings needs to offer parenting groups or seminars that deal with parenting skills, appropriate consequencing and coping mechanisms. This could be run by a staff member with the appropriate training or a volunteer from the community who is willing to research the area. It is essential that New Beginnings plays a more active role in approaching and recruiting parents into programs that will help develop parental relationships with their children.

The Limitations o(Social Control Theory

At this point, the author acknowledges that the addition of parenting courses and family counseling are not necessarily going to be sufficient in changing the relationships between parent and adolescent. In fact, one of the

criticisms of social control theory is that it fails to incorporate constructs such as the family's socioeconomic status (SES) and parental ability (Wiatrowski, 1981) into its theory. Therefore, it would seem that both the attachment bond and the solution for repairing it are leaving out very important constructs that may influence or impede the success of the dichotomous relationship mapped out above. Many authors have examined SES and its relationship to crime (Tracy, Wolfgang, & Figlio, 1990; McCarthy & Hagan, 1992) and parent's ability to parent and crime (Heimer, 1997). In fact, researchers have also looked into how SES and parent's ability to parent interact together to influence delinquency (Heimer, 1997; Hartnagel & Tanner, 1986).

However, SES and ability to parent are not the only concerns that are not dealt with by parenting courses and family counseling. Youth, financial crisis, prior childhood abuse, learned helplessness, substance abuse problems, "social disadvantage, marital status, and parental psychiatric disorders" (Chilcoat, Breslau, & Anthony, 1996) can all be factors relating to or influencing negative attachment to parents. Therefore, as Foshee and Bawman (1992) suggest, the bond-behaviour relationship is more complex than suggested by Hirshi. To assume that parenting courses or family counseling could be sufficient in dealing with all of the variables that make up this phenomenon ignores socioeconomic variables, unemployment rates, addictions, abuse and mental illness. The author does not ignore these factors but instead means to assert that of all the things that

we can do at this stage in the adolescent's life, intervening in this way seems to be the most appropriate and the most obtainable.

Parents not Willing to Participate

Another intrinsic problem with parental programming is trying to attract parents who have given up on their children and/or themselves and do not wish to participate in the programming. The author suggests two recommendations for this occurrence. The first has to do with still trying to reach these parents and the second has to do with teaching coping skills to these adolescents through mentoring. St. Pierre and Kaltreider (1997) acknowledge that involving parents of high-risk youth in community-based intervention is extremely challenging. The authors accepted this challenge and devised a longitudinal study that examined the parents that participated in the Family Advocacy Network. From this study the authors assert six strategies for recruiting and retaining parents of high-risk youth in parenting programs:

- 1) Identify the right person to lead the program,
- 2) clearly convey the purpose of the program,
- 3) build relationships of mutual trust, respect and equality,
- 4) create parent ownership and group bonding,
- 5) provide easy access, incentives, and reminders and,
- 6) be flexible but persistent (pp. 478-482).

It would seem then, that this target group may be accessed by meshing the above strategies into the parenting program. Therefore, New Beginnings' task is to find an individual who is a dynamic individual qualified and educated in this area who is willing to specifically target and encourage this parenting population.

However, these efforts are not guaranteed and there will still be parents who do not wish to work with New Beginnings and/or their children, for that fact there may be adolescents who want nothing to do with their parents. In these cases it would seem that teaching coping skills and providing positive role modeling may be the only avenues that New Beginnings may provide. The ACS could be useful for counseling and teaching coping skills and New Beginnings could use a volunteer program intensely with this population to provide the mentoring aspect. Mentors should be screened and trained to deal with young offenders with rejection and abandonment issues and they should be cognizant of the role that they would be taking with the youth.

Attachment as the foundation for all variables, and the moral element within the Attachment bond

Consistent with the large number of studies already mentioned, this research endeavor found that attachment is significantly related to recidivism. As mentioned previously, this variable is very important to Hirschi's theory because Hirshi (1969) suggested early on that attachment must be securely rooted within the relationship of child and parent/s for all other bonds to succinctly follow appropriately. Poor parent-child communication, lack of expressed love and weak attachments with significant others are strongly correlated with delinquency. (Agnew, 1993; Blakely et al., 1974; Johnson, et at., 1995; Rankin& Kem, 1994; Rankin & Wells, 1990; Towbernan, 1994). The results of this thesis support these previous findings.

As mentioned previously, attachment was found to have a negative relationship with recidivism when attachment decreased, recidivism increased. It also has a significant positive relationship with commitment ($r=.243$, $p<.005$). When attachment increases, so does commitment. Even though this does not demonstrate a causal or sequential relationship, it supports Hirschi's (1969) assertion that once the foundation for attachment is evident, other bonds may start to take root. This is also important because commitment was also found to have a negative significant relationship with recidivism. This is not surprising when we understand that Hirschi asserts that attachment must be securely rooted for the other variables to flourish.

Hirschi also discussed the moral element that he explains to be found within the attachment bond. He suggests that when a child has respect for a parent he/she will be more likely to consider the reaction of the parent before a crime is committed. For respect to occur the parent must have engaged in proper parenting of the child. Hirschi and Gottfredson (1990) assert that the following conditions must be there for appropriate socialization of the child: the parent must monitor the child's behavior, recognize deviant behaviour when it occurs, and finally, punish that behaviour. In this way the child will learn self-control and the beliefs of the parents. Nonetheless, this moral element of attachment is easily ignored when the youth does not consider his parents' opinion before acting (Hirschi, 1969).

In any case, we cannot as easily profess that the MRT program attacked and corrected this lack of moral behaviours evident in negative attachment. To

assume this would be to ignore the large percentage of subjects who were not successful in MRT. Therefore, MRT needs to be examined more closely to assess where the program is lacking. As mentioned previously, one area seems to be repairing damaged relationships. MRT's failure to develop and maintain relationships with significant others is a serious limitation for the program. Accordingly, even young persons assert "how important it is to have counseling programs for families as part of a young offender's rehabilitation" (Youth Consultation Initiative, 1997).

Another way of improving this limitation is to consider how to incorporate treatment for dealing with the correlations of attachment to significant others. As mentioned in the beginning of the discussion, we know that 80 subjects had negative attachments with their parents and out of this 80, 48 of these subjects had no commitment, 76 were not in their appropriate grade level, 25 had learning disabilities, and 72 had criminal records. As noted earlier, the findings of this study lend confidence to the typology that: young offenders with negative attachment to significant others are more likely not to be committed after custody, are more likely to be behind in their academic career and are more likely to have a criminal record. All these issues would need to be addressed in the MRT program if the needs of these offenders were to be addressed properly.

Commitment

The underlying logic behind Hirschi's bond theory is that everyone has motives to deviate. Some individuals, however, develop stakes in conformity, or bonds to society, that increased the costs associated with deviant behaviour,

thereby lowering the probability that they will be delinquent. (Hawdon, 1996, p. 163).

Commitment to school and/or employment is Hirschi's second bond that has been statistically shown in this study as having a relationship with recidivism. When commitment to school and/or legal employment increases, recidivism decreases ($r=-.264$, $p<.005$). Out of the 59 subjects who were successful in achieving Step 3 or higher, 56% were committed to either school and/or employment when they were discharged from custody. Further, of those who were scored as not having a commitment after discharge, 57% recidivated and out of those scored as having a commitment 36 % recidivated. These relationships are important because 1) they emphasize the importance of being committed to the MRT program and 2) they emphasize the need for young offenders to be committed to some type of legitimate commitment when discharged. The chances of the subject choosing to recidivate is significantly lower when the subject is committed to some type of school and/or employment when discharged.

This finding has been securely rooted within the literature. Lattimore, Witte and Baker (1990) examined the effects of vocational training on youthful property offenders and found that property offenders who were involved in vocational training, experienced a decrease in post-release offending. Ouimet and LeBlanc (1996) add to this finding by suggesting that "a person who has a job should be less tempted by crime because he has an income, has little available free time, hangs around public places less often and has a great deal to lose if incarcerated" (p. 81). It would seem essential then, that commitment after discharge be an essential goal within the discharge plans of the offender. This holds

with school or employment. Dunham and Alpert (1987) suggest that "by keeping delinquent youths in school, we have the greatest potential for effective delinquency prevention" (p. 54).

Although the obvious solution would seem to be to make sure that young offenders are committed to school or employment when discharged, bad experiences, availability and financial and structural concerns impede with this process. For example: there are not enough jobs in Canada for everyone, especially jobs for adolescents. This is unfortunate because Allan and Steffensmeier (1989) point out that "the more the youth labor market is characterized by adequate opportunities for work, the smaller the proportion of young people that may be susceptible to peer subcultures and to the distractions of illegitimate alternatives to the labour market" (p.119). However, the government is not making it easy for disadvantaged youths to obtain employment. For example, *Young Canada Works* (1997) is a summer program that has been created by the federal government of Canada for students. Nonetheless, the main criterion is that, to be eligible, you must be a successful student registered full-time in a secondary high school. This automatically eliminates the population under study as potential participants because, as the author has demonstrated, very few (3%) of the young offenders who went through New Beginnings were in the correct grade level. This implies that they were not the most diligent of students.

Further, even though names are confidential under the act, securing employment while in New Beginnings is challenging because of the fact that the youth must be released on a temporary release from the agency and their place of contact is New

Beginnings. Beyond this, very few would be eligible for a loan up to \$3000 (as offered by the Royal Bank of Canada) to start a small business because anyone under 18 years old must have someone secure the loan (Create Your Own, 1997). This would assume then, that would be borrowers come from affluent families who could be considered as co-signers.

With the intention of promoting school and employment, New Beginnings needs to develop programs that are specifically geared towards obtaining employment and success in school *before discharge*. New Beginnings must put more effort into making sure that adolescents have commitments before being discharged into the community. This is imperative because we know that, according to research and this study, when a client is committed after discharge the chances of recidivism decrease. Therefore, it is suggested that the sole responsibility of one staff at New Beginnings should be contacting and working with clients in preparing them for commitment after discharge. This could entail encouraging them to enroll in school, guiding the completion of resumes and helping the young offender to distribute resumes and prepare for the interviews. New Beginnings also needs to foster a direct link with the Youth Employment Services of Windsor and the Profiles Assessment Services of Windsor. The two programs are free and specialize in the needs of unemployed youths.

A committee could also be created to develop policies and procedures for discharge. This would help the staff facilitate integration into the community and it would provide structure and guidance for the process. For example, the committee would develop "safety-nets" in the community such as contact with the ACS or

developing a mentor program that would select volunteers to maintain contact with the client to support the client and promote law abiding behaviour. Further to this suggestion, New Beginnings needs to develop and promote an *Aftercare program* that would help discharged young offenders obtain housing (if needed), continue to work on relationships with parents, provide counseling, encourage maintaining commitment to employment and/or school and providing a safety-net to help prevent relapse into crime. "One of the lessons learned from the programs in the United States is that aftercare is critical to the successful outcomes of all programs" (Silverman & Creecha 1995, p. 79). Aftercare should be compulsory and easily accessible.

The area of commitment to school adds an academic issue that must be addressed in order to encourage commitment. It is two fold in that it deals with facilitating commitment during school and after school. If students do not feel accepted and competent in the school setting they may not attend. Silverman and Creechan (1995) claim that "in order to have successful school programs, one has to have highly motivated and highly trained teachers... in methods that specifically target high risk children" (p.47). New Beginnings could add to the credits of their teaching staff by adding trained volunteers. Volunteers should be used extensively in the agency school to facilitate one on one learning. In utilizing volunteers to the fullest extent, the school would be facilitating trust, positive relationships and learning thereby creating a path for commitment to education. Perhaps it is time for the educational system to put an end to the power struggle between teachers and students that dictates that students must

work independently. In this way we could use volunteers more appropriately on a one to one basis for academic support and guidance.

The Other Variables

Negative Peer Influence

Negative peer influence has long been a variable related to youth crime. The majority of adolescents involved in crime can also be linked to a negative peer group.

If an adolescent does not find interaction with parents rewarding, the norm of reciprocity will not be satisfied, and the adolescent would be unlikely to seek to enhance that relationship. Such an adolescent would then seek to establish relationships with compensating sources of gratification, especially peers" (Schneider & Younger, 1996, p.97).

Negative peer influence was also found to be strongly correlated with recidivism in this study. In fact, 66% of the subjects were linked to negative peer associations. Out of the 89 subjects who were scored as having negative peer influence, 49 (55%) recidivated after discharge. Out of the 45 who were scored as not having had peer influence only 13 (29%) recidivated. Therefore, there was a significant positive relationship between recidivism and negative peer influence.

As evidenced above, this relationship has been well documented in the literature as one of the most challenging attributes of youth crime. Dinges and Oetting (1993) explain the differential association theory. They explain that when adolescents have a greater number of friends who encourage and commit criminal acts, relative to friends who discourage and reject crime, they are more likely influenced towards accepting crime and are thus more likely to commit crime. Therefore, differential interaction with

primary interpersonal groups determine the extent of the exposure. This is why they advocate that prevention efforts should place an emphasis on early socialization factors and psychological development during childhood to influence the underlying psychosocial conditions that preset the stage for delinquency.

Warr (1993) discusses the important role that families play in neutralizing their adolescents' desire to join a negative peer group. Warr suggests that "the immediate pressure of peers on adolescents is so great that peer-induced pressures to violate the law can be overcome only by avoiding the company of delinquent peers altogether" (p. 259). This is why he suggests that weekend family time may have the greatest preventative effect on delinquency. Cullingford and Morrison (1997) acknowledge the issue of negative peers but also discuss the necessity of the peer group and the neutralizing effect of family and home life. Peer groups are inevitable and enable pupils to define themselves in certain terms. Friends are important because they offer support and security in times of need and they help an individual's sense of identity by reflecting, reinforcing and reciprocating valued aspects of life. Out of this argument they suggest that it is the falling away of the "official" system that leads to the strengthening of alternatives. However, they caution that association with delinquent peers does not always lead to criminality. "The influence of peers is mediated through the counter influences of home and family" (p. 78).

In conclusion, it appears that this is an area that deserves considerable attention from agencies trying to reduce recidivism rates because "as advocates of differential association are quick to point out, no variable is more strongly correlated with

delinquency than the number of delinquent friends an adolescent has, nor has any correlation been more frequently replicated in the delinquency literature" (Warr, 1993, p.262). Therefore, challenging negative peer influences is one of the most difficult tasks any institution that houses offenders has to deal with. There needs to be specific programs that target positive role modeling and self motivated thinking. A possible program that may work with young offenders is developing an extensive mentoring program fueled by positive role modeling volunteers. This could be a weekly program that has individuals spend quality time with offenders participating in activities that promote lawful behaviour and adolescent fun. Also, separating clients motivated to change from those not motivated, would help to eliminate the influence of negative peers within the facility. (This would also create an internal motivation to change). Finally, providing aftercare supports would give clients an alternative to seeking out the negative behaviours of their peers.

Learning Disabilities and Grade Obtainment

As mentioned previously, 17 out of 33 subjects coded as learning disabled (52%) were not successful in the program and even more disturbing, 75 out of 134 (56%) were not successful in MRT. Out of that 75, 70 (93%) were not in their appropriate grade level. These findings, although startling are not ground breaking. "Youth with learning disabilities and learning problems are overrepresented in the youth justice system" (Cohen, 1997, p.4) and this evidence is often overlooked when rehabilitative programs are implemented. MRT is a good example of this phenomenon.

MRT needs to be modified for adolescents who are trailing their non-offending peers in terms of grade obtained. The manual needs to be modified (rewritten) so that the concepts are simple and easily understood. MRT must adjust to its audience whether it be by modifying the concerns or adding more pictures to describe the content. It could also benefit by adding role playing and activities that focus on the message MRT is trying to instill in the program.

Finally, Otto and Atkinson (1997) emphasize the importance of parental involvement for the student's development. They assert that student misbehavior in school has been attributed to a lack of appropriate parental involvement (see recommendation 5 in Appendix L). The more a parent is connected to the child and the more they partake in discussion and regulate the school work, the better their test scores. They claim this is due to the variety of resources that the socialization arena of the family brings to the school experience.

MRT and the other variables

As the author has maintained above, MRT is very difficult to comprehend especially for subjects with learning disabilities. It presents itself as a difficult and challenging endeavor that does not readily identify itself as a program that young offenders can easily become committed to. Further, the academic level of MRT does not allow for individual differences. The guidelines are strictly adhered to and few exceptions are made. Consequently, reading level is not a factor which would eliminate subjects who may not be able to read or understand

abstract thoughts. This lack of adherence to individual needs further isolates subjects from wanting to commit to changing and participating in the program.

By not acknowledging individual needs, MRT does not provoke an internal commitment from the young offender. This is noteworthy because when commitment increases, recidivism decreases. It would seem then, if the program put more effort into obtaining a commitment from the youth or making conditions for commitment possible, success rates may increase. Indeed, the research on MRT asserts that the participants apply to be participants in the program, and therefore have an internal commitment to complete the program. Brame, Mackenzie, Waggoner and Robinson (1996) found that MRT participation was associated with lower risk of misconduct and recidivism among prison inmates that chose to participate in it.

Considering the fact that New Beginnings has two separate facilities, it is possible that a solution would be to have the program at one agency and have the clients choose to participate. In that way, if they are not serious, they would be returned to the other facility to complete their disposition (not to say the other facility would not have programming). This would also safeguard against other clients who do not wish to commit to the program and stop them from detaining or sabotaging the efforts of those who do wish to commit to the program.

MRT and the Literature on Successful Programming

Having looked at MRT more closely, we can now compare it to the literature on the strengths and limitations of successful rehabilitation programs;

specifically, the literature compiled by Gendreau and Ross (1979) and Antonowicz and Ross (1994). As mentioned previously, Gendreau and Ross (1979) developed a list of problem areas for ineffective programs. These programs are characterized by: reliance on a single method of intervention, reliance on a single outcome measure to assess success, the lack of understanding of individual differences within the correctional population, not offering enough treatment over an adequate length of time, and lack of interaction among agencies. Antonowicz and Ross (1994) further strengthened Gendreau and Ross' findings by developing six characteristics that are essential for the effectiveness of a program: a sound conceptual model, multifaceted programming, targeting 'criminogenic needs' (changing antisocial feelings), the responsivity principle (matching modes of service to abilities of offenders), role playing, modeling and social cognitive skills training.

Through examining these findings it is apparent that the first quality of an appropriate program is the need for multifaceted programming. As mentioned previously, New Beginnings needs to draw upon the literature more and advance their program into containing a more multifaceted approach. The program needs to focus more on individual needs and it needs to provide programming that deals with these needs. One example of how this could be done is through direct relations with the Adolescent Crisis Service (ACS). This is a program in the Essex County region that is mandated and funded by the Ontario Ministry of Community and Social Services to provide crisis services to adolescents and their

families. The ACS assesses the presenting issues and develops immediate intervention planing. ACS is run by professionals, it is confidential and it provides for up to 30 days of counseling. ACS is mandated as a short term counseling service but clients may re-open their file as many times as they would like. It is free of charge to members of the community. (Help for Youth, 1997).

This service would be specifically beneficial to New Beginnings because, as mentioned previously, it would provide an avenue for family counseling and/or individual counseling. The ACS deals with parent/adolescent conflict, serious relationship problems, suicide ideation and/or attempts, grief, depression, psychosis, counseling for physical, sexual and/or emotional abuse, drug/alcohol incidents and any acute problem or threat that is identified by the youth. As evidenced in this descriptio^o it is obvious that this program would be an excellent avenue for dealing with individual concerns, thus supplying the multifaceted programming needed by New Beginnings. This also leads into the next element needed for successful programming.

The next element that has been discussed as vital for successful programming is understanding individual needs and matching modes of programs to abilities of the offender. MRT falls short in this category because it does not meet the abilities of young offenders who are not in their appropriate grade level. First, it is very difficult to comprehend, especially for subjects with learning disabilities. Even if there was not a significant relationship between learning disability and recidivism, the numbers still show that an inappropriate number of subjects are learning disabled or not in the

appropriate grade level for their age. Not surprisingly, 17 out of 33 subjects coded as learning disabled (52%) were not successful in the program and even more disturbing, 75 out of 134 (56%) were not successful in MRT and out of that 75, 70 (93%) were not in their appropriate grade level. Therefore, MRT presents itself as a difficult and challenging endeavor that may not readily identify itself as a program that young offenders can easily become committed to. It would seem then that incorporating other modes of teaching MRT may be beneficial to some youth instead of assuming they are capable of reading and understanding the manual. This may be done through a designated staff or through volunteer MRT tutors from the community.

Other elements that Gendreau and Ross (1979) and Antonowicz and Ross (1994) mention as important for successful programming are: targeting criminogenic needs and an adequate disposition length in order to achieve enough treatment over time. The first element, targeting criminogenic needs, seems to be met by MRT. MRT's intention is to challenge and change criminogenic thinking to produce positive, moral and lawful behaviour. It is assumed that when a client is successful in the program there will be a parallel change in behaviour because their cognitions would have also changed, thus implying that they would now subscribe to the moral order of society and challenge hedonistic thoughts and/or influences (Little & Robinson, 1988, p. 135-136).

The other concern, which was a central issue of this thesis, is the connection between allotted amount of time for sentences and the amount of treatment they receive as per that sentence. We are aware that out of the 91

subjects who received a sentence of less than 51 days, 27 were successful in achieving Step 3 or higher (30%), and out of the 43 that received a sentence of 51 days or more, 32 achieved Step 3 or higher (74%). Interesting enough, 47% recidivated in the under 51 days category and 44% recidivated in the 51 days plus category. What is evident here is that when offenders have a longer time in the MRT program, and thus have potentially completed more steps, their chances of completing higher than Step 3 increases and their chances of recidivating decreases.

When they are subjected to shorter sentences they are not allotted sufficient time to complete the program. Therefore, MRT seems to be more suited for long term offenders. It is argued at this point, that 4 to 5 months would be an appropriate sentence for young offenders going into New Beginnings. This would allow the resident to have the opportunity to complete up to step 12 while still allowing for the possibilities of having to redo steps or dropping levels. Indeed, Mackenzie and Brame (1995) found that when they examined those individuals who possessed a complete set of start and termination dates and complete step information, the increased MRT steps exerted a suppression effect on both misconduct incidents and recidivism. "Offenders have shown that they can complete all 12 steps of MRT in as quickly as 10 -12 months of groups meetings" (booklet). MRT at New Beginnings does not take as long because it is part of a residential program.

Recognizing that sentence length and recidivism was not a significant finding, the author still wishes to examine this finding through the theory of Thomas Lengyel (1990). As mentioned in the introduction, Thomas Lengyel discussed the issue of considering the "type" of offender when trying to provide appropriate rehabilitative programs. Lengyel developed a preliminary typology for delinquents: one-time-only offenders, incidental offenders and repeat offenders. Repeat offenders are individuals with 10 or more charges who never display genuine, internally developed remorse for victims. "They see laws, rules, and social conventions as the creations of individuals, rather than as expressions of the general will" (p. 7). In contrast, Lengyel described incidental offenders as individuals with short offense histories who have anywhere from three to ten charges on their record. These individuals have a weak commitment to the normative order and can be persuaded to comply with supervision more easily than repeat offenders can. To obtain success then, rehabilitation would need to be slanted towards the needs of each group.

The subjects from the current study could also be divided along this typology and the effects of MRT could be assessed for each group. The criteria used for this was similar to, but not identical to, Lengyel's typology. One time offenders, those subjects with no criminal history, recidivated 25% after going through the program. Incidental offenders, those with 1 to 5 prior convictions, recidivated at a rate of 46% and repeat offenders, those with 6 to 12 prior convictions recidivated at a rate of 59%. According to Lengyel's theory, had

MRT successfully dealt with the needs of each typology, the success rate in the program would have increased significantly for each group and conveyed a significant negative relationship for each group. This is because MRT asserts that it is appropriate for all offenders.

Lengyel's theory would explain the findings of this thesis as being representative of the lack of target areas specific to each typology of offenders dealt with by MRT. Lengyel suggests that repeat offenders need to target specific family needs in order to be successful. This would take place through 1) early prevention (e.g. parental education) and 2) treatment through family systems approach (e.g. resocialization). This is a suggestion that also finds support with adolescents, "young people also say how important it is to have counseling programs for families as part of a young offender's rehabilitation" (Youth Consultation Initiative, 1997). This approach differs from the programs best suited for incidental offenders.

On the other hand, incidental offenders are more receptive to treatment programs such as restitution, mediation and home detention. "These "structured" tactics seem best suited to the cognitions and emotional logic of incidental offenders" (p.9). Therefore, whereas there may be some effect at this level from the MRT program, this group would be better served if other avenues of intervention could be incorporated with MRT. It is suggested that the discrepancy found at the 51 to 90 days sentence category and its effect of recidivism rates may be explained by this theory.

It would seem that young offenders sentenced for this time period would be incidental offenders (those with a history of priors, but not more than ten). As evidenced in the results, at this sentence length, both the treatment and control group increased their recidivism rates relative to the previous and sequential sentence length. It is suggested that this may be the consequence of neither agency providing this type of offender with the proper rehabilitative programs. As mentioned above, incidental offenders are more receptive to treatment programs such as restitution, mediation, conferencing and home detention. MRT only minimally addresses these treatment programs into its base. The clients are required to perform volunteer hours in the community and mediation may be done by a staff member when and if the charges are discussed. Therefore, as mentioned throughout this thesis, a revised program that includes MRT, restitution, family counseling and conferencing would create an arena of growth for the subjects participating in the program.

Another reason that the subjects at New Beginnings did not do well at this sentence length is because they did not have a long enough sentence to complete the program. The sentence that falls between 51 days to 90 days leaves the subject in the middle of the program and does not provide the option of completing the program. It is possible then, that MRT may be an appropriate treatment intervention for this type of offender, but offenders would need a sentence of at least 4 to 5 months to complete the program. However, until this

can be researched there are other avenues that may deal more effectively with one time or incidental offenders.

There is a new program developing across Canada that seems to benefit one time offenders. It may also be effective for incidental offenders if incorporated with MRT. Family group conferencing is an innovative community approach to juvenile crime and school misconduct. It is a process that brings victims, offenders and their respective families and friends together for a face-to-face meeting. Officers decide if the offender would be an appropriate participant and the youth must admit guilt in the crime (Bouwman, 1997). Charges are dropped against offenders who successfully complete the conference and agree to the restitution. In this way, the program allows youth to learn, in emotional terms, how they have affected other human beings, including their own family members (Stahr, 1997).

Professor John Braithwaite is credited with developing the theory behind the approach. He asserts that there are two kinds of shame: 1) stigmatic shame which integrates the moral bonds between the offender and the community; and 2) reintegrative shaming which strengthens the moral bonds between the offender and the community. By using reintegrative shaming the crime is condemned, not the criminal. It gives the offenders the opportunity to re-join their community as law abiding citizens (Shennan & Strang, 1997). In this way, the act is disproved, but the individual is still respected (Braithwaite, 1996). Schuler (1997), describes this theory as being instrumental in developing a "bold new brand of programs

which divert cases from court and engage ordinary citizens in a process of reintegrating criminals into community. Family conferencing is designed for young offenders and focuses on a process of shaming the young criminal" (p. 44).

The victims of crime also benefit from this program because conferences make victims feel safer and more involved in the process of punishing offenders and they are also more likely to receive an apology. Emotional reconciliation with the offender is considered by the victims to be far more important than material reparation. (Strang & Sherman, 1997). "If done correctly, restorative justice programs empower the victim and offender with control over the nature of the reparation, and they empower the personal communities to exercise informal social support and control of the process" (McCold & Wachtel, 1997, p. 6).

In concluding this section on successful programming, the author reminds the reader that, as mentioned earlier in the thesis, Silverman and Creechan (1995) also discussed in their report on delinquency and treatment for the Canadian government what elements are necessary for a successful program. MRT has been found to be lacking in these elements because it does not provide careful emphasis on reintegration and re-entry services, opportunities for youth achievement and program decision making, and it lacks diversity in forms of family and individual counseling (p. 35-36).

Rehabilitation Efforts and Prevention

When considering prevention we must first acknowledge the causes or correlates of delinquency. Research has provided academics and professionals

with many areas that need to be addressed when dealing with young offenders.

The literature consistently relates many aspects of family dysfunction to delinquent behaviour including: lack of supervision and rules, inconsistent discipline, lack of attachment, family conflict, instability, poor quality of home life, parental expectations and out of home placements (Shumaker, 1997).

Further, Segal and Stewart (1995) add "negative social (peer) influence, a high level of stresses, parental discord and parental drug abuse, personality disorders, failure to develop strong ties to social institutions and constitutional vulnerability" (p. 205). It would seem essential that a large array of these variables would be incorporated in any rehabilitative program targeted at the general population of offenders.

However, in an ideal world *prevention* would be the key to harmonious existence. Attacking the known correlates of delinquency early on in the developmental stages would help to eliminate the pain and suffering children endure before they choose a life of crime. Although we may not be able to prevent all forms of pain and suffering, research has discovered some interesting facts about prevention. "Research confirms that diminishing risks through supporting children is less costly in both human and financial terms than reacting after problems are manifested" (Cohen 1997, p.2). It may be that society and politicians need to reevaluate the existing laws governing child abuse. The parents are afforded several rights and many chances to prove their ability or lack of ability to parent. The question here is at who's expense? Keeping prevention

in mind, it may be appropriate to develop policies that would have these children removed from their homes earlier before the abuse produces long term effects. Overlooking prevention and waiting until a youth is subjected to MRT and other forms of treatment seems cruel when you remember the innocence of the child.

Limitations and Future Research

Having decided to sift through already collected data, the author was unable to measure and operationally define all variables related to crime. For example, alcohol and drug use have been found to have a relationship with delinquency (Dembo, Williams, Schmeidler, Wish, Getreu, & Berry, 1991; Little, Robinson, & Burnette, 1994) but, the information was not available in the files of the young offenders to measure it accurately. Further, had the researcher been able to operationally define other variables like parenting styles, personality disorders and severe child abuse the study would have been targeted more areas. Also, having had the data to measure the variables before and after discharge would have made the measures stronger. Future research needs to concentrate on adapting rehabilitative programs to young offenders already in the system while still addressing ways of preventing the correlates of delinquency from developing in early childhood.

References

- Adolescent Crisis Service. (1997). Help for youth in crisis (Brochure). Windsor, Ontario.
- Agnew, R. (1993). Why do they do it? An examination of intervening mechanisms between "social control" variables and delinquency. Journal of Research in Crime and Delinquency, 30, 245-266.
- Allan, E., & Steffensmeier, D. (1989). Youth, underemployment, and property crime: Differential effects of job availability and job quality on juvenile and young adult arrest rates. American Sociological Review, 54, 107-123.
- Agnew, R. (1995). Testing the leading crime theories: An alternative strategy focusing on motivational processes. Journal of Research in Crime and Delinquency, 32, 363-398.
- Andrews, D., Zinger, I., Hoge, R., & Bonta, J. (1990). Does correctional treatment work? A clinically relevant and psychologically informed meta-analysis. Criminology, 28, 369-404.
- Antonowicz, D., & Ross, R. (1994). Essential components of successful rehabilitation programs for offenders. International Journal of Offender Therapy and Comparative Criminology, 38, 97-104.
- Blakely, B., Stephenson, P., & Nichol, H. (1974). Social factors compared in a random sample of juvenile delinquents and controls. International Journal of Social Psychiatry, 20, 203-217.
- Booklet. Moral Reconciliation Therapy. <http://www.doc.state.ok.us/docs/booklet.htm>.
- Bouwman, J. (1997). Sparwood youth assistance program. Sparwood Home Page, <http://www.titanlink.com/-webs/DOS/syap.htm>. (pp. 1-14).
- Braithwaite, J. (1996). Restorative justice and a better future. Dorothy J. Killam Memorial Lecture. <http://www.realjustice.org/braithwaite.html>. (pp. 1-17).
- Brame, R., Mackenzie, D., Waggoner, A., & Robinson, K. (1996). MRT and problem behaviour in the Oklahoma department of corrections. <http://www.doc.state.ok.us/docs/ocjrc96/ocjrsc63.htm>.

Brownfield, D., & Thompson, K. (1995). Attachment to peers and delinquent behaviour. In J. Creechan & R. Silverman (Eds.), Canadian Delinquency (pp.181-191). Scarborough, ON: Prentice Hall.

Burton, V., Cullen, F., Evans, T., Dunaway, S., Kethineni, S., & Payne, G (1995). The impact of parental controls on delinquency. Journal of Criminal Justice, 21, 111-126.

Cantelon, S. L. (1994). Family strengthening for high risk youth, fact sheet #8 (On-line). Available: <http://www.ncjrs.org/txtfiles/fs-9408>.

Caputo, T. (1987). The Young Offenders Act: Children's rights, children's wrongs. Canadian Public Policy, 13, 125-143.

Chilcoat, H., Breslau, N., & Anthony, J. (1996). Potential barriers to parent monitoring: Social disadvantage, marital status, and maternal psychiatric disorder. Journal of the American Academy of Child and Adolescent Psychiatry, 35, 1573-1682.

Correctional Counseling Inc. (Staff). (1997). CCI's Cognitive-behavioural implementations: A menu of options. Cognitive-Behavioural Treatment Review & CCI News, 6 {1-2}, 1-3.

Clark, B., & O'Reilly-Fleming, T. (1993). From care to punishment: rehabilitating young offender programming in Ontario. In T. O'Reilly-Fleming & B. Clark (Eds.), Youth Injustice: Canadian Perspectives (pp. 189-213). Toronto: Canadian Scholars Press.

Cohen, S., M.P. (1997). Renewing youth justice: Thirteenth report of the standing committee on Justice and Legal Affairs. <http://www.parl.gc.jula-13-cov-e.html>. (pp. 1-87).

Cullingford, C., & Morrison, J. (1997). Peer group pressure within and outside school. British Educational Research Journal, 23, 61-80.

Dekovic, M., Noom, M., & Meeus, W. (1997). Expectations regarding development during adolescence: Parental and adolescent perceptions. Journal of Youth and Adolescence, 26, 25 -272.

Dembo, R., Williams, L., Schmeidler, J., Wish, E., Getreau, A., & Berry, E. (1991). Juvenile crime and drug abuse: a prospective study of high risk youth. Journal of Addictive Diseases, 11, 5-30.

Dinges, M., & Oetting, R. (1993). Similarity in drug use patterns between adolescents and their friends. Adolescence, 28, 253-266.

Doob, A., Marinos, V., & Varma, K. (1995). Youth crime and the youth justice system in Canada: A research perspective. Toronto: Centre of Criminology.

Dunham, R., & Alpert, G. (1987). Keeping juvenile delinquents in school: a predictive model. Adolescence, 22, 45-58.

Empey, L., & Stafford, M. (1991). American delinquency: Its meaning and constructions (3rd ed.). Los Angeles, CA: Wadsworth.

Fattah, E. (1991). Understanding criminal victimization. Scarborough, ON: Prentice-Hall.

Five-year MRT outcome data: Treated drug offenders show significantly less recidivism. (1993). QQgnitive-Behavioral Treatment Review & Correctional Counseling Inc. News, 2 (3), 1-2.

Foshee, V., & Bauman, K. E. (1992). Parental and peer characteristics as modifiers of the bond-behavior relationship: An elaboration of control theory. Journal of Health and Social Behavior, 33, 66-76.

Free, M.D. (1991a). Another look at the relationship between the broken home and juvenile delinquency. Society for the study of social problems, 1-27.

Free, M.D. (1991b). Clarifying the relationship between the broken home and juvenile delinquency: a critique of the current literature. Deviant Behavior, 12, 109-167.

Gendreau, P., & Ross, B. (1979). Effective correctional treatment: Bibliotherapy for cynics. Crime & Delinquency, 25, 463-489.

Gendreau, P., & Ross, R. (1993). Revivification of rehabilitation: Evidence from the 1980's. In T. O'Reilly-Fleming & B. Clark (Eds.), Youth injustice: Canadian perspectives (pp. 309-376). Toronto: Canadian Scholars Press.

Hagan, J., & Simpson, J. (1977). Ties that bind: Conformity and the social control of student discontent. Sociology and Social Research, 61, 520-538.

Hagell, A., & Newburn, J. (1996). Family and social contexts of adolescent re-offenders. Journal of Adolescence, 19, 5-18.

Hartnagel, T., & Tanner, J. (1986). Class, schooling and delinquency. In R. Silverman & J. Teevan (Eds.), Crime in Canadian society (pp. 157-168). Canada: Butterworth Group.

Rawdon, J. (1996). Deviant lifestyles: the social control of daily routines. Youth and Society, 28, 162-188.

Heimer, K. (1997). Socioeconomic status, subcultural definitions, and violent delinquency. Social Forces, 75, 799-833.

Hirschi, T. (1969). Causes of delinquency. Berkeley, CA: University of California Press.

Hirschi, T. (1977). Causes and prevention of juvenile delinquency. Social Inquiry, 3-4, 322-341.

Hirschi, T. (1994). Family. In The generality of deviance. T. Hirschi & M. Gottfredson (Eds.), (p. 47-69). New Brunswick, NJ: Transaction Publishers.

Hirschi, T. & Gottfredson (1994). The generality of deviance. New Brunswick, NJ: Transaction Publishers.

Hollin, C., & Swaffer, T. (1993). Social functioning and delinquency: a return to basics. Journal of Adolescence, 16, 205-210.

Holman, E., & Quinn, F. (1992). Criminology: Applying theory. St. Paul, MN: West.

Johnson, R., Su, S., Gerstein, D., Shin, H., & Hoffmann, J. (1995). Parental influences on deviant behavior in early adolescence: A logistic response analysis of age- and gender-differentiated effects. Journal of Quantitative Criminology, 11, 167-192.

Junger-Tas J. (1992). An empirical test of social control theory. Journal of Quantitative Criminology, 8, 9-28.

Lattimore, P., Witte, A., & Baker, J. (1990). Experimental assessment of the effect of vocational training on youthful property offenders. Evaluation Review, 14, 115-133.

Le Banc, M., & Caplan, A. (1993). Theoretical formalization, a necessity: The example of Hirschi's bonding theory. In F. Adler & W.S. Lauber (Eds.), New Directions in Criminological Theory Vol 4: Advances in Criminological Theory. New Brunswick, NJ: Transaction Books

Le Blanc, M. (1994). Family, school, delinquency and criminality, the predictive power of an elaborated social control theory for males. Criminal Behaviour and Mental Health 4, 101-117.

Lengyel, T. (1990). The construction of interpersonal relations in the thinking of delinquent youth. Wisconsin Sociologist, 27, 3-10.

Leslie, A. (1996). Doing good or doing justice: Ideology in the IDA and the YOA. In G. O'Bireck (Ed.), Not a kid anymore: Canadian youth, crime and subculture. Scarborough, ON: Nelson Canada.

Little, G., & Robinson, K. (1988). Moral reconnection therapy: A systematic step-by-step treatment system for treatment resistant clients. Psychological Reports, 62, 135-151.

Little, G., & Robinson, K. (1989a). Effects of moral reconnection therapy upon moral reasoning, life purpose, and recidivism among drug and alcohol offenders. Psychological Reports, 64, 83-90.

Little, G., & Robinson, K. (1989b). Relationship of DUI recidivism to moral reasoning, sensation seeking, and MacAndrew alcoholism scores. Psychological Reports, 65, 1171-1179.

Little, G., & Robinson, K. (1989c). Treating drunk drivers with moral reconnection therapy: A one-year recidivism report. Psychological Reports, 64, 960-962.

Little, G., & Robinson, K. (1991). Reducing recidivism by changing how inmates think: The systematic approach of moral reconnection therapy. American Jails.

Little, G., & Robinson, K. (1986). How to escape your prison. A moral reconnection therapy workbook. Memphis, TN: Eagle Wing Books.

Little, G., Robinson, K., & Burnette, K. (1990). Treating drunk drivers with moral reconnection therapy: A two-year recidivism study. Psychological Reports, 66, 1379-1387.

Little, G., Robinson, K., Burnette, K. (1991a). Treating drunk drivers with moral reconnection therapy: A three-year report. Psychological Reports, 69, 953-954.

Little, G., Robinson, K., & Burnette, K. (1991b). Treating drug offenders with moral reconnection therapy: A three-year recidivism report. Psychological Reports, *69*, 1151-1154.

Little, G., Robinson, K., & Burnette, K. (1992). Cognitive-behavioral treatment for offenders: The successful approach of moral reconnection therapy. ARCA Journal.

Little, G., Robinson, K., & Burnette, K. (1993). Cognitive-behavioral treatment of felony drug offenders: A five-year recidivism report. Psychological Reports, *73*, 1089-1090.

Little, G., Robinson, K., & Burnette, K. (1994). Treating offenders with cognitive-behavioral therapy: 5-year recidivism outcome data on MRT. Cognitive-Behavioral Treatment Review, *3*, 1-2.

Little, G., Robinson, K., Burnette, K., & Swan, S. (1996). Review of outcome data with MRT: Seven year recidivism results. Cognitive-Behavioral Treatment Review, 1-7.

Lyerly, R., & Skipper, J. (1981). Differential rates of rural-urban delinquency: A social control approach. Criminology, *19*, 385-399.

Mackenzie, D., & Brame, R. (1995). MRT and problem behavior in the Oklahoma department of corrections, <http://www.doc.state.ok.us/docs/ocjrc95/950725h.htm>.

Matsueda, R., & Heimer, K. (1987). Race, family structure, and delinquency: A test of differential association and social control theories. American Sociological Review, *52*, 826-840.

McCarthy, B., & Hagan, J. (1992). Mean streets: The theoretical significance of situational delinquency among homeless youths. American Journal of Sociology, *98*, 597-627.

Montgomery, I., & Landon, M. (1994). What works: effective delinquency prevention and treatment programs, fact sheet# 20 (On-line). Available: <http://www.ncjrs.org/txtfiles/fs-9420>.

Otto, L., & Atkinson, M. (1997). Parental involvement and adolescent development. Journal of Adolescent Research, *12*, 68-89.

Ouimet, M., & LeBlanc, M. (1996). The role of life experiences in the continuation of the adult criminal career. Criminal Behaviour and Mental Health, 6, 73-97.

Petry, J., & Kenney, G. (1993). Project About Face Evaluation Report (6th ed.). Bureau of Educational Research Services, College of Education, Memphis State University.

Petry, J. & Kenney, G. (1995). Juvenile offenders in boot camps & MRT: project about face evaluation. Cognitive-Behavioural Treatment Review & Correctional Counseling Inc. Review, 4, 1-16.

Petry, J., Kenney, G., & Bowman, H. (1992). Reducing recidivism in juvenile offenders: project about face's educational impact. Memphis State University: Bureau of Educational Research Services. (ERIC Document Reproduction Services No. ED 361-644).

Rankin, J., & Kem, R. (1994). Parental attachments and delinquency. Criminology, 32, 495-515.

Rankin J., & Wells, L. (1990). The effects of parental attachments and direct controls on delinquency. Journal of Research in Crime and Delinquency, 27, 140-165.

Robinson, K. (1994). Breaking out of the prison cycle. Business Perspectives: The Bureau of Business and Economic Research, 7, 24-30.

Robinson, K., Little, G., & Burnette, K. (1993). MRT and character development: Systematic cognitive-behavioral approaches for offenders. Cognitive-Behavioral Treatment Review, 2, 1-4.

Schneider, B., & Younger, A. (1996). Adolescent-parent attachment and adolescent relations with their peers: A closer look. Youth and Society, 28, 95-108.

Schuler, C. (September, 1997). Young & ashamed. Homemaker's Magazine, 41-48.

Segal, B., & Stewart, J. (1995). Substance use and abuse in adolescence. Child Psychiatry and Human Development, 26, 193-208.

Seydlitz, R. (1990). The effects of gender, age and parental attachment on delinquency: A test for interactions. Sociological Spectrum, 10, 209-225.

Shavit, Y., & Rattner, A. (1988). Age, crime and the early life course. American Journal of Sociology, 93, 1457-1470.

Sherman, L., & Strang, H. (1997). The right kind of shame for crime and prevention. RISE Working Papers: Paper No. 1, <http://ba048864.aic.gov.aullinks/rise/risepap1.html>. (pp. 1-5).

Shoemaker, D. (1990). Theories of delinquency. An examination of explanations of delinquent behavior (2nd ed.). New York: Oxford University Press.

Shoemaker, D., & Gardner, R. (1988). Social bonding, age and delinquency: further evidence. National Taiwan University Journal of Sociology, 19, 195-212.

Shumaker, A. (1997). Preventing juvenile delinquency through early family intervention. Journal of Family Social Work, 2, 73-85.

Silverman, R., & Creechan, J. (1995). Delinquency treatment and intervention. (Report #2, the youth justice education partnership research series). Department of Sociology, University of Alberta.

Sokol-Katz, J. S. (1996). The relationship between parental attachment and family structure and deviant behavior: A test of the social control theory. UMI Dissertation Services. Arbor, MI: A Bell and Rowel Company.

Stahr, J. (1997). City finds new way for juvenile offenders to make restitution. Community Policing Exchange, <http://communitypolicing.org/exchange/E12STAHR.HTM>. (pp. 1-3).

Start your own business with a student venture loan. (1997). Create your own summer job! Loans of up to \$3000. (Brochure).

Steiner, P. (1994). Delinquency prevention, fact sheet #6 (On-line). Available: [ht://www.ncjrs.org/txtfiles/fs-9406](http://www.ncjrs.org/txtfiles/fs-9406).

St. Pierre, T., & Kaltreider, L. (1997). Strategies for involving parents of high-risk youth in drug prevention: A three-year longitudinal study in boys & girls clubs. Journal of Community Psychology, 25, 473-485.

Sue, D., Sue, D., & Sue, S. (1990). Understanding Abnormal Behavior (3rd ed.). Boston, MA: Houghton Mifflin.

Tanner, J. (1996). Teenage troubles: Youth and deviance in Canada. Scarborough, ON: Nelson Canada.

Tracy, R., Wolfgang, M., & Figlio, R. (1990). Delinquency careers in two birth cohorts. Spring Street, NY: Plenum.

Towberman, D. (1994). Psychosocial antecedents of chronic delinquency. Journal of Offender Rehabilitation, 21, 151-164.

Warr, M. (1993). Parents, peers and delinquency. Social Forces, 72, 247-264.

Weiss, K. Wozner, Y., & Teichman, M. (1994). Institutional treatment for juvenile delinquents: 2000 offenders after three years. Journal of Offender Rehabilitation, 21, 183-202.

Wiatrowski, M., Griswold, D., & Roberts, M. K. (1981). Social control theory and delinquency. American Sociological Review, 46, 525-541.

Williams III, F., & McShane, M. (1988). Criminological theory. Unglued, NJ: Prentice Hall.

Wright, R., Buzzell, T., Wright, S., & Gay, F. (1994). Promoting cognitive development among young offenders through pre-trial intervention. Journal of Offender Rehabilitation, 21, 203-219.

Young Canada Works. (1997). Summer jobs for students and internships for graduates. (Brochure). Canadian Heritage, Youth employment strategy.

Youth Consultation Initiative. (1997). Young people say: Final Report. National Crime Prevention Council.

Appendix A

RESIDENT DISCHARGE

NAME : _____ D. O. B. : _____

C.I.N. : _____ HEALTH CARD# : _____

ADHISSION: _____ DISCHARGE: _____

TOTAL SENTENCE AT NEW BEGINNINGS : _____

PRIMARY WORKER: _____ PROBATION OFFICER : _____

TYPE OF RELEASE (CHECK ONE):

[] TERHINATION OF WARRANT

[] REVIEW OF DISPOSITION

[] TRANSFER TO:

[] ESCAPE CUSTODY _____

DISCHARGE ADDRESS

PARENTS ADDRESS

PHONE : _____

PHONE : _____

OTHER CONTACTS : _____

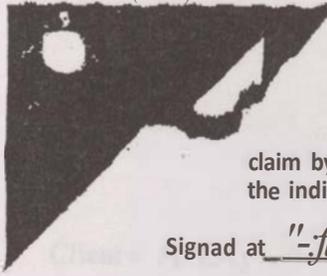
LENGTH OF PRE-RELEASE: _____ , _____

PENDING CHARGES: Y[] JN[] COURT DATE: _____

HRT STEP COMPLETED: _____ LEVEL: _____

MA F97(iHU) 15:58 OFF PROG BRANCH

072 P03 NOV 10 '97 03:00
TEL:105 494 3364 P. 003



claim by an Individual with respect to the inappropriate release by the researchGr of the individual's personal information in contrevntion of this agreement or otherwise.

Signad at "-ft5/Jw Lu, this ay of 10/11/97, 19J.J.-

Sionature of Researcher

Signature of Director of Young Offender Operations

Jammy biochamps

Paul Fleming

Addf9SS

Name of Ministry

75 Parc Lane
LaSalle, Ont
N9S 1W3

SOLICITOR GENERAL & CORRECTIONAL SERVICES

Telephone No. 1-519-978-3871

Address

Telephone No. _____

Appendix C

TREATMENT GROUP

Client # (1-134)

Data

- | | | |
|------------------------------------|------------------|-------------------------------|
| 1. Attachment to parents | Negative | Positive |
| 2. Extensive record | No | # of prior convictions_ |
| 3. Sentence length | less than 60d. | +61 d. |
| 4. Learning disability | Yes | No |
| 5. MRT Step Achieved | Step achieved __ | Successful __ Not __ |
| 6. Commitment before incarceration | Yes | No |
| 7. Commitment after incarceration | Yes | No |
| 8. Recidivism | No Recidivism | First 6 months After 6 months |
| 9. Negative Peer influence | Yes | No |
| 10. Age at time of sentence | _____ | |

Assessment Check Sheet

Negative Attachment

- does not live with parents
- parents are not legal guardians
- crownward
- client or PDR defines as negative or abusive relationship
- not discharged to parent's residence
- temporary releases with another guardian, not parents
- lived with parents before custody
- discharged to parents
- occasional visits while in custody, telephone calls
- some temporary releases with parents
- indicated very little support as documented in file
- parent/shave a drug or alcohol problem, criminal record
- does not know who father or mother is, no contact
- does not get along with remaining parent

Positive Attachment

- lives with parent/s, discharged to parent's residence
- regular phone calls, visits, temporary releases
- defined as positive in files
- positive relationship with one parent

Commitment before custody

- enrolled in school, attending regularly
- employed legally, attending regularly

Commitment after custody

- enrolled in school after discharge, attending regularly
- obtained legal employment after discharge, attending regularly

Negative Peer Influence

- mentioned in files, described as follower
- started crime due to negative peer group
- had a co-accused
- gang member
- indicated on LSIOR (Appendix F)

Discharge Date: _____

Date 6 months later: _____

Codebook

<i>Variable Name</i>	<i>Variable Number</i>	<i>Description</i>	<i>Codes</i>
Attachment to Significant Other	01	Positive/Negative	0= negative 1= positive
Commitment after custody	02	Register/attending school or lawful employment after discharge.	0=no commitment 1= commitment after discharge
Negative Peer Influence	03	Described as a follower in file/committed with peers.	0=no influence 1=neg. Influence
MRT Moral Reconciliation Therapy	04	Completed MRT step upon discharge.	0= no step 1= Steps 1 and 2 2= Steps 3 through 6 3= Steps 7 through 12
Criminal Record	05	Number of prior convictions	0= No record 1= 1 to 2 priors 2= 3 to 5 priors 3= 6 to 12 priors
Length of Sentence	06	Length of disposition	1= 1 to 20 days 2= 21 to 50 days 3= 51 to 390 days
Recidivism	07	Re-offending after discharge	0= no recidivism 1= 1 new conviction 2= 2 new convictions 3= 3 to 7 new convictions
Age	08	Age at time of Disposition	1= 16 to 17 yrs. 2= 18 to 19 yrs. 3= 20 + years
Learning Disability	09	Indicated in file	0=no disability 1= disability
Appropriate Grade	10	Grade obtained at time of sentence	0= not in appropriate grade 1= appropriate grade for age of subject

Freedom of Information (F.O.I.) Notice: This personal information is being collected under the authority of Section 5 of the Ministry of Corrections/ Services Act (RSO 1990, Chapter M.22) and may be used for the purposes of UNASment, classification and program placement during this and future periods of community supervision/ incarceration. Questions about the collection of this information should be directed to the Probation and Parole Officer, Area Manager, or Superintendent.

Given Name	OVS Client Number	Status
Birthdate	YY MM DD	<input type="checkbox"/> Youth <input type="checkbox"/> Adult
Setting	Sources of Information	<input type="checkbox"/> Male <input type="checkbox"/> Female
Context: Community <input type="checkbox"/> PSR/PDR <input type="checkbox"/> Parole Intake <input type="checkbox"/> Probation Intake <input type="checkbox"/> P&P Reassessment	Institution <input type="checkbox"/> Classification <input type="checkbox"/> Internal Program <input type="checkbox"/> Community Release <input type="checkbox"/> Reclassification <input type="checkbox"/> Parole Hearing	Youth <input type="checkbox"/> Secure Custody <input type="checkbox"/> Open Custody

A. GENERAL RISK/NEED FACTORS

1. CRIMINAL HISTORY
 - 1 Any prior y.o. dispositions (number=) or adult dispositions (number=)
 - 2 Two or more prior adult/youth dispositions
 - 3 Three or more prior adult/youth dispositions
 - 4 Three or more present offences (number=)
 - 5 Arrested or charged under age 15
 - 6 Ever incarcerated upon adjudication
 - 7 Ever punished for institutional misconduct/behaviour report (number=)
 - 8 Charge laid, probation breached or parole suspended during prior community supervision
 - Subtotal Strength _
- EDUCATION/EMPLOYMENT
 - 9 Currently unemployed
 - 10 Frequently unemployed
 - 11 Never employed for full year
 - 12 Less than regular grade 10 or equivalent
 - 13 Less than regular grade 12 or equivalent
 - 14 Suspended or expelled at least once
 - 15 Participation/Performance ()
 - 16 Peer Interactions ()
 - 17 Authority Interactions ()
 - Subtotal Strength _
3. FAMILY/RELATIVES
 - 18 Dissatisfaction with marital or equivalent situation ()
 - 19 Nonrewarding, parental ()
 - 20 Nonrewarding, other relatives ()
 - 21 Criminal - Family/Spouse
 - Subtotal Strength _
4. LEISURE/RECREATION
 - 22 No recent participation in an organized activity
 - 23 Could make better use of time ()
 - Subtotal Strength _
5. COMPANIONS
 - 24 Some criminal acquaintances
 - 25 Some criminal friends
 - 26 No anti-criminal acquaintances
 - 27 No anti-criminal friends ()
 - Subtotal Strength _

6. PROCRIMINAL ATTITUDE/ORIENTATION
 - 28 Supportive of crime ()
 - 29 Unfavourable toward convention ()
 - Poor, toward sentence/offence
 - 31 Poor, toward supervision/treatment
 - Subtotal Strength _
7. SUBSTANCE ABUSE
 - 32 Alcohol problem, ever
 - 33 Drug problem, ever
 - 34 Alcohol problem, currently ()
 - 35 Drug problem, currently ()
 - 36 Law violations
 - 37 Marital/Family
 - 38 School/Work
 - 39 Medical or other clinical indicators
 - Subtotal Strength _
8. ANTISOCIAL PATTERN
 - 40 Specialized assessment for Antisocial pattern
 - 41 Early and diverse antisocial behaviour: Arrested/charged under age 16 (Items __), plus at least one of:
 - a) official record of assault/violence ()
 - b) escape history
 - c) charge laid, probation breached or parole suspended during prior community supervision (Item 8 __J)
 - 42 Criminal attitude. At least one of (Item 28 __), (Item 29 __J), (Item 31 __)
 - 43 A pattern of generalized trouble. At least four of: Financial problems, 3 or more address changes (), (Item 11 __), (Item 12 __), (Item 14 __), (Item 19 __), (Item 23 __), (Item 27 __J)
 - Subtotal Strength _

B. SPECIFIC RISK/NEED FACTORS

1. PERSONAL PROBLEMS WITH CRIMINOGENIC POTENTIAL
 - 1 Clear problems of compliance (specific conditions)
 - 2 Diagnosis of "psychopathy"
 - 3 Diagnosis of other personality disorder
 - 4 Threat from third party
 - 5 Problem-solving/self-management skill deficits
 - 6 Anger management deficits
 - 7 Intimidating/Controlling
 - 8 Inappropriate sexual activity
 - 9 Poor social skills
 - 10 Peers outside age range
 - 11 Racist/sexist behaviour
 - 12 Underachievement
 - 13 Outstanding charges
 - 14 Other (specify) _____
2. HISTORY OF PERPETRATION
 - 1 Sexual assault (extrafamilial)
 - 2 Sexual assault (intrafamilial)
 - 3 Physical assault (extrafamilial)
 - 4 Physical assault (intrafamilial)
 - 5 Assault on an authority figure
 - 6 Weapon use
 - 7 Fire setting
 - 8 Escapes/UAL
 - 9 Impaired Driving

C. PRISON EXPERIENCE: INSTITUTIONAL FACTORS

- 1 Last classification maximum
- 2 Last classification medium
- 3 Last classification minimum
- 4 Protective custody
- 5 Treatment recommended/ordered
- 6 Misconduct/Behaviour Report current incarceration (number=)
- 7 Administrative segregation
- 8 Security management concerns
- 9 Past federal penitentiary

A-one ~~ck~~ *F* *COY* ⁺

D. RISK/NEED SUMMARY

Total LSI-OR Score .. (From Section A) Total Strengths ___ (From Section A) Specific risk/need factors ___ (From Section B)

Summary of strengths (Positives: reasons for lowering security/supervision or releasing clients, From Section A)

Summary of added concerns (Negatives: reasons for increasing security/supervision or not releasing clients, From Sections B & C)

E. RISK/NEED PROFILE

Very High									30+	Very High
High	7-8			4	4		4		20-29	High
Medium	5-6	8-9	3-4	2	3	3	6-8	2-3	11-19	Medium
Low	3-4	3-7	1-2	1	1-2	1-2	2-5	1	5-10	Low
Very Low	0-2	0-2	0	0	0	0	0-1	0	0-4	Very Low
Risk Category	Crim. Hist.	Employ. Educ.	Fam. Mar.	Leis.: Rec.	Comp.	Prφcr.j Attit.	Subs. Abuse	Antisoc. Pattern	Total (Section A)	Override: Yes No

F. OTHER CLIENT ISSUES

1. SOCIAL, HEALTH, AND MENTAL HEALTH

- 1 Financial problems
 - 2 Homeless or transient
 - 3 Accommodation problems
 - 4 Health problems
 - 5 Depressed
 - 6 Physical disability
 - 7 Low self-esteem
 - 8 Shy/withdrawn
 - 9 Diagnosis of psychosis
 - 10 Suicide attempts/threat
 - 11 Learning disability
 - 12 Other evidence of emotional distress (Specify) _____
 - 13 Immigration issues
 - 14 Victim: family violence
 - 15 Victim: physical assault
 - 16 Victim: sexual assault
 - 17 Victim: emotional abuse
 - 18 Victim of neglect
 - 19 Other (specify) _____
- 2. BARRIER TO RELEASE**
- 1 Community supervision inappropriate (Specify reason) _____

G. SPECIAL RESPONSIVITY CONSIDERATIONS

- 1 Motivation as a barrier
- 2 Engages in denial/minimization
- 3 Interpersonally anxious
- 4 Cultural Issues
- 5 Ethnicity Issues
- 6 Low intelligence
- 7 Communication barriers
- 8 other (specify) ◆◆-----

H. PROGRAM/PLACEMENT DECISION

Type of Decision	Recommendation/Decision			Program/Institutional Placement
<input checked="" type="radio"/> Institution, Secure/Open Custody:	<input checked="" type="radio"/> Minimum	<input type="radio"/> Medium	<input type="radio"/> Maximum	
<input checked="" type="radio"/> Release Recommendation:	<input type="radio"/> Yes	<input checked="" type="radio"/> No		
<input checked="" type="radio"/> Community:	<input type="radio"/> Minimum	<input type="radio"/> Moderate	<input type="radio"/> Maximum	

Comments

Assessor's Name Assessor's Position Assessor's Signature OD MM yy

◆◆ement Decision

Explanation (if different from above)

Authorizing Name Authorizing Position Authorizing Signature OD MM yy



Ontario Ministry of the Solicitor General and Correctional Services

Probation and Parole Services
880 Ouellette Avenue, 5th Floor
Windsor, Ontario, N9A 1C7
(519) 254-3291

Appendix H

BACKGROUND INFORMATION FORM

Notice to Probationers and Parolees - Pursuant to Section 39(1) - Freedom of Information and Protection of Privacy Act - This Personal Information is collected under the authority of Section 5 of the Ministry of Correctional Services Act (RSO 1990: Chapter M.22) for the purposes of administering court orders or other lawful dispositions. This information may be used for such purposes as assessment, health care, classification, supervision, transfer, program placement, enforcement of probation and parole orders, program development, research, and the prevention of crime during this and future periods of community supervision or incarceration. Questions about the collection or personal information may be directed to your Probation and/or Parole Officer.

PLEASE COMPLETE "ALL" QUESTIONS AS FULLY AND ACCURATELY AS POSSIBLE.

Do you wish to receive services in French?
YES: [] NO: []

Desirez-vous recevoir des services en français?
Out: [] NON: []

PERSONAL DATA:

Name: _____ Age: _____
LASTNAME FIRST NAME MIDDLE

If married, what was your maiden name?: _____ Alias Name(s): _____

DATE OF BIRTH: Day: ___ Month: --- Year: --- MALE: []; FEMALE: []

City of Birth: _____ Country: _____ Citizenship: _____

Date Entered Canada: _____ Point of Entry: _____

Language(s) spoken: English: []; French: []; Other: _____ Interpreter Needed: Yes []; No []

Marital Status: Common-Law: []; Divorced: []; Married: []; Separated: []; Single: []; Widow(er): []

Effective Date of Marital Status: Day: _____ Month: _____ Year: _____

Number of Dependent(s): Children(s): --- Adult(s): --- Your Religion: _____

Native Person: Status: []; Non-Status: []; Band Number: _____

PRESENT ADDRESS: _____
Number and Street Apartment Number

_____ City Province Postal Code

Telephone: ()__- _____ Date you moved to this address: Day: ___ Month: --- Year: ---

Mailing address (if different): _____

Who do you live with?: _____

How many places have you lived in the past 12 months?: _____

Do you: own: []; rent: []; pay room and board: [] Amount: \$ _____

Do you have any plans to move? Yes: []; No: [] If yes when?: _____

If yes where do you plan to move?: _____

FAMILY BACKGROUND {CONTINUED}:

Has there been any: Physical Abuse: []; Alcohol Abuse: []; or Drug Abuse: [] in your family?

Who are you closest to in your family?: _____

Have you ever had any major problems in your family such as: Death of a parent, sister or brother: [];

Alcoholism: []; Nervous Breakdown: []; Serious Medical Problem: []; Financial Problems: [];

Other: _____

As you were growing up, how were you disciplined?: _____

Names of brothers and sisters	Date of Birth	Address	Occupation/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

{Please use other side for additional information}

Names of Stepbrothers/Stepsisters	Date of Birth	Address	Occupation/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

{Please use other side for additional information}

Has anyone in your family ever been involved with Children's Aid?: Yes: []; No: []

Whom?: _____

Has anyone else helped to raise you?: Yes: []; No: []

Whom?: _____

Have you ever been in a: Group Home?: []; Foster Home?: []; Treatment Centre?: []

Where?: _____ When?: _____

LEISURE/RECREATIONAL ACTIVITIES:

What are your hobbies or interests?: _____

Do you belong to any clubs or organizations?: Yes: []; No: []

Who are some of your friends?: _____

.J,



EDUCATION:

Elementary School(s) attended: _____

High School(s): _____

Present Grade/Course: _____ Last Grade Fully Completed: _____

Reason for leaving school: _____

Were you ever suspended?: Yes: [] No: []

Reason(s): _____

Have you ever been in an opportunity/remedial reading class?: Yes: [] No: []

Where?: _____

Did you experience problems in school?: Yes: [] No: [] i.e. Fighting: [] Problems with teachers: []

Problems with other students: [] Truancy: [] Other: _____

Do you have any future educational goals? Yes: [] No: [] _____

Other education: Upgrading: [] Correspondence Course: [] Other: _____

Date(s) attended: _____ Course of Study: _____

EMPLOYMENT AND FINANCIAL STATUS:

Current Employer: _____ Supervisor: _____

Address: _____ Telephone: () ___ - ___ ;Ext#: ___

Date Hired: Day: ___ Month: ___ Year: ___ Full Time: [] Part Time: [] Seasonal: []

Wages: \$ ___ per ____, Any other sources of income?: Unemployment Insurance: []

Welfare: [] Pension: [] Allowance: [] Other: _____

Can employer be contacted?: Yes: [] No: [] Have you ever been fired?: Yes: [] No: []

Names of previous employer(s) Date(s) hired Reason for Leaving

Do you have any debts?: Yes: [] No: [] _____

Do you have any future employment goals?: Yes: [] No: [] _____

FAMILY BACKGROUND (CONTINUED):

Has there been any: Physical Abuse: []; Alcohol Abuse: []; or Drug Abuse: [] in your family?

Who are you closest to in your family?: _____

Have you ever had any major problems in your family such as: Death of a parent, sister or brother: [];
Alcoholism: []; Nervous Breakdown: []; Serious Medical Problem: []; Financial Problems: [];

Other: _____

As you were growing up, how were you disciplined?: _____

Names of brothers and sisters	Date of Birth	Address	Occupation/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please use other side for additional information)

Names of Stepbrothers/Stepsisters	Date of Birth	Address	Occupation/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please use other side for additional information)

Has anyone in your family ever been involved with Children's Aid?: Yes: []; No: []

Whom?: _____

Has anyone else helped to raise you?: Yes: []; No: []

Whom?: _____

Have you ever been in a: Group Home?: []; Foster Home?: []; Treatment Centre?: []

Where?: _____ When?: _____

LEISURE/RECREATIONAL ACTIVITIES:

What are your hobbies or interests?: _____

Do you belong to any clubs or organizations?: Yes: []; No: []

Who are some of your friends?: _____

PHYSICAL DESCRIPTION (Please use appropriate code from the following table) ...

HEIGHT: __ WEIGHT: __ BUILD: MEDIUM (M); SLENDER (S); HEAVY (H)

SKIN COLOUR: <input type="checkbox"/> BLACK (BK); <input type="checkbox"/> BROWN (BR); <input type="checkbox"/> DARK (DA); <input type="checkbox"/> FAIR (FA); <input type="checkbox"/> PALE (PA); <input type="checkbox"/> RUDDY (RU)	RACE: <input type="checkbox"/> ABORIGINAL - INDIAN, METIS, INUIT (AI) <input type="checkbox"/> ARAB & WEST ASIAN (AR) <input type="checkbox"/> BLACK (NE) <input type="checkbox"/> EAST INDIAN & SOUTH ASIAN (EI) <input type="checkbox"/> ORIENTAL-EAST & SOUTHEAST ASIA (OR) <input type="checkbox"/> OTHER RACIAL MINORITY (OT) <input type="checkbox"/> WHITE (CA)
---	--

EYE COLOUR: <input type="checkbox"/> BLUE (BL); <input type="checkbox"/> BROWN (BR); <input type="checkbox"/> GREEN (GR); <input type="checkbox"/> GREY (GY); <input type="checkbox"/> HAZEL (HA); <input type="checkbox"/> PINK (PK);	GLASSES: <input type="checkbox"/> CONTACT LENSES (C); <input type="checkbox"/> NO (N); <input type="checkbox"/> YES (Y);
---	--

HAIR COLOUR: <input type="checkbox"/> BLACK (BK); <input type="checkbox"/> BLONDE (BD); <input type="checkbox"/> DBROWN(DB); <input type="checkbox"/> GREY (GY); <input type="checkbox"/> LBROWN(LB); <input type="checkbox"/> OTHER (OT); <input type="checkbox"/> PGREY (PG); <input type="checkbox"/> RED (RE); <input type="checkbox"/> WHITE (WH);	HAIR STYLE: <input type="checkbox"/> CURLY (CU); <input type="checkbox"/> OTHER (OT); <input type="checkbox"/> STRAIGHT(ST); <input type="checkbox"/> WAVY (WA);	HAIR LENGTH: <input type="checkbox"/> BALD (BA); <input type="checkbox"/> BRUSH (BR); <input type="checkbox"/> LONG (LO); <input type="checkbox"/> PART BALD (PB); <input type="checkbox"/> SHORT (SH); <input type="checkbox"/> TOUPE (TO);	FACIAL HAIR: <input type="checkbox"/> BEARD LONG (BL); <input type="checkbox"/> BEARD AND MUSTACHE (BM); <input type="checkbox"/> BEARD SHORT (BS); <input type="checkbox"/> GOATEE (GT); <input type="checkbox"/> MUSTACHE (MT); <input type="checkbox"/> NO FACIAL HAIR (NH); <input type="checkbox"/> SIDE BURNS (SB);
---	---	---	---

MARKS AND SCARS: (Please choose "TYPES" from this table.)
 BIRTH MARK (DM); BURN(S) (BU); CARVING(S) (CA); NEEDLE MARKS (NM);
 PHYSICAL IMPAIRMENT (PI); PROSTHESIS (PT); SCAR(S) (SC);
 SURGICAL OPERATION (SO); TATTOO (TT)

LOCATION	TYPE	DESCRIPTION
i.e.: Left Ann	Tattoo	Skull
1	1 1	
2		
3		
4		
5		

(Please use other side for more information)

COURT/INVESTIGATION INVOLVEMENT:

What did you do to become involved with the Courts/Police at this time? _____

Have you ever been involved with the Courts before? YES [] . NO []

If so, what were your charges? _____

Have you ever been involved with the Bail Supervision Program? YES [] NO []

Have you ever been on Probation before? YES [] NO []

When you were on Probation, did you commit any further offences? YES [] NO []

Have you ever been involved in a Diversion or Alternative Measures Program? YES [] NO []

Have you ever been in custody? YES [] NO []

If so, did you have any problems while you were in custody? YES [] NO []

If yes, what kind of problems? _____

Do you have any other charges that you have not yet been sentenced on? YES [] NO []

If yes, what is/are the charge(s)? _____

Have any of your family members or friends ever been involved with the Courts? YES [] NO []

Who? _____

COMPLETE FOR PRESENTENCE/PREDISPOSITION REQUESTS ONLY

How would you feel about being placed on Probation? _____

How would you feel about doing Community Service Work? _____

How would you feel about paying a fine or restitution? _____

How would you feel about helping your victim(s)? _____

What are your feelings towards your victim(s)? _____

MINISTRY OF CORRECTIONAL SERVICES ACT - Section 10 - Confidentiality States:

Every person employed in the administration of the Ministry of Correctional Services Act, including any person making an inspection, investigation or inquiry under this Act, shall preserve secrecy in respect of all matters that come to his/her knowledge in the course of his/her duties, employment, inspection, investigation or inquiry and shall not communicate any such matters to any other person except:

- (a) as may be required in connection with the administration of this Act, the Parole Act (Canada), the Penitentiary Act (Canada), the Prisons and Reformatories Act (Canada), the Young Offenders Act (Canada), the Provincial Offences Act or the Criminal Code (Canada) or the regulations thereunder;
- (b) to the Ombudsman of Ontario or Correctional Investigator of Canada;
- (c) in statistical form if the person's name or identify is not revealed therein;
- (d) with the approval of the Minister.

I have read or been read the Freedom of Information Disclosure on Page 1 and the Confidentiality disclosure on Page 7 and I understand the contents.

Client's Signature: _____ Witnessed by: _____

Probation/Parole Officer

Date: _____

New Beginnings

Information found in a Progress Report and/or Final Report:

Date of birth name, sentence length, admission date, discharge date

Goals and Objectives

General Behaviour in program

Progress on Goals/Did client achieve goals

MRT Step, MRT level

How did client respond to program life skills

Did client attend school, grade level community or agency school

Relationship with parent/s, siblings

Employment opportunities

Medical, legal information

Other Agency contact

Discharge Plans

Pending Charges, recommended for Open Custody?

Discharge Plans

Community Resources ex. Teen health center, psychologist

Relationship with peers

Example of Completed Progress Report:

PROGRESS REPORT

John Doe

Nov. 26, 1996

Admission:

Primary Worker:

Discharge:

Youth Worker: (Probation Officer)

CIN: (client identification number)

General Behaviour:

John Doe's behaviour at New Beginnings has fluctuated from negative to positive. When he first arrived he was non-compliant and suicidal on several occasions. He easily became the victim of other residents' aggression and at times he instigated this conflict by refusing to remove himself from the situation.

John Doe has struggled immensely in his quest to exhibit acceptable behaviour. However, after much tribulation he did succeed in demonstrating to staff that he is capable of positive behaviour. This change in behaviour can be attributed to several factors including: medication prescribed by a medical doctor, ameliorated relationships with his family, staff's support and John's own desire to change his life. In the last part of his stay John managed to achieve level 3 and Step IO in MRT which directly paralleled his ability to follow staff directives. He also successfully completed 5 school credits.

Reports:

<u>Date</u>	<u>Nature of Report</u>
June 5th - 6th	Suicide Watch
June 9th - 10th	Suicide Watch
July 24th - 30th	Suicide Watch
October 3rd - 10th	Suicide Watch

* **Please note:** John was placed on suicide watch several times at the beginnings of his stay due to his inability to cope. He was very concerned and depressed about his family's inability to communicate and the distention between them that he felt responsible for. He quickly reverted to comments about self mutilation or harm when he felt overwhelmed.

Doe.....2

Reports Continued

<u>Date</u>	<u>Nature of Report</u>
September 3rd, 15th and 17th.	Suspected of Smoking in a Non-designated area
September 6th	Verbal Confrontation with another resident
August 24th	On going threatening behaviour towards staff
September 3rd	Verbal Outburst/Physical altercation with staff
September 6th	Near altercation with another resident * <i>instigated by other resident</i>
	Threats towards other residents
September 9th	Calling another resident "goof"
September 16th	Assaulted by another resident
September 21 st	Calling another resident "goof, and trying to encourage physical altercation
October 2nd	Verbal altercation with another resident
October 17th	Verbal altercation with another resident

Relationship with Peers:

John has not been well received by his peers. His inability to relate, his desire to interact with staff and his quick temper are all factors that have inhibited him forming acceptable relationships with his peers. The friction between John and his peers was further aggravated by John's refusal to walk away from being teased and his need to call the other residents "goof". However, John has put a lot of effort into handling this type of altercation differently and in the last month has not had issues with his peers.

Relationship with Family:

When John first arrived at New Beginnings he had several issues with his family. He was caught in the middle of the tension between his parents and his maternal grandparents. John did not help the situation because he too was skilled at manipulating both sides. However, during the middle of his stay there seemed to be a reconciliation between the family members that directly paralleled John's attempt to improve his behaviour. Both the parents and grandparents have remained very supportive of John during his stay and both have telephoned and visited weekly. John is also very close to his younger sister and baby brother.

Relationship with Staff:

When John first arrived at New Beginnings his anger was immediately turned towards staff. He blamed staff for his consequences and struggled with recognizing his own part in the issue. When John becomes angry he becomes verbally and physically aggressive and it was this behaviour that led him to push a staff member. John later understands that this behaviour is unacceptable, but he still has trouble controlling his lashing out.

John sought attention from staff constantly during his stay. He responded very well to positive reinforcement and was always looking for approval from staff. He was compliant and enjoyed joking around with staff. However, at times John became confused about where to draw the line and sometimes made inappropriate comments or carried his self-defined humour too far. He also had a problem controlling his desire for staff's attention during crisis situations. John does not yet possess the ability to control his own needs during times of tension or crisis that do not involve him.

Education:

John attended the agency school during his stay at New Beginnings. John has managed to complete 2 credits during the last 3 months. He has completed Grade 10 basic History and Grade 10 basic Geography. He has worked hard and has had no major behavioural concerns at school, save an inability to concentrate at times. John is easily distracted by other happenings in the classroom and therefore needs to learn to focus on his own work and not concern himself with issues that do not involve him. John wrote the entrance exam for PASS (Public Alternative Secondary School) and is now on the waiting list. There is a possibility that Century High School will accept him if he does well at PASS.

Doe..... 3

Relationship with Family:

When John first arrived at New Beginnings he had several issues with his family. He was caught in the middle of the tension between his parents and his maternal grandparents. John did not help the situation because he too was skilled at manipulating both sides. However, during the middle of his stay there seemed to be a reconciliation between the family members that directly paralleled John's attempt to improve his behaviour. Both the parents and grandparents have remained very supportive of John during his stay and both have telephoned and visited weekly. John is also very close to his younger sister and baby brother.

Relationship with Staff:

When John first arrived at New Beginnings his anger was immediately turned towards staff. He blamed staff for his consequences and struggled with recognizing his own part in the issue. When John becomes angry he becomes verbally and physically aggressive and it was this behaviour that led him to push a staff member. John later understands that this behaviour is unacceptable, but he still has trouble controlling his lashing out.

John sought attention from staff constantly during his stay. He responded very well to positive reinforcement and was always looking for approval from staff. He was compliant and enjoyed joking around with staff. However, at times John became confused about where to draw the line and sometimes made inappropriate comments or carried his self-defined humour too far. He also had a problem controlling his desire for staff's attention during crisis situations. John does not yet possess the ability to control his own needs during times of tension or crisis that do not involve him.

Education:

John attended the agency school during his stay at New Beginnings. John has managed to complete 2 credits during the last 3 months. He has completed Grade 10 basic History and Grade 10 basic Geography. He has worked hard and has had no major behavioural concerns at school, save an inability to concentrate at times. John is easily distracted by other happenings in the classroom and therefore needs to learn to focus on his own work and not concern himself with issues that do not involve him. John wrote the entrance exam for PASS (Public Alternative Secondary School) and is now on the waiting list. There is a possibility that Century High School will accept him if he does well at PASS.

Doe.....4

Temporary Releases:

John has not had any issues with following the conditions on his temporary releases. His parents were always willing to escort him and were also responsible in making sure the conditions were followed.

Goals and Progress:

John was very successful in meeting his goals. He attended and completed Anger Management at the John Howard Society and Drug and Alcohol Counseling at the Teen Health Center. He also attended the agency school daily and completed 2 credits. Due to these efforts he is now on a waiting list to attend PASS.

He worked very hard at MRT and managed to achieve level 3 and Step 10. He accepted when he had to re-do steps and worked hard at trying again. He learned to walk away from negative situations and became more acceptive of the rules and expectations placed upon him.

Recommendation:

Although John struggled during the beginning of his stay he has made exceptional progress overall. He has proven that he is capable of following the rules of the program and capable of doing what is right. His only major obstacle at this point seems to be his inability to control immediate self gratification. John needs to find other ways of entertaining himself rather than relying on others. He needs to be responsible for himself and not be so dependent on adults for guidance. He must keep working on not using negative behaviour to get the attention he seeks.

In conclusion, it is recommended that John be granted this review. He has worked very hard in the program as well as at the agency school. He has managed to improve his behaviour and has very supportive parents and grandparents awaiting his return. This review would afford John the chance to attend community school and possibly obtain part time employment. New Beginnings supports this review.

Primary Worker

Residential Counselor (Part-Time)

Appendix J



Ministry of the Solicitor General and Correctional Services / Ministère du Solliciteur général et des Services correctionnels

Young Offender's Plan of Care / Plan de Surveillance des jeunes contrevenants

(Shaded sections for use with disposition/detention under 30 days / Utilisez les sections ombragées pour décision/detention moins de 30 jours)

Birth Date / Date de naissance dij mmm yya		Offender Management System Client Number / N° de dossier du Système de gestion de l'information sur les contrevenants		Disposition / Date de la décision dij mmm yya		Date of admission / Date d'admission dij mmm yya		Discharge Date / Date de libération dij mmm yya		Remand Date / Date de renvoi dij mmm yya			
Last Name / Nom Given / Prénom		Birth Date / Date de naissance dij mmm yya		Age / Age		Disposition / Date de la décision dij mmm yya		Date of admission / Date d'admission dij mmm yya		Discharge Date / Date de libération dij mmm yya		Remand Date / Date de renvoi dij mmm yya	
Parent(s)/Guardian(s) Name / Nom des parents/du (des) tuteur(s)						Office / Bureau							
Address / Adresse						Telephone Number / Numéro de téléphone							
Telephone Number / Numéro de téléphone						Youth Supervisor / (Institution Liaison Officer or Residential Liaison Officer) / Superviseur du (de la) jeune contrevenant(e) / agent de liaison de l'institution ou agent de liaison de la résidence.							
Admitting Facility Name / Nom de l'établissement						Office / Bureau							
Address / Adresse						Telephone Number / Numéro de téléphone							
Disposition / Date de la décision dij mmm yya						Case Manager (Primary Worker) / Gerant du dossier (Travailleur social principal)							
Transferred In From / Transféré(e) de:						Case Manager (Social Worker or Director) / Coordinateur du dossier (travailleur social ou directeur)							
Previous Plan of Care Reviewed / Plan de Surveillance ultérieur revu D Yes/Oui D No/Non				Previous Plan of Care Amended / Plan de Surveillance ultérieur modifié D Yes/Oui D No/Non				Sources Of Information / Sources d'information					
Individuals Attending Plan of Care Meeting / Personnes présentes à la réunion ayant trait au Plan de Surveillance						Plan of Care Completed Date / Date à laquelle le Plan de Surveillance est terminé dij mmm yya							
						Next Review Date / Date de la prochaine révision dij mmm yya							

Program Assessment Information/Renseignements quant à l'évaluation du Programme

Education / Éducation Level Achieved / Niveau atteint Previous School (Institution, Community) / École précédente (institution/communauté)		Attending School / Fréquente l'école Yes / Oui No / Non		Employed / Employé Yes / Oui No / Non Part Time / Temps partiel Job Searching / Cherche un emploi Job Training / Formation en vue d'un emploi	
Address / Adresse		Employer's Name / Nom de l'employeur			
Contact Person / Personne contact		Address / Adresse			
Telephone Number / Numéro de téléphone		Contact Person / Personne contact		Telephone No. / N° de téléphone	
Current School / École actuelle		Job Training Program / Programme de formation en vue d'un emploi			
Address / Adresse		Address / Adresse			
Contact Person / Personne contact		Contact Person / Personne contact			
Telephone Number / Numéro de téléphone		Telephone Number / Numéro de téléphone			

(2)

Assessment/Treatment Reports Available (Medical, Psychiatric, Psychological, Youth Management Assessment- List available reports (dates), brief synopsis and/or reference to information. May attach relevant reports and/or summaries)

Rapports d'évaluation et de traitement sont disponibles (medical, psychiatrique, psychologique, évaluation de l'administration du (de la) jeune contrevenant(e) - faire la liste des rapports disponibles (dates), brefs sommaires et/ou référence à l'information. Rapports pertinents et sommaires peuvent être joints)

Behavioural Information/Information ayant Trait au Comportement

Previous Response to Supervision (Custody/ Community)
 Relation ultérieure vis-à-vis la surveillance (garde/communauté)

Progress from Previous Plan of Care (if applicable)
 Progrès accompli depuis le Plan de Surveillance précédent (le cas échéant)

General Behaviour/Response to Program/
 Comportement général/reaction au Programme

Relationship with Family/Significant Others/
 Rapports avec la famille/autres personnes influentes

(3)

Relationship with Staff/
Rapports avec le personnel

Relationship with Peers/
Rapports avec les pairs

Plan of Care Goals/Objectifs du Plan de Surveillance

Identified Strengths and Needs/
Identifier les points forts et les besoins

Goals of Young Person/Objectifs du (de la) Jeune contrevenant(e) <i>(Long Term and Short Term)/(long terme et court terme)</i>	Means of Achieving Goals/Moyens d'atteindre ces objectifs <i>(Include any Target Dates and Community Referrals)/(y compris dates cibles et les envois dans la communauté)</i>

(4)

Discharge Plan (Related Goals Should Be Noted in Previous Section)
 Plan de libération (Les objectifs s'y rapportant doivent être notés dans la case précédente)

Comments of Young Person/
 Observations du (de la) jeune contrevenant(e)

Individuals Involved in Plan of Care - Name(s)/
 Personnes Impliquées dans le Plan de Surveillance

Positions (if applicable)/
 Postes (le cas échéant)

Case Manager (Primary Worker)/
 Gérant du dossier (travailleur principal)

Signature

Date
 dl mm y/a

Case Co-Ordinator (Social Worker or Director)/
 Coordonnateur du dossier (travailleur social ou directeur)

Signature

Date
 dl m/m y/a

Young Offender Acknowledgement:
 I have been involved in the development of my Plan of care and I have had the opportunity to give input into my goals. I understand these goals and am committed to work towards them.

Attestation du (de la) Jeune contrevenant(a):
 J'ai participé à l'élaboration de mon Plan de Surveillance et j'ai eu la possibilité de donner mon avis sur mes objectifs. Je comprends ces objectifs et je m'engage à travailler vers leur réalisation.

Young Offender's Name/
 Nom du (de la) Jeune contrevenant(e)

Signature

Date
 dl m/m y/a

Young Offender Information is subject to the "Maintenance and Use of Records" provisions of the Young Offenders Act. Les renseignements qui se rapportent aux Jeunes contrevenants sont traités selon les dispositions du chapitre sur le maintien et l'utilisation des dossiers de la Loi ayant trait aux Jeunes contrevenants.
 Destruction of Records must be in accordance with Section 45 of the Young Offenders Act. La destruction des dossiers doit être conforme avec la section 45 de la Loi aux Jeunes contrevenants.
 Distribution: Original - File/Dossier
 Copy - Young Offender/copie - Jeune contrevenant(e)

Plan of Care Goals/Objectifs du Plan de Surveillance

Goals of Young Person/Objectifs du (de la) Jeune contrevenant(e) (Long Term and Short Term)(Long terme et court terme)	Means of Achieving Goals/Moyens pour rrlaliser ces objectifs	
<p>Discharge Plan (Related Goals Should be Noted Above)/Plan de liblratioo (les objectifs qui s'y rapportent doivent lire notlis ci-dessus)</p>		
<p>Young Person's Comments/Commentaires du (de la) Jeune contrevenant(e)</p>		
<p>Individuals Involved In Plan of Care Update - Name(s)/ Noms des personnes Impliquelles dans la mise Ajour du Plan de Surveillance</p>		<p>Positions (if applicable)/Postes (le cas f/c/Jfant)</p>
<p>Case Manager (Prime Worker)/Giltrant du dossier (travailleur principal)</p>	<p>Signallre</p>	<p>Date d m m ya</p>
<p>Case Co-Ordinator (Social Worker or Oirector)/Coordonnateur du dossier (travailleur social ou directeur)</p>	<p>Signallre</p>	<p>Date d m m ya</p>
<p>Young Offend« Acknowledgement: I have bNn involved in the development of my Plan of Cart and I have had the opportunity to give Input Into my goals. I underatand theM goal* and aarN lo work toward* achlevina them.</p>		<p>Dec:larallon du (de la) Jeune contrevenant(e): J'al partiel> i r"aborallon de mon Plan de Surveillance et fal au la poulbillt, d'y In8'rer m. . obfectifa. Je compranda ee que aoni e n obfectifa et Je aulia d'accord d, travailler en vue de 1 . accomDlir.</p>
<p>Young Offender's Name/Norn du (de la) Jeune contrevenant(e)</p>	<p>Signature</p>	<p>Date d m m ya </p>

You, g Offender Information is s u b ♦ D the ?;aintenance and Use of Reax:Js- proylsons of the YCLM Offenders Act.
Les renseignements qui se rapportent auxjeunes contrevenants sent traites selon les dEPOS:ions du clentid sur "le maintien et utilisation des dossiers" de la Loi ayant trait aux jeunes contrevenants

Distribution: Original - FilerBOSS;et
 Copy - Young OHender/loopie - Jeune contrevenant(e)

Appendix K

WEEKLY CASENOTE REPORT

HAHE:	DATED FROM:	LEVEL:
CIN:	DATED TO:	STEP:
ADMISSION:	P. i.:	
DISCHARGE:	I. r.:	POINTS:
TARGETED GOALS		EFFORTS IN ACHIEVING GOALS
1.		1.
2.		2.
3.		3.
BEHAVIOURAL/RULE ISSUES		ACTION TAKEN BY STAFF
1.		1.
2.		2.
3.		3.

1. INTERPERSONAL SKILLS

A. with STAFF:

B. with PEERS:

2. FAMILY/SIGNIFICANT OTHERS:

3. COMPLIANCE WITH R.R. CONDITIONS (Rote Visit Follow-up Call):

4. GENERAL HEALTH & HTGIEHE:

5. REVISIONS to PLAN OF CARE:

6. SCHEDULE/EMPLOYMENT:

7. REQUESTS/RECOMMENDATIONS:

Recommendations

Recommendation # 1

New Beginnings needs to draw upon the literature more and advance their program into containing a more multifaceted approach. The program needs to focus more on individual needs and it needs to provide programming that deals with these needs. One example of how this could be done is through direct relations with the Adolescent Crisis Service (ACS). This is a program in the Essex County region that is mandated and funded by the Ontario Ministry of Community and Social Services to provide crisis services to adolescents and their families. The ACS assesses the presenting issues and develops immediate intervention planning. ACS is run by professionals, it is confidential and it provides for up to 30 days of counseling. There is not limit on the amount of contacts made with ACS and it is free of charge to members of the community. (Help For Youth, 1997).

This service would be specifically beneficial to New Beginnings because it would provide an avenue for family counseling and/or individual counseling. The ACS deals with parent/adolescent conflict, serious relationship problems, suicide ideation and/or attempts, grief, depression, psychosis, counseling for physical, sexual and/or emotional abuse, drug/alcohol incidents and any acute problem or threat that is identified by the youth. As evident in this description

then, it is obvious that this program would be an excellent avenue for dealing with individual concerns.

Recommendation #2

When sentencing young offenders to open custodies judges need to take into account the time need to complete the program. Clients of New Beginnings need at least 4 to 5 months to complete the program. This would enable them the opportunity to achieve up to Step 12 while still allowing for potential set backs in step achieved and/or level. However, until this is researched, there are other program additives that may benefit MRT. For example, New Beginnings should consider making family conferencing part of its program, especially for one time only offenders or incidental offenders.

Family group conferencing is an innovative community approach to juvenile crime and school misconduct. It is a process that brings victims, offenders and their respective families and friends together for a fact-to-face meeting. Officers decide if the offender would be an appropriate participant and the youth must admit guilt in the crime (Bouwman, 1997). Charges are dropped against offenders who successfully complete the conference and agree to and complete the restitution. In this way, the programs allows youth to learn, in emotional terms, how they have affected other human beings, including their own family members (Stahr, 1997).

Professor John Braithwaite is credited with developing the theory behind the approach. He asserts that there are 2 kinds of shame 1) stigmatizing shame which integrates the moral bonds between the offender and the community and 2) reintegrative shaming which strengthens the moral bonds between the offender and the community. By using reintegrative shaming the crime is condemned, not the criminal. It gives the offenders the opportunity to re-join their community as law abiding citizens. (Sherman & Strang, 1997). In this way, the act is disapproved of, but the individual is still respected (Braithwaite, 1996). Schuler (1997) describes this theory as being instrumental in developing a "bold new brand of programs which divert cases from court and engage ordinary citizens in a process of reintegrating criminals into community. Family conferencing is designed for young offenders and focuses on a process of shaming the young criminal", (p. 44).

The victims of crime also benefit from this program because conferences make victims feel safer and more involved in the process of punishing offenders and they are also more likely to receive an apology. Emotional reconciliation with the offender is considered by the victims to be far more important than material reparation (Strang & Sherman, 1997). "If done correctly, restorative justice programs empower the victim and offender with control over the nature of the reparation, and they empower the personal communities to exercise informal social support and control of the process" (McCold & Wachtel, 1997, p. 6).

Recommendation #3

New Beginnings must take hold of the abundance of literature that directly relates lack of family cohesiveness and lack of significant familial relationships to crime and recidivism. "Antisocial children typically come from multiproblem families characterized by financial and housing problems, unemployment, conflict and violence, parental criminality, substance abuse, and inconsistent and incompetent parenting practices" (Cohen, 1997, p.1).

With this knowledge, it seems only appropriate that New Beginnings adds parenting groups, family counseling, parental skills training and parenting programs to the MRT foundation. This additive should be two fold. First, it should target young offenders as parents. It is all too often that offenders in care are either 1) awaiting the birth of a baby or 2) already have a child existing in the community. Therefore, it is essential to promote the production of healthy children and prepare fathers for the job of parenting. Further, there is a need to help strengthen family and ensure a bond between family and community. (Silverman & Creechan, 1995). "We have no hesitation in suggesting programs that guide teenage "morns-to-be" into appropriate care of fetus. Dollars invested at this stage will save many more dollars in care of the offspring in later years" (p. 64).

Secondly, there must be programming developed within the rehabilitative program at New Beginnings that targets the rehabilitation of attachment to significant other. The author notes two suggestions 1) again, the Adolescent Crisis Service would be

an ideal candidate for helping to provide individual and family counseling for young offenders and their families and 2) New Beginnings could further add to its program by going back to the developers of MRT and starting a parent group that utilizes their new manual on parenting. *Parenting and Family Values* is a 12 session open ended MRT based group program that provides a highly unique perspective to teaching and inculcating parenting values and appropriate behaviors. (CCI Staff, 1997).

If neither of these opportunities are used, at the very least, New Beginnings needs to offer parenting programs that deal with parenting skills, appropriate consequencing and coping mechanisms. This could be run by a staff member with the appropriate training, resources in the community or a volunteer willing to research the area. It is essential that New Beginnings plays a more active role in approaching and recruiting parents into programs that will help develop their relationships with their children.

Acknowledging that not all parents are easily attracted to parenting programs and that some parents and adolescents may not wish to actively pursue the relationship, the author suggests two recommendations for this occurrence. The first has to do with still trying to reach these parents and the second has to do with teaching coping skills to these adolescents through mentoring. St. Pierre and Kaltreider (1997) acknowledge that involving parents of high-risk youth in community-based intervention is extremely challenging. The authors accepted this challenge and devised a longitudinal study that examined the parents that

participated in the Family Advocacy Network. From this study the authors assert six strategies for recruiting and retaining parents of high-risk youth in parenting programs:

- 1) Identify the right person to lead the program,
- 2) clearly convey the purpose of the program,
- 3) build relationships of mutual trust, respect and equality,
- 4) create parent ownership and group bonding,
- 5) provide easy access, incentives, and reminders and,
- 6) be flexible but persistent (pp. 478-482).

It would seem then, that this target group may be accessed by meshing the above strategies into the parenting program. Therefore, New Beginnings' task is to find an individual who is a dynamic individual qualified and educated in this area who is willing to specifically target and encourage this parenting population.

However, these efforts are not guaranteed and there will still be parents who do not wish to work with New Beginnings and/or their children, for that fact there may be adolescents who want nothing to do with their parents. In these cases it would seem that teaching coping skills and providing positive role modeling may be the only avenues that New Beginnings may provide. The ACS could be useful for counseling and teaching coping skills and New Beginnings could use a volunteer program intensely with this population to provide the mentoring aspect. Mentors should be screened and trained to deal with young offenders with rejection and abandonment issues and they should be cognizant of the role that they would be taking with the youth.

Recommendation #4

With the intention of promoting school and employment, New Beginnings needs to develop programs that are specifically geared towards obtaining employment and success in school. New Beginnings needs to facilitate a direct link between their clients and The Youth and Employment Services program that is offered free of charge to members of the community. Further, New Beginnings needs to develop and promote an ***Aftercare program*** that would help discharged young offenders obtain housing (if needed), continue to work on relationships with parents, encourage maintaining commitment to employment and/or school and providing a safety-net to help prevent relapse into crime. "One of the lessons learned from the programs in the United States is that aftercare is critical to the successful outcomes of all programs" (Silverman & Creechan, 1995, p. 79).

Again, the ACS could be of help in this endeavor. Conferences between New Beginnings and ACS could develop and promote counseling that supported and encouraged maintaining the commitments that were set up at New Beginnings before discharge. Further, the sole responsibility of one staff at New Beginnings should be contacting and working with clients in preparing them for commitment after discharge. This could entail encouraging them to enroll in school, guiding the completion of resumes and helping the young offender to distribute the resumes and prepare for the interviews. A committee could also be created to set up the policies and procedures for

the staff and help the staff facilitate integration for the clients. For example, the committee would help facilitate setting up "safety-nets,, in the community such as contact with the ACS or developing a mentor program that would select volunteers to maintain contact with the client and promote law abiding behaviour.

Recommendation #5

Encourage parents, within the developed parenting programs, to become involved in their child's academic career. If they are not comfortable with this because of their own concerns with academics New Beginnings could have tutors as part of the aftercare program. The Windsor Library has a literacy program available that is free to the community; therefore, it would be beneficial to set up a direct link with this program. Also, Silverman and Creechan (1995) claim that "in order to have successful school programs, one has to have highly motivated and highly trained teachers.... in methods that specifically target high risk children" (p.47). The author asserts that there could also be success in this area with the use of trained and motivated volunteers. Volunteers could be used extensively in the agency school. Perhaps it is time to end the power struggle that dictates that students must work independently. In this way we could use volunteers more appropriately on a one to one basis for academic support and guidance.

Recommendation #6

1) MRT needs to be modified for adolescents who are trailing their non-offending peers in terms of grade obtained. The manual needs to be modified (rewritten) so that the concepts are simple and easily understood. MRT must adjust to its audience whether it be by modifying the concerns or adding more pictures to describe the content. It could also benefit by adding role playing and activities that focus on the message MRT is trying to instill in the program.

2) Considering the fact that New Beginnings has two separate facilities, it is possible that a solution would be to have the program at one agency and have the clients choose to participate. In that way, if they are not serious, they would be returned to the other facility to complete their disposition. This would also safeguard against other clients who do not wish to commit to the program and stop them from detaining or sabotaging the efforts of those who do wish to commit to the program.

Recommendation #7

Challenging negative peer influences is one of the most difficult tasks any institution that houses offenders has to deal with. There needs to be specific programs that target positive role modeling and self-motivated thinking. A possible program that may work with young offenders is developing an extensive mentoring program fueled by positive role model volunteers. This could be a weekly program that has individuals

spend quality time with offenders participating in activities that promote lawful behaviour and adolescent fun.

Also, as mentioned above, separating clients motivated to change would help to eliminate the influence of negative peers within the facility and providing aftercare supports would give clients an alternative to seeking out the behaviours of their peers.

Vita Auctoris

Tammy Lynn Deschamps was born in Windsor, Ontario on September 24, 1970. She attended St. Joseph Elementary School and Sandwich Secondary High School in LaSalle, Ontario. Tammy received many bursaries in her graduating year.

Tammy entered the University of Windsor to study the French language. In her second year she transferred to register in a combined honours program. In June of 1994, Tammy graduated with a combined Honours Degree in Criminology and Psychology. Tammy also received recognition from her Aboriginal peers in the Anishnabe Graduation Ceremony in 1994.

In the graduate program Tammy was employed as a graduate assistant for different professors. She has worked as a Customs Officer and volunteered for many organizations. She is currently working with young offenders and the Children's Aid Society. Tammy will graduate with her Bachelor of Social Work Degree in December of 1998.