A Historical Review of the Treatment of Juvenile Delinquents

Hansen
A HISTORICAL REVIEW OF
THE TREATMENT OF
JUVENILE DELINQUENTS

by
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Lorenz Hansen
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INTRODUCTION TO JUVENILE DELINQUENCY

Despite the great attention it is receiving today, Johnson\(^1\) (1959) pointed out that juvenile delinquency is not a new social phenomenon—although there can be little doubt that certain forms of delinquency are aggravated by current changes in the structure of society. Johnson further indicated that delinquency has always been with us, as would be indicated by the Egyptian priest, who wrote six thousand years ago, "...children no longer obey their parents."

According to Glueck and Glueck\(^2\) (1934), juvenile delinquency is basically a legal concept, defined in different ways in different times and places. In our culture, the term juvenile delinquency is generally applied to children under eighteen who exhibit behavior which is punishable by law. About sixty percent commit their first offense before they are ten years old.

Glueck and Glueck\(^3\) (1950) pointed out that most forms of delinquency may be viewed as resulting from a failure to acquire socially acceptable responses; a failure to learn the moral and

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ethical standards of the child's culture. In some instances, 
the failure may be related to unique problems in the child's 
psychological development which prevent him from becoming properly 
socialized or developing an adequate superego. The largest pockets 
of delinquency come from deteriorating neighborhoods, near the 
center of the city, characterized by economic deprivation, rapid 
population turnover, and general social disorganization.

Lundin⁴ (1965), in a similar way, indicated that in delinquent 
and criminal personalities we observe individuals who have developed 
behavior which inhibits them from adjusting to their cultural 
surroundings. Usually what is defined as delinquent behavior is 
a matter of designation by law. From a psychological standpoint, 
delinquents have developed patterns of behaving which are non-
conforming and operate without regard for the rights and privileges 
of others. It is entirely possible for a delinquent's behavior to be approved by the particular group within which he operated, 
but the same behavior acts as an inconvenience or actually causes 
harm for others in the wider community. Delinquency represents 
developmental defects which are largely the results of improper 
training in the standards demanded by society.

The term "juvenile delinquent" is described by the United States

⁴Lundin, Robert W., Principles of Psychotherapy. Columbus, 
Government as an extremely vague designation for those persons not yet legally adults who have been found by the legal establishment to have not been in accordance with some state or community statute. The upper age limit of juveniles varies from state to state, from sixteen to twenty. A new federal law may have an effect on state's statutes. The acts committed may be crimes for which adults could be found guilty, or which would apply only to youth, such as truancy, incorrigibility or waywardness. Each state and community has its own statutes. According to the Uniform Crime Report, in Michigan, a delinquent is defined as "...any child under the age of eighteen who violates any city or village ordinance, or is incorrigible, or knowingly associates with thieves, vicious or immoral persons."

Under these guidelines, a youth can be interned by the state for the remainder of his minority, in any approved state or private institution for offenses varying from murder to curfew violation. According to the 1963 Uniform Crime Report it has been estimated that one boy in five will appear in court at least once between the ages of ten and seventeen years. This rate has increased each year since. It remains obvious that not all of these young people are institutionalized.

Amos and Wellford (1967), stated that "...this past genera-
tion has produced a steadily growing army of delinquents" and there is an increasing concern over what is regarded as "...the alienation of the young." Juvenile delinquency is increasing now in sections of our society that were formerly relatively untouched and untroubled. It is becoming increasingly more difficult for society to shrug its shoulders in complacent disregard of the problem as one safely confined to the disadvantaged areas of our big cities. Delinquency is no longer something that happens only "across the tracks," but is steadily increasing in middle-class America and more economically advantaged areas of large and small, poor and well-to-do communities.

The dramatic impact of life in the changing period from childhood into adulthood is such that many young people develop feelings of resentment and conceptions of self that lead to, rather than away from, criminal careers. For a great many juvenile offenders, these early experiences result in a hardening of delinquent attitudes that makes it increasingly difficult for them to change the direction of their development.

Doing something about delinquency means that the public and the larger community from which crime springs has decided to do something that may have quite serious consequences regarding our traditional affairs and private interests. The juvenile delinquent we collectively frown upon may involve our own personal and social relations. The general public clings to views about delinquency which are false and self-defeating. Narrow views, such as blaming the environment only, or the individual, or the
peers, or the upbringing, cannot be totally the cause of delinquency. By doing so, the patterns of treatment and prevention, reflecting as they do these fallacious notions, are also self-defeating.

To deal effectively with delinquency is not alone to find a new formula or to reveal secret unknown facts, but mainly to make use of what is already known. There are trends toward this presently. The locale where this writer acquired information, knowledge and skill is making use of one of these "knowns", the effect of peer culture.

It may well be what we observe as delinquency and crime is more often than not recognized as a normal reaction of normal people to an abnormal situation or condition.

The juvenile delinquent is often a person whose spiritual, emotional, educational and/or social needs are not being met. The target is often not the delinquent act, nor the individual person who commits it, but the framework inside of which the delinquent career is initiated, nurtured, and confined. Later in another chapter of this study, different means will be described to meet these needs.
PAST MEANS OF DEALING WITH DELINQUENCY

Cavan stated that the oldest known code of laws, the Code of Hammurabi, dating from 2270 B.C., took into account many forms of misbehavior, of which some laws are specifically for youth. This code records the laws of Babylon. Item 195 in the Code read: "If a son strikes his father, one shall cut off his hands."

In Europe, under the laws of King Aethelstan, about 924-939 A.D., any thief over the age of twelve received the punishment of death if he stole more than twelve pence. The law was soon eased and no one under the age of sixteen could be put to death unless he resisted or ran away.

In England, a girl of thirteen was burned to death for killing her mistress; a boy of eight was hanged for burning two barns; a boy of ten was executed for killing his bedfellow.

Lundin (1965) recorded one of the earliest attempts to explain delinquency and criminal conduct was that of "demonological possession"; this was a favorite explanation of the Middle Ages for all kinds of behavioral disorders. This early explanation, however, still carries over today in the expression, "it's the devil in him."

The next concept to gain attention, according to Lundin, was

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8Lundin, op. cit., p. 223-225.
the notion of "moral insanity," which was often applied to psychopathic personalities. The implication here is that a person was morally distinct from the ordinary psychotic or insane individual who might have delusions and hallucinations. It was not considered a defect of the intellect or reason, but of a person's moral disposition toward good which had become perverted. Implicit in the doctrine of moral insanity was the inheritance of degenerated characteristics. In the thinking of the nineteenth century period, offspring of abnormal stock, such as delinquents and criminals, were considered to possess many of the characteristics found in the ordinary mental defectives. In England, the Mental Deficiency Act of 1913 defined the "moral imbecile" as one who showed some mental defect coupled with strong criminal propensities on which punishment seemed to have little deterrent effect. One school of thought believed that the criminal was a born type with certain physical characteristics of degeneracy which enabled him to be distinguished from "normal" people. The stigma included a cleft plate, a low forehead, an unusually shaped head, nose and jaw, meeting eyebrows, protruding ears, high cheek bones, and in the case of males, a scanty beard.

Cavan9 cited that in 1704, the Hospital of Saint Michael was established in Rome, by Pope Clement XI. This was a home for orphans, delinquents and infirmed old people. Hard work, silence and solitude were the methods of corrective discipline

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9Cavan, op. cit., p. 364.
by which delinquents were converted into upright youth.

Cavan\textsuperscript{10} pointed out that in the early nineteenth century, institutions specifically for delinquent children, separate from those for adults, were developed in England, Europe, and the United States. The first concern was for the homeless, uncared-for children wandering the city streets, sleeping in gutters and alleys, and living by their wits. Some were orphans, some deserted by their parents, some runaways from other cities. By contemporary classification, they were neglected, dependent and delinquent. The first institutions for their care were founded by wealthy philanthropic individuals or organizations dedicated to the care of children. In England, voluntary groups established correctional schools to which courts could send young criminals. They would be granted a pardon upon condition of placing themselves under the care of a charitable institution until they were "reformed".

Cavan\textsuperscript{11} pointed out that England was the first country to establish a public institution for delinquents. In 1854, the Reformatory School Act enabled courts to commit offenders under sixteen to a reformatory. The Acts of 1857 and 1866 established industrial schools for children under fourteen and schools for child offenders under twelve needing care and protection. Even

\textsuperscript{10}Cavan, loc. cit., p. 363.

\textsuperscript{11}ibid.
with these Acts many children under sixteen and as young as ten were still in prison.

According to Cavan, in the United States, the first break with the old policy of imprisoning children and youth with adult offenders came in 1825 when the Society for the Reformation of Juvenile Delinquency succeeded, with state assistance, in opening the New York City House of Refuge. The purpose was to care for and educate children apprehended by the police as minor offenders or vagrants, children often picked up in the streets and sentenced to six months in the penitentiary.

In 1826, a similar institution was founded in Boston and in 1828, one in Philadelphia. By 1850, the trend for state supported training schools was well established.

The development of special correctional or training schools for juveniles long preceded the coming of the juvenile court. This movement was part of a general trend that eventually brought the juvenile court into existence - a trend recognizing the immaturity of children and youth, and the right of delinquents to special training.

These schools preceded the creation of the juvenile court, established in 1899, and represented a growing concern that delinquent children should not mingle with adult criminals in prisons and that some effort be made towards training them for an occupation.

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The first cottage-type training school in the United States was the girls’ institution at Lancaster, Massachusetts which opened in 1854. A similar system for boys was opened at Lancaster, Ohio in 1856. The cottage system is now the customary type of training school. Examples in Michigan include the State School for Girls at Adrian, Mary School for Boys, and Whitmore Lake Training School; as well as in private schools such as Boysville, Boys Republic, and Starr Commonwealth for Boys (where the writer received his experience and training for his chapter on Positive Peer Culture).

Cavan\(^{13}\) cited that until 1899, except in a minor way, all children in the United States except the very young, were subject to the same laws and procedures as adults. In general, the United States followed the English tradition in legal matters. In English common law, children under the age of seven were not held accountable for criminal acts. Ages eight to fourteen, children could be held responsible if it could be shown that they were sufficiently intelligent to understand the nature and consequences between right and wrong. Such children could be subjected to the same type of trial and punishment as adult criminals, even to infliction of the death penalty in extreme cases.

According to Cavan\(^{14}\), juvenile delinquency occurs throughout the United States, affecting some children of all religious

\(^{13}\)Cavan, op. cit.

\(^{14}\)Ibid.
beliefs, every socio-economic class, and each ethnic group. No area or group is immune. Well adjusted children should be the concern of every society. Juvenile delinquency consists of misbehavior by children or adolescents that leads to a referral to the juvenile court. Usually this behavior is that which is a threat to public safety or a hindrance to the best development of the child.

Cavan stated that as notorious as the statistics may be, one out of six males will be referred to the juvenile court before his eighteenth birthday. In 1970, youth between the ages of ten to nineteen will number over 40 million. In 1967, there were over 1.5 million arrests under the age of eighteen and half of these were referred to the juvenile court.

In a study by Schafer, cited by Kvaraceus (1954), relating broken homes to delinquency, a one-and-one half to two times greater frequency of broken homes was found among delinquents than non-delinquents.

Economic factors have been cited as contributing to the rate of delinquency (Cowan 1959, Kvaraceus 1964, and Willie 1970). The lower class cultural systems also play a role in influencing the delinquency rate.

According to Kvaraceus, out of every 100 children appearing

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15 loc. cit., p.8.


17 loc. cit., p. 469.
before the juvenile courts, ten are committed to institutions for treatment.

Cavan\(^{18}\) stated that of all arrests made in 1966, 22.9 percent were juvenile arrests. A crime classification for juvenile arrests includes: 1. criminal homicide: a) murder and non-negligent manslaughter, b) negligent manslaughter; 2. forcible rape; 3. robbery; 4. aggravated assault; 5. burglary; 6. larceny, theft; 7. auto theft; 8. other assaults, not of aggravated nature; 9. arson; 10. forgery and counterfeiting; 11. fraud; 12. embezzlement; 13. stolen property, buying or possessing, receiving; 14. vandalism; 15. weapons, carrying; 16. prostitution and commercializing sex; 17. sex offenses; 18. narcotics; 19. gambling; 20. offenses against the family: i.e. abuse, neglect; 21. driving under the influence; 22. breaking liquor laws; 23. drunkenness; 24. disorderly conduct; 25. vagrancy, i.e. begging; 26. curfew violation; 27. runaway.

\(^{18}\)Cavan, op. cit., p. 350.
POSITIVE PEER CULTURE GROUP THERAPY

The Positive Peer Culture is not an empty formula or a meaningless ritual but a way of living, thinking, acting and caring about ourselves and about our fellow human beings. It is a process of shaping, changing, and modifying human behavior. The way these goals are accomplished is by giving the individual a positive role in a group process and subculture specifically designed to help young people help themselves. Having them live, play and work together, counteracts their basic mistrust.

In Positive Peer Culture, there are two basic assumptions of psychological needs that man strives for: the need to care (love), and the need to feel worthwhile to ourselves and others. Positive Peer Culture groups are responsible for each other, so that hurting behavior is eliminated.

Basic mistrust not only exists between students but even more so between students and staff. Many of these youngsters were rejected and abused by adults, and most of them never had a positive, healthy relationship with an adult. Staff are the adults who should build this relationship. Staff promote involvement. Involvement means having a relationship with another person or persons who can both model and mirror reality. Relationship means genuine care and concern. This is the ingredient for changing negative, hurting behavior to positive, caring behavior. Without this deep commitment and concern, Positive Peer Culture would be reduced to a meaningless ritual.
Youths are delinquent primarily because of their poor relationship with other people, their poor self-concepts and their past inability to handle themselves responsibly. One value of the Positive Peer Culture is to have each youngster develop a positive picture of himself as a worthwhile person who is concerned about other people. Students help one another to solve the problems that initially got them into trouble. In the Positive Peer Culture, the emphasis is on changing the values, attitudes, and feelings of the youngster about himself and other human beings. Out of group sessions and through the peer culture which develops as members of the group live, work, play, and study together, comes an almost evangelical desire to help one another with their personal salvation. When you give a youngster or any other human being an opportunity to be of service to someone else, it effects the perceptions of oneself, the self-concept; that is when the change takes place. The Group Leader and other staff are neither judges, policemen, nor high-pressure salesmen, but rather, they are teachers who are teaching the most important aspect of the Positive Peer Culture - "How to Care."

At Starr Commonwealth for Boys, a student throws a book across the room, laughs, and sneeringly makes a remark to disrupt the class. Before the teacher can respond, other students in the room confront the offender for being "inconsiderate" and tell him to "check" himself. The student, having received no peer support for his behavior, slumps quietly into his seat. The teacher continues instruction without having said one word about the incident.
The security guard in a large inner-city high school gets word that a student has brought a gun to school. If the guard ignores this information he knows that other students may arm themselves in return, but he is reluctant to approach the student himself. Possibly, if he were to call the police the incident could well escalate into a major confrontation. So he passes on the information to a group of students who are natural peer leaders. These students approach the youth. "Hey, man, what's that bulge in your jacket? You don't mean you brought your piece to school? You take that thing home right now. If you bring toys to school you might hurt yourself or something, and we don't want that, understand?" The youth smiles nervously as his influential peers confront him, and he agrees to get rid of the gun.

A group home for troubled girls had severe drug abuse problems. The result of repeated attempts to suppress the problem ended in an open conflict between staff and youth. Suspicion, searches, and restrictions became the norm. That was a year ago. Now staff members no longer police students for drugs, and the climate of suspicion is gone. As a new girl enters, her peers remove any drugs and tell her, "We don't have to use dope around here." Drug problems are handled openly in a helpful, straightforward way. Group members state with strong conviction that when a person feels good about herself she no longer needs to depend on drugs.

In a residential treatment center for court-committed youth, such as Starr Commonwealth for Boys in Albion, Michigan, a new
student suggests to others that he is planning to run away. Instead of finding aid in truancy, he encounters an unexpected peer response. "Listen man, running isn't where it's at. That's just a copout. You have to learn to face things. And we're not going to let you mess over yourself even if we have to sleep in front of your door to make sure you're still here in the morning. We really don't like to sleep on the floor, watching you like a child. You're man enough to take care of yourself!"

These examples are actual situations that have come about through a program called Positive Peer Culture. Positive Peer Culture departs from traditional approaches and begins a new course in the field of education and treatment. A comprehensive program for dealing with the problems of youth, Positive Peer Culture teaches students to assume responsibility for helping one another. The writer found this true during his work at Starr Commonwealth for Boys.

Young people are profoundly influenced by associations with their peers. Too often the peer group has been viewed only as a liability; too seldom has it been seen as a resource. Just as a peer group influence can foster delinquency, so also can the peer process be used to solve delinquency problems.

Positive Peer Culture is not a new brand of group therapy that has just appeared on the market. Nor is Positive Peer Culture "something extra" that can be added to an existing program, as one might attach accessories to an automobile. Instead, Positive Peer Culture is a total system for building positive youth cultures.
Although it was first developed for delinquent youth, Positive Peer Culture now is being employed in a wide range of settings. Schools, community programs, juvenile courts, group homes, and other childcare facilities have found Positive Peer Culture to be a clear and viable alternative to existing programs.

Information on Positive Peer Culture is based on this writer's training and experiences directly received from the founder of the program. Mr. Harry Vorrath has recently co-authored a book (Positive Peer Culture, Vorrath, Harry H. and Brendtro, Larry E., Aldine Publication Company, Chicago, Ill., 1974.) to which credit must be given for the specific Positive Peer Culture treatment procedures.

The history of Positive Peer Culture can be traced to the senior author's experiences at Highfields in the late 1950's. This residential treatment program for delinquent youth was established in a mansion given to the state of New Jersey by Charles A. Lindberg. There, under the guidance of Lloyd McCorckle, Lovell Bixby, Elbert Elias, and others, peer-oriented treatment model called Guided Group Interaction was developed. In this approach, structured peer groups met five times weekly in group counseling sessions, and youth assumed the responsibility for one another's behavior outside of the group meetings. The program at Highfields received wide attention as an innovative treatment design.

Following these experiences at Highfields, Harry Vorrath worked with colleagues to employ this model in a variety of
community and institutional settings. In response to certain initial problems, the program was modified, expanded, and refined until it reached its present form. The result is a comprehensive and specific treatment methodology, now known as Positive Peer Culture.

Built around groups of nine to eleven youth under the guidance of an adult group leader, Positive Peer Culture is designed to "turn around" a negative youth subculture and utilise the power of the peer group in a productive manner. Youth in Positive Peer Culture groups learn how to identify problems and how to work toward their solution. In group sessions and in day-to-day activities the goal is to fully involve young people in the helping process.

In contrast to traditional approaches Positive Peer Culture does not ask whether a person wants to receive help, but whether he is willing to give help. As a person gives and becomes of value to others he increases his own feelings of worthiness and builds a positive self-concept.

Positive Peer Culture does not avoid the challenges of troublesome youth; rebellious and strongwilled individuals, when redirected, have much to contribute. Those who have encountered many difficulties in their own lives are often in the best position to understand the problems of others.

Positive Peer Culture does not seek to impose specific rules but to teach basic values. If there were one rule, it would be that people must care for one another. Caring means
wanting the best for a person. Unfortunately, positive caring behavior is not always popular among youth. In fact, negative, harmful behavior frequently is more acceptable. Therefore, Positive Peer Culture uses specific procedures to foster caring behavior. Once caring becomes fashionable, hurting goes out of style.

Currently Positive Peer Culture programs are operating in all parts of the country and in a variety of settings. An urban midwestern high school that was beset by riots, police surveillance of hallways, and a high dropout rate is now the scene of positive rapport between students and faculty. The guidance department tells Positive Peer Culture groups about any student who is nearing failure or suspension so that peers may have the opportunity to help him succeed. Students of diverse cultural and ethnic backgrounds are no longer warring, but work together to solve mutual problems.

A large state correctional school in Minnesota operates with unlocked doors for the first time in more than a century. The atmosphere is no longer clouded with fear, mistrust, and intimidation. Teachers are now free to teach without being entangled in attempts to discipline and control youth. A group of youths, once a street gang that had engaged in dozens of undetected felonies, now works as an adjunct to the juvenile court. Members serve as assistant probation officers and are assigned to help with new offenders. This court, which has had great difficulty in recovering runaway youth, now uses peers to
locate truants and "talk them back" so they may be involved in constructive treatment.

Positive Peer Culture is not a permissive, laissez-faire approach but places considerable demands on youth. Although adults remain in charge, young people have the responsibility for helping one another. They must learn that no one has a right to ignore a person in need, for in the words of George Bernard Shaw: "The worst sin toward our fellow creatures is not to hate them, but to be indifferent to them; that's the essence of inhumanity."

Positive Peer Culture asks much of youth in the knowledge that people seldom will be more responsible than they are expected to be or more helpful than they are allowed to be.

Positive Peer Culture is a synthesis of several long-known, but seldom used principles. While Positive Peer Culture can be related to theories of learning and group processes, it grows not directly from theory but from practice. Positive Peer Culture was not suddenly invented but has gradually emerged through years of searching for those factors that underline successful group programs. The procedures that have evolved are those that have survived the tests of time and experience.

Although the basic concepts of Positive Peer Culture can be understood easily, it is no simple matter to produce a truly positive culture of young people. Careful planning and organization is necessary, with attention given to many different variables. An effective program also requires properly trained staff who are committed to the task of developing the positive
potentials of youth. The book, Positive Peer Culture, outlines the ingredients and procedures essential to such a program.

Although this description of the Positive Peer Culture treatment, for institutionalized delinquent children, sounds like an ideal, it is workable, and highly effective if the culture can be built to be and remain positive. The writer's work with Positive Peer Culture therefore is a continuing struggle to "win over" newly admitted negative-thinking delinquents.

The process of winning over newly negative-thinking delinquents involves both the peer group and staff's efforts to show care and concern. The staff's job is to make sure the group handles their own responsibilities. A high expectation level is established by the staff. A basic concept to learn and accept for a new group member is that he is responsible not only for his own actions but also for that of each of his group members. This joint responsibility creates cohesiveness with a group, although it may take a new group member many months to accept this idea. All new group members are screened prior to being placed in a group. The screening attempts to eliminate neurotic, psychotic patients, as well as those who may attempt suicide under extreme pressure. A certain level of maturity and good verbal capacity are needed for success in the program.

The basic and most important principle of Positive Peer Culture is to change the values of the delinquent youngster. The aim in change is not purely overt behavioral changes, but rather lasting value changes. The idea for eliminating
behavioral modification techniques is that suppressing behavior in one situation will not prevent its recurrence in another. Punishment only makes people avoid situations. It simply teaches delinquents not to get caught, but does not make them want to change. Punishment is not used for the same reasons that a doctor does not punish patients who need an operation. Therefore, punishment is not used for manifested problems, whether the problem is stealing, lying, or bullying, rather the individual is made to realize some "natural consequences". They work to pay for things that were broken. They learn the effects of their negative behavior from the group. Confronting of a group member for harmful or negative behavior is a regular part of the group's routine. Confronting group members means letting them know how their negative behavior effects themselves and others as well as attempting to place the responsibility for such behavior back upon the member rather than let him use 'cop-outs' such as blaming the behavior on others or circumstances over which the person had no control.

As soon as a new member is added to a group, the members begin to tell them the expectations of the group and staff. The group begins by telling the new member complete life-histories of each individual, why they got into trouble, problems at home, and anything that is significant in order for the new member to learn to trust them. All the group members have to relate their life-history prior to the new member telling his in a group meeting. A new member is quickly influenced by
his peer group, guided toward setting goals, being responsible and working on communicating.

Helping a young person with problems requires that he develop feelings of self-worth, significance, dignity, and the desire to do good, be good and recognizing the importance of others. These experiences include opportunities and challenges to be of service to others. It includes examination of one's own behavior, attitude, motivation, feelings and emotions toward his peers, staff and toward the social environment he comes from.

The Positive Peer Culture treatment is based upon a genuine, healthy, positive relationship between students and staff. There is no room for ridicule, sarcasm, name calling, belittling, or "punkifying" students. One does not punish, get even, nor approve hostile power struggles. The main task is problem solving. The job of staff is to point out to the youngsters that if, they will not solve their problems, they will not be allowed to go home. They are not cripples. They generally know what is right and what is expected of them. They need to make their own decision, without punishment, with some guidance from staff.
THE DIFFICULT PROCESS OF TREATMENT AND PREVENTION

Cavan\(^{19}\) (1969) stated that since no effort to date has succeeded in preventing delinquency or rebuilding the attitudes and redirecting the behavior of delinquent children, communities are often willing to try new methods. One type of effort to prevent or reduce delinquency is to change the immediate situation in which the child lives. This may be accomplished in two ways. The community can actually be changed, or the child can be moved to a different type of community, usually without his family. An example of changing the community, the Chicago Area Project, started by Clifford R. Shaw, used adults working the neighborhood to try to counteract delinquent attitudes.

The Detroit Group Project was founded in 1942 by Redl\(^{20}\). Children were involved in group therapy, offered by established agencies in the community. The treatment was experimental, with a selected number placed in a residential setting. The experiment was called Pioneer House and the instrumental concept was to provide a "climate that was psychologically sound" and that eliminated all life situations which created the child's disturbance pattern. The program itself fed the child's need for adult love and affection, and being non-contingent, it was divorced from the consideration of whether the child was deserving of them. A greater

\(^{19}\)loc. cit., p. 360.

tolerance or leeway for aggression was allowed, but with techniques available for protective interference on the part of residential staff. The program included programming for ego support in such ways as gratifying play, ego building games, arts and crafts. A clinical exploration of life events took place, so that the disturbed behavior could be enlightened in such a frank and real detail that the child was brought face to face with some of the implications of what he was doing, with what it meant in terms of values, demands, reality, and consequences.

In producing behavioral change, where the previous adjustment patterns of children could not help them to accommodate to the implications of the adult who loves, this program gratified and the experiences did not traumatize. These children went into a "treatment shock", a complete change from their former status quo, learning to overcome the fear of love and being neglected in a period of transference.

Redl21 (1966) wrote fifteen years later that there is a crisis in the children's field, that there is a need for services and properly trained personnel, and a greater need to get rid of the stereotype ideas that the problem is with the "children of the poor." The United States is a developed country with underdeveloped services for children and for such a state of affairs there

is not the slightest excuse. There seems to be a pathology in this country in that everyone loves kids, but neglects children and hates youth. Where there are fewer orphanages, there is also a greater need for institutional care and by the time they need institutions, some of the youngsters are already too disturbed for regular institutions and now need special therapy, and remedial tutoring.

When Redl\textsuperscript{22} wrote about the Pioneer House, he stressed the advantage of the group situation, especially in a residential setting. The possibility of inserting a variety of direct ego supports into the child's life are so much greater and are relatively independent of individual rapport and verbal communication. Routine has a great ego supportive power which can eliminate crisis and ego breakdowns in an attempt to control frustration, aggression, time confusion, and adult role hostilities. With the establishment of a pattern around bedtime, tailored to fit the situation in all details, a group habitual pattern emerged to lower the child's anxieties.

The Pioneer House was one of the first experiments in residential group therapy. The children were "toughies" between eight and twelve years of age, who had shown serious delinquent behavior and ego disturbances along pre-psychotic lines. The staff included caseworkers and group workers who lived and worked with the children in a carefully planned design of total group

\textsuperscript{22}loc. cit., p. 139-141.
therapy in a residential home. The duration of the experiment was for two years.

Redl stressed group work with delinquents. He referred to delinquents as basically healthy individuals whose delinquent behavior is a natural defense against wrong handling, wrong settings in which they live, or traumatic experiences of certain types. There are also basically non-delinquent youngsters who are drafted into delinquent behavior through some acute adolescent growth confusion. There are delinquencies which are on a neurotic basis, that is, where the delinquent behavior in itself is a part of the neurosis, or is developed in order to disguise one. In genuine delinquency, there are certain disturbances in the impulse system of the individual or a malfunction of the ego, superego and ego ideal in intensity or content. With some types of delinquents, the ego supporting behavior works so there is little or no guilt and the group therefore superimposes the superego.

Redl stated that "it is a real art to produce a delinquent". It requires persistence and perseverance in making the same fatal mistakes all over again, in piling injury upon insult, in combining personal rejection with wrong handling or sentimental coddling with outbursts of punitive righteousness.

Most children have such an astounding resistance to wrong handling and wrong setting, that only elaborate efforts to do everything wrong consistently and have them live in a wrong
emotional climate altogether can make them "good and delinquent."

According to Giallombardo\(^{23}\) (1966), the treatment and prevention of juvenile delinquency is a difficult process. The difficulty stems from the fact that there is no consensus about what to prevent and treat, or how to accomplish these objectives. In terms of the psychiatric approach discussed in another chapter, Hakeem pointed out that delinquency is not viewed as behavior that is learned in the process of association, facilitated by certain self-conceptions and social processes, but rather, delinquency is a symptom of some deeply embedded personality disturbance. Hakeem objected to the narrowness of some psychiatric interpretations, such as that of Josselyn. Josselyn pointed out that in this era of microscopic evaluation of personality, and particularly of childhood, there is a tendency to establish a yardstick for normalcy so finely calibrated, that "no child can be measured by it and be adjudged psychologically healthy.

Giallombardo\(^{24}\) cited a pioneering example of environmental change that was constructed in the Chicago Area Project, begun in 1932. In the same book, Kobrin said of the Chicago Area Project, (founded by Clifford Shaw) that delinquency is perceived as human behavior. There is a sense of the naturalness or inevitability of violative activity in the youngster who, whether singly or in


\(^{24}\)loc. cit., p. 473-478.
groups, is neglected, despised, or ignored as a person. This image of the delinquent and this notion of the delinquency-making process have led to the program's insistence on centering the operation within the milieu directly productive of delinquency. The treatment includes utilizing the assistance of persons involved in the basic socializing experiences of youngsters, and in dealing with delinquents or incipient delinquents to treat them as persons worthy of consideration and respect. It may well be that the Project's contribution, including a twenty-five year follow-up of results, will be a method designed to keep preventional work focused upon its proper object, the delinquent as a person in his milieu.

Martin, from a chapter in Giallombarido\(^2\), used a local community approach to delinquency prevention in New York City, using the detached-worker approach which had its beginnings in the Chicago area (advanced by the work of Thrasher in his study of gangs). According to Martin, delinquency prevention is the sum total of all activities that contribute to the adjustment of children to healthy personalities. Delinquency prevention is the attempt to deal with particular environmental conditions that are believed to contribute to delinquency. It also consists of specific preventive services provided to individual children or groups of children. These may include medical health services,

\(^{25}\)loc. cit., p. 478–481.
counseling, recreation programs, food programs, opportunities for employment, and any other need of clients.

In Boston, according to Giallombardo\textsuperscript{26}, the Midcity Project, 1954-1957, had its effect on delinquency. The objective was to inhibit or reduce the amount of illegal activity engaged in by resident adolescents. The methods included a philosophy of a total community effort. The community program involved two major efforts: 1) the development and strengthening of local citizens' groups to take direct action in the "field"; 2) secure cooperation between professional agencies in the community, involved with adolescents, i.e. settlement houses, churches, schools, clinics, police, courts and probation departments. The central direction was community involvement with the family and the "corner gang." This effort involved professionally trained caseworkers, or group workers. The project included 400 persons from twelve to twenty-one years of age. The workers hung out with the gangs and procurred the use of local facilities for clubhouses, dances and other non-delinquent oriented activities.

Giallombardo\textsuperscript{27} cited a similar program for the Midcity Project which was set up in the Lower East Side of Manhattan. The Mobilization for Youth, which called for over thirty separate "action" programs in four major areas: work, education, community and group service, had a definite effect on the decrease

\begin{flushright}
\textsuperscript{26}loc. cit., p. 482. \\
\textsuperscript{27}loc. cit., p. 484.
\end{flushright}
of crime.

According to Amos\textsuperscript{28}, delinquency prevention programs operate either by providing direct help and services to individual children or by helping indirectly by changing their social environment. Direct help programs, with emphasis on the multi-problem families have been initiated in New Jersey via the Passaic Children's Bureau, the St. Paul Community Service Project, and the New York Youth Board. Some programs fall in between direct help and changing the environment. Programs such as Big Brothers, Big Sisters, the Stiles Hall University Y.M.C.A. Project in Berkeley and the Cambridge-Somerville Youth Study Program fall in the category of direct help and changing the environment. An indirect prevention approach was used in the Henry Street Settlement House and the Pre-delinquent Gang Project in Boston. Similarly, the Girls Service League of New York, the Los Angeles Youth Project, the Hyde-Park Youth Project in Chicago, the Unreached Youth Project in Cleveland, the Crime Prevention Association in Philadelphia and the Boston Youth Project all used direct techniques through group counseling.

Kvaraceus\textsuperscript{29} noted five large studies on delinquency and stated that many factors can explain why some children "have a bad time of it" and tend to go wrong. It was shown that no single factor had been given primacy. Many and varied factors are observed in

\textsuperscript{28}Amos, op. cit., p. 61-66.

\textsuperscript{29}Kvaraceus, op. cit., p. 82-110.
the troubled lives of delinquents when they are contrasted with the more tranquil life experiences of non-delinquents. There not being a single factor would give more weight toward using a multi-action program of delinquency prevention.

A study authorized by the State Board for Vocational Rehabilitation in Oklahoma indicated that planning toward coordinating services and resources was necessary to more effectively educate and rehabilitate juvenile delinquents. The data called for a coordinated attack on the problem by dealing with the young offender intelligently and providing greater continuity to his treatment.

In a study cited by Cavan, the state of New York established the Youth Commission in 1945, in order to aid cities struggling with youth problems by providing half the financial obligations for the prevention and control of delinquency. A multi-faceted plan of prevention, with agencies already in existence, was initiated. It incorporated a citywide planning and coordinating unit, a department to stimulate local interest in high delinquency areas, and a research department to maintain records of incidence, locations, offending youth and other information. Research projects included a street-club study, evaluation of a project where child guidance clinics were established in schools, a study of 150 multi-problem families in the caseload of Services to Families and

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31 Cavan, op. cit., p. 350-353.
Children, and the prediction of juvenile delinquency, which was a long term project in which the Glueck Social Prediction Scale was used. A Referral Unit, operated by the Board of Education was used to seek out poorly adjusted children in school and refer them to appropriate agencies. Services to families that were deprived or deteriorated, and which some agencies had given up as being "beyond help" were re-established. This study estimated that there were 20,000 "hard-core" families in New York City (one percent of all families) which contributed seventy-five percent of the city's delinquency. A department to furnish group work and recreation was set up, utilizing community facilities for recreation and community businessmen for work projects. The results of this extensive approach, after ten years of activity, showed annual drops in delinquency in areas serviced by the Youth Board. At the end of twenty years, more emphasis was placed on education for employment and expanded job training and job opportunities were made for youth in the 16 to 21 age group.

In Boston Project, Miller concluded that the use of street club workers, over the three year period in 1954-1957, had a negligible impact on disapproved and illegal behavior and court appearances.

No study has been published or is currently underway, which encompasses the broad range of variables included in the San Juan Project. This research program was sponsored by the Office of Education, of the United States Department of Health, Education

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and Welfare. Drs. Sheldon and Eleanor Glueck set up the study with a control group of non-delinquents matched for derivation, intelligence, age and residence similar to the delinquent group. A comparison was done with 500 non-delinquents and 500 persistently delinquent boys, ages eleven to seventeen. The mean age was fourteen and one-half. The study indicated that only 19.2 percent of the delinquents avoided arrest between the ages of seventeen and twenty-five. Of the control group, eighty-five percent had no arrest record. When a boy was brought to the court and examined by a clinic immediately, or shortly after the onset of his misbehavior, the curtailing of his anti-social tendencies was more likely to be accomplished than when his misconduct was not dealt with until it had been ingrained for a long period.

Glueck states that youngsters who, unaided, face a career of storm and stress should be discouraged as early as possible and given adequate therapy long before the law's label of juvenile delinquent is affixed to them.

Glueck stated that, in case after case, the findings with delinquent children were that the family life and parental attitudes played such an important part in originating such behavior. In most instances, the juvenile court staff had not been cognizant of these deeper factors, or if occasionally they had been aware of them, they had not initiated treatment directed toward betterment.

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of the essential matters. An attack upon delinquency must therefore surely include the standpoint of work with the family.

When parents of a delinquent child come for assistance already realizing their own methods of thinking as part of the problem to be solved, it makes a great difference in treatment. The resistances common among many such families are sometimes due to a general ignorance, or to a hopeless feeling of inability to cope with the economic or personal situation, but it often means that the parents have been totally unaware of and are unwilling to face the role which they themselves have played in forming the behavior tendencies of the delinquent. The extent to which parents did not want to change were many and indicated why treatment was found impossible with a certain proportion of the families. Many parental conceptions were that the delinquent alone should be dealt with, or that he alone was at fault, or his companions were to blame and they should be broken up, or the neighborhood was so bad that someone should alter it. When investigations indicated that some unfortunate conditions of the family contributed to the child's delinquency, parents very frequently could not see how these things could be blamed or changed.

A treatment approach, in a study covering Boston, New Haven, and Detroit, indicated that the concern should be directed at getting medical, economical, educational, social and therapeutical help to families with delinquents. A multi-phasic approach brought social workers into the home to help in the managing of
the budget, teaching child management, compromising on ideas when old world standards conflicted, integrating family members into local clubs and social agencies, and establishing rapport between parents, siblings and the delinquent child. Also included was independent work between teachers and the school, medical and economic relief and a development of a deeper understanding of problems involved.

In a large percentage of cases, considering parental attitudes, it became necessary for a change to take place in their attitudes for the solution of the delinquent's problem. This study had a control group. In some of the more disturbing delinquent behavior and unhealthy home environments, children were placed in foster homes. In some cases, correctional institutions were used for placement of hard-core delinquents. The follow-up study indicated that two years later, thirty-eight percent of the delinquents had remained free from delinquency, and the author stated that "...this is a surprisingly good result."

In one study by Ostrom et al (1971), a matched design, utilizing a control group, was employed to assess the effectiveness of an experimental program for the reduction of delinquent behavior in adolescent boys on probation. The treatment was the arrangement of group experiences, encouraging free and open discussion, especially about previous delinquent activities, future

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behavioral intentions, personal values and live goals. The results showed a significant reduction of delinquent behavior for experimental subjects compared with their matched controls.

Vasoli36 (1970) described a unique and collaborative effort in treating reformatory releases which was attempted using the half-way house concept. A university, a large steel corporation, and federal, state and local agencies were jointly involved in helping seventy-seven participants. Focus was on vocational therapy, and well-paying jobs were provided with supporting measures available such as recreation, round-the-clock supervision and guidance, psychological testing and counseling, medical care and education. From this experiment, the recommendations toward helping reformatory releases were toward a broad frontal attack on the problem of rehabilitation.

Kelley and Baer37 used an outward-bound school as an alternative to institutionalization for adolescent delinquent boys. The study included 120 boys divided so there was a control group matched in age, race, religion and prior number of commitments to the Massachusetts Division of Youth Services. The effectiveness was measured by a comparison of rates of recidivism. Three outward-bound schools located in Colorado, Minnesota, and Maine were

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used for this study showing thirty-seven percent of the control group to be recidivist as compared with only twenty percent of the experimental group. Outward-bound schools used physical conditioning, technical, safety and team training in the physical environment as a treatment method for delinquents.

Wotkiewicz and Minor identified an operant approach used with delinquents at the Kennedy Youth Center. A program concerned with motivating previously intractable sociopathic youths in the academic and industrial schools was sponsored by the Department of Health, Education, and Welfare, mainly serving male delinquents considered uneducable in traditional education programs.

Students were assigned to cottages according to behavior categories measured by scales developed by Quay and others; these categories include inadequate and immature, neurotic, sociopathic or subcultural behaviors. Each cottage had a treatment program designed to meet the needs of the students assigned. The motivation to complete the program was provided by the class level system, including placing tangible rewards into a ranked, three-level system, with the fewest rewards for the lowest system, and the greatest reward for the highest level. The basic program strategy was the application of behavior modification principles derived from operant theory. Central to the program were: (1) clearly defined behavioral objectives; (2) arranged reinforcement

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contingencies; (3) and positive reinforcement. The results were an advancement educationally of two scholastic years in one year of the operant treatment program.

According to Trojanowicz, regardless of the professional or academic discipline or orientation, the family is considered the most significant factor in the development of delinquency because the family is the primary environment of the child. It is the first institution in which the child interacts, and what he learns or does not learn in the family is often the model for future behavior.

Social stratification is linked to deviant behavior through the mechanism of self-esteem. Social stratification, or the way power, wealth, and status are distributed, affects self-esteem by showing the individual how he "stacks-up" to his peers. When a person's self-esteem is affected by the social institutions in his environment and by his evaluation of how he compares with others in similar or dissimilar situations, deviant behavior often results if he feels he does not compare favorably.

Hawkes' emphasis for changing delinquent behavior of girls was primarily upon modeling behavior to be emulated. He assumes that humans learn behavior by imitating the behavior of others. Potentials for modeling behavior fell to the group leader, group

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members, and visitors invited to group sessions. It was felt that
the ability to interact successfully had considerable potential
for a person's success in changing delinquents' behavior and the
latter phase of treatment placed emphasis on the delinquent girls
themselves and their new ability to model proper roles and be
leaders with their peers.

Erickson stated that there is a substantial body of
evidence indicating that the majority of delinquent acts for
which male offenders are apprehended involved several individuals.
These findings have generally been interpreted as validating
evidence for the theoretical claim that delinquency is typically
a group phenomenon.

On the following page is a table utilized by Erickson in­
dicating the overall group violation rates for fourteen different
types of offenses. The table indicates three delinquent categories
and the number and percentages of the acts in each category. All
percentages were above fifty, with the exception of defying parents
and running away, which are not group oriented. The highest
percentages indicate groups involved in drinking, destruction of
property, theft, unlawful entry and auto theft. An interesting
difference is noted between delinquents and non-delinquents, in
that non-delinquents have the highest overall group violation
rates.

41Erickson, Maynard L., "Group Violations and Official Delin­
quency, The Group Hazard Hypothesis," Criminology, An Interdis­
p. 127.
Table I

OVERALL GROUP VIOLATION RATES OF OFFICIAL DELINQUENCY CATEGORIES FOR FOURTEEN DIFFERENT OFFENSES

<table>
<thead>
<tr>
<th>Official Delinquency Categories</th>
<th>Incarcerated (n=100)</th>
<th>Community (n=136)</th>
<th>Nondelinquents (n=100)</th>
<th>Total (n=336)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Acts</td>
<td>Group Violation Rates</td>
<td>Number of Acts</td>
<td>Group Violation Rates</td>
</tr>
<tr>
<td>Unlawful Entry</td>
<td>968</td>
<td>63</td>
<td>840</td>
<td>66</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>906</td>
<td>69</td>
<td>303</td>
<td>60</td>
</tr>
<tr>
<td>Theft ($50 or More)</td>
<td>294</td>
<td>64</td>
<td>160</td>
<td>53</td>
</tr>
<tr>
<td>Destruction of Property</td>
<td>1,262</td>
<td>77</td>
<td>2,243</td>
<td>75</td>
</tr>
<tr>
<td>Theft ($2 to $50)</td>
<td>2,339</td>
<td>70</td>
<td>2,876</td>
<td>72</td>
</tr>
<tr>
<td>Running Away</td>
<td>791</td>
<td>48</td>
<td>167</td>
<td>47</td>
</tr>
<tr>
<td>Drinking</td>
<td>4,732</td>
<td>81</td>
<td>4,534</td>
<td>82</td>
</tr>
<tr>
<td>Traffic Violations</td>
<td>2,239</td>
<td>59</td>
<td>4,368</td>
<td>60</td>
</tr>
<tr>
<td>Theft (Less than $2)</td>
<td>3,317</td>
<td>45</td>
<td>6,712</td>
<td>59</td>
</tr>
<tr>
<td>Fighting</td>
<td>2,855</td>
<td>63</td>
<td>2,657</td>
<td>51</td>
</tr>
<tr>
<td>Defying Parents</td>
<td>2,410</td>
<td>19</td>
<td>4,106</td>
<td>33</td>
</tr>
<tr>
<td>Defying Authorities</td>
<td>2,192</td>
<td>52</td>
<td>2,432</td>
<td>69</td>
</tr>
<tr>
<td>Skipping School</td>
<td>4,355</td>
<td>53</td>
<td>5,678</td>
<td>65</td>
</tr>
<tr>
<td>Buying Beer, Liquor, or the like</td>
<td>2,075</td>
<td>48</td>
<td>1,302</td>
<td>67</td>
</tr>
<tr>
<td>Totals (Overall)</td>
<td>30,735</td>
<td>58</td>
<td>38,378</td>
<td>62</td>
</tr>
</tbody>
</table>

In a study done by Schwartz\textsuperscript{42} on peer versus authority effects in a correctional community, he found data showing that staff and peer orientation influence inmate perspectives in opposite ways; favorable relations with the staff tend to promote pro-social or conventional perspectives, and close ties with other inmates produce the opposite effect. There was no evidence that there was a category of inmates characterized by both conformity to the staff and by strong social ties with other inmates. These findings agree with other investigations indicating inmate-staff conflicts as a prerequisite of negative peer influence.

Gasda and Peters\textsuperscript{43} (1973) suggested that the use of group therapy can be more productive than individual therapy. When competent counselors ply their expertise in a group setting, they maximize their effectiveness because of the built-in conditions which vitalize the experience and because they can serve greater numbers of clients.

When properly conducted, group counseling is a potent instrument for making positive, healthful differences in the lives of people. The process of unequivocally identifying self-defeating behaviors, actively working at understanding the maintenance system of such behaviors and the psychological motivation for each behavior, is the crux of group counseling. Establishing working alternatives


in a group setting by employing powerful peer influence resources is so vital to human development and basically utilizes the components of effective group counseling.

Slavson (1947) felt the great advantage of group therapy is that it facilitates a process of extinguishing resentments, hostilities, and anxieties often developed earlier in life. In many cases these emotional reactions result from inappropriate relationships with one's parents. Allowing these earlier feelings, as well as recalling the circumstances which gave rise to them and acting them out, lessens defensiveness and allows therapy to take place. Members of the group seem to have a reinforcing effect on each other. This kind of mutual support tends to lessen defenses.

Techniques and methods are not the same for all groups. It depends upon the age and the nature of the personality disorders of the clients. It is necessary that the members of the group be carefully selected so that they will have a beneficial rather than a harmful effect on each other.

The make-up of the group has a lot to do with the approach toward using pressure to raise anxiety. Consideration must be made toward age and age variance; maturity or sophistication (a Detroit youth "knows the ropes" at a much earlier age than one from Cheboygan); mental stability, that is when pressure is applied, will the person withdraw totally or attempt suicide, if so the pressure type of therapy is too dangerous, and such a person

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would benefit better being in an adolescent ward in a psychiatric hospital; physical size, a student's ability to intimidate, by using his size; handicapped youth must be 'protected' so that advantage is not taken; and finally, motivation is necessary and most important in order for a student to make progress. Does the individual have the capacity to learn 'why' there are problems and what he can do with them? Is there a home to go to upon completion of the program? Those 'homeless' delinquents easily make any institution their home and therefore have little motivation toward solving their problems and leaving.

Pressure can be applied individually or toward the group as a whole. In group therapy, pressure is the key toward using the group. When a person is immature, he responds less effectively to prolonged pressure and it is therefore less therapeutic to continue such pressure. A delinquent with more maturity can 'defend' against pressure much better. When pressure is working, such a delinquent child will usually go through a cycle of defenses prior to facing his problems and accepting help from his peers. Such defenses include putting the blame on others, coming, avoiding the pressure by running away, trying to halt the pressure by fighting or intimidating his peers, or with an attitude that seems to say that he does not care or it does not matter. The degree of pressure placed upon a student or group can be regulated by the importance given to any incident and responsibility for the incident (problem solving) placed upon the group or individual.
Slavson distinguished four types of group therapy: (1) an activity-group therapy for children from seven to thirteen; (2) analytic-group therapy for neurotic adolescents or adults; (3) activity-interview group therapy for school-age children with unusually serious problems; (4) play-group therapy for pre-school children. The focus of the remainder of the paper will be on description of the analytic group. In the analytic group, the emphasis is on interviews and discussion. The patients discuss their problems with the aid of the therapist. Each group consists of individuals who are suffering from somewhat similar problems facilitates a general group rapport. In a sense, Alcoholics Anonymous fits this kind of a group. All have one thing in common. Actually the many principles involved in group therapy apply to individual therapy as well. There is the problem of overcoming resistances, lifting of repressions, the extinction of hostilities and anxieties, and the shaping of more acceptable behavior by means of positive reinforcement. In the case of group therapy, the reinforcement is supplied by both the group members and the therapist.

Giallombardo cited one of the first really successful programs for delinquent boys as the Highfield Project. McCorkle, Elias, and Bixby set up a program in New Jersey that was a short-term program for youthful offenders. The program used small groups for a therapy called Guided Group Interaction. Candidates

Giallombardo, op. cit., p. 517-530.
were screened for this three month program. A boy placed in an institution often becomes worse when he is kept too long. The living situation was made as normal as possible, including work experiences, hobbies and crafts, and passes home. Therapy is five nights a week. The screening was limited to first-commitment boys with the exclusion of sexual perverts, the feebleminded, and psychotic boys. The clients needed to make the commitment to come and spend at least three months in the program. The effectiveness was measured by the recidivist rate of the institution. The controls were persons selected for Highfield's, but due to limitations of space, could not be placed and were then sent to Annadela Farms, the New Jersey State Reformatory for Males.

When dealing with delinquents, it is necessary to realize that delinquent behavior is primarily a group product and demands an approach to treatment far different from that which sees it as characteristic of a "sick," or "well-meaning" but "misguided," person. Twenty years ago, most delinquency tended to be concentrated in slums and involved the children of lower-class parents; their lives were characterized by learning situations which limited their access to successful goals. Most delinquents are dedicated to the delinquent system and before they can be made amenable to change, the delinquent must be made anxious about the ultimate utility of that system for them. In therapy, delinquents must also be forced to deal with the conflicts of conventional and delinquent systems placed upon them. The resolution
of such conflict, either for or against further law violations, must ultimately involve a community decision. For that reason, a treatment program can be most effective if it permits continual participation in the community. Therapy can only be productive if there is a free expression of feelings. Delinquency is changed using peer norms to impose sanctions. With older delinquents, employment opportunities assist as a goal in successful therapy.

A behavioral approach toward treating children in groups was used by Sheldon Rose. Group treatment of children is rapidly expanding in child guidance clinics, juvenile corrections institutions and homes, mental health clinics, and similar agencies. The focus in therapy with younger children has been with behavioral change, where behavior rather than personality is the target of change.

Rose explained the use of techniques, such as group contingencies, behavioral contracting, modeling, behavior rehearsal and desensitization. He explains the importance of the composition of groups and the factors to consider. In one chapter, behavior is assessed and monitoring and charting described, as well as goals and plans for treatment. One chapter includes increasing adaptive behavior via social reinforcement and tokens. Teaching of relaxation, systematic desensitization, the procedures for altering anxiety, based mainly on the work of Wolpe, is described.

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The use of reinforcement in shaping the relaxation procedures with groups is discussed. The use of the Willoughby questionnaire to reveal anxieties in interpersonal contacts was performed prior to group therapy. Rose describes great results with such a behavioral approach, especially for younger children.

Aichhorn\(^4^7\) (1964) wrote that in order to recover from the blows which social life inflicts upon them, human beings need a haven of peace, which is normally provided in the family. When the individual has such a haven, his instinctual life is able to manifest itself within socially acceptable limits. But if he lacks this refuge, his mental equilibrium, which is never entirely stable, becomes more easily disturbed, and given the appropriate disposition, delinquency results.

The tasks of institutions for delinquent youth should be to remove the permanent effect upon such disturbances in the mental equilibrium. The ways of influencing a delinquent child must differ substantially from the usual education of normal children. Such work has much in common with that of the psychiatrist, and we should perhaps describe it as treatment rather than education.

Most juvenile delinquents are human beings whom life has treated much too harshly and their negative attitude, their hatred of society, seems not without some justification. With institutionalization, we must let the children experience first-

hand that there is a higher sum total of pleasure in a socially
directed life. The more the school-institution emulates in
character to a free community of people who enjoy living, the
better are the prospects of rehabilitating the asocial child
and of restoring him to normal social intercourse.

Upon admission to a training school, wayward children do
not promptly surrender to the spell of their new surroundings.
Some of them are merely astonished. Many have become inwardly
tough, and are no longer able to yield to anything except brute
force, and view adults simply as weaklings who do not dare to
tackle them. Every attitude is represented, from brutish op­
position to quiet scorn. The delinquent child will not trust
the kind of heart of the pedagogue.

If delinquency is to be cured and the asocial child made
fit again for life in society, the training school must provide
him with new ties and induce him to attach himself to persons
of his environment.

Cavan described a training school as a custodial residen­
tial school for delinquent children, designed for long-term care,
usually many months or years. It must provide housing, food,
education, recreation, religious training, adult supervision,
and medical and dental care. Mainly, it has the function of
tyning to change the delinquent's attitudes and habits. This goal
would be to reform children by making them law-abiding and self­
supporting.

In Mettray, France, a training school receives delinquents only after they have served a part of their sentence in prison. Discipline is strict and punishments, including isolation, reduced diet, and whippings, are not uncommon. Most training schools use hard work as a discipline, but also as a means of training boys for a job. Many training schools have a military-type of training involving obedience, cleanliness, and good manners. In addition, widespread activities, physical education, and vocational training are provided.

Cavan\textsuperscript{49} felt that a new trend is discernible in the United States and abroad. The delinquent child is being considered as an individual, many of whose needs can be met in the unified program. In the training school, the child may still adjust to a rigid regime in order to avoid punishment and secure an early release, but he is unlikely to carry his newly acquired habits into the community when released unless his attitudes are changed and his emotional problems solved. Current trends toward rehabilitation use the strong influence of his peer group and adult identification.

According to Cavan\textsuperscript{50}, the gradual supplanting of punishment by treatment has led to the development of new types of rehabilitation to supplement the standard training school. Treatment varies from forestry camps to guided group interaction and

\textsuperscript{49}\textit{ibid.}

\textsuperscript{50}\textit{loc. cit., p. 500-509.}
psychiatric treatment centers, but there is a trend toward community treatment projects.

The background for the work camps, mainly forestry camps, lies in the experiences of the non-delinquent youth of the 1930's through the Civilian Conservation Corps. These were established during the depression to stabilize unemployed youth who had a tendency to wander across the country, living by their wits. The Civilian Conservation Corps was a federal work program providing public improvement projects. California made the first attempt at setting up work camps for delinquents in 1927. Since that time, the number of such camps has steadily increased up to the present.

Another movement in institutional treatment is the psychiatric treatment centers established especially for seriously maladjusted delinquents who cannot fit into the regular training schools. Delinquents (nonconformists) of this type could not conform to the pattern acceptable to most inmates and became conspicuous. The emotionally disturbed, aggressive, defiant and unstable interfered with the carrying out of activities, inducing other inmates to follow them into defiant acts, and seemed unable to improve their own conduct. These disturbed are neither psychotic nor feebleminded. The trouble-makers and the non-conformers lie somewhere between the seriously afflicted children and the normally misbehaving inmates who are, however, capable of responding to a regular treatment approach.
In treatment, usually group therapy, the patient is permitted to say anything that comes into his mind which he thinks will express his feelings. Verbal expression helps to control or prevent overt expression of tensions, aggressions, or anxiety. In the process of psychotherapy, the patient is helped to achieve a greater control and reduce compulsive urges and obsessions to act out his problems. The end result sought is that the delinquent shall respect other people, gain self-esteem, and lose the conviction that he is an outlaw rejected by society.

Treatment centers in public correctional systems are relatively new. Somewhat more experience and experimentation have been achieved in privately supported treatment institutions. The Sonia Shankman Orthogenic School in Chicago is a private school where the child is accepted as a patient not because he is delinquent, but because he is emotionally disturbed. Here, delinquency is regarded as symptomatic of his basic maladjustment.

Cavan described a new experiment in group therapy which was begun in 1950 in New Jersey, at Highfield's. This program, mentioned on page forty-one, is not suitable for deeply disturbed or mentally deficient youth. The Highfield's Center was established on the premise that an intensive rehabilitation approach could be accomplished in three or four months. The group therapy used was called Guided Group Interaction. The groups consisted of ten boys and a group leader, meeting five evenings each week. In free discussion, problems are brought out, and an understanding is gained of the motivations for misbehavior. Boys learn that
many others have the same problems; they feel the group's approval or disapproval. Success at adjusting depends upon learning an understanding of motivations and an ability to control behavior in a negative situation.

Since the end of the World War II period, Cavan stated, there has been a trend toward retraining delinquents in the community. Multi-means are used as probation, living at home but attending training during the day, work release, using public agencies, night school, community recreational activities, churches and where there is a limited amount of freedom and some adult supervision. Cooperation with the community is an essential element in the adjustment of a boy. When the school, court and the boy work toward the same ends, the boy's chances for rehabilitation are greatly increased. Often group homes or temporary foster homes, within the community, are used to change the environment for an individual. The emphasis is on what the community can do first, before thoughts turn toward sending the delinquent away.

According to Cavan, the group situation has certain advantages over individual case work for certain children. In successful casework, the child must achieve a personal relationship with the caseworker, marked by trust, confidence, and respect. Some children cannot do this because of the nature of their problem;

51 Cavan, loc. cit., p. 516-520.
52 Cavan, loc. cit., p. 341-342.
for example, the basic problem may be with distrust and fear of
an authoritative parent, and the child associates all adults in
a position of leadership, such as the teacher or caseworker, with
that parent. The child may be so aggressive that he cannot con-
form to the expectations of an office interview. In the therapy
group, the child may ignore the leader for several meetings. In
a group, his reticence is less noticeable and he feels less con-
spicuous than when confined in an interview with the caseworker.
Among children his own age, with problems similar to or different
from his own, the child begins to realize that he is not the only
child with problems. Therapy must usually continue for many months.
With older children and adolescents, therapy goes on primarily
through free discussion in which the leader plays a minimal role
and offers no reprimand regardless of what is said. The members
begin to express verbally their resentments, to compare experiences,
and to develop an interactive therapy in criticizing each other
and in offering suggestions as to how one individual may handle a
specific problem.

Corsini and Rosenberg53 (1955) offered the following bene-
fits of group therapy: 1. acceptance by the group, members
acquire a warm, comfortable feeling toward other members; 2.
altruism, where in time the members wish to do something for
others; 3. universalization, whereby members realize that they

53Corsini, Raymond J., and Rosenberg, Bima, "Mechanisms of
Group Psychotherapy: Process and Dynamics, Journal of Abnormal
are not alone in their problems; 4. intellectualization, whereby allowing insights to be gained through acquiring knowledge in the group; 5. reality testing, the group situation is permissive and non-threatening; the members may try out and express attitudes and behavior without fear of reprisals; 6. transference, the members achieve a strong emotional attachment to the leader, to separate members of the group, or to the group as a whole; eventually, in the course of therapy, members will free themselves of this dependency; 7. interaction of whatever type seems to be beneficial; 8. spectator therapy: each member gains in some way from listening to and observing himself and others; 9. ventilation: the members release pent-up feelings or expression of ideas usually not expressed in other situations. In successful group therapy, the child eventually realizes that he no longer needs the contact with the group.

Cavan\textsuperscript{54} felt that emotionally disturbed and delinquent children sometimes become so disorganized and unable to control their behavior that family and community can no longer tolerate them, and the children in time can no longer tolerate the family and community. They withdraw mentally, repeatedly run away, or make violent attacks on people or property, or threaten suicide. Such children make little progress toward adjustment unless removed from the family and sometimes, from the community. Foster home placement rarely suffices, as the foster family expects

\textsuperscript{54}Cavan, op. cit., p. 341-343.
some degree of orderliness and cooperation. Even when the child's behavior is delinquent in nature, the correctional school is unsuitable, as it usually imposes greater restrictions and is more impersonal in nature than the situation against which the child is struggling.
WHAT DOES THE FUTURE HOLD

With the rate of juvenile crime on the rise, the 600,000 population in our country's reform schools may rise as well. Is this going to mean that we will ruin more young people's lives and that more and better criminals will be coming out of our reform systems only to crowd our prisons? There are many professionals who believe that the answer need not be affirmative.

Some public figures suggest that more reformatories should be built, that delinquents sent there should be more thoroughly screened so as to admit only those who are a threat to society. Other public figures think that institutions should have homogeneous groupings so that incorrigibles do not end up with the homosexuals and "hard-core" criminals. Solutions of this type do not attack the basic fault of many institutions, which is their inability to treat the youthful offender's problems and return him to a productive life in our society.

More and more experimental projects are being tried in the area of delinquent rehabilitation and are having varying degrees of success. There is some degree of inadequacy in the literature as is shown, when one asks the question, "What causes delinquency?" To be able to "cure" delinquency, it may be necessary to know what causes delinquency. About the best one can say is that in certain youths it was caused by any, or a combination of, the following: lack of warm supportive family life; lack of succession
or success in school; lack of supervision and firm, consistent discipline; lack of challenging and exciting things to do; lack of opportunity to work and earn money; lack of resources for early detection and treatment of physical, emotional and mental handicaps; or lack of exemplary standards in adult life. These are just some of the causes, but why do they affect some children and not others? Are there predispositions to delinquency, and if so, what are they? Here one may find our lack of knowledge of the human mind setting up a formidable roadblock.

Healy (1936) wrote that little research has been done in the actual treatment area. Here, too, one can list the do's and don'ts of child care, but they are as unique to each situation as is the child in question. What should and should not be done with a specific child is still often guess work. Those who have done research in the field of child care do, however, have a general philosophy and course of action which has made some definite progress in returning delinquents and emotionally disturbed youth back into society as whole people.

There remains a need for different types of institutions for neglected and delinquent children, for trained staff and adequate resources, for improved counseling services, for testing and instructional services. It appears that because delinquency is multi-causalional that the solution must also be via multi-approaches for the different causes. The more disturbed individuals may need individual psychotherapy; the anti-social, destructive individual may need peer group treatment; and the younger
or pre-delinquent may well benefit from behavior modification techniques. Nevertheless, where the community effort with hard-core delinquency fails, the use of institutions becomes a necessity.

Healy (1936) wrote of delinquency, that when socially acceptable behavior has met obstructions or frustrations, sooner or later these will show up in the characteristics which are termed delinquency. It is possible to discover in nearly every case, the nature of these obstructions. It is felt that the neighborhood conditions, bad associates, poor recreation, and a broken family are accountable for the production of delinquency. In truth, they are destructive, but it appears that with delinquents there are almost always deeply felt discomforts arising from unsatisfying human relationships that cause acting-out behavior toward people or the environment. After all, as stated before, why in the same environment can one child turn out delinquent, and the next non-delinquent? It is the feeling of inadequacy, deprivation, or frustration, caused by unsatisfying human relationships, that develop into delinquent behavior.

This writer feels that delinquency has to be treated by finding the individual causes which leaves the person frustrated and then undoing this frustration. Using a medical model as an example, if a doctor treats all fevers the same, many patients would not be cured. A fever caused by a common cold or flu is caused differently biologically than a fever caused by a patient who has a tubercular condition. In essence, there are different causes for delinquency and, therefore, the panacea cannot be a precise prescription.
A most disturbing fact about the recital of delinquency and crime on the part of children is that no society has mastered the techniques of successfully initiating children into the expectations and demands of their society and thus avoiding the problem of delinquency.

Altogether, it can be seen that research into fundamental causes has left many with the conviction that the checking of a delinquent career, once started, is no easy matter. In any treatment project, there is no royal road to success. The same must be said about prevention.
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