

3-2016

CAN REHABILITATIVE PROGRAMS REDUCE THE RECIDIVISM OF JUVENILE OFFENDERS?

Tyneshia Renee Thompson MS.

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Public Administration Commons](#)

Recommended Citation

Thompson, Tyneshia Renee MS., "CAN REHABILITATIVE PROGRAMS REDUCE THE RECIDIVISM OF JUVENILE OFFENDERS?" (2016). *Electronic Theses, Projects, and Dissertations*. 278.
<https://scholarworks.lib.csusb.edu/etd/278>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

CAN REHABILITATIVE PROGRAMS REDUCE THE RECIDIVISM OF
JUVENILE OFFENDERS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
in
Public Administration

by
Tyneshia Renee Thompson
March 2016

CAN REHABILITATIVE PROGRAMS REDUCE THE RECIDIVISM OF
JUVENILE OFFENDERS?

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Tyneshia Renee Thompson

March 2016

Approved by:

Dr. Ann Johnson, Committee Chair, Public Administration

Dr. Jonathan Anderson, Committee Member

© 2016 Tyneshia Renee Thompson

ABSTRACT

Since the founding of the juvenile justice system, minimal attention or research effort has been contributed to the understanding of factors affecting the rates of juvenile arrests, detainment, and return to community. Over time, studies have seen juvenile recidivism rise and fall. Counties and states do not keep solid empirical data on recidivism because minors are constantly reentering juvenile detention centers. States and counties only keep compacted empirical data on arrest of minors. It makes it hard for counties and states to differentiate who has been arrested multiply times.

The following study investigates the juvenile justice and questions the rehabilitative function and ability of the system. Various methods of rehabilitation have been used and have been deemed null or effective. If certain practices have been deemed ineffective, are they still in practice, and why? Also, if other practices have been deemed effective in rehabilitation, at what rates are they being used and why?

Studies that have focused on the contributing factors of youth at risk of recidivating or becoming offenders have birthed interventions that could potentially decrease juvenile recidivism significantly. This study will look into those interventions and analyze the results.

Multisystemic therapy, as well as Cognitive Behavioral Therapy has been deemed valid therapy methods that have impacts on juvenile recidivism. We will

delve into the science of juvenile detention and society's efforts on decreasing rates of incarceration as well as recidivism.

ACKNOWLEDGEMENTS

First, I would like to give honor to my Lord and Savior Jesus Christ for giving me the strength and knowledge when I faced many obstacles throughout this tedious journey. He has shown me just how patient of a person I am. I am truly thankful for his grace and mercy.

I would like to give thanks to my entire family, but especially to my mother, father, and sister for their unconditional support and patience with me throughout this program. To my friends, thank you for keeping me in your prayers and motivating me along the way.

A special thank you to Dr. Johnson, Dr. Anderson, and Dr. Sirotnik for providing me with guidance and support.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER ONE: INTRODUCTION	1
History of Juvenile Hall in the United States	2
History of Juvenile Hall in California	4
Court Case: Farrell v. Harper.....	4
History of Juvenile Court.....	5
Problem Statement	6
Definitions	7
Statistics	8
CHAPTER TWO: LITERATURE REVIEW.....	9
Introduction.....	9
Multisystemic Therapy and Juvenile Recidivism.....	10
Cognitive Behavioral Therapy and Juvenile Recidivism.....	14
CHAPTER THREE: METHODS	18
Introduction.....	18
Study Design	18
Sampling.....	19
Data Collection and Instruments.....	19
Procedures	20

Data Analysis.....	21
CHAPTER FOUR: RESULTS.....	22
Introduction.....	22
Presentation of the Findings.....	22
CHAPTER FIVE: DISCUSSION.....	28
Introduction.....	28
Discussion.....	28
Limitations.....	29
Recommendation.....	31
Conclusion.....	31
APPENDIX A: AGE ON CENSUS DATE BY SEX FOR CALIFORNIA 2010,2011,2013.....	35
APPENDIX B: ESTIMATE OF POPULATION BY GENDER AND ETHNICITY FOR ORANGE AND RIVERSIDE COUNTY FOR YEAR OF 2014.....	37
REFERENCES.....	40

LIST OF TABLES

Table 1: Runaway Arrest Rate Percentage	23
Table 2: Other Status Offenses Arrest Rate Percentage	23
Table 3: Truancy Arrest Rate Percentage	23
Table 4: Curfew Arrest Rate Percentage	24
Table 5: Total Status Offenses Arrest Rate Percentage per Ethnicity for Riverside County	24
Table 6: Total Status Offenses Arrest Rate Percentage per Ethnicity for Orange County	25

LIST OF FIGURES

Figure 1: Riverside County Total of Status Offenses	26
Figure 2: Orange County Total of Status Offenses	27

CHAPTER ONE

INTRODUCTION

“Youthful offenders have much greater capacity for rehabilitation and should be provided every opportunity to heal and rehabilitate” -America Correctional Association

Prior to the 20th century, many psychologists saw a major shift in society, especially from the standpoint of juvenile delinquents. Equally important, children were seen as young adults by the age of seven and were expected to behave appropriately. If a child committed a violent crime, he/she was prosecuted in an adult court. Some states sent children to remote farms or reform schools that helped rehabilitate juveniles. The juvenile justice system has been subject to major reforms in order to correlate with the inevitable events that have occurred in the history of juveniles in the United States.

Despite the increase of juvenile offenders in the 19th century, some states felt that juveniles were not always rehabilitated in prison because they were able to interact with adult criminals. The cohabitation between juvenile and adult criminals was frowned upon by some states because the acts of violent crime in regard to juveniles increased after they were released from prison. The numbers increased due to the fact that juveniles gained criminal knowledge from the adult criminals. On the contrary, the current conflict of reducing the recidivism of juvenile offenders has become more attainable when taking into account the progression of juvenile justice system.

Prior to the 1900, children were imprisoned with adults. This notion changed when the United States entered the Progressive Era, which spanned between 1900 and 1918. During the Progressive Era, the United States witnessed a social change that occurred with women, child labor, and propaganda that exposed big business corruption. Most importantly, the juvenile justice system was part of social reform in the United States as well. Social science professionals fostered the ideology of "Rehabilitative Ideal." Rehabilitative ideals permeated the Progressive criminal justice ideology, reforming probation, parole, juvenile courts, as well as indeterminate sentences. Social science professionals started to use the Rehabilitative Ideal ideology when imprisonment became a means of punishment (Allen, 1981). Changes occurred in the justice system where communities were held responsible for recovering lives of young offenders. The justice system incorporated the communities into their plan since they did not want young offenders absorbed back into criminal activities.

History of Juvenile Hall in the United States

During the social reform, the Society for Reformation for Juvenile Delinquents built the New York House of Refuge in 1824. Fox (1970) mentioned that the New York House of Refuge was created to ensure the separation of juvenile and adult offenders. Boston and Philadelphia followed suit to establish their own House of Refuge. The primary objective of the House of Refuge was to isolate children from the negative influences of urban poverty, and to ensure they

did not have the opportunity to recommit violent crimes. According to Fox (1970), the House of Refuge concentrated on children whom were not yet truly criminals and to save the pre-delinquent youth. The term *pre-delinquent* rose from the central concept of juvenile justice when the emergence of reform happened in New York. The House of Refuge viewed that a deviant child was a victim rather than an offender. Fox (1970) stated that the house was also designed to deal with children who were antisocial.

Eventually, Chicago, Illinois in 1855 created their reform school for juvenile delinquents (Hash, 2007). The city established the Chicago Asylum and Reform School. In order to be housed in the reform school the juvenile must be under the age of sixteen. When a delinquent was sent to the reform school they either were convicted by Chicago justice of the peace or by a police magistrate. In addition, they took in a child if there was no parental care. The reformatory school provided inmates with moral instruction and taught a trade in order to get a job upon their release (Pierce, 1940). The term *moral instruction* is essentially when a person gives advice to another person about prosocial behavior. The concept of prosocial behavior is a “voluntary action that is intended to help or benefit another individual or group of individuals” (Eisenberg & Mussen, 1989, p.3). When a person has prosocial behavior they tend to stay away of indecent activities and lean more towards decent activities to take part in.

History of Juvenile Hall in California

In 1858, San Francisco became the first city in California to open a juvenile justice facility, which was called the San Francisco Industrial School. The state of California opened the Industrial School on premises of caring for orphaned, abused, neglected, and delinquent children (Center on Juvenile and Criminal Justice [CJCJ], 2015). The school closed its doors in 1892 due to mismanagement and documented abuse. Having the model of congregate institutional care laid out the foundation for California youth correctional facilities. California was amongst the first states to acknowledge and establish a separate court system for youthful offenders. California legislators in 1903 saw the importance of giving youth individualized attention and rehabilitation.

Court Case: Farrell v. Harper

By the 1990s, California experienced overcrowding in their juvenile justice facility because counties relied heavily upon state-ran institutional care. The violence increased in the halls and it became more difficult to rehabilitate juveniles. Consequently, California was forced to address the problem of overcrowding when a class action lawsuit was filed in 2003. The lawsuit was filed against the California Youth Authority (CYA) in *Farrell v. Harper*. CYA is a rehabilitation, training, and treatment program. The plaintiff (Farrell) proclaims that the CYA had “inhumane conditions” and it was impossible for minors to have the proper rehabilitation when the classrooms were overpopulated. Margaret

Farrell stated, “Wards live in constant fear of physical and sexual violence from CYA staff and other wards” (Buchen, 2013). The defendant (Harper) is the director of the CYA, is responsible for the daily operations of all the CYA staff, facilities, budgeting, and staff training that affect CYA wards directly (Buchen, 2013).

The defendant misused tax revenues from the plaintiff and other California residents to maintain, administer, and operate CYA facilities. Jerry Harper was aware of the problems since it was clearly stated in a memorandum from the Treatment Delivery Focus Group to the Deputy Director Anderson, which states “We are unable to effectively deliver treatment and training to the wards under our care and supervision” (Buchen, 2013). He knew of the excessive use of force from his staff too. The CYA program was not following protocol and the director was not enforcing protocol; then Governor Arnold Schwarzenegger pledged to implement a new reform. The new reform reduce the levels of violence, provided more education, treatment, rehabilitation, and improved medical and mental health care of minors (Buchen, 2013).

History of Juvenile Court

Over a century ago, the first official United States juvenile court was established in Cook County, Illinois in 1899. There was one fundamental doctrine that the court followed, which was *parens patriae* (the State as parent). *Parens patriae* is derived from the British doctrine. It gave the State the right to intervene with the lives of children, which are fundamentally different from intervening in

the lives of adults. The juvenile court interpreted the doctrine that children do not have the full legal capacity to understand legal ramifications. Consequently, the State provides protection for children that are neglected by their parents and provides benevolent intervention to delinquent children. Shepherd (1999) mentioned that the Illinois Juvenile Court Act was enacted in response to the increase of jury nullification and imprisoning youths with adults. The act did reintroduce the British doctrine of *parens patriae*, and it gave the courts jurisdiction over children whom were charged with crimes (Shepherd, 1999). Equally important, they also had jurisdiction over certain kinds of behaviors and conditions: Illinois Juvenile Court Act, 1899 Ill. Laws 132 et esq.

[A]ny child who for any reason is destitute or homeless or abandoned; or dependent on the public for support; or has not proper parental care or guardianship; or who habitually begs or receives alms; or who is living in any house of ill fame or with any vicious or disreputable person; or whose home, by reason of neglect, cruelty or depravity on the part of its parents, guardian or other person in whose care it may be, is an unfit place for such a child; and any child under the age of 8 who is found peddling or selling any article or singing or playing a musical instrument upon the street or giving any public entertainment.

Problem Statement

There is no solid empirical data on recidivism rates with regard to juveniles, since one in four states do not collect and report recidivism data

(Pewtrusts.org, 2014). Consequently, reducing recidivism rates amongst juveniles is been a topic of question since the establishment of the Juvenile Courts in 1899. When juveniles are released from states' custody, they are either placed on probation or released back into their community. Many juveniles recidivate, since there are certain risk factors that are not being addressed before their release or before incarceration. Researchers have identified some of the leading risk factors and they include community norms, the availability of drugs and firearms, and economic and social deprivation. Hence, researchers have conducted many studies in order to find intervention programs that would help reduce the recidivism rate amongst juveniles.

Definitions

According to the Office of Justice Program (2014), *recidivism* "is measured by criminal acts that resulted in rearrest[s], reconviction or return to prison with or without a new sentence during a three-year period following the prisoner's release". Recidivism *is* when a person has relapsed into their previous criminal behavior. Juvenile delinquents are minors between the ages 10 and 18, whom have committed unlawful, violate crimes (Reuters, 2015). The British Dictionary (2015) defines a juvenile delinquent has a child whom is guilty of some sort of crime or demonstrates antisocial behavior that is beyond the parents' control. *Incarcerated* is a juvenile who resides in a juvenile detention or correctional facility. A detention facility or juvenile hall is the housing facility that contains

minors arrested for a crime. For the purpose of this project, status offenses include truancy, runaway, curfew, incorrigible and other status offenses.

Statistics

California has seen a steady drop of juveniles confined in detention facilities (Appendix A). In 2010 there were 11,532 incarcerated juveniles in California (Sickmund, Sladky, Kang, & Puzzanchera, 2015). California had the highest juvenile confinement rate in the entire United States (Sickmund et al., 2015). Orange and Riverside County incarcerated youth count fluctuate on a daily basis due to transfers, releases, and new arrests. A juvenile could stay on average from one day to a few months or a few years depending on the crime they have committed.

CHAPTER TWO

LITERATURE REVIEW

Introduction

In this chapter, there will be a discussion on the different types of therapeutic programs that can help reduce the recidivism rate of juvenile offenders. The first therapeutic program (Multisystemic) focuses on the severe psychosocial and behavioral problems that have occurred with families of the juvenile offenders. This particular therapeutic program also addresses the environmental factors that have affected the youth at school and in their community. The second therapeutic program is the combination between two profound therapies in psychology (Cognitive and Behavioral). By merging the two therapies together, researchers were able to come up with a comprehensive therapy that can provide psychotherapy treatment that will help young offenders identify and change their dysfunctional behavior patterns. In addition, cognitive behavioral therapy helps young offenders create goals in order to be model citizens after being release from juvenile hall.

Mark W. Lipsey, a research professor for the department of Human and Organizational at Vanderbilt University, identified several interventions that could help reduce the recidivism rate of juveniles in his publication *Can Rehabilitative Programs Reduce the Recidivism of Juvenile Offenders? An Inquiry Into the Effectiveness of Practical Programs* (1999). The main premises of this particular article drew upon the research of Lipton and colleagues (1975) where they

discovered that some rehabilitative programs did not have a significant impact on decreasing recidivism rates. Lipsey (1999) agreed that some therapy programs did not have a profound effect on reducing the recidivism rates, but some therapy programs did have positive effect on recidivism. Lipsey published an article called *The Primary Factors that Characterize Effective Interventions with Juvenile Offenders* (2009) where he identified effective programs that would help with reducing the recidivism rates amongst juvenile delinquents. He came to the conclusion that cognitive behavioral therapy and multisystemic therapy are the two prevalent therapies that have a profound effect on reducing the recidivism rates within the juvenile delinquent population.

Multisystemic Therapy and Juvenile Recidivism

The multisystemic therapy is a highly valid therapy treatment program that helps with serious antisocial behaviors in a juvenile offender (Henggeler et al., 1996). Multisystemic therapy is a therapy that involves family and community based treatment programs that primarily focus on the impact of the environment of juvenile offenders (MSTservices.com, 2015). The juvenile environment includes their homes, families, schools, teachers, neighborhoods, and friends. According to MSTservices.com (2015), this therapy system demonstrates how it could improve the quality of life for minors and their family. This particular therapy specialized with juvenile offenders who have a long history of arrest (MSTservices.com, 2015).

Antisocial behaviors in juvenile delinquents have increased over the past decades. Loeber (1990) revealed that psychiatric admissions, substance abuse, suicide, as well as special classroom placement in schools are dominating factors of antisocial behavior in children (Loeber, 1990). Equally important, family is the consistent variable on why children develop antisocial behavior at a young age (Loeber & Dishion, 1983; Mcord et al., 1963). Loeber and Dishion (1983) and Mcord and colleagues (1963) also saw that rebellious children developed disrupting behavior because the families were inconsistent with the discipline, provided less supervision on child activities, and showed no positive parental involvement. Patterson and colleagues (1989) created a chart that revealed how antisocial behavior is developed in young populations. The chart first starts off by listing how grandparents affect troublesome juvenile behavior (poor family management), and then it goes on to describe the parental traits (susceptible to stressors), but Patterson (1989) splits the parental traits into two categories (family demographics: income, parent education, neighborhood, and ethnic group) (family stressors: unemployment, martial conflict, and divorce). All these factors mentioned above lead to disrupted family-management practices, which cause disruptive behaviors in a child (Patterson et al., 1989).

Huey and colleagues (2000) mentioned that multisystemic therapy was designed to enhance the cohesion of a family. MST provides the fundamental skills and resources for parents in order to address predictable encounters when raising a teenager. MST essentially is an exhaustive family focus and community based treatment program that helps decrease juvenile offenders negative

behaviors (Henggeler, 2012). The primary focal point of MST is to help youth handle the inevitable difficulties with family, peers, school, as well as neighborhood problems they encounter (Henggeler, 2012). Henggeler and Borduin (1990) saw that MST increases prosocial behavior and decreases antisocial behaviors. Henggeler and colleagues (2009) showed that MST does alter key family and peer risk factors that lead to criminal behavior within juveniles. As matter of fact, the changes in the risk factors decrease an adolescent's antisocial behavior.

Family participation plays a vital role when an adolescent decides to take part of the MST. Tuerk and colleagues (2012) saw that families of juvenile offenders do seek out the MST typically because they come from clinical populations. Henggeler (2012) discussed that many families of the juvenile offender are referred to MST because they have failed to address the clinical problems that have occurred with their family members. MST therapists want the juvenile offender and key family members to attend sessions, since they would be able to define the problems, set goals, and implement interventions to meet those goals (Henggeler, 2012 b). Family involvement is the important link in this therapeutic process since MST therapists work closely with parents in order to enhance their parental skills (Henggeler, 2012 b). Sawyer and Borduin (2011 a) discovered that having family involvement would change the juvenile social ecology. Social ecology of crime is the study of the behavioral outcomes when an adolescent violates the rules of conduct that are defined in law (Wikstrom, 2009).

Every study discussed in this section used a quasi-experimental study or random control trials (i.e. increased warmth and decreased aggressive communications) to formulate their results. One of first major experiments that tested MST with regards to juvenile offenders came from Scott Henggler in 1986. Henggler used doctoral students in a clinical psychology program as therapists to conduct his study on how MST affects recidivism in regards to juvenile offenders. Henggler (1986) showed that behavioral problems can be reduce when juvenile offenders have a strong relationship with their families. Brunk and colleagues (1987) did a second study that evaluated the effectiveness of MST in regards to maltreating families. They saw that MST was more effective than behavioral parent training when improving the interactions between parent and child that are associated with child maltreatment. Borduin did his own study with doctoral students in clinical psychology that served as the therapists, too. Borduin (1995) did a randomized experiment with 176 violent and chronic juvenile offenders. When the violent and chronic juvenile offenders went through MST, there were extensive improvements in family relations. He saw a 63 percent decrease in recidivism when there is a four-year follow-up. Sawyer and Borduin (2011) collected data for 22 years, which demonstrated that MST reduced 36 percent of felony rearrests, and 33 percent reduction in adult confinement. Each trial used randomized designs and long-term follow-ups clearly demonstrated that MST does have favorable outcomes when adolescents have serious clinical problems, as well as their families.

Cognitive Behavioral Therapy and Juvenile Recidivism

Little (2005) mentioned that CBT is one of most used treatments in criminal justice. Cognitive therapy focuses on juvenile thoughts and assumptions while behavioral therapy concentrates on how the environment could either change or maintain the behaviors (Skinner, 1974; Bandura, 1977). CBT focuses on helping young people change their dysfunctional beliefs, as well as preventing behavioral patterns of crime and violence (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2010). CBT is effective for juveniles because it simply targets the juvenile emotions that influence their behaviors. Many researchers' empirical data revealed that a cognitive behavioral program has a positive influence on reducing the recidivism rate of juveniles (Little, 2005; Lipsey et al., 2001; Pearson et al., 2002; Wilson et al., 2005). Beck (1995) identified that cognitive therapy helps juveniles gain control when they have inappropriate repetitive thoughts that eventually leads to problems.

Certainly, there is an array of well-conduct meta-analyses with regards to CBT. The researchers discovered that CBT is an effective intervention for reducing the recidivism of juveniles. Pearson and colleagues (2002) conducted meta-analyses that involved 69 independent comparison variables in order to examine the effect of rehabilitation (CBT) or intervention program (behavioral). When Pearson and colleagues were conducting their study, they only wanted certain types of variations, which were approved in a previous study by Correctional Drug Abuse Treatment Effectiveness (CDATE). The behavioral program consisted of standard behavior modification, contingency contract, and

token economy. On the other hand, the cognitive behavioral involved self-control training, social skills development training, and thinking errors approach. The empirical data showed that CBT had a positive influence of reducing recidivism than a behavioral program. They found that the mean for the treated group was about 30 percent in regards to recidivism reduction. Wilson (2005) conducted his own meta-analysis, but his sample size was only 20 group-oriented cognitive behavioral programs. He found that CBT is an effective way of reducing juvenile offenders' criminal behavior. Wilson and colleagues concluded that CBT programs have 20 to 30 percent recidivism reduction when compared to control groups. Each meta-analyses mentioned encompassed a wide range of variables in order to ensure CBT is the most effective treatment for offenders.

Prior studies concentrated on the offender types, outcome variables, as well as variations of CBT (Landenberger & Lipsey, 2005). Landenberger and Lipsey (2005) conducted an own meta-analysis in order to see if certain components of CBT programs are used with both adult and juvenile offenders to determine the recidivism effect size. The study comprised of 58 experimental and quasi-experimental studies that focused on the aspect of CBT with regards to recidivism of adult and juvenile offenders. This particular study focused on the factors that are associated with variation in treatment effects of CBT. In addition, the study also wanted to change the offenders' dysfunctional cognition by teaching them new cognitive skills that involved therapeutic techniques, which are associated with CBT. The therapeutic techniques that are associated with CBT are interpreting social cues, monitoring one's own thought processes, as

well as compensating for distortions and errors in thinking. They adopted CBT programs such as Reasoning and Rehabilitation (Ross & Fabiano, 1985), and Thinking for a Change Curriculum (Bush, Glick, & Taymans, 1997) in order to see which CBT program would have a significant effect on recidivism.

Landenberger and Lipsey (2005) decided to control the method variables, which are associated with recidivism reductions of higher risk offenders. The adult and juvenile offenders had to be incarcerated, institutionalized, or are on probation and/or parole to participate in this study. Landenberger and Lipsey (2005) compared their findings to previous findings (Pearson et al., 2002; Wilson, Bouffard, and MacKenize 2005; Lipsey, Chapman, & Landenberger, 2001) and saw that an offender who participated in an intervention for individuals in a treatment group were 1.53 times greater than those individuals in the control group. The control group decreased the recidivism rate by .40 percent, but on the other hand, the treatment group decreased the recidivism rate by .30 percent. So, it's a 25% decrease overall. (Pearson et al., 2002; Wilson, Bouffard, and MacKenize 2005; Lipsey, Chapman, & Landenberger, 2001) suggested that a well-designed CBT program would have a positive effect on recidivism because it demonstrates that it has a profound effect on diminishing negative behavior. On the contrary, they discovered that CBT works great for offenders with a higher risk of recidivism than those with a lower risk. Landenberger and Lipsey (2005) mentioned that higher risk offenders are less amenable to treatment. Andrew and Bonta (2002) and Andrews and colleagues (1990) agreed that CBT has a profound effect on higher-risk offenders, since it is consistent with the

correctional treatment. The above researchers agree that CBT works well with higher-risk offenders because they receive more intensive services, which targets their criminogenic needs. A criminogenic need refers to an offender's criminal thinking patterns (Landenberger & Lipsey, 2005).

Landenberger and Lipsey (2005) revealed that CBT has the same effect on juveniles as adults. CBT could be used in both juvenile justice, as well as criminal justice settings. In their final analysis, they determined that when offenders are treated in prison, but towards the end of their sentences, the recidivism decreases. On the contrary, offenders that are treated once they are released back into the community and on probation, parole or in transitional aftercare, recidivism increases.

The research questions for this project are as follows: are Riverside and Orange Counties arresting minors at disproportional rate per status offenses and per ethnicity for the year 2014? Did the arrest rate increase or decrease when both counties implemented evidence-based practices programs under the Federal Juvenile Accountability Block Grants (JABG)?

CHAPTER THREE

METHODS

Introduction

In this chapter, there will be a discussion about the study design, sampling, data collection and instruments, procedures, and data analysis. In this research project there were two types of methods used to conduct the project. A quantitative method was used because it is able to explain the underlying reason on why recidivism is difficult to track. The other method used is secondary source. This method manipulates pre-existing statistical data collected by the state of California Department of Justice Office of the Attorney General for arrest of minors.

Study Design

The purpose of this quantitative research and secondary source project was to evaluate arrest rates of minors for Orange and Riverside Counties in California. A quantitative design was used in this study to measure whether certain ethnicity groups are arrested at a disproportionate rate by the offenses they have committed. In addition, this quantitative design measured which county has a higher arrest rate for the year of 2014. Using the secondary source design approach worked best for this particular experiment because of the degree of difficulty in collecting the data on minors living in the counties.

Sampling

The data for the minor population in Riverside and Orange Counties were obtained from the United States Census Bureau. The Census Bureau used the American Community Survey (ACS). The ACS is a supplementary survey to the census that helps small areas produce and provide an estimate of the population on a yearly and monthly basis. On the other hand, the data sets for minors arrested in Riverside and Orange Counties were obtained from the State of California Department of Justice Office of the Attorney General. The department arranged the data sets by ethnicity, types of offenses, age range, statistical years, and gender.

Data Collection and Instruments

On September 2015, the Department of Justice Office of the Attorney General for the state of California was notified of the study. A website called Criminal Justice Statistics Center (CJSC) is where I obtained statistics for arrests of minors living in Orange and Riverside County. On October 2015, the United States Census Bureau of Los Angeles sent the population of minors living in Orange and Riverside Counties for the year of 2014. Once the data was retrieved from both parties, Dr. Sirotnik, a professor at California State University, San Bernardino, helped evaluate the data retrieved. When the data was abstracted it measured the arrests of certain crimes such as truancy, runaway, curfew, and other status offenses for each ethnic group (Whites, Blacks, and Mexicans).

The data collection for this particular research project is actually second hand data because it was downloaded data from government agencies that provides data to the general public.

Procedures

This was a qualitative research and secondary source study acquired data from other sources. These methods allowed a strong estimate of youth arrested and living in Riverside and Orange Counties. Data was obtained for population of youth between ages of 10 to 17 years old for each ethnicity and gender (Appendix B). Each county was broken down by ethnicity, gender, and age in order to obtain a fairly good estimate of the total population for the year of 2014. CJSC provided separate comprehensive spreadsheets for each county per ethnicity. Every spreadsheet contained a list of every status offense committed by children between the ages of 10 to 17 for years of 2005 to 2014.

Once the data was calculated, I was able to find the arrest rate for each ethnicity and each status offenses for both Riverside and Orange County. The arrest rate is the number of arrests made by law enforcement agencies (Office of the Attorney General [OAG], 2016). Arrest rates were calculated by dividing the number of status offenses in each county by the respective populations.

Data Analysis

After the data was calculated for both Riverside and Orange County, the findings were placed into tables to give a solid empirical overview on arrest rates for 2014 per status offenses, ethnicity, and county. The findings of the data analysis are described in Chapter Four.

CHAPTER FOUR

RESULTS

Introduction

The following chapter presents the results of the qualitative data used to calculate the arrest rates of minors in both Riverside and Orange County for the year of 2014. Arrest rates are provided with frequent use of tables to illustrate percentages of the desired population that are arrested by the crimes that each ethnic group has committed. There are also two graphs that depict how arrest rates for both respectable counties over the course of five years have changed.

Presentation of the Findings

Before calculating the arrest rates for each status offense per ethnicity group and county, I developed hypotheses to be tested. Each hypothesis compares and contrasts the different ethnic groups for each county. In addition, each table of status offenses gives the total percentages of the desired populations that are arrested for each county for the year of 2014 and which ethnic group is arrested at disproportional rates by county. The figures depict how arrests of the total status offenses have changed between 2009 to 2014 for both Orange and Riverside County. The sample sizes vary for each status offense and population of each ethnicity for both Riverside and Orange Counties (Appendix B).

Table 1: Runaway Arrest Rate Percentage

2014	Black	Hispanic	White	Total
Riverside County	0.01%	0.01%	0.01%	0.03%
Orange County	1.13%	0.33%	0.32%	1.78%

Note. Numbers are presented as a percent of the total population within ethnic groups. For minors living in Riverside County, only 0.03% of 259,111 of the total population are arrested for runaway. As for Orange County, only 1.78% of 268,279 are arrested for runaway. The hypotheses are as followed: Hypothesis₁: The rate of runaway in Orange County is different than in Riverside County. Hypothesis_{1b}: The rate of runaway in for Blacks in Orange County is different than Whites or Hispanic in Riverside. Accepted the null hypothesis₁ and accepted the null hypothesis_{1b}.

Table 2: Other Status Offenses Arrest Rate Percentage

2014	Black	Hispanic	White	Total
Riverside County	0.01%	0.00%	0.00%	0.01%
Orange County	0.05%	0.09%	0.01%	0.14%

Note: Numbers are presented as a percent of the total population within ethnic groups. For minors living in Riverside County, 0.01% of 259,111 of the total population are arrested for other status offense. As for Orange County, minors are arrested for other status offenses at 0.14% of 268,279 the total population. The hypotheses are as followed: *Hypothesis₂: The rate of curfew in Orange County is different than in Riverside County* Hypothesis_{2b}: *The rate of curfew for Blacks Orange County is different than Whites or Hispanic.* Accepted the null hypothesis₂ and accepted null hypothesis_{2b}.

Table 3: Truancy Arrest Rate Percentage

2014	Black	Hispanic	White	Total
Riverside County	0.05%	0.08%	0.05%	0.18%
Orange County	0.02%	0.04%	0.01%	0.06%

Note: Numbers are presented as a percent of the total population within ethnic groups. For minors living in Riverside County, 0.18% of 259,111 of the total population are arrested for truancy. As for Orange County, 0.06% of 268,279 of the total population are arrested for truancy. The hypotheses are as followed:

Hypothesis₃: The rate of other status offenses in Orange County is different than in Riverside County
Hypothesis_{3b}: The rate of other status offenses for Blacks in Orange County is different than Whites or Hispanic in Orange County.
 Furthermore, accepted the null hypothesis₃ and accepted the null hypothesis_{3b}.

Table 4: Curfew Arrest Rate Percentage

2014	Black	Hispanic	White	Total
Riverside County	0.34%	0.11%	0.03%	0.48%
Orange County	0.02%	0.07%	0.09%	0.17%

Note: Numbers are presented as a percent of the total population within ethnic groups. For minors living in Riverside County, 0.48% of 259,111 of the total population are arrested for curfew. On the other hand, Orange County only arrested 0.17% of 268,279 of the total population. The hypotheses are as followed:
Hypothesis₄: The rate of truancy in Orange County is different than in Riverside County
Hypothesis_{4b}: The rate of truancy for Blacks in Orange County is different than Whites or Hispanic in Riverside. Accepted the null hypothesis₄ and accepted null hypothesis_{4b}.

Table 5: Total Status Offenses Arrest Rate Percentage per Ethnicity for Riverside County

Black					
2014	Runaway	Other Status offenses	Truancy	Curfew	Total
Riverside County	0.01%	0.01%	0.05%	0.34%	0.41%
Hispanic					
2014	Runaway	Other Status offenses	Truancy	Curfew	Total
Riverside County	0.01%	0.00%	0.08%	0.11%	0.2%
White					
2014	Runaway	Other Status offenses	Truancy	Curfew	Total
Riverside County	0.01%	0.00%	0.05%	0.03%	0.09%

Note: Numbers are presented as a percent for each status offense per ethnicity. Riverside County Black minors have a higher arrest rate than Hispanic and White minors. Hypothesis₅: Hispanics are arrested at a disproportional rate compared to Whites and Blacks. Rejected the null hypothesis₅.

Table 6: Total Status Offenses Arrest Rate Percentage per Ethnicity for Orange County

Black

2014	Runaway	Other Status offenses	Truancy	Curfew	Total
Orange County	1.13%	0.05%	0.02%	0.02%	1.22%

Hispanic

2014	Runaway	Other Status offenses	Truancy	Curfew	Total
Orange County	0.33%	0.09%	0.04%	0.07%	0.53%

White

2014	Runaway	Other Status offenses	Truancy	Curfew	Total
Orange County	0.32%	0.01%	0.01%	0.09%	0.43%

Note: Numbers are presented as a percent for each status offense per ethnicity. Orange County Black minors have a higher arrest then Hispanic and White minors. Hypothesis₆: Whites are arrested at a disproportional rate compared to Blacks and Hispanics. Rejected the null hypothesis₆.

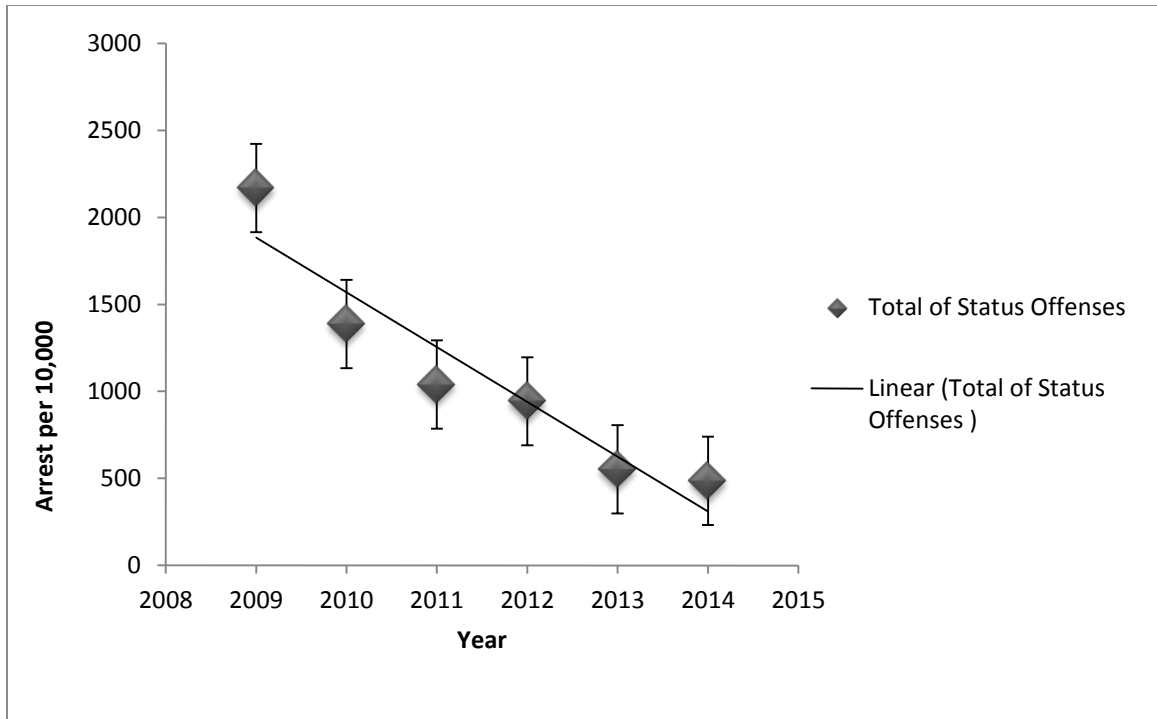


Figure 1: Riverside County Total of Status Offenses

Riverside County: Total of Status Offenses among Hispanic, Black, and White. This graph depicts that arrest in 2005 for truancy, runaway, curfew, and other status offenses peaked, but arrest rates from 2006 to 2014 have declined at a steady pace for truancy, runaway, curfew, and other status offenses.

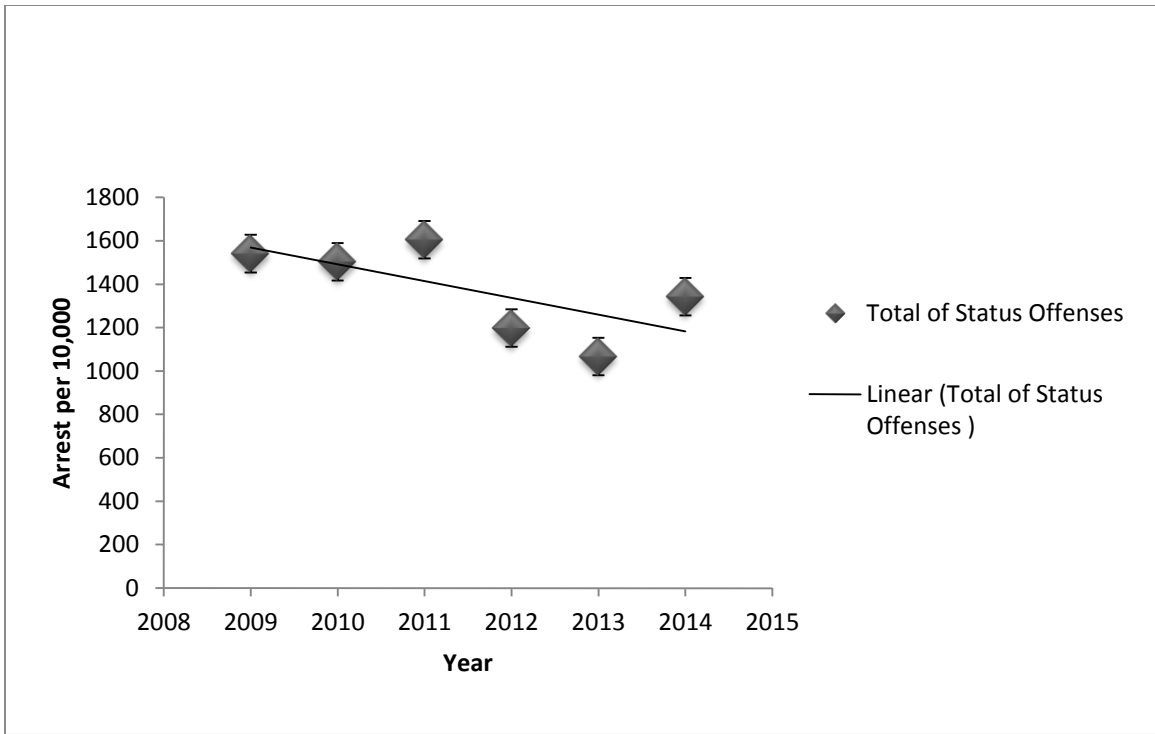


Figure 2: Orange County Total of Status Offenses

Orange County: Total of status offenses among Hispanic, Black, and White This graph depicts that Orange County saw decrease of arrests of curfew, other status offenses, runaway, and truancy for 2009 and 2010. In addition, Orange County saw a peak of arrests for total status offenses for the year of 2011. Arrest rate for total status offenses declined in 2012 and 2013. Furthermore, the arrests for total status offenses have increased for the year of 2014.

CHAPTER FIVE

DISCUSSION

Introduction

This particular study explores the arrest rates of minors between the ages of 10 to 17 that who lived in Riverside and Orange County for the year of 2014. In this chapter, the key findings of the study will be discussed. Furthermore, there will be discussion of the limitations and there will be recommendation for future research.

Discussion

The purpose of this study was to discover which status offenses per ethnicity group during the year 2014 had the highest percentage of arrests between Riverside and Orange Counties. Additionally, it examines which counties have the highest arrest rate for each status offenses during the year 2014. Another purpose of this project was investigated how the evidence-based programs under the JABG were effective in reducing the recidivism.

The study found that minors living in Orange County have a higher arrest percentage for runaways and other status offenses than Riverside County. As for truancy and curfew, Riverside County total arrest percentage is higher than Orange County. Riverside and Orange Counties arrest Black minors at a disproportional rate than White and Hispanic minors.

This study found that over five years Orange County and Riverside arrest rate were not decreasing at the same pace. Orange County arrest rate was decreasing and increasing over five years. Riverside County arrest rate between the years of 2009-2014 has a steady decrease of arrest minors. Orange County arrest rates are inclusive and there needs to be more data in order to see if the evidence-based programs were effective. The evidence-based programs are effective for Riverside County.

The state of California measures juvenile recidivism in terms of arrest, adjudication or conviction for 36 months. In addition, California is measuring the performance of minors to previous year release cohorts and they do not compare rates by offender risk. They report recidivism data to the Legislative and Executive Branch and public at least once a year (PewCharitableTrusts, 2014).

Limitations

This study presented several probable limitations. The Police Department of Eastvale, a city in located in Riverside County began reporting arrest of minors in January 2011 and Jurupa Police Department located in Riverside County began reporting arrest of minors in July 2011(OAG, 2016). According to OAG (2016), a juvenile could be arrested for multiple offenses, but the Monthly Arrest and Citation Register would only select the most status offenses that would be punishable to record as arrest for that given minors.

Another limitation is that Orange County had 9,068 more children living in the county than Riverside County. I did not control for other causes because the

data is secondary data. The counties are not similar in demographics in regards of population. Riverside County has higher concentration of Blacks and Hispanic minors living in the county than Orange County (Appendix B). Furthermore, Orange County population in regards to white is greater than Riverside County (Appendix B). By Orange County having a higher concentration of whites, their arrest percentage will be expected to be higher for all the status offenses. Orange County white minors are arrested more for curfew, runaway, and other status offenses than truancy. On the other hand, Riverside County will be also expected to have higher arrest rates for Blacks and Hispanics since they have a large concentration. Black and Hispanic minors living in Riverside County have higher arrest rates for truancy and curfew than Orange County Blacks and Hispanic minors.

There is also limitation in the perspective of juvenile recidivism measurements. According to Yu (2014), the measurement of juvenile recidivism is inconsistent across states. The Pew Charitable Trusts, the Council of Juvenile Correctional Administrators and the Council of State Government conducted a survey of the 50 states and Washington DC to see how each state measures and tracks recidivism of juveniles. They found out that only 33 juvenile corrections agencies are reporting recidivism data regularly, while five infrequently report or collect and 13 do not collect data on juvenile recidivism (Yu, 2014). Recidivism data is not collected by a quarter of state-level agencies, which causes problems of wrong placements and treatment programs for juvenile offenders. The director of the Public Safety Performance Project at Pew Charitable Trust, Adam Gelb,

pointed out that if states are not collecting or reporting data they are unable to know if policies or programs they are implementing are actually having an impact. Another inconsistency about recidivism is the definition. The survey identified that juvenile justice agencies have several different definitions of recidivism. States sometimes measure recidivism as when a minor is re-arrested or when a minor is convicted or adjudicated (Yu, 2014).

Recommendation

For future research, Riverside and Orange Counties would have the same control number. The sample size would be 50 minors for both counties. In order to track a delinquent progression in the juvenile system they must be 14 years old. Data would be taken beforehand of demographics for the juvenile offenders such as mental illness, substance abuse, and environment. By having the same control number there would not be any inclusive results. It would also show how affected evidence-based programs could reduce the recidivism of juvenile offenders for both counties.

Conclusion

This research project examined whether Riverside and Orange Counties arrested minors for status offenses at disproportional rates per ethnic groups for 2014. Did the arrest rate increase or decrease when both counties implemented evidence-based practices programs under the JABG? In order to answer the

questions, this project collected pre-existing data from the Los Angeles Census Bureau for the population of minors living in Orange and Riverside Counties for the year of 2014. Likewise, there was pre-existing data collected from the state of California Department of Justice Office of the Attorney General about arrest rates of status offenses for the years of 2005 to 2014. By obtaining data of arrest rates it was used to determine on how affected the JABG reduce arrest of minors.

The result concluded that juveniles living in Orange County have a higher arrest rate in runaways and other status offenses as for minors in Riverside County the arrest rate is higher in curfew and truancy over all. Riverside and Orange Counties arrests Black minors at a disproportional rate than White and Hispanic minors.

This study showed that juvenile offenders have responded well to evidence-based programs such as MST and CBT. MST identified factors from the minor environment that could contribute to why a juvenile delinquent is incarcerated multiple times. The influence of family members' actions could influence the way a delinquent minor conducts themselves in public. When a family of a minor has an extensive history of incarceration they perceived it as normal. Juvenile delinquents that are raised in an environment of uncertainty begin to protect themselves from uncertain events. On the other hand, CBT focuses on how juvenile offenders have antisocial or maladaptive behaviors. This program works with delinquent minors to make them aware of their crime they have committed. This program helps offenders understand why they made the wrong choices multiple times and helped make them accountable for their

actions. In addition, offenders learn positive behavior patterns and thought processes, so they do not become impulsive.

The research shows that evidence-based programs are effective at reducing recidivism in juvenile offenders. In order to pick the right evidence-based program for a juvenile delinquent, therapists have to evaluate each juvenile before assigning a therapy session. Once a minor is assigned to an evidence-based program, therapists have to be consistent and reinforce the learning and principles of the therapy.

APPENDIX A
AGE ON CENSUS DATE BY SEX FOR CALIFORNIA
2010,2011,2013

Table 1: Age on Census Date by Sex for California, 2010

Age	Total	Male	Female
Total	11,532	10,203	1,329
12 & younger	48	39	9
13	222	180	42
14	747	630	117
15	1,716	1,449	267
16	2,880	2,553	327
17	4,065	3,627	435
18 & older	1,854	1,722	132

Table 2: Age on Census Date by Sex for California, 2011

Age	Total	Male	Female
Total	9,810	8,607	1,203
12 & younger	54	48	6
13	186	159	27
14	567	456	111
15	1,350	1,137	213
16	2,460	2,151	306
17	3,519	3,120	399
18 & older	1,674	1,536	141

Table 3: Age on Census Date by Sex for California, 2013

Age	Total	Male	Female
Total	8,094	7,032	1,062
12 & younger	39	33	3
13	162	135	24
14	477	393	84
15	1,182	984	201
16	2,016	1,740	276
17	2,946	2,571	375
18 & older	1,272	1,176	96

APPENDIX B
ESTIMATE OF POPULATION BY GENDER AND ETHNICITY FOR ORANGE AND
RIVERSIDE COUNTY FOR YEAR OF 2014

Orange County Hispanic

Male:

10 to 14 years	48,523
15 to 17 years	28,733

Female:

10 to 14 years	48,404
15 to 17 years	28,308

Total 153,968

Orange County White

Male:

10 to 14 years	33,067
15 to 17 years	21,813

Female:

10 to 14 years	32,390
15 to 17 years	20,673

Total 107,943

Orange County Black

Male:

10 to 14 years	2,112
15 to 17 years	1,623

Female:

10 to 14 years	1,893
15 to 17 years	740

Total 6,368

Orange County Children Population Total for 10-17 year olds: **268,279*

Riverside County Hispanic

Male:

10 to 14 years	53,089
15 to 17 years	32,440

Female:

10 to 14 years	55,009
15 to 17 years	31,813

Total 172,351

Riverside County White

Male:

10 to 14 years	21,298
15 to 17 years	14,202

Female:

10 to 14 years	20,603
15 to 17 years	13,457

Total 69,560

Riverside County Black

Male:

10 to 14 years	5,663
15 to 17 years	3,850

Female:

10 to 14 years	4,315
15 to 17 years	3,472

Total 17,300

*Riverside County Children Population Total for 10-17 year olds: **259,211**

REFERENCES

- Allen, F. A. (1981). *The decline of the rehabilitative ideal*. Westford, MA: The Murray Printing Co.
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice–Hall, Inc.
- Baglivo, M. T., Jackowski, K., Greenwald, M., & Wolff, K. T. (2014). Comparison of multisystemic therapy and functional family therapy effectiveness. *Criminal Justice and Behavior, 41*(9), 1033-1056.
- Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York, NY: Guilford.
- Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*, 569- 578.
- Borduin , C. M., Schaeffer, C. M., & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offernders: Effects on youth social ecology and criminal activity. *Journal of Consulting and Clinical Psychology, 77*(1), 26-37.
- Borduin, C. M., Mann, B. J., Cone, L. T., Henggeler, S. W., Fucci, B. R., Blaske, D. M., & Williams, R. A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*, 569- 578.

- Brunk, M., Henggeler, S. W., & Whelan, J. P. (1987). A Comparison of multisystemic therapy and parent training in the brief treatment of child abuse and neglect. *Journal of Consulting and Clinical Psychology, 55*, 311-318.
- Buchen, L. (2013, April). California's division of juvenile facilities: Nine years after Farrell. Retrieved Center on Juvenile and Criminal Justice: www.cjcj.org/uploads/cjcj/documents/state_of_djf.pdf
- Cjsc Statistics: Arrests. (2014, January). In State of California Department of Justice Office of the Attorney General. Retrieved from <http://oag.ca.gov/crime/cjsc/stats/arrests>.<http://dictionary.reference.com/browse/juvenile-delinquent>
- Cognitive–Behavioral Treatment. (2010, September). In Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://www.ojjdp.gov/mpg/litreviews/Cognitive_Behavioral_Treatment.pdf
- Eisenberg, N. and Mussen, P. H. *The Roots of Prosocial Behavior in Children*. Cambridge: Cambridge University Press, 1989.
- Fox, S. J. (1970). Juvenile justice reform: An historical perspective. *Stanford Law Review, 22*(6), 1187-1239.
- Hash, P. (2007). The Chicago reform school band: 1862-1872. *Journal of Research in Music Education, 55*(3), 252-267.
- Henggeler, S. W., Brondino, M. J., Melton, G. B., & Scherer, D. G. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their

families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology*, 65(5), 821-833.

Henggeler, S. W., Cunningham, P. B., Pickrel, S. G., Schoenwald, S. K., & Brondino, M. J. (1996). Multisystemic therapy: An effective violence prevention approach for serious juvenile offenders. *Journal of Adolescence*, 47-61 .

Henggeler, S. W., & Borduin, C. M. (1990). *Family therapy and beyond: A multisystemic approach to treating the behavior problems of children and adolescents*. Pacific Grove, CA: Brooks/Cole.

Henggeler, S. W. (2012). Blueprints for healthy youth development: Multisystemic therapy. Retrieved from Blueprints programs: <http://www.blueprintsprograms.com>

Henggeler, S. W. (2012). Multisystemic therapy: Clinical foundations and research outcomes. *Psychosocial Intervention*, 21(2), 181-193.

Huey, S. J., Henggeler, S. W., Brondino, M. J., Pickrel, S. G., & Hanley, J. H. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology*, 68(3), 451-467.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (2009). Multisystemic therapy for antisocial behavior in

- children and adolescents (2nd ed.). New York: Guilford Press. *Journal of Clinical Psychology: In Session*, 68, 168-178.
- Justice, C. o. (n.d.). Juvenile Justice History. Retrieved Center on Juvenile and Criminal Justice
- Juvenile delinquent. (N.d.). Dictionary.com Unabridged. Retrieved from Dictionary.com website <http://dictionary.reference.com/browse/juvenile-delinquent>
<http://dictionary.reference.com/browse/juvenile-delinquent>
- Juvenile Justice History. (2015, January 1). In Center on Juvenile and Criminal Justice. Retrieved from <http://www.cjcj.org/education1/juvenile-justice-history.html>
- Landenberger, N. A., & Lipsey , M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment. *Journal of Experimental Criminology*, 1-26.
- Lipsey, Mark W., Gabrielle L. Chapman, and Nana A. Landenberger. (2001). Research findings from prevention and intervention studies: Cognitive-behavioral programs for offenders. The American Academy of Political and Social Science.
- Little, Gregory L. (2005). Meta-analysis of moral reconnection therapy(r): recidivism results from probation and parole implementations. *Cognitive-Behavioral Treatment Review* 14:14-16.
- Loeber, R. (1990). Development and risk factors of juvenile antisocial behavior and delinquency. *Clinical Psychology Review*, 10(1), 1-41.

Loeber, R., & Dishion, T.J. (1983). Early predictors of delinquency: A review.

Psychological Bulletin, 94, 68-99.

McCord, W., McCord, J., & Howard, A. (1963). Familial correlates of aggression in nondelinquent male children. *Journal of Abnormal and Social Psychology*

Measuring Juvenile Recidivism. (2014, March 21). In Pew Charitable Trust .

Retrieved from

<http://www.pewtrusts.org/en/multimedia/datavisualizations/2014/measuring-juvenile-recidivism><http://dictionary.reference.com/browse/juvenile-delinquent>

Patterson , G. R., DeBaryshe, B., & Ramsey, E. (1989). A developmental perspective on antisocial behavior. *American Psychologist*, (44), 329-335.

Pearson, F. S., Douglas S. L., Charles, Cleland, M., and Yee, D. S. (2002). The effects of behavioral/cognitive-behavioral programs on recidivism. *Crime and Delinquency*, 48(3), 476-96.

Pierce, B. L. (1940). A history of Chicago: From Town to City (Vol. II). Chicago: Alfred A. Knopf. *Psychology*, 62, 79-93.

Reuters, T. (2015). Juvenile Delinquents. Retrieved from FindLaw:

criminal.findlaw.com

Recidivism. (N.d.). Retrieved from <http://www.merriam-webster.com/dictionary/recidivism>

- Sawyer, A. M., & Borduin, C. M. (2011). Effects of MST through midlife: A 21.9-year follow up to a randomized clinical trial with serious and violent juvenile offenders. *Journal of Consulting and Clinical Psychology, 79*, 643-652.
- Sickmund, M., Sladky, T.J., Kang, W., and Puzanchera, C. (2015). "Easy Access to the Census of Juveniles in Residential Placement." Online. Available: <http://www.ojjdp.gov/ojstatbb/ezacjrp/>
- Skinner, B. F. (1974). *About Behaviorism*. New York, NY: Random House.
- Tuerk, E. H., McCart, M. R., & Henggeler, S. W. (2012). Collaboration in Family Therapy.
- What is Multisystemic Therapy? (2015, January). In Multisystemic Therapy for Juvenile. Retrieved from <http://mstservices.com/what-is-mst/what-is-mst>.<http://dictionary.reference.com/browse/juvenile-delinquent>
- Wikstrom, P.O. H. (2009, December 14). Social ecology of crime. Retrieved from Oxford Bibliographies : oxfordbibliographies.com
- Wilson, D. B., Bouffard, L. A., and MacKenzie, D. L. (2005). A quantitative review of structured, group-oriented, cognitive-behavioral programs for offenders. *Journal of Criminal Justice and Behavior, 32*(2), 172-204.
- Yu, E. (2014, June 13). Juvenile recidivism measurement inconsistent across states . Retrieved from Juvenile Justice Information Exchange .