

THE EFFECTIVENESS OF SERVICES OFFERED BY
AN INTERVENTION PROGRAM
FOR YOUTH STATUS OFFENDERS

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THESIS ABSTRACT

THE EFFECTIVENESS OF SERVICES OFFERED BY

AN INTERVENTION PROGRAM

FOR YOUTH STATUS OFFENDERS

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Juvenile crime is a significant issue facing Americans today, but how to properly intervene is an issue still in great need of consideration. Youth status offenders are a group in need of both protection and assistance. Status offenses are defined as offenses that are only illegal because the youth is not yet an adult, and include truancy, running away from home, and ungovernable behavior. Programs designed to deter status offenders from becoming index offenders are rare, and the programs that do exist often go unevaluated. Results of the effectiveness of mental health services provided by an intervention program for youth status offenders are presented.

This study included 233 youth status offenders participating in the CHINS intervention program between 2000 and 2003. Permission was obtained to gather anonymous data from family court files and from East Alabama Mental Health. The mental health services provided to CHINS participants; family therapy, individual therapy, group therapy, case management, family support and education, and emergency services were the independent variables. Outcome variables were number of days in the CHINS program and number of court appearances while in the program and up to six months after exiting the program. It was found that the total number of services provided within the first month after entry into the program was correlated with fewer number of days in the program.

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I. INTRODUCTION

Society's Challenge with Youth Offenders

It is often said that children are our hope for the future. Unfortunately, today's children are participating in crime and ungovernable behavior in record numbers, diminishing that hope. In the United States, every year, over one billion dollars are spent on the juvenile justice system (Swenson & Kennedy, 1995). The constant hope is that we as a society will be able to identify those children and adolescents in need of help, and stop the problem before it starts, or at the very least, before the child gets too far out of control. Considering both the cost of juvenile justice and the effect that adolescents will have on the world of tomorrow, the issue of adolescent problem behavior is one worth our attention.

Youth crime is widespread; approximately 16.7% of the total arrests in 2001 were youth offenders (Federal Bureau of Investigation [FBI], 2002). In addition, the FBI reports that over 750,000 youth were taken into custody in 2001. Families are often at a loss as to what they can do. There are certain risk factors that increase the likelihood of developing problem behaviors as a teenager. Rose (1997) found that growing up in a single parent home increases the likelihood that the youth will commit a crime. Also, parents who are divorced provide significantly "poorer" parenting, which can have similar results (Hipke, Wolchick, Sandler, & Braver, 2002). In Lee County, AL 1,453

juvenile delinquency cases and status cases were open in 1999 (Office of Juvenile Justice and Delinquency Prevention [OJJDP], 2002).

Types of Youth Offenses

There are two categories of juvenile offenses, status and index. Status offenses are those that are illegal because of the offender's age. These can include truancy, ungovernable behavior (not abiding by parents or teachers, being defiant, breaking curfew, or generally being out of control), and running away from home. The behavior of a status offender is not as severe as that of a juvenile delinquent. In contrast, an index offense is one that is illegal no matter what the age of the offender. If the offender is underage, then they are labeled a juvenile delinquent. These acts can include burglary, vandalism, arson, weapons violation, disorderly conduct, or possession/use of an illegal substance.

In theory, once a teenager becomes a status offender, they are more likely to become a juvenile delinquent. This phenomenon might best be explained by the escalation theory (Clarke, 1978), which describes the escalation of problem behaviors from less to more serious. Therefore, it only makes sense that the adolescents need to be treated before status offenders become juvenile delinquents. Additionally, according to Gensheimer, Mayer, Gottschalk, and Davidson (1986), youth need to be treated earlier because as they get older, interventions become less effective.

Punishment verses Treatment

In the recent past, the goal of the juvenile justice system has been prevention or rehabilitation by means of diversion, and/or treatment, rather than punishment. In 1997 nine states emphasized punishment, eight emphasized prevention/diversion/treatment, and 32 states combined the two approaches (Snyder & Sickmund, 1999).

The combination of an increasing rate of juvenile crime, and younger offenders, has prompted advocates and judges to suggest reforming the juvenile system to be more like the adult system (Tate, Reppucci, & Mulvey, 1995). The classification of status offenders was an effort to separate chronically or severely offending youth from lesser offenders, just as the juvenile justice system was created to separate adults from youths (Feld, 1992). This distinction between status and delinquent offenders began around 1960 (Zatz, 1982).

Distinguishing between status and delinquent offenders allows for the identification and treatment of youth before they become juvenile delinquents (Feld, 1992). Methods of youth treatment range widely, depending on the severity of the crime, the frequency of crime, and the state in which the offender resides. Consequences may include placement in a lock-down facility, inpatient treatment, outpatient treatment, detention, boot camp, juvenile probation, intervention programs, residential treatment facilities, and foster care, or some combination of the above.

To many, punishment seems like the most efficient way to deal with youth offenders. Some judges believe “spare the rod, spoil the child”, but often, punishment is the chosen route because it is easier to implement and follow up on than treatment would be. Although punishment may seem to be the answer, research shows that treatment is

more effective and cost efficient in the long run (Gurian-Sherman, 2001). Additionally, research suggests if punishment is used, it should never be administered alone, but should follow or co exist with treatment (Springer, 1986).

Treatment Programs for Juvenile Delinquents

Springer (1986) states that while intervention is primarily focused on punishment, that the goal of treatment programs is to reduce recidivism rates. Guerra and Slaby (1990) studied aggression in juvenile offenders and found that, through an eight step problem solving program, adolescents were enabled to process their actions. This program significantly reduced recidivism rates by having the participants think about their actions and the possible consequences of those actions. In addition to treatment programs, other treatment methods have shown promise in past research.

Family Therapy as a Treatment for Juvenile Offenders

Families are important in most adolescents' lives. Families can have a positive influence when involved in treatment. Springer (1986) supports families being involved in treatment, therapy, and education when dealing with delinquent offenders. Linney (1982) studied thirty juvenile treatment facilities across the US and found that family therapy was offered at half of the detention facilities, 67% of the emergency shelters, 62% of group homes, and 100% of residential facilities. Involved parenting is an important key to the success of the adolescent and family therapy. Onyskiw and Hayduk (2001) found that if parents are having marital difficulties or family problems they are

more likely to become less involved with their children who are more likely to engage in misbehavior.

Particular aspects of family therapy seem well suited for working with problem adolescents. The Institute of Behavior Science (2000) [IBS] works with the whole family to help the teenager improve their functioning. Their major goals are to reduce problem behavior and improve family functioning. Sells (1998) presented another type of family therapy using a 15-step model for change to help the parents regain control in their family system. Sells emphasizes role playing by the parents and therapist, so that the parents will be prepared to face their teenagers with new found assurance. This way the parents will know how to respond to any misbehavior ahead of time. Finally, Multisystemic therapy focuses on treating the offender at home, at school, and in their community. It has been proven to reduce future criminal behavior in teenage offenders (Henggeler et al., 1986, Borduin, 1999, Borduin et al., 1995).

Case Management as Treatment for Juvenile Offenders

Case Management is a common service provides to youth offenders. Usually a child or family is assigned to an individual case manager. That worker's responsibility is to ensure that the family is getting the services that they need. A case manager is the contact point between the court system, therapists, teachers, and the family. The case manager will arrange appointments, remind the family of the appointments, and can usually arrange transportation if needed. Halfon and Berkowitz (1993) describe case management as the organizational factor that helps to make the connection between the child or family and what they need. The quality of case management and the case

manager's relationship with the individual and/or family may have a positive impact on how treatment progresses. This concept is presented in Ryan et al, (1997); however, there is no existing empirical evidence.

Treatment Programs for Status Offenders

There is a need for more programs focused on the treatment of status offenders. Too often status offenders have received the same treatment as juvenile delinquents where their behaviors often get worse as they are exposed to their more delinquent peers (Zatz, 1982). To this point, Functional Family Therapy is the only empirically validated program used to treat youth status offenders effectively (IBS, 2000). Multisystemic Therapy has also been recommended for the treatment of status offenders because of its malleability and involvement of the family system, though as yet, it has not been validated with a status offender sample.

CHINS Program as an Effort to Treat Status Offenders

There is a need for treatment programs that focus on youth who are on the edge of committing crimes (those committing status offenses). These youth on the edge are known as CHINS (Children in Need of Supervision) (Springer, 1986); as well as Persons, Juveniles, or Minors in Need of Supervision (PINS, JINS, MINS) (Zatz, 1982). For the purpose of this study, "CHINS" will be the term used to refer to youth that could also be classified as MINS, JINS, or PINS.

CHINS intervention programs exist in New Hampshire, Virginia, Alabama, Washington, Colorado, and New Mexico. While these programs vary greatly, they all

serve a similar purpose, to keep adolescents who are currently committing status offenses from escalating to delinquent behaviors. Each program offers a variety of services including case management, group therapy, individual therapy, family therapy, community resources, and skills training.

Evaluation of a Treatment Program

Once a treatment program is in place, most have not included an evaluation process. These programs need to be evaluated in order to determine their advantage to the youth. The concepts of accountability and effectiveness in the helping fields are important ones. Bloom, Fischer, & Orme (2003) encourage the evaluation of all social service and treatment programs. Tolman & Gorman-Smith (1997) state that treatment programs are rarely evaluated. A continuing effort must be made to better our treatment programs for youth offenders according to Swenson & Kennedy (1995), so that youth may fully benefit. In a meta-analysis of 44 studies, Gensheimer, Mayer, Gottschalk, & Davidson (1986) found that treatment programs for delinquent youth, when evaluated at all, vary widely in efficacy. Over half (52%) showed no effect, 7% showed a negative effect, and 41% showed a positive effect on adolescent problem behavior.

Purpose of This Study

The purpose for this study is to follow up on an initial evaluation of the CHINS program in Lee County, AL (Chambers, 2004). Chambers determined that status offenders involved in the CHINS program, while it was administered by East Alabama Mental Health Center [EAMHC] had better outcomes (less recidivism, fewer court

appearances, and less time spent in the program) than when the CHINS program was administered by the Lee County Department of Human Resources [DHR]. Since it was found that the CHINS program, as run by EAMHC, was an effective program in the treatment of status offenders, the next logical step is to investigate the specific services they are providing. The researcher would like to determine what CHINS program services are associated with the best outcomes. Case management, individual, group, and family therapy, family support and education, and emergency services are the primary treatment services utilized in the program. This study will investigate the program outcomes of length of placement in the program and number of court appearances, in relation to the types and amount of services provided to each CHINS youth while in the program. Based on the projects results, the researchers hopes to be able to make informed recommendations as to how the CHINS program might be improved to better economize resources and focus on what services are associated with the best outcome for the adolescent participants.

II. LITERATURE REVIEW

Existing Knowledge of Society's Challenge with Youth Offenders

Teenagers and children are constantly affected by their family, their environment, and their genes. The ways in which the environment directly effects today's youth exceeds the scope of this research. The following articles provide a review of environmental effects on children and teens' behaviors (Jaffee, Moffitt, Caspi, Taylor, & Arseneault, 2002; Simonoff, Pickles, Meyer, Silberg, & Maes, 1998; and van der Valk, van de Oord, Verhulst, & Boomsma, 2003). Some of the major influences noted included the child's home environment, families, and peers. From society's view, maladaptive behaviors are the problem. Prevention programs have been developed to identify and aid at-risks children and teens by means of teaching life skills to prevent or decrease maladaptive behaviors. A multitude of programs to help troubled youth exist (Kumpfer & Avalrado, 2003; Milhalic, 1999; Nation et al., 2003; Weissberg, Caplan, & Harwood, 1991; Wright, Cullen, & Williams, 1997; and Zigler, Taussig, & Black, 1992).

Peers. Peers have been shown to have a significant impact on the youth of today. There is extensive research in this area, far exceeding the scope of this paper. For a better understanding of how adolescents are affected by their peers please see Bryant and Zimmerman (2002). While peers are an important factor to consider, families will be the main focus of this paper, especially in light of the fact that the particular CHINS program being evaluated does not formally or systematically intervene in the peer process.

Families. Families are one of the primary factors influencing youth. Bryant and Zimmernan (2002) consider parental substance use and perceptions of parental monitoring to be more influential than school and social support in an adolescent's decision to use substances.

Onyskiw and Hayduk (2001) studied a group of 11,221 Canadian children ages 4-11, who lived with their natural parents and did not have mental health problems. The mothers' were interviewed about the child's behavior. It was found that living in an aggressive family affects the children in two ways; inconsistent parenting, and by observing and modeling aggressive behavior. Predictor variables included maternal depression and alcohol consumption, family income, family size, marital age, and parental education levels. Outcome variables included child's physical aggression, indirect aggression, internalizing behaviors, pro-social behaviors, and the amount of familial aggression the child witnessed. Children that witnesses more frequent aggression behaved more aggressively. Having a less responsive mother resulted in children with more developmental and maladaptive problems and less competent behaviors. Also, children's internalizing behaviors were more affected by maternal depression than parenting practices.

Data from *High School and Beyond*, a nationwide study was analyzed by Zimiles and Lee (1991). The subjects were 58,000 sophomores and seniors from over 1,000 schools. The authors then eliminated the seniors from the population, as well as those who were non-white, whose mothers did not have a high school education, and those who lived with neither biological parent. The final sample was 13,532 sophomores nationwide. The measures utilized were the students' GPA and standardized achievement

test scores (both were taken again their senior year). Students self-reported as to their family structure, and with whom they were living. The authors asked if the student's family structure affected the students' academic progress in any way. The researchers found that children who live in intact families earn better grades, and children from step or single parent families are three times more likely to drop out of school.

Griffin et al. (2000) looked at urban minority youth and the factors that predicted their substance use, delinquency, and aggression. 228 sixth-graders from New York City public middle schools were studied. The group was half male and half female, 88% African American, and 57% lived in two parent families. Questionnaires were used to gather information about students concerning substance use, delinquency, interpersonal aggression, and demographics. Parents were telephone interviewed to obtain information about parental monitoring, family communication, and the extent of parental involvement in the teen's life. Teens from poor and single parent families were found to be more delinquent. This can be explained by the lack of resources and time experienced by these families. Even small amounts of family time reduced teen aggression. Parental monitoring had the strongest mediating effect.

Yoshikawa's (1994) model to prevent delinquency takes several early risk factors into consideration. Three main categories of risk factors are: child-centered factors (genetic vulnerability, sex, prenatal risk, temperament, cognitive abilities, and school achievement), family-centered factors (parenting, attachment, marital conflict, and child maltreatment), and contextual factors (socio-economic status, community crime and violence). Parenting quality played a large part in determining adolescent delinquency. Parenting that is hostile or rejecting and that lacks direct supervision have an effect on

problem behavior. Other factors connected to parenting quality included: psychological well-being, life stress, and parents' social support.

Patterson, DeBaryshe, and Ramsey's (1989) model was developmental and discussed antisocial behavior in adolescents. They depicted poor parenting practices as predictors for the development of conduct disorders. They also included the concept of attachment. Not bonding with their parent means that the child will begin to lack internal self-control. Having a dysfunctional family that results in antisocial behavior may lead to the teen making deviant friends. The authors suggest that parental relationships with the teen are integral in the formation of antisocial behavior problems. Family demographics also affect antisocial behavior. Families with borderline parents or parents with antisocial behavior are most susceptible to life stressors like unemployment, marital conflict, domestic violence, and divorce.

School truancy is a major problem. One explanation as to why adolescents get away with truant behavior is lack of parental involvement and monitoring. Irving and Parker-Jenkins (1995) suggest a program to combat truancy that stresses the importance of parental assistance in addition to that of the school. Parental participation, even if they are reluctant, is imperative to students' school success.

Although the literature is abundant concerning adolescent problem behaviors, it has limitations. One of the more general weaknesses is the use of cross-sectional design. The conclusions were not causal and were not as strong as they could have been if the data was collected longitudinally (Griffin et al. 2000; Onyskiw & Hayduk, 2001). Another broad limitation is the absence of contextual information. In Onyskiw and Hayduk the intensity, duration and context of child witnessed aggression were not

addressed. In Griffin et al. there is a lack of information about family life stressors that might make a teenager at risk for substance use. Hipke et al. (2002) fails to take into account the relationship a child has with their non-residential father. Several of the studies use a very narrow sample population (all African American students in Bryant & Zimmerman, 2002; all males in Taylor et al., 2000; all White males in Eddy & Chamberlain, 2000).

The research on families and their effect on adolescents is widely based on one of two theories, Social Learning Theory and the Family Stress Theory. Many of the predictor and outcome variables in the previously mentioned articles are used because the researchers have a world view that is similar to the two theories.

Social Learning Theory

This theory helps to explain the effect a family can have on adolescent behaviors. Becoming an active part of society means learning appropriate behavior and how to express oneself. From a young age children mimic others as a way to learn what is appropriate for their culture. Children then integrate their life experiences, like conversations, discipline, and social interaction, into this process (Grusec, 1992). If children have negative experiences or a lack of interactions, they are likely to repeat these inappropriate experiences in other life relationships. Similarly, if children have antisocial parents, they will be more likely to mimic those behaviors, which could result in making antisocial friends. Grusec brings up the idea of reciprocal determinism, a term used by Bandura. Bandura believed that a child, their environment, and their behavior all interact. This means that parenting discipline (the environment) and the child's behavior interact.

As the child acts out, the parents become stricter, which causes the child to act out, and the cycle continues. Deviant behavior in teens can be explained well by social learning theory.

Family Stress Theory

A lack of family resources, both financial and emotional, and increased family stress can be the result of a number of events and situations (Patterson, 2002). Possible family stressors include low socioeconomic status, parental divorce, a single parent home, parental substance abuse, parental mental or health problems, lack of employment, and poor parenting skills. A deficit in these sorts of resources has the possibility of limiting parent child relationship quality or interaction time. The lack of proper supervision and a structured home environment could result in deviant behavior from the teen.

Prevention. It has been suggested by Patterson, DeBaryshe, and Ramsey's (1989) model of the development of antisocial behaviors in teens that effective prevention programs should include; parental skills training, social skills training for the teen, and assistance with school. Hipke et al. (2002) studied the effectiveness of parental programs to aid their child's adjustment to divorce. Participants included 157 families from the *New Beginnings Program* who were randomly placed in either a parenting skills class or a self-study guided reading program. Families were screened to ensure they met criteria (parents' divorce occurred within the past two years, the child lived with their mother at least half of the time, the mother was still single, the child was not enrolled in special ed classes, and neither the mother nor the child had mental health conditions). The children

were 9-12 years old. In-home interviews measured both the mother and the child on maternal education, economic stress, maternal demoralization, child temperament, and child adjustment. The researchers found that children exhibiting externalizing behaviors were significantly negative for the parenting skill group and insignificant for the self-study group.

Youth Offenses

Youth offenses vary between individuals, but one thing is consistent; the majority of youth offenders engage in multiple risky behaviors at the same time. Often involvement in less risky behaviors can snowball into more risky behaviors. As a result, the concept of catching the problem early has become a popular. Now there is a separation between status offenses and juvenile delinquency. One main way to stop the problem before it starts is diversion; this encompasses trying to help the youth after their first crime, getting them away from the risky behaviors and a possible life or crime or an antisocial label.

Risky Behaviors. Guttmacher, Weitzman, Kapadia, and Weinberg (2002) studied over 2,000 students from 13 public high schools in New York City and found that truant students took part in more risky behaviors than did students who regularly attended school. These extra behaviors included smoking, drug and alcohol use, having weapons at school, and engaging in unsafe sex. The students were asked about the number of times in the past four weeks they had engaged in one or more of the risky behaviors, their grades, and their school attendance. Use of cigarettes and sexual activity were more

common in students who had been truant from school. Marijuana and alcohol use were similar across students.

Early Treatment. Taylor, Iacono, and McGue (2000) made a distinction between teens who became delinquent early versus late in their teen years. The subjects were 147 twin boys between 10 and 12 including 25 boys in the control group. The non-control boys were divided into early and late starters. Early starters were more antisocial in nature, more likely to commit crimes, and had more psychological, emotional, and behavioral problems than did late starters. Mothers, teachers, and the subjects themselves all rated the boys. Assessment for a diagnosis of conduct disorder was made by the researchers using the *Diagnostic and Statistical Manual of Mental Disorders DSM-III-R* (American Psychological Association [APA], 1987). In addition, measures of adult antisocial behavior were taken at age 17, and contact with police was measured using a survey, including the age of the boy upon first contact. Early starters had at least three antisocial traits by age 11, late starters had none at age 11, but became deviant by age 14-17. Tests of cognitive functioning and psychophysiology were performed, and the occurrence of Attention Deficit Hyperactivity Disorder and Oppositional Defiant Disorder were measured according to the DSM-III-R (APA, 1987).

Webster-Stratton and Hammond (1997) found that training programs that included both parent and child training programs had superior results compared to either type of training alone. The researchers studied 97 families with normally developing 4-8 year olds who exhibited early onset conduct problems. The parents in the parent training group improved their parenting skills, and learned tips on handling and disciplining their children. Child training programs taught social skills and how to deal with anger

effectively. Parents rated their child's behavior using the Eyberg Child Behavior Inventory, and the researchers used the DSM-III-R (APA, 1987), to ensure that the children met both the Conduct Disorder and the Oppositional Defiant Disorder criteria. However, the results of either individual program did not compare to the results of the program which included both child and parent training. Both programs lasted 22 weeks, 1 session per week, 2 hours per session. The program where both child and parent received training had positive long lasting effects (still present at the one year follow up). The mothers reported better child behavior at home during the post-treatment evaluation. Also, there were improved positive interactions between child and parent if both were involved.

As a conclusion from these studies, family interaction and parenting are integral in the prevention of maladaptive behaviors and in the intervention of these behaviors or when a juvenile commits a crime. Involving both the youth and the parent in skills teaching results in better outcomes for both parties.

Punishment versus Treatment

Rose (1997) found that placing first time juvenile offenders with minor offenses in a diversion program is beneficial and decreases the likelihood of repeat offenses. He used a sample of 50 randomly selected closed juvenile court cases. The researcher obtained details of the make up of juvenile offenders, their offenses, their families, employment of both the offender and their family, and the diversion program. By using a diversion program instead of incarceration, money has been saved, and there is less of a chance of recidivism.

Treatment Programs for Juvenile Delinquents

There are numerous treatment programs available to juvenile offenders, most of which are geared toward the treatment of juvenile delinquents. Because the youth has actually committed a crime and the law has become involved, more attention is paid to these youth than to youth who have committed a status offense. Several treatment programs for juvenile delinquents will be discussed.

Eddy and Chamberlain (2000) found that parenting had an effect on the frequency of antisocial behaviors. The subjects were males aged 12-17, all had early onset of rule breaking and all were ordered by the court to a residential treatment program. The teens were randomly assigned to either a treatment group (multidimensional treatment foster care) or a group care facility. The foster care group received more intensive treatment during their placement. The parents were trained in supervising teens, giving the teens help in avoiding their deviant peers, and effective discipline measures. This resulted in a more structured home environment. The parents and teens were assessed on scales of antisocial behaviors before placement and after three, six, 12, 18, and 24 months. Also, the courts were contacted for the teen's criminal record. The adolescents placed in foster care scored lower on self-reported delinquency, criminal reports, antisocial behavior, deviant friends, and they measured higher on positive family management and positive adult-youth relationship. The findings of Eddy and Chamberlain confirm the theory that parenting does make a difference. Quality parenting produced teens with less deviant behavior and antisocial behavior and more positive relationships with other teens and adults.

Guerra and Slaby (1990) did research on 120 juvenile offenders. They found support for using cognitive mediation training to change adolescent behavior. Each subject was incarcerated for violent crime (a crime that causes harm or danger to another). These teens were involved in a 12 week program that helped them gain a new way to view aggression. An eight step problem solving model was presented to make the youth stop and think about what they were doing, judge the situation, their goals, and the possible consequences of their actions. By thinking about their situation, the teens had a chance to recognize their physiological signs of anger. Pre and Post tests measures included social cognition tests, (from program administrators), behavior ratings (from teachers), self reports on the usefulness of the program, and recidivism rates after release. In the two years following the completion of the program 34% of the teens had committed another violent crime. While this is high, it is lower than the recidivism rate of the attention control group, 43%, the control group; 46%, and the offenders in California, 54%.

Evidence was found relating perceived control by teen males and its effect on treatment outcomes. Swenson and Kennedy (1995) studied 307 male chronic juvenile offenders between the ages of 14-18 who exhibited either internalizing or externalizing behaviors. Five scales were used to assess the teens: the Multidimensional Measure of Children's Perceptions of Control, the Child Behavior Check List, teacher report from the Child Behavior Check List, the Piers-Harris Self-Concept Scale, and the Perceived Contingency Behavioral Domain Scale. The main focus of this research was to alter the perception the teens had concerning how much they controlled their own outcomes and treatment progress. The program emphasized the idea that the youth should take

responsibility for both their positive and negative actions. For teens with externalizing behaviors, the extent to which the youth described themselves as generally happy, or describing themselves as generally anxious or worried were significant predictors of treatment outcome. For teens with internalizing behavior problems, the teen's assessment of physical competence and believing they were a failure were significant predictors. The researchers concluded that teaching juvenile offenders that they have control is important to their treatment.

Group Therapy as a Treatment for Juvenile Offenders

Group therapy has been thought a positive option for youth offenders. Group therapy consists of a group of youth offender with similar problems in a therapy session or sessions with one therapist. However, several articles point out the error of this option and possible alternatives. Dishion, McCord, and Poulin (1999) discuss the results of two controlled intervention studies, the Adolescent Transitions Program Study and the Cambridge-Somerville Youth Study, and found that peer group therapy increase adolescent problem behavior and negative life outcomes when compared to the control group. The authors suggest that the cost effective aspect of group therapy can be maintained if the focus is on assisting parents of deviant teens instead of having the teens feed off of each others' deviant behavior while in group therapy, so to speak. This means that the parents would attend group therapy and learn how to structure their family and punish in a way that would decrease future deviant behavior. In his article, Henggeler (1996) brings up the idea that associating with deviant peers causes more problems in each youth, "group therapy approaches that bring together antisocial adolescents often

exacerbate the problem behavior of the participants” (p. 139). He offers an alternative to group therapy, Multisystemic Therapy, a form of family therapy.

Case Management for Juvenile Offenders

Halfon and Berkowitz (1993) are proponents for case management. They state that case management is an important organization factor and helps to make a connection between the child or family and the services they need. They believe that more research is needed to evaluate the effectiveness of case management in improving high-risk clients, specifically; they recommend studies that look at care for high-risk clients, intensity and duration of treatment, and its long term effects.

Using a state’s case management program, a study by Werrbach and Gail (2002) looked at the relationship between the characteristics of the case management program and the case managers’ contact with the family. The researchers found that case managers generally spend more time with families who have boys, and with children that exhibit more severe problems with daily functioning.

In a 1997 study, Ryan, et al. examined the patterns of services provided to clients during their first year in a case management program. They looked at ten different service areas and more and less successful individuals in the program. They found that lack of access to community services was related to the need for continued case management, that early treatment was more effective, and that case managers themselves play a large role in the effectiveness of treatment.

Family Therapy as Treatment for Juvenile Offenders

Families play a large role in the development and adjustment of their children. If needed, families can also help change children's maladaptive behaviors or illegal activity. This concept of families being a means for change has been presented in some of the previously discussed literature. Since families have such a possibility for impact, family therapy as a treatment for juvenile offenders becomes a viable option.

Prinz and Miller (1994) used family based treatments on children with antisocial behavior. Families having boys aged 4-9 who were clinically aggressive were randomly assigned to either standard family treatment (SFT) or enhanced family treatment (EFT). The SFT focused on parent-child interactions and on improving child behavior. The EFT added to the SFT material by including discussions about family stressors and demands. Multiple measures were taken including reports from parents, children, and teachers on child behavior, parental self-report of adjustment, marital adjustment, social support, and socioeconomic status. Therapists kept a record of details throughout the families' scheduled appointments. The details were: if the family arrived on time, number of appointments kept, cancelled, and missed, completion of homework given, and the quality of parental participation. The researchers found that families in SFT dropped out significantly more than those in the EFT. Dropout families were interviewed by phone to determine why they chose to discontinue treatment. SFT dropouts were more dissatisfied with the treatment than EFT dropouts. The families that dropped out scored higher on pre-treatment measures of family adversity. The conclusion of this research is interesting, that covering only parenting skills and not working with the children directly can cause

some families to feel unaided, thus dropping out of treatment. Having both the parents and children in the treatment program seems to have the most helpful outcomes.

Sells (1998) Treating the Tough Adolescent program focuses on working with the family to set firm limits for teen's behaviors. Parents are empowered and learn how to set the rules they would like in place, and how to effectively discipline and give consequences for breaking the rules. Parents (with the therapist) do trial runs of possible problems they usually encounter and how those situations would run with the new rules in place. This way they are prepared when the teen finds a loophole to the rule.

Functional Family Therapy's (IBS, 2000) main goal is to reframe maladaptive behaviors as having good intentions at heart to decrease the blaming within the family. This helps to understand other family members, decreases conflict, and aids in better stress management. The Office of Juvenile Justice and Delinquency Prevention suggests a family-based with a, multi-systemic view to treat adolescent behavior problems because the broad range of problems will be matched with a broad range of solutions (Sexton & Alexander, 2000). They specifically site Functional Family Therapy as a good example of both a prevention and intervention program.

Multi-systemic therapy is a systemic and integrative approach to family therapy (Henggeler et al., 1986; Borduin, 1999; Borduin et al., 1995). This type of family therapy has proven effective in decreasing teens' association with delinquent peers, preventing future violent and criminal behavior, and increasing coping skills. MST treats the teenager and their family in their own environment (this could include school, home, and community). Because it is integrative and systemic, MST can be modified to each individual family's needs, which means it has a better chance of assisting a broader

population. Henggeler (1996) suggests that in order to accomplish change at the family and adolescent levels some therapeutic tasks must be completed. First, the family must be active in the therapy process. Second, the therapist and family must come to a consensus on therapy goals and make a feasible plan to accomplish these goals. Finally the plan must be implemented and problems with the plan need to be worked through.

Treatment Programs for Status Offenders

In the realm of juvenile crime, “status offense” as a unique category is a new concept. Most juvenile programs are aimed at delinquents, not status offenders. Most of the programs geared toward status offenders are relatively new. There are very few programs designed to specifically deal with status offenders.

One such early program, PINS (Persons in Need of Supervision) was evaluated by Andrews and Cohn (1977). Two hundred thirty-four cases from three counties in New York were included in this study. The researchers looked at how the cases were processed. The beginning of a PINS case was with the intake unit (a person who filled a complaint about the minor). Then the court attempted to negotiate between the complainant and the minor to come to an agreement about the situation. This either resulted in the complaint being withdrawn, voluntary counseling on the part of the minor, or filling an official petition. An official petition resulted in the youth receiving an attorney, and then a hearing. If the minor was judged to be dangerous or likely to run-away, the judge could assign them to a non-secure facility. At the adjudication hearing, the youth either admits to doing wrong denies it causing a trial. After the formal entrance into PINS (by adjudication) a report of the minor’s actions, family setting, and mental

status is made, resulting in a deposition. This usually resulted in probation for the youth, or in more serious cases, admittance to a private agency, state camp, or training school. The recommendation of the researchers that PINS jurisdiction be abolished was based on two ideas: first, that punishing a youth based on the thought that they might commit a crime in the future was wrong, and secondly, that the court should focus on the development and assistance of youth offenders rather than to please adults who just wanted the youth off the streets. Although the intentions of the PINS program are good, to separate this population from juvenile delinquents, to assist the parents of status offenders, and to prevent a possible future life of crime, the way in which these intentions played out was misguided. The researchers recommend that the youth would receive other methods of assistance before being judged by the court. This would include relying on family and community resources, and having the school punish the youth for their infractions while at school. These suggestions on the part of the authors follow the line of thinking that least restrictive methods should come first, as they would be more beneficial to the youth. The authors did not provide information as to the youths' outcomes (recidivism rate), they did present the argument with the way the youth were treated in court was in opposition to the basic principles of the justice system in the United States.

A study of Sacramento County 601 Diversion Project by Baron, Feeney, and Thornton (1978) found that separating the treatment of status offenders from juvenile delinquents had positive results: court processing was dramatically reduced, recidivism rates were reduced, and the cost of services per year lessened. The authors used short term crisis family therapy as a deterrent to future offenses instead of the usually means of

punishment. This approach focuses on: managing the cases immediately and intensely, creating a prevention and diversion unit that handles the case from beginning to end, and having the staff focus their energy in the early stages of the case, rather than later.

Evaluation of an Intervention Program

Evaluations of treatment programs for status offenders are few and far between. A treatment program that works would reduce the rate of subsequent juvenile offenses. The purpose of this paper is to follow up on a study by Chambers (2004) that evaluate the effectiveness of a status offense treatment program in Lee County, Alabama. This program is called Children in Need of Supervision, or CHINS. To further evaluate the CHINS program, this study will determine which of the services offered by the program provide the most positive outcomes.

From its beginning until October of 2000, the CHINS program was a part of the Lee County Department of Human Resources. In October of 2000, the program became part of the East Alabama Mental Health Center. In six years (between 1997 and 2003), 520 youth offenders were served. The youth in CHINS are ordered to complete appropriate services by the court system. The youth are referred by the schools, families, law enforcement, or mental health organizations. Included in this program are case management services and access to several mental health services.

The main goals of the CHINS program are to reduce the occurrences of truancy, running away, and ungovernable behavior by providing individual and family therapy, group therapy, case management, and family court follow-up. The guiding principle of CHINS is that youth committing minor offenses (status offenses) need guidance and

supervision, not punishment or intervention (as being grouped with the juvenile delinquents would get them). If the teens do not successfully complete the CHINS program, they can be placed on juvenile probation and will receive a probation officer. This is a more severe court intervention.

In 2004 an evaluation study was completed to determine the effectiveness of the CHINS program. Chambers (2004) assessed the data concerning recidivism rates on the teenagers involved in the CHINS program from 1997 and 2003. She divided the teens into two groups, those involved in the program while it was operated by the Lee County Department of Human Resources (October 1, 1997-September 30, 2000); DHR-CHINS and those in the program while it was run by East Alabama Mental Health Center (October 1, 2000-October 1, 2003); EAMHC-CHINS. The researcher looked at date of court's first involvement, referral source, reason for referral, court appearance dates, out-of-home placements, re-offenses, and any occurrences of delinquent offenses. It was determined that the adolescents involved in the EAMHC-CHINS program had fewer court appearances, and were less likely to commit re-offenses and/or delinquent offenses than did the DHR-CHINS participants.

III. METHODS

Overview

Participants were all juvenile status offenders referred to the CHINS intervention program in Lee County, Alabama between October 1, 2000 and October 1, 2003. This program is run by the East Alabama Mental Health Center. The purpose of the CHINS program is to prevent status offenders (whose crimes are only illegal because of their age and can include truancy, running away from home, and ungovernable behavior) from developing into more serious delinquent offenders. Participants were referred to this program by family members, educational professionals, mental health professionals, law enforcement, or the court. Once they are referred, the adolescent and their family are required by the court to participate.

Procedure

There are two phases of this research project. Phase 1 was the study completed by Chambers (2004). The current study is being designated as Phase 2. In Phase 1, permission was obtained through the Lee County Family Court to access files for the allotted time frame, which were located at the Davis Justice Center in Opelika, AL (see Appendix for copy of permission form). The Family Court staff provided the research assistant (not the researcher) a computerized list of CHINS cases listed by individual and his or her charges within the date range.

A research assistant obtained data on each participant by searching through his or her file and by writing down the pertinent information on a data collection sheet provided by the researcher. Each case on the CHINS list was given a random three-digit number, and only their number identified data forms, so that the researcher was blind to each adolescent's identity (Chambers, 2004).

For Phase 2 of this research, only the Phase 1 subjects from the CHINS program while it was run by East Alabama Mental Health Center was utilized. The researcher obtained permission from the director of EAMHC to conduct further research on the adolescents utilized in Phase 1 of the research since their permission was not required in Phase 1's exclusive use of juvenile court data only. Service inquiries were obtained for these 233 CHINS participants. The total number of hours for each of the following services provided to each participant was determined from the service inquiries: case management, emergency services, family therapy, individual therapy, group therapy, and family support and education. A research assistant unaware of the research plan, who was not involved in any other aspect of the project, matched the service inquiry results with the existing data from Phase 1, by matching names to the random three digit number. After all data was collected from the files, the code list, which matched each case to its randomly assigned number, was shredded, so that all data utilized by the researchers was anonymous to them.

Participants

In Phase 1, all participants were referred to the Lee County CHINS program between October 1, 1997 and October 1, 2003. All were less than 18 years of age upon referral, and each had his/her case closed once he/she either (1) completed the program

successfully, (2) reached his/her eighteenth birthday, or (3) if and when he/she committed an index offense (an offense that is illegal no matter the offender's age; burglary).

However, 520 participants were not included in the final analysis due to several circumstances described below (Chambers, 2004).

Cases that were still open as of the end of the window of time that the study researched (October 1, 2003) were not included in the analysis, which eliminated 52 cases. One child was involved in the CHINS Intervention Program on two separate occasions in the research time frame, and was eliminated from the study. Other files were eliminated from use in the study because of missing or incomplete data, which eliminated 130 cases. Over half of these 130 files were believed to have been shredded by court personnel, because once a child becomes an adult (age 21), there is usually no need to keep his juvenile offense file. Ten files were eliminated because, although the participants had a CHINS offense in the research time frame, their cases were opened before October 1, 1997. Twenty-nine cases were not used in the study because their charges were dismissed before the child could formally enter the CHINS program. Finally, seven cases were eliminated because, although they were categorized as having a CHINS status, according to the file, they had never participated in the program. This left a total of 291 cases to be included in the analysis (Chambers, 2004).

In Phase 2, only the individuals who received treatment from CHINS-EAMHC will be included since this program was found to be more effective. Any participants eliminated from the study in Phase 1 or research will remain eliminated for Phase 2 for the same reasons Chambers (2004) listed above. A total of 233 cases were included in the Phase 2 analysis.

Measures

In Phase 1, data collected on each participant included the following: date of first contact with Juvenile Court; date CHINS petition was filed, date the CHINS case was closed, the referral source of the petition (school, therapist, family, law enforcement, etc.) and the reason for referral (truancy, ungovernable behavior, or running away from home). Other information included the date for each court appearance, re-offense date and charge for each subsequent offense committed after case closure (up through six months after case closure), and occurrence of a delinquency charge during involvement in the program through six months after the CHINS case was closed (Chambers 2004).

Subsequent offenses fell into one of three categories: (1) CHINS reoffenses, which included any charges of truancy, runaway, or ungovernable behavior; (2) delinquent offenses, which were any index crimes (crimes that are illegal regardless of age); and (3) dependent charges; charges that indicated that the child was not being properly cared for at home (i.e. a child not attending school because the parents would not take him/her, etc.). Demographic variables obtained for each case were: ethnicity, gender, and birth month and year (for calculating age). All clients participating in the CHINS Intervention Program were residents of Lee County, Alabama (Chambers 2004).

In Phase 2, total hours of individual therapy, family therapy, group therapy, emergency services, and case management provided to the CHINS adolescents were matched to existing data by the research assistant using the random three digit codes. Demographic variables, data on entry and exit from the CHINS program, and data on subsequent offenses were used along with the new data on the kinds and amounts of services provided to each individual. The predictor variables are the amount of the

following services provided: individual therapy, family therapy, group therapy, emergency services, and case management. The outcome variables are two of the outcome variables utilized in Phase 1; length of stay in the CHINS program and number of court appearances while in the program. The other two outcome variables utilized in Phase 1; recidivism rates and delinquency charges did not have sufficient variability to be meaningfully utilized in the Phase 2 analysis.

IV. RESULTS

Analysis

An ANOVA was undertaken to determine if there were any statistically significant differences between those CHINS referrals that received or did not receive services in relation to the outcome variables; number of court appearances and number of days in the program. Two regressions were completed to determine if any statistically significant amount of the variance in the two outcome variables, number of court appearances and number of days in the program could be accounted for by any of the predictor variables.

Descriptive Statistics. After receiving the data from EAMHC it became apparent that a substantial number of the CHINS referrals had not received any mental health services while in the program. Descriptive statistics are therefore reported separately for the group that did not receive any services during their time in the program and the group of participants that received services. There were a total of 233 participants, 147 (63.1%) of whom received mental health services, while 86 (36.9%) received no services.

Gender and ethnicity were determined by the intake officer when the referral source signed the petition. Age at entry to the CHINS program was calculated using the birth month and year. The birthday was excluded to increase anonymity of the participants. Ages were rounded to the nearest year, rounding down January through June and rounding up July through December. Therefore, it may appear that some participants

were 18 at the time of entry into the program; however, this is due to rounding. No CHINS petition can be filled on a person who is 18 years of age or older.

In the group that received no services there were 42 male participants (48.8%) and 44 females (51.2%). Fifty-six participants were White (65.1%), 26 were Black (30.2%), 2 were Hispanic (2.3%), 1 was Asian (1.2%), and 1 was coded other (1.2%). In the 147 that received services, 86 participants were male (58.5%) and 61 were female (41.5%). Eighty participants were White (54.4%), 65 were Black (44.2%), and 2 were coded other (1.4%).

Participants' ages ranged from nine to eighteen (because of rounding).

Frequencies of ages at CHINS program entry are listed in Table 1.

Table 1
Age in Years at Entry for Participants

Age	<u>Received Services</u>		<u>Received No Services</u>	
	n	%	n	%
09	1	0.7	0	0
10	1	0.7	1	1.2
11	2	1.4	0	0
12	8	5.4	4	4.7
13	18	12.2	10	11.6
14	19	12.9	12	14.0
15	37	25.2	13	15.1
16	30	20.4	17	19.8
17	22	15.0	17	19.8
18	9	6.1	12	14.0

Originally it was assumed that all participants in the CHINS program would receive services from Family and Children Services. However, since 86 out of the 233 participants (36.9%) did not, a need arose to determine if there were any significant differences between these two groups. Analyses comparing the group that received

services and the group that did not were undertaken to determine if there were significant differences between the groups. For this analysis and all analysis used in this research, an alpha level of $p < 0.05$ was set for the results to be considered significant. In analyzing the demographic variables both t-tests and chi-squared analyses were used. A t-test was utilized to test for possible differences between the mean ages of participants in the group that received service ($M = 15.18$, $SD = 1.80$) and the group that did not ($M = 15.44$, $SD = 1.84$). There was no significant difference in mean age between these two groups ($t = -1.730$, $p = 0.085$). A chi squared analysis was used to test for possible differences in ethnicity and gender because these are both nominal variables. It was found that there was no significant difference in gender ($\chi^2 = 2.270$, $p=0.132$), though there was a significant difference between the serviced and non-serviced groups in ethnicity ($\chi^2 = 341.914$, $p=0.000$). The group that received no services was 65.1% White, 30.2% Black, 2.3% Hispanic, 1.2% Asian, and 1.2% other, while the group that received services was 54.4% White, 44.2% Black, and 1.4% other. In an effort to ensure that the analysis was not skewed by the categories of Asian and Hispanic that were present in one group and not present in the other, a t-test was completed comparing White and minority participants (Black, Hispanic, Asian, and other were all placed in the minority group). Results were concurrent with the first chi squared analysis ($F = 10.582$, $t = 1.600$, $p = 0.001$). This means that Black participants were more likely to receive services than White, Hispanic, Asian, or other participants.

Serviced versus non-serviced participants. An ANOVA was undertaken to compare the differences in outcome variables between the group that received service, and the group that did not. The group that received services had an average of 0.96 court

appearances with a standard deviation of 0.971 and an average length of stay in the program of 260 days with a standard deviation of 161 days, while the group that received no services had an average of 0.77 court appearances with a standard deviation of 0.697 and an average length of stay in the program of 155 days with a standard deviation of 142 days. It was found that the number of court appearances were not significantly different ($F = 2.573$, $p = 0.110$) while the number of days the participants spent in the program was significantly different ($F = 24.745$, $p = 0.000$).

Research Question 1 Analysis

Research question 1: Are certain types and/or amounts of services associated with fewer court appearances than others as measured using court data on the number of appearances before and after entrance into the CHINS program? Services are all predictor variables; family therapy, individual therapy, group therapy, case management, family support and education, and emergency services. The outcome variable is the number of court appearances. The number of participants in this analysis were 147

Linear Regression. A linear regression was computed with the predictor variables of family therapy, individual therapy, group therapy, case management, family support and education, total services by the completion of the first month, and total services provided. The outcome variable was number of court appearances. None of the predictor variables contributed to explaining a statistically significant amount of the variance in court appearances.

Research Question 2 Analysis

Research question 2: Are certain types and/or amounts of services associated with shorter lengths of stay in the CHINS program than others measured by data concerning when each adolescents case was opened and subsequently closed to CHINS? Services received were the predictor variables family therapy, individual therapy, group therapy, case management, family support and education, and emergency services. The outcome variable was the number of days spent in the program. The number of participants in this analysis were 147.

Linear Regression. A linear regression was completed with the predictor variables of family therapy, individual therapy, group therapy, case management, family support and education, total services by the completion of the first month, and total services provided entered at one time. The outcome variable was number of days on the CHINS program. It was found that the total number of services received in the first month was the only predictor significantly related to the number of days enlisted in the CHINS program (Beta = $-.265$, $t = -2.702$, $p = 0.008$). Total services by the end of the first month accounts for 8.66% of the variance. This negative association means that as the number of services in the first month increased the number of days in the program decreased as well as the converse, that as the number of services in the first month decreased the number of days in the program increased.

V. DISCUSSION

This study is a follow up to Chambers (2004) evaluation. Chambers found that the CHINS program as it is currently run under East Alabama Mental Health was more effective at reducing subsequent offences and the number of court appearances than the program as it was administered by the Alabama Department of Human Resources.

Research Question Two: Number of days in CHINS program

Research question 2: Are certain types and/or amounts of services associated with shorter lengths of stay in the CHINS program than others measured by data concerning when each adolescents case was opened and subsequently closed to CHINS? This study provided at least a partial answer to this question. Total number of services provided within the first month after entering the CHINS program was significantly negatively correlated to the number of days spent in the program. This means that those youth who received more hours of services within the first month were more likely to stay in the program a shorter amount of time. This could also mean that if not treated quickly upon entry to the program, the teen will stay in the program longer, which will cost more in both human and economic resources. Finding that the first month of services is most critical to positive client outcomes is consistent with crisis theory. Crisis theory states that when a person, or family, is in crisis, like it would be with a adolescent who is truant, ungovernable, or run-away, the idea that they are receiving help for their problem is what

will help rectify the problem (Ell, 1996). Families in situations like those involved in the CHINS program have lives that are in turmoil and most likely there are problems in numerous systems (school, family, work, marital, parental, etc.). What they need is a stable environment that offers immediate options for improvement. By offering intensity of mental health services as soon as possible upon entry into the CHINS program, they are more likely to spend less time in the program on average, and hence, less services are needed. This would seem to help both the teenager and their family, as well as help the mental health system better utilize their resources, both economic and human.

Serviced versus non-serviced participants

The researchers and the program were surprised to discover the large number of CHINS referrals that received no services. Subsequent analyses were undertaken to determine if these two groups differed in any systematic way. There were no significant differences in age at entry into the program or gender but there was a significant difference in ethnicity. Black participants were more likely to receive services than White, Hispanic, and Asian participants. Some might speculate that this finding is a positive situation as opposed to offering a program that treats White clients first, or at the exclusion of others. An alternative explanation suggests that this ethnic difference in who receives services may reflect negatively on the program; treating Black status offenders first or more intensely than status offenders of other ethnicities. The only way to investigate these competing possibilities would be to determine the circumstances of the 86 cases that did not receive services.

Research Questions One: Court appearances

Research question 1: Are certain types and/or amounts of services associated with fewer court appearances than others as measured using court data on the number of appearances before and after entrance into the CHINS program? There were no statistically significant findings in analyzing the number court appearances, therefore, the question as to whether various mental health services will decrease the number of court appearances must be answered no with the current data. On initial inspection this is a disappointing finding, however, with the mean number of appearances as well as the standard deviation being less than one, there is a strong possibility that there was not enough variance in the data to uncover any potentially significant associations. Number of court appearances was significantly positively correlated to the number of days in the program as would be expected ($r = 0.261$, $p = 0.001$).

Received services versus did not receive services

With the unexpected outcome of so many referred cases not receiving any services several additional exploratory analyses were conducted. There was significance in number of days spent in the program. As one would expect, those that received services stayed in the program, on average 105 days longer ($M = 260$ days for those that received services, $M = 155$ days for those that did not). It should be noted that , a 155 mean days with a $SD = 142$ days is quite a long time to be involved in the CHINS program and receive no mental health services.

Family and Children Services

The researcher spoke to several employees and former employees of East Alabama Mental Health who worked with the CHINS program to try and determine why 86 out of 233 teenagers who were referred into the CHINS program did not receive services. The Executive Director of Family and Children Services (J. Spicer, personal communication, April 22, 2005), stated that there could be several reasons a teenager petitioned to CHINS would not receive services. First of all, the petition could have been filled in error; the school could have filed a truancy petition when the teenager actually had excused absences and had not yet produced documentation. If the family moved out of the county the client would be discontinued from the program. If the teen was found guilty of an index offence, they are adjudicated delinquent and are immediately terminated from CHINS, being referred to the Department of Youth Services. A teen could be deemed to be in need of more intense psychological help, which could result in a referral to a residential treatment facility. In this case, the CHINS petition is still open but the services are not provided by the mental health center. A former CHINS Director (K. Watford, personal communication, April 22, 2005) stated that it was possible that the teen was too close to 18 years of age, and therefore they did not receive services before their birthday. If the adolescent is placed out of home for any reason, such as a boot camp referral, their involvement in direct CHINS services could be disrupted or cease. If the parents enter the teen into the CHINS program, they can request that they be released from the program. It is possible that a parent does not realize the amount of effort that will be required of them or their child by being in the CHINS program and is not willing to put forth this effort. Another former CHINS Director (C. Smith, personal

communication, April 22, 2005), had several ideas. He mentioned that when the CHINS program began at EAMH the program was not yet fully staffed, and at many points the director of the program changed, and that maybe, while the program was not fully staffed, CHINS clients got overlooked. He also mentioned that if the child has a truant charge brought against them by the school and they are 16 or older, their parents can allow them to discontinue high school, thus negating their CHINS referral. Also, even though a CHINS petition was filed, the judge can decide that the adolescent would be better served elsewhere. In any of these cases, Family and Children Services could have not been notified in a timely manner about the case status by juvenile court, therefore the CHINS case would remain open, yet unserved. Unfortunately, restrictions on access to client data did not allow the researcher to specifically investigate the circumstances that might explain why 86 cases did not receive services.

Comparisons to other programs

As stated in Chambers (2004) the CHINS program in Lee County, AL can be compared to the Sacramento County 601 Diversion Project (Baron, Feeney, & Thornton, 1978). Both programs separated status offenders from index offenders, and both used court appearances as an outcome variable. This author and Chambers (2004) agree with the conclusions and recommendations for future programs: prevent out-of-home placement with intense therapy and case management services, have one program that manages status offenders from beginning to end, and most strongly shown in this research, provide intense services immediately while the case is in crisis.

Also mentioned in Chambers (2004) this research can be compared to the former PINS program in New York (Andrews & Cohn, 1977). The purposes of the current CHINS program and this PINS program are very similar, use the least restrictive means of treatment first rely on family and community resources to help the teenager, and provide consistent case management.

Research implications

The self-stated purpose of the CHINS program is to provide immediate, intense services, as a next level of treatment up from usual outpatient services, yet not as restrictive as residential or inpatient settings. However, if the program intends to maximize effectiveness, they must have a clientele that is ready to utilize the level of intensity CHINS should provide. Of course, CHINS must actually be able to provide that intensity. This type program is not intended for a teen with marginal behavior problems, but for ones that are on the brink of juvenile crime. Two possible empirically validated treatment models that are amenable to that level of intensity are Multisystemic Therapy (Henggeler, 1986, 1996) and Functional Family Therapy (Institute of Behavior Science, 2000). Both of these approaches could be provided immediately and intensely upon entry into the program by a therapist with a small caseload. If the client is not a good fit with the program (they need less intensity, or are not motivated to work with the therapist) there should be a mechanism to refer that teen and his/her family out of the CHINS program, into a program that better fits their current motivation for change.

Limitations

The first and most prominent limitation to this study is that no definite answer could be given as to why approximately two-thirds of the CHINS participants received services and one-third did not. Without information as to why this fact occurred, all interpretation of this study's findings must be viewed with some caution. This study had a relatively small sample size of 233 participants studied over a short time, only 147 of whom could be included in the majority of the analyses. A larger sample size or a longer period of time would have provided more information to analyze. Of the four outcome variables utilized in Phase 1 of the study, two, subsequent re-status offences and subsequent delinquent (index) offences could not be included because of a lack of variability in the subject's experiences. With a larger population, or a longer time frame, more variation probably would have occurred. A third original outcome variable, number of court appearances ultimately proved to have too little variability to be meaningfully analyzed as well. Analysis revealed that there was a significant difference in ethnicity between those CHINS participants who received services and those that did not. As there is currently no evidence as to why certain individuals received services while others did not, it would be premature to speculate about the possible meaning of this difference.

Data from sources other than Family and Children Services and the juvenile justice system would have provided more detailed data with which to try and understand subject's experiences. Information from schools, families, or out-of-home placements could have, perhaps, provided answers as to why the teen was in the CHINS program, or how they fared in the program. A more comprehensive data set, with information from

numerous sources, might have increased the likelihood of uncovering more definitive answers concerning how best to help the teenagers referred to the CHINS program.

The final limitation is one of CHINS programs in general. Because programs like CHINS in Lee County, AL are rare, and no two programs are alike, findings from research on one CHINS program can not very easily be generalized to other CHINS programs. This makes treatment programs more difficult to compare, and more difficult to adjust based on research from different programs.

Suggestions for future research

As a result of the limitations discussed in the previous section, the researcher has several suggestions for future research. A larger population or a population studied over a longer period of time would have given more opportunity for meaningful explanation of the variance in outcome variables. Receiving more information from Family and Children Services or the juvenile court would be helpful. Analyses could be undertaken to try and determine more definite reasons as to why so many participants did not receive mental health services, for example.

Obtaining data from additional sources like the participants' schools, families, or out-of-home placements would have been helpful in determining circumstances as to which participants received services as well as running additional analyses that might better determine relationships between out-of-home placement and involvement in CHINS, or familial relationships and how that affects the teenager's involvement in and progress through the program. On the same note, some information on the quality of the participants' relationships with their therapist(s) and case managers could provide more

meaningful information, as research has show that the relationship between a case manager or therapist and their client can greatly affect the outcome of the client's progress (Werrbach and Gail, 2002).

More in depth information could be obtained from the participants' schools. Information on attendance, disciplinary actions or involvement, and academic scores or grades would be helpful. This information could be used to better understand why the teenager is involved in the CHINS program and how to better assist them (i.e. get a tutor if needed). Often children have behavioral problems in more than one system (school, home, or social life). By having additional, detailed data, a solution or way to help might be more easily identified

Final Conclusions

In retrospect, especially in light of the finding that approximately a third of the referred cases received no services, it might have been premature to pursue a program evaluation. A formative evaluation to determine if the program actually provides the services proposed might have been a more appropriate undertaking at this point. In spite of the above observation, it is noted that the most significant factor found in the study involved the amount of services the client received within the first month after entry to the program. In this sample, we know that the amount of timely treatment is associated with better outcomes (as measured by fewer days in the program), as the lack of timely treatment is associated with staying in the program longer. The CHINS program will be well advised to provide more mental health services, quickly to help the teen and their family in their time of crisis.

The CHINS program was designed to deliver a more intense level of services to status offending youth than a typical outpatient treatment program can. The results of this study support that notion.

Future evaluation with improved data sources and collection methods will have to answer the rest of our questions in relation to the ability of CHINS programs to positively affect recidivism rates, movement up to index offenses, and fewer court appearances.

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APPENDIX A

A copy of the approval form giving permission to collect information from family court files is included. Family court judge, Richard Lane, signed the form.

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Marriage & Family Therapy Center
Glanton House

Human Development
and Family Studies

Telephone (334) 844-4478
FAX (334) 844-1924

February 17, 2004


Dear Judge Lane,

Perry Hinds has requested that I give you a more formal request of the information that we agreed to in our meeting back in the summer. Below is a list of information that I hope to be able to obtain from Juvenile Court files. This letter serves as a formal request to search through CHINS case files between the years of 1997-2003. No identifying information will be obtained (i.e. names, phone numbers, addresses, etc.) and my research associates and I are willing to sign any confidentiality agreement that your court may require. Any information obtained from searching in these files, as well as any information provided through the court in the form of computer reports, etc. will be used for the sole purpose of conducting professional research related to evaluating the effectiveness of the CHINS program.

Information needed for each CHINS case opened between October 1997-October 2003:

- *Date of first contact with Juvenile Court*
- *Date CHINS petition was filed*
- *Referral source and reason petition was filed*
- *Date of case closure*
- *Birth month & year (for calculating age only)*
- *Gender*
- *Dates of and reasons for court appearances*
- *Participation in placement services (detention, boot camps, etc.)*
- *Dates and charges for all re-offenses after child completed CHINS program*

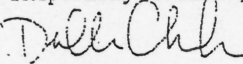
Perry Hinds has requested that you sign a written agreement approving to the above. By signing below, you indicate your agreement with the above requests and allow Dallas Chambers (working under Dr. Tom Smith) and her research associates to conduct the above research.

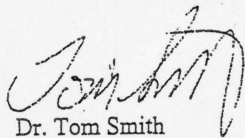


Judge Richard Lane

3-3-04.
Date

I appreciate all of your help in our research endeavors, and intend on determining a great deal of information that will be important to your court and the CHINS program. Copies of the findings will be submitted to you upon completion.

Respectfully submitted,

Dallas Chambers
Marriage & Family Therapy Graduate Student
CHAMBDM@auburn.edu


Dr. Tom Smith
Marriage & Family Therapy Professor
SMITHT8@auburn.edu

A LAND-GRANT UNIVERSITY

APPENDIX B

A copy of the approval form giving permission to collect information from Family and Children Services, East Alabama Mental Health, is included. Director of the CHINS program, Cleone Brock, signed the form.

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April 18, 2005

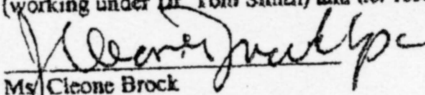
Dear Ms Brock,

It has been brought to my attention that a more formal request for information would be appropriate. Below is a list of information I have obtained from Family and Children Services files. This letter is a formal request to use information from October 1, 2000-October 1, 2003. No identifying information will be obtained (i.e. names, phone numbers, addresses, etc.). Any information obtained from these files and service inquiries will be used for the sole purpose of conducting professional research related to evaluating the effectiveness of services offered by the CHINS program.

Information provided for each CHINS case within the above date range

- Family therapy services provided
- Individual therapy services provided
- Group therapy services provided
- Case management services provided
- Family support and education services provided
- Emergency services provided

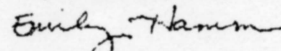
By signing below, you indicate your agreement with the above requests to allow Emily Hamm (working under Dr. Tom Smith) and her research assistants to conduct the above research.


Ms Cleone Brock

4-18-05
Date

I appreciate all of your help in my research endeavors, and intent on determining a great deal of information that will be important to East Alabama Mental Health and the CHINS program. Copies of the findings will be submitted upon completion.

Respectfully submitted,



Emily Hamm
Graduate Student
henrye1@auburn.edu

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APPENDIX C

A copy of the data collection form used to collect data from the family court files is included.

DATA SHEET FOR CHINS CASES

Date data collected: ___/___/___ Research Case Number: _____
 Birth month & year: ___/___ Group Number: #1 or #2 Ethnicity: _____
 Date of first contact with Juvenile Court: ___/___/___ Gender: MALE or FEMALE
 Date CHINS petition was filed: ___/___/___ Date CHINS case was closed: ___/___/___
 Referral Source: school / guardian / mental health / police / sheriff / other (specify): _____
 Reason for referral: truancy / runaway / ungovernable behavior

<u>Date of court appearance:</u>	<u>Reason for appearance:</u>
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____
___/___/___	_____

Placements:

YDC DETENTION CENTER:
 Date of entry: ___/___/___ Date of release: ___/___/___
 ___/___/___ ___/___/___
 ___/___/___ ___/___/___

BOOTCAMP (note name of camp): _____
 Date of entry: ___/___/___ Date of release: ___/___/___
 ___/___/___ ___/___/___

OTHER PLACEMENT:
 (Specify name) _____
 Date of entry: ___/___/___ Date of release: ___/___/___
 ___/___/___ ___/___/___

Data Sheet for CHINS Cases

Page 2

Date data collected: _____

Research Case Number: _____

Re-offenses after CHINS case was closed:

<i>Date</i>	<i>Charge</i>	<i>Type of offense?</i>	<i>Result of reoffense?</i> (CHINS reopened, adjudicated delinquent, etc.)
____/____/____	_____	CHINS / Del.	_____
____/____/____	_____	CHINS / Del.	_____
____/____/____	_____	CHINS / Del.	_____
____/____/____	_____	CHINS / Del.	_____

Is this the first time a CHINS case was opened for this person? Explain and give dates if "no."

NOTES: Explain here why a question could not be answered, any discrepancies, etc.

APPENDIX D

A copy of the data collection form used to collect data from Family and Children Services service inquiries is included.

Data Collection Sheet for CHINS Cases: Phase II

TOTAL HOURS

Case Number	Family Therapy	Individual Therapy	Group Therapy	Case Management	Family Support + Ed	Emergency Services