

Efficacy in Delinquency Prevention and Treatment Programs

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Children are subject to a host of factors in day to day life that are linked to delinquent behavior. These factors include being exposed to conflict, violence, drug use, mental illness, or substandard living conditions. Behavior can be affected by poor school conditions, neighborhood conditions, a lack of community connections, or neglect from parents. Programs which do not consider the context in which delinquency occurs are less effective than those that address the unique environmental factors that impact juvenile behavior to varying degrees. Many established programs, intended either to prevent or treat delinquent behavior, lack a contextual view and, not surprisingly, fail to stand up to critical evaluation.

Drug Abuse Resistance Education (DARE) is perhaps the most well known educational program, and is certainly the most widely implemented. Used in 80% of school districts in the United States since its inception in 1983, DARE seeks to prevent drug use in elementary school age children by utilizing local law enforcement personnel to provide information about tobacco, alcohol, and drugs. It claims to build self esteem in children, while giving them alternatives to drug use and teaching them to resist peer pressure (Siegel & Welsh, 2008).

Sociology Professor and Ph.D. David Hanson (2007), who has researched alcohol use for over 40 years, explains that although DARE is extremely popular with students, parents, and teachers alike, it has not been found to be effective when subjected to scientific research and evaluation. He outlines a bitter relationship between DARE, the media, and the scientific community, whose criticism poses a threat to DARE's continued use. Hanson (2007) reports:

In a case involving DARE's libel suit against *Rolling Stone* Magazine for a critical article, a Federal judge ruled that there was "substantial truth" to the charges in the article that DARE had sought to "suppress scientific research" critical of DARE and had "attempted to silence the researchers at Research Triangle Institute, editors at the American Journal of Public Health, and producers at *Dateline: NBC*". (§ 19)

The problem for DARE is that research has overwhelmingly shown that the traditional DARE curriculum does not deter drug use, and at least one study actually indicated that it decreases self esteem (U.S. Public Health Service [USPHS]; Siegel & Welsh, 2008). As a result, the U.S. Department of Education has prohibited funding of DARE, and DARE has begun to alter their curriculum (Hanson, 2007).

Families and Schools Together (FAST) is an alternative to the DARE program which has a broad theoretical basis that includes family stress theory, family systems theory, and social ecological theory. FAST is also a school based intervention, but involves both students and family in multiple activity sessions. The goal of the activities is to develop social skills, family identity and cohesion, a sense of community, and positive family management (Ellis, 2001). FAST appears to succeed where DARE fails by implementing a more comprehensive and sustained program that operates on all levels of a juvenile's world: personal, social, familial, and educational. For example, a component of the program is to prevent school failures in children, another is to prevent substance abuse not only in the child, but in family members as well (Alcohol, 2007).

FAST is sanctioned by the U. S. Department of Education, as well as the Department of Health and Human Services, the Substance Abuse and Mental Health Service Administration, and the Office of Juvenile Justice and Delinquency Prevention (Alcohol, 2007). Its recognition has come as a result of research that indicates FAST is effective at increasing family cohesion and decreasing family conflict, as well as decreasing the frequency of undesirable behavior in those with conduct disorder (Ellis, 2001). The success of FAST lies in its role in enhancing protective factors in juveniles that act against stressors that may come along at school or at home.

Programs like DARE and FAST seek to prevent juvenile crime, but what about programs for juveniles who have already been arrested, charged, or found guilty of a crime. Boot camps

are a well known correctional treatment, modeled on military-style training and focused on physical discipline. They often incorporate other components such as education, substance abuse training, and social skills training (Siegel & Welsh, 2008). Unfortunately, for the juveniles who have attended boot camps and the taxpayers who have funded them, they yield recidivism rates equal to or higher than those who receive traditional sentences. Some claim they do an inferior job of providing therapy to correct the offending behavior (Siegel & Welsh, 2008), while others feel they have too narrow a focus on discipline and place a large number of delinquents together where they model further delinquent behavior for each other (USPHS).

Research by Lipsley and colleagues indicates that there is a broad range of effectiveness in programs for seriously delinquent youths, but that one effective strategy is family therapy conducted by clinical staff (USPHS). One program that uses this approach is Multisystemic Therapy (MST). Like FAST, MST addresses the individual as existing within several contexts: school, family, peers, and community. In MST, a therapist/case manager works on a case by case basis with a juvenile, their family, and a team of other professionals. Treatment is individualized based on the needs, strengths, and interests of each child, as well as the strengths and weaknesses of their family, school, or community. MST is rooted in systems theory and operates on the premise that delinquent behavior is the result of overlapping systems influencing individual choices (Ellis, 2001). MST might get a child involved in an activity that promotes positive social bonds and removes the influence of deviant peers. It might also assist family members with problem solving skills and conflict resolution. Evaluations of MST show that those treated demonstrate lower recidivism; 22% compared to 71% for those who received standard services (Ellis, 2001; USPHS). Other outcomes include improved family functioning, and fewer mental health problems in juveniles (USPHS).

Research demonstrates that effective treatments for delinquent and violent youths do exist - contrary to the infamous Martinson Report of 1975 which concluded that when it comes

to juvenile treatment programs, “nothing works” (as cited in Bishop, 2006, p.141). Yet results do vary widely and some programs, like DARE and boot camps, show little to no benefit. In these cases, it would be prudent to divert precious human and financial resources to more effective programs such as Families and Schools Together and Multisystemic Therapy.

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