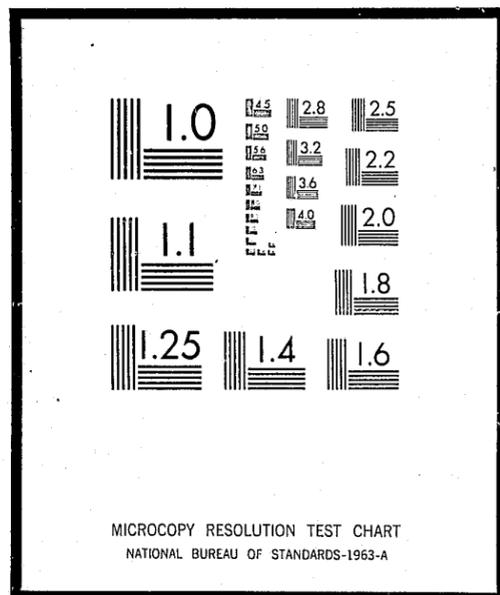


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THE YOKEFELLOW YOUTH CENTER --
PROGRAM EVALUATION REPORT #1:
Analysis and Evaluation of Responses
to Staff Interviews

by Matthew Silberman
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Submitted to the Yokefellow
Youth Center and the
Governor's Justice Commission
of Pennsylvania
January 26, 1973

THE YOKEFELLOW YOUTH CENTER --
PROGRAM EVALUATION REPORT #1:
Analysis and Evaluation of Responses
to Staff Interviews

Seventeen staff members of the Yokefellow Youth Center were interviewed during November 1972 employing a fixed interview schedule consisting of 59 questions. The founder and past administrator of the Yokefellow Youth Center and the current administrator were interviewed. In addition, the interviewees included 2 consultants, 4 full-time counsellors (2 past and 2 current), 2 part-time counsellors, the teacher of the special education program affiliated with the program, 1 student-intern (1 was not interviewed), 1 student volunteer (1 was not interviewed), and 4 support personnel (cook, maintenance man, secretary and bookkeeper).

1. Length of Stay

<u>3 Months or Less</u>	<u>Over 3 Months</u>
47% (8)	53% (9)

Eight staff members joined the staff within the 3 months prior to the interview. This indicates a high level of instability in the Y.Y.C. program. The directorship of the program as well as the two full-time counsellor positions changed

personnel during this period.

2. Education

<u>Some High School or Completed High School</u>	<u>Some College or Completed College</u>	<u>Some Graduate School or Received M.A. or Ph.D.</u>
24% (4)	53% (9)	24% (4)

High school education is concentrated in the support staff. Graduate school education is concentrated in consultant and counselling positions. The directors of the program have been notably lacking in training for programs of this type. Counsellors have also been lacking in advanced sociological and psychological training. Only two staff members (both consultants) have advanced degrees in the social sciences.

3. Prior Experience with Delinquent Youth

<u>Yes</u>	<u>No</u>
18% (3)	82% (14)

Staff is relatively inexperienced as well as untrained. None of the current administrative or treatment staff have experience with delinquents. Only one of the consultants has prior experience working with delinquents.

4. Reasons for Participating in the Program

<u>Response</u>	<u>All Reasons</u>	<u>Main Reason</u>
	%	%
Just work	24 (4)	18 (3)
Personal reasons (e.g., learn about self)	71 (12)	35 (6)
Learning experience	53 (9)	0 (0)
Helping delinquent boys adjust	47 (8)	29 (5)
Alternative to incarceration	24 (4)	24 (3)
Other	12 (2)	0 (0)

It is difficult to create a "therapeutic climate" when a majority of staff are not committed to either the immediate goal of helping the boys adjust to society or the long range goal of developing halfway houses as an alternative to incarceration. Although the main reason for participating among all the full-time counsellors and the consultants was one of these goals, all other staff categories showed a rather weak commitment to the treatment goals of the program. Considering the daily involvement of the residents with these other personnel, this is a serious weakness in the program.

There is also an interesting ideological split within the treatment staff suggested by the responses to questions about reasons for participating in the program. All 3 respondents

(1 consultant and 2 counsellors) who emphasize the alternative to incarceration have defined themselves as sociologists. Those who place emphasis on helping the boys to adjust tend to have psychology or other related training and do not at all spontaneously mention the "alternative to incarceration" goal. By demonstrating at Y.Y.C. that halfway houses work as an alternative to incarceration, the long-range goal of helping delinquents other than those who happen to be in this program will be achieved. There is a definite need for further indoctrination on the importance of the halfway house movement in order to increase the ideological commitment of staff members to the program.

5. Importance of Organizational Goals

When asked specifically how important the different reasons are for participating in the Yokefellow program, all but 2 support staff indicated they felt that both "helping the boys" and seeing the program accepted as an "alternative to incarceration" were important. Although these were not the main reasons for participating in a majority of cases, nearly everyone expressed some support for the basic goals of the organization. It is also important to note that nearly all staff members expressed a sense of accomplishment from their work. This is an excellent base from which to build a coherent treatment program.

6. A. Job Satisfaction

<u>Satisfied</u>	<u>Not Satisfied</u>
76% (13)	24% (4)

The 4 interviewees who indicated dissatisfaction were those who had recently left the program or were about to leave the program. All 4 were involved in some treatment phase of the program. This is important as it suggests a basic conflict present in the program for those working in its treatment phase.

B. Reasons for Dissatisfaction

Three counsellors indicated they were unable to effect treatment. The other dissatisfied staff member indicated lack of communication among staff members as the reason for dissatisfaction. The first 3 seemed to be concerned with administrative pressures that made it difficult to help the boys. (Administrative exigencies often took precedence over treatment needs.) One respondent complains of being "more of a guard than a therapist." In contrast, one staff member indicated not being able to inform other staff members of discipline problems; i.e., the focus was on the need for more control.

Administrative requirements often interfered with treatment. This generated behavioral problems which led in turn to coercive

responses by treatment staff. This is not satisfying to those whose motives for participating were treatment oriented.

Among those that indicated they were satisfied, some specific problems were mentioned. Administrators indicated pressure from other obligations making it difficult to do their job. Not having enough responsibility was mentioned by a treatment worker.

C. Reasons for Satisfaction

A fundamental change in the program is indicated by these respondents. Full-time counsellors now feel they have a great deal of autonomy in giving direction to the program. Fulfilling personal goals (8) and contributing to something worthwhile (1) are the other reasons cited for being satisfied with their work.

7. Adequacy and Importance of Remuneration (As Measured by a Satisfaction-Dissatisfaction Scale with Respect to Remuneration)

<u>Important and Adequate (Very Satisfied)</u>	14% (2)
<u>Unimportant and Adequate (Satisfied)</u>	43% (6)
<u>Unimportant and Inadequate (Dissatisfied)</u>	29% (4)
<u>Important and Inadequate (Very Dissatisfied)</u>	14% (2)

(The above omits 1 satisfied and 1 dissatisfied support staff who did not indicate how important remuneration was to them and 1 unpaid volunteer who indicated remuneration was unimportant.)

Close to half the staff are dissatisfied with the level of remuneration. It is important to note that none of these

indicated that they were involved in the program for the money. Those that wereworking just for the money ("it's a job") were satisfied with their pay.

Remuneration is not important. Those staff members who indicate dissatisfaction with their remuneration are dissatisfied for other reasons. They are mostly treatment workers whose dissatisfaction seems to be compounded by inadequate remuneration. Staff members who now feel they have a great deal of responsibility and involvement in the running of the program are not dissatisfied with remuneration.

8. Belief in the Need for Special Training in Working with Delinquent Boys

<u>Special Training Needed</u>	<u>Special Training Not Needed</u>
76% (13)	24% (4)

Most staff agree that special training is needed despite the absence of such training for most staff members. None of the full-time counsellors nor consultants felt training was unimportant. However, those who felt training not to be important felt that the ability to relate to delinquent boys was most important. These respondents included 3 part-time treatment staff and one support staff. While there is a tendency for the more educated staff to favor training, there are exceptions. There is clearly

a difference of philosophy among treatment personnel here.

9. Attitudes Toward Authority

<u>Too Much Discipline</u>	<u>Just Right</u>	<u>Too Little Discipline</u>
20% (3)	20% (3)	60% (9)

Most staff members seemed to feel there was too little discipline in the house. Nearly all support staff, the administrators, 2 counsellors, and the teacher felt this way. These staff members associate disorderly behavior among the residents (which there certainly was) with the need for more discipline; i.e., the lack of discipline among the residents is automatically attributed to the lack of discipline in the program. It was not surprising for untrained support staff to have these erroneous ideas, but it was surprising to find administrators and some treatment workers with these ideas. This shows a lack of understanding of the causes of disruptive behavior among young adolescents.

The consultants and 4 treatment staff (including 1 past full-time counsellor) agreed that there was not too little discipline.

There seems to be a great deal of disagreement as to the role of discipline in the program. Those who feel there is enough or too much discipline feel that the basis of therapy is

not discipline, but peer pressure, personal relationships between staff and residents, and/or to reward constructive behavior.

Others who adhere to the idea that more discipline is needed (mostly non-treatment personnel) adhere to the old common sense notion that the way to keep these boys in line is to punish them more. This important difference in philosophy can and has been a source of difficulty in coordinating the treatment program.

It is this researcher's opinion that inconsistent orientations among staff members, especially between treatment and non-treatment personnel, has been a source of difficulty for residents' adjustment. Furthermore, too strong an emphasis on discipline and too little on constructive, rewarding, supportive behavior by staff has led to a vicious cycle of "acting out" by residents and more discipline by staff. It is not that punitive reactions are excessive in the program, but these seem to be the only basis of control.

10. Social Control Mechanisms Employed

	<u>Past</u>	<u>Present</u>	<u>Ideal</u>
Physical restraint, threaten restriction or threaten expulsion	2	4	2
Give fewer credits	1	6	1
Give credits for a cooperative behavior	3	1	4
Peer group pressure	3	2	4
Rely on personal relationships	7	11	9
Refer to other staff	0	3	1
No means available	0	1	0
Don't know	<u>0</u>	<u>0</u>	<u>1</u>
Total	16	28	22

The above is a frequency distribution of responses about methods of control usually used now, used in the past, and the best method to maintain control. Staff members were free to mention one method or a combination of methods. (This explains the large number of responses.) Past is defined as prior to the change in administration in August. Collapsing categories, we get the following distribution:

<u>Social Control Mechanisms Employed</u>			
	<u>Past</u>	<u>Present</u>	<u>Ideal</u>
<u>Structured</u>			
Punitive	3	10	3
Non-punitive	6	3	8
<u>Unstructured</u>			
Personal relationships	7	11	9
No direct control	0	4	1
Total	16	28	21

There has been a definite shift in the mode of control. Initially, the dominant mode of control by treatment staff was based upon structured, non-punitive techniques and personal relationships. This is based upon the soundest sociological principles. Staff relied principally upon rewarding constructive behavior, using peer pressure to limit unacceptable behavior and personal relationships. Punitive responses by administrative and support personnel were sources of conflict within the staff. Two clearly opposed philosophies of treatment existed which ultimately led to the turnover in personnel.

Changes in administrative and treatment personnel in August and September gave way to a new philosophy, the philosophy of non-direction in administration. In administration the emphasis is on non-involvement in the treatment program. However, in the interim, no one appeared to be coordinating the treatment program.

Complementing the non-directive technique in administration seemed to be a new philosophy of treatment employed by the treatment staff emphasizing reliance on unstructured personal relationships. This lack of administrative and treatment structure (i.e., dis-organization) has given way to disruptive behavior by the residents and consequently punitive responses by staff. In turn, the breakdown in the coordination of the structured treatment program based on behavior modification (positive reinforcement) principles and peer pressure led to punitive responses by staff members which further alienated the residents. Some structure must emerge out of chaos. Without direction, this structure has emerged as a punitive one.

A note on the change from positive sanctions to negative sanctions as a basis of control (especially with respect to the credit system.)

Without diligent attention to the problems it generates, a positive reinforcement schedule can easily degenerate into a punitive system. The credit system had been designed as a point-added system for constructive, cooperative behavior exhibited during the day. For example, good participation in g.g.i. sessions increased a resident's credits for the day. If he earned enough credits (3), he earned the privilege to go out. The system is based on earned privileges. This system can and did deteriorate into a system by which credits are taken away for non-cooperative

behavior--a punitive response. (This researcher warned of this possibility when the system was established.) It takes a great deal of effort and self-examination by staff to make the system work.

The credit system changed from a positive reinforcement schedule to a negative one for the following reasons:

(1) The tendency of residents to define earned privileges as rights. Receiving fewer credits is defined by residents as punishment instead of the failure to be rewarded. This is part of the general pattern of testing the limits of any rule system imposed by superordinates over subordinates. The solution to this problem is in the way in which staff approach the credit system by making it a point to emphasize the positive aspects of it.

(2) The inherent tendency of regularly patterned behavior to become institutionalized expectations. Paradoxically, a period of constructive behavior by residents leads to the regular allocation of rewards (credits). As the earned rewards or privileges are regularly given, they lose their ability to sanction behavior as they become expected; i.e., they become rights. There are two paths to follow. Since staff can and did then define the system as ineffective, the tendency is to reverse the system and withdraw "rights" as punishment. These are viewed by staff and residents as "restrictions" rather than unearned

MAJOR EVALUATIONS UNDERWAY OR COMPLETED IN YOUR SPA

Project or Program Being Evaluated:

Grant Title: (CP-180-72A) Yokefellow Youth Center
(include grant number)

Grantee: Snyder Co.

Brief Description: A therapeutic group home for delinquent
males. (both project and evaluation effort)

Scheduled date of final Evaluation Report: January 26, 1973

Person to contact concerning the Evaluation:

Christine A. Fossett, Chief, Evaluation & Monitoring Unit
(name)
Governor's Justice Commission, Department of Justice
(address)
Box 1167, Harrisburg, PA., 17120
717-787-1422
(telephone)

If completed, is Evaluation Report on file with NCJRS? yes no

Please mail completed form to:

Keith Miles
Office of Evaluation
LEAA-NILECJ
Department of Justice
Washington, D.C. 20530

privileges; e.g., not going home on weekends is a punishment instead of going home being a reward. The second path is to make clear what behavior is expected to earn the privilege to go home, etc. It is necessary to link specific behavior with specific rewards.

(3) Failure of staff to transmit the philosophy and specific procedures by which the credit system worked to new staff members. This led to inconsistent use of the system by new and old counsellors, feelings of injustice and unfairness by residents, and the acceleration of the breakdown of the credit system. Earned privileges were gradually eliminated without taking into account the consequences on the behavior of the residents. Eventually there was no "privilege" to earn but the "right" to go home on weekends. There were no rewards for daily cooperation. Going out in the evening, watching T.V., etc. became rights, not privileges. The boy who had too few credits at the beginning of the week to earn the right to go home on the weekend had nothing to lose by "acting out" during the rest of the week.

It is my judgment that a critical factor leading to physical attacks on one of the staff members was due to the fact that he was using the credit system properly while the others were not. Consequently, he was seen by residents to be unfair and by himself to be a "guard" rather than a therapist. Other incidents between staff and residents seemed to occur when one staff member would

give points at one point during the day and another would take them away later on.

Part of the program involved the allocation of "pay" for work performed around the house or for going to school. The special school was integrated with the house program. Here, too, boys were threatened with loss of "hours" (money) if they behaved poorly. This generated further alienation and "acting out."

11. Discipline Improved or Deteriorated?

Responses differ for staff acquainted with the program before the change in administration and the newcomers. The following shows the difference:

	<u>Improved</u>	<u>Same</u>	<u>Deteriorated</u>	<u>Don't Know</u>
Old Staff	25% (2)	25% (2)	50% (4)	0% (0)
New Staff	22% (2)	33% (3)	22% (2)	22% (2)
Total	24% (4)	29% (5)	35% (6)	12% (2)

Old staff members are more likely to say that the discipline in the program has deteriorated. These include treatment as well as non-treatment personnel. Of those who say that discipline has improved, both old staff members are counsellors who indicate they use punitive measures as well as non-punitive measures and feel this is ideal. The new staff who feel discipline has improved are both clerical. The "don't know" responses come from

full-time counsellors which is surprising in view of their involvement in the program. One of these staffers, however, was very new to the program and the other may have misunderstood the question. All treatment personnel who say discipline has deteriorated favor non-punitive methods of control.

The above indicates basic differences in philosophy even among treatment personnel. Given the shift in the program from non-punitive to punitive styles of control (combined with increased reliance on personal relationships), those who approve of this approach feel discipline has improved and those who disapprove of this approach feel discipline has deteriorated. It is the staff who feel that the primary focus of control should be personal relationships who are unable to form opinions about the level of discipline in the program.

Three different types of treatment approaches emerge for the above analysis: (1) Disciplinarian, (2) Therapeutic Environment, and (3) Unstructured. Whereas conflict existed in philosophy between treatment personnel (all sharing therapeutic environment philosophy) and non-treatment personnel prior to the change in administration in August, conflict in philosophy has since emerged among treatment staff. This has produced uncertainty among new staff members about the direction the treatment program should take.

A Note on Individualized Treatment

The philosophy of individualized treatment is based on the premise that each resident is different and requires special treatment. To treat all residents alike is not good because the particular needs of particular residents are not met. What often is missed by adherents to this approach is that in any social or group context, the failure to provide a consistent, coherent frame of reference for participants tends to generate feelings of injustice and unfairness in subordinates. Individualized treatment is possible in a group living situation only if a coherent structure exists in which to work.

Individualized treatment without structure leads residents to feel that "one guy gets the breaks" and he doesn't. Rewards and punishments depend on how well the resident gets along with a given staff member. There are no guidelines within which to work. In other words, individualized treatment accentuates the dependency relationship between residents and staff.

Whereas the dependency of residents on staff is good in some ways and for some residents, there are many problems associated with this. For example, instead of learning to rely on himself for his actions, he becomes "other-directed," seeking cues from staff members as to what is expected. This is not different from the mode of adaptation of delinquents on the streets. Only the "other" is temporarily changed. Since teaching

self-control is one object worth pursuing, a dependency relationship is not constructive.

What means does a staff member have to control a resident's behavior when his behavior is disapproved? Without peer pressure and/or a positive reinforcement schedule to guide behavior, there is too much reliance on personal relationships that can break down at times. The danger is that all that remains beyond the staff-resident relationships are punishments or the threat of punishment as a basis of control. It should not be surprising that increased reliance on personal relationships to control residents is also associated with punitive behavior by staff.

The staff is now considering establishing a contingency contract arrangement between new residents and staff whereby goals are laid out in advance and agreed to by the resident. Achievement of each goal moves the resident ahead toward release. This is an excellent means of formalizing individual treatment and giving direction to individual counselling. However, incentives must still be included for living in a group setting, for developing self-control, etc.? In order for the contingency contract to work, it must occur within a structured therapeutic environment.

12. Location of Ideal Halfway House

In Community Setting

50% (9)

Out of Community Setting

50% (8)

There is a considerable split in responses to this question. Disagreement exists within every category of staff members. Both current full-time counsellors, 1 consultant, 1 former administrator, 2 students and 2 support staff agree that a halfway house should be located in the community. The remainder of the staff show preference for isolated rural setting with community nearby and accessible.

The difference of opinion among current staff is especially important given the planned shift from a community setting to an isolated rural setting. The current administration favors isolation for understandable reasons. Being located in Shamokin Dam has created the additional problem of community relations. This kind of problem should be faced, not run away from. The classic response in corrections of removing troublemakers to isolated settings reinforces the prison type of philosophy. The inaccessibility of the community is a functional alternative to prison walls. This is what has happened with forestry camps and this was the reason for placing penitentiaries in isolated settings.

Current philosophy in corrections encourages increased involvement of the "criminal" and "delinquent" in the community. Current treatment staff seem to agree with this, yet they will be forced to work in a rural setting as others have before them and deal with the problem of keeping residents busy and out of trouble as much as dealing with their problems.

If delinquents are to learn to adjust to living in the community, they must live in the community in the first place. Research on institutions that isolate residents from the community show that residents or inmates learn to adapt to the institution rather than the community and have difficulty entering back in the community afterwards.

(In late January, reluctance of the Yokefellowship Board to back a mortgage for the house located in a rural setting has forced the current administration to reevaluate its position and seek a less expensive house located in or near a small town.)

13. Ideal Education for Residents

<u>Public or Vocational School</u>	<u>Special Education</u>
71% (12)	29% (5)

Most staff agree that public or vocational education is best. Most residents express a desire for a trade, thus vocational education would seem ideal as a goal for these residents.

In view of the failure of the recent attempt to establish a special education program, the majority of responses favoring public school is understandable. The chief reason for failure seems to involve placing a teacher who was not trained to deal with delinquents. One consultant felt that special education was still appropriate with the properly trained staff.

However, the program was set up with only boys from the house, thus violating the principle of training the boys to learn to adjust to the community. Some sort of remedial work is needed for residents who are behind in school, but a maximum amount of effort should be made to keep the boys in a "normal" setting; i.e., public school.

Most of the special education responses were given by treatment staff who had been party to making the decision to establish this program last summer. Although I approved of the decision because of the need for remedial education for the residents, I have changed my mind. It is easy to blame inadequate training for the failure of the program. However, I feel that the reason is more basic. Threats to the teacher, sleeping on the floors, and other responses were the consequence of increased separation from the community. Furthermore, a punitive style of control employed by the teacher increased the amount of "acting out" by the residents.

The solution to the education problem for most of the

residents is to motivate them to participate in public school by dealing with their problems in group meetings and individual counselling. Where special education is needed, these residents should be part of a larger special education program in the community.

14. Yokefellow: A Religious Program?

<u>Should Religion Be Stressed?</u>	<u>Is Religion Stressed?</u>			<u>Total</u>
	<u>Some</u>	<u>Not at all</u>	<u>Don't Know</u>	
	<u>%</u>	<u>%</u>	<u>%</u>	
<u>A Great Deal</u>	<u>75 (3)</u>	<u>25 (1)</u>	<u>0 (0)</u>	<u>100 (4)</u>
<u>Some</u>	<u>17 (1)</u>	<u>50 (3)</u>	<u>33 (2)</u>	<u>100 (6)</u>
<u>Not at all</u>	<u>17 (1)</u>	<u>83 (5)</u>	<u>0 (0)</u>	<u>100 (6)</u>
<u>No Answer</u>	<u>0 (0)</u>	<u>100 (1)</u>	<u>0 (0)</u>	<u>100 (1)</u>
<u>Total</u>	<u>29 (5)</u>	<u>59 (10)</u>	<u>12 (2)</u>	<u>100 (17)</u>

There is a tendency toward consistency in responses. Staff members who feel that religion should be stressed are more likely to feel it is, even though it is not as much as they would like. Conversely, those who feel it should not be stressed feel that it is not at all stressed. The principle of cognitive dissonance is clearly at work: people see what they want to see.

Given the original conception of the Yokefellow program as part of a ministry to those in difficulty with the law, given the origination of the Yokefellow movement as a Christian fellowship,

and given its administration by a member of the clergy, it is surprising that most staff agree that no emphasis is given to religion in the program and the remainder say there is little emphasis.

There is clearly a conflict between the goals of the parent organization and the halfway house program. The main reason for this is the belief by staff who have a great deal of influence in the implementation of the program that religious principles should not be stressed. This includes consultants as well as counsellors. The "subversion" of the formal goals has not been deliberate, but has come about through inaction in developing the religious program.

Again, we find a difference in philosophy between treatment and non-treatment staff. Administration and support staff all feel that religious principles should be stressed in the program. Treatment staff are divided on this issue, but tend to deemphasize its importance.

15. Recreational Program

Nearly all staff members agree that there is a time and place for hobbies and interests to be expressed. Wednesday night arts and crafts night was an innovation established in September by the current treatment staff over the objection of the former administrator. The basement of the house was set up as a workshop.

However, many staff members feel that the program is inadequate.

It is not organized as originally intended. Residents are pretty free to work in the shop, horse around, or do nothing at all on arts and crafts night.

A point of interest is the popularity of chess among residents. Many residents spend their free time playing chess with each other or staff. Despite their underachievement as far as school is concerned and their poor performance on I.Q. tests because of their deprived social backgrounds, their intellectual functioning is not impaired. In fact, some of the kids are pretty good players. When motivated to do so, a great deal of mental energy can be expended by these boys.

16. Community Relations

Community-Police Determine Disciplinary Action

<u>Yes</u>	<u>No</u>
59% (10)	41% (7)

Good community relations should elicit community and police cooperation and assistance in running the program. In no case should disciplinary actions be geared to threats imposed by outside forces; this would be completely counter-therapeutic. However, the precarious existence of the halfway house has made it vulnerable to external pressures, caused excessive disciplinary

reactions within the house and generally made control and therapy more difficult.

The vulnerability of the program to external pressures was based on the failure to legitimate the establishment of the program in Shamokin Dam or to work toward that legitimation once established. Being in violation of zoning restrictions from the beginning led to a paranoid fear of community action against the program. This fear was in fact realized when the program was court ordered out of Shamokin Dam.

On September 25, 1972, an incident at Carroll's Restaurant in which 4 residents got in trouble with the police led to placement in Camp Hill Correctional Facility for 1 boy, 3 days in the Northumberland County Jail and a month's restriction to the house for 2 boys and restrictions for the fourth were imposed. These restrictions were made in the hope of appeasing the local police. However, this did not work and the program was expelled from the borough anyway.

The incident: 2 residents brought 2 bottles of hard liquor into the house after a weekend at home. Five residents went to the local cemetery to drink Monday night. One left before the trouble began and another acted as "look-out." One boy drank too much and became difficult for the others to handle. The boys went to Carroll's Restaurant and this one boy used loud abusive language in the parking lot. It is not clear who was the object

of the abuse. The restaurant claimed its patrons were and the boys claim other youths were. The police were called and the boys ran. One boy, already taken into custody, fled from the police car. The police charge against all the boys was disorderly conduct. In view of the resisting of arrest by the boys (a "natural" response among delinquents whether doing something wrong or not) and the absence of charges for this, the charge of disorderly conduct for all the boys was of doubtful validity. For some, the only disorderly conduct appears to be running from the police which is not illegal unless the arrest is legal in the first place. The police failed to differentiate between boys who were causing trouble and those who were not and consequently, blamed the whole program. No matter how much progress was made with the residents, one bad incident led to community condemnation.

In view of the above incident, it is easy to see why nearly all the treatment staff and administrative personnel involved in the program during that time say that the police and community play a major role in disciplinary action. Only one consultant disagreed with this.

The consequence of overreacting due to community pressure has increased disciplinary problems in the house. One staff member was later assaulted by 2 of these boys, one of them ran away after 3 week's restriction since he was unable to take the "pressure" (he was a runaway from Forestry Camp #3 at Aitch when placed in

the program) and 2 of these boys burgled the halfway house on Thanksgiving Day.

17. Staff-Staff Relations

Staff members were asked: To whom do you relate best? and to whom do you relate least well? The following summarizes the sociometric choices made:

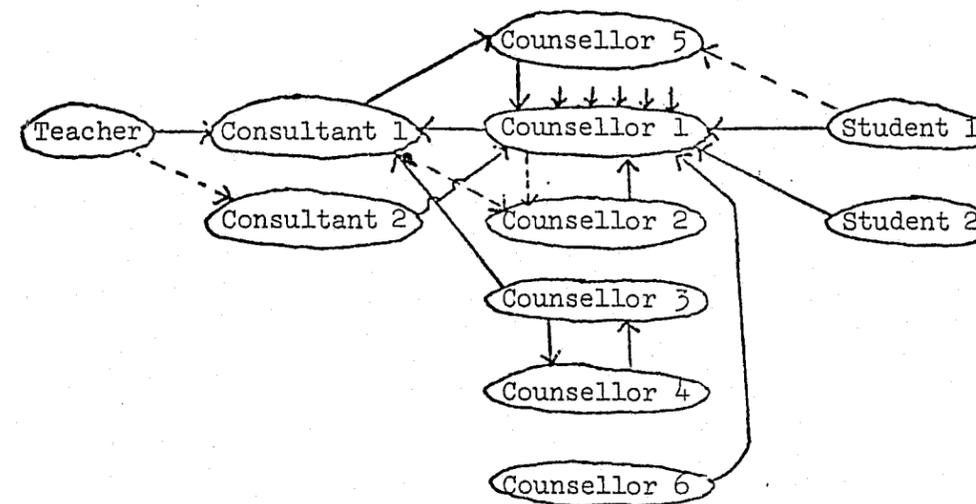
	<u>Relate Best</u> # choices received	<u>Relate Least Well</u> # choices received
Counselor 1	11	0
Counselors 2-6	3	3
Consultant 1	3	0
Consultant 2	0	1
Students 1-2	0	0
Administrator 1	0	6
Administrators 2-3	0	3
Teacher	0	0
Support Staff 1-4	0	1
Totals (18 staff)	17	14

The most frequently chosen person for "relates best" is the current program coordinator. Since he is responsible for the implementation of the treatment program, this is an excellent base from which to work. Also chosen once each were 3 other counselors. Counselors no longer working in the program as well as very recent employees may be underchosen because the question

pertained to the current program. Two choices of "relates least well" among counsellors occurred because of newness of employment and one was because of a "personality clash."

One consultant was selected as related to best by 3 treatment staff, including 2 full-time counsellors and the teacher. Reasons given were his philosophy of treatment, expertise, and understanding. The one negative choice for the other consultant was given because of "not enough communication" and "gives no evidence of understanding [respondent's] position." My own interpretation of this is that strong disagreement arose out of a basic difference in the philosophy of treatment between respondent and consultant.

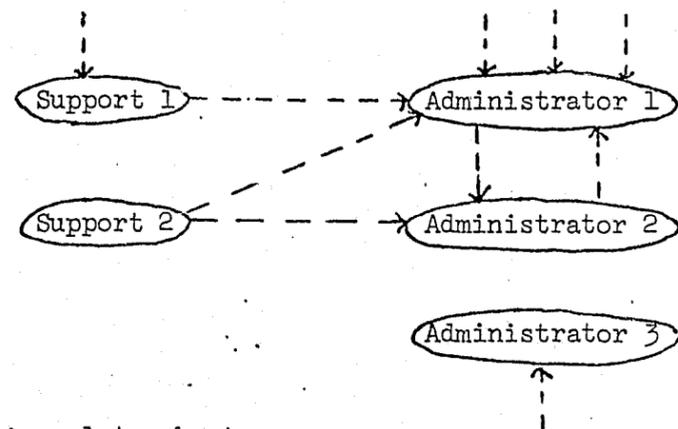
Clearly, administrators have not gotten along well with other staff members. This includes other administrative and support staff as well as treatment staff. One administrator was especially chosen as "least well" related to. Reasons given were that he was inconsiderate, manipulative, stubborn, unorganized, and "our philosophies were diametrically opposed." It is probably this last reason that explained the other responses. Differences in treatment philosophy between administrative and treatment personnel in the past frequently gave rise to conflict.



————→ relates best
 - - - - -→ relates least well

Sociogram for Treatment Staff

The sociogram for treatment staff points to 3 key people, counsellor 1, counsellor 5, and consultant 1. While counsellor 5 is not chosen frequently, he is embedded in a network of interpersonal relationships that give him a pivotal position. He is a part-time paid volunteer whose commitment to the program has been critical in keeping it going.



—————> relates best
 - - - - -> relates least well

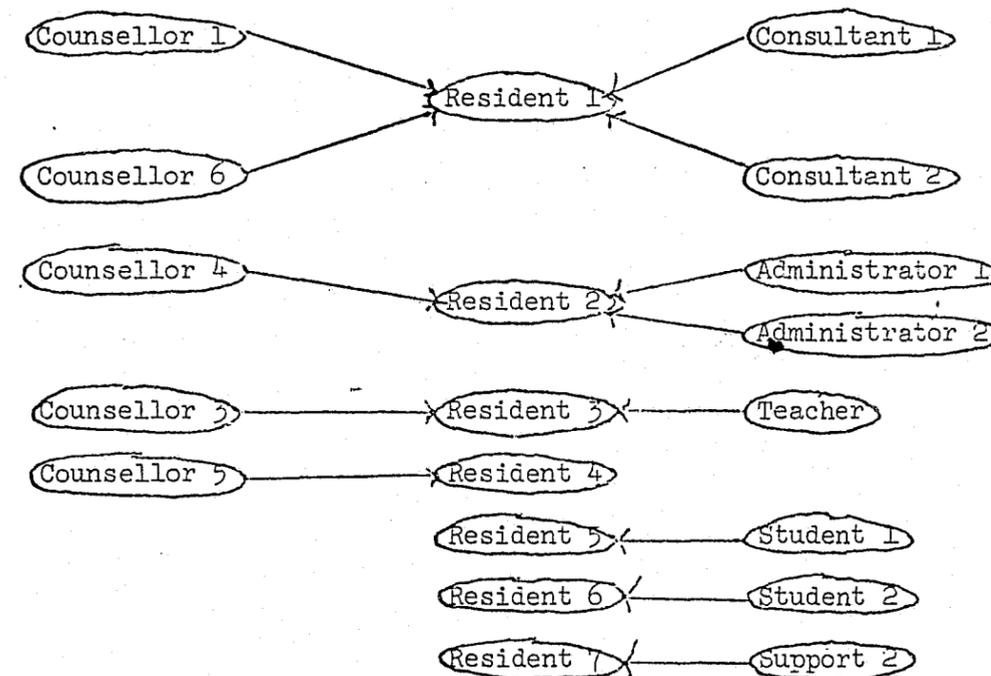
Sociogram for Administrative and Support Staff

The administration is embedded in a network of poor relationships among themselves and with treatment personnel. Administrators and support staff show no internal cohesiveness. In view of the conflict in philosophies between treatment and administration, this has worked to the advantage of treatment in developing its program, but has led to other problems in managing the program.

18. Staff-Resident Relations

The advantages of a large staff with a large number of residents are revealed by the answers to question: Among the residents to whom do you relate best? As many as 7 different boys are mentioned by different staff members. The general

pattern of relationships has been for residents to attach themselves to specific staff members and for one-to-one personal relationships to develop between staff and residents. No resident completely monopolizes the attention of staff and the staff spreads its emotional resources to many boys. Only 3 boys who were in the program during the last 3 months were not chosen by any staff member.



—————> relates best

Sociogram of Staff-Resident Relations

The pattern of relationships between staff and residents and the reasons staff gave for these relationships show the basis for these relationships. Resident 1 relates best with the current program coordinator, a graduate student, and the two consultants. The responses from staff members indicate that this resident is intelligent, intellectually mature, outgoing and likeable, and has the kind of adjustment problem that can be best dealt with by a program of this kind. It is the "intellectuals" that he relates to best. He is also one of the most seriously delinquent of the boys in the program when measured in terms of the amount of trouble he has gotten into.

Resident 2 is also liked a great deal, especially by administrators. The administrators relate to him best because he has been in the program longer than anyone else and they have gotten to know him. The counsellor who relates best with the boy says that once he received the love and attention he needed, he was easy to relate to. He is the most conforming of residents. Although in serious trouble before coming to the house and while in the house at first, he no longer gets into trouble and gets along with everyone (especially administrative staff).

Resident 3 got along with staff members who felt he was rational, mature and had good insight into his problems. Each student relates best to those residents who they feel share similar interests, i.e., they select them as they select friends

anywhere else. One female support staff member relates best to resident 7 because he "needs encouragement." Her relationship with this boy demonstrates that a woman can play an important role in a program of this kind, especially with younger boys who still need the dependent, affectionate relationship of an older woman. The tie between counselor 5 and resident 6, though not articulated other than on the basis of entering the program at the same time, became a close one.

The 3 residents who were not selected as "related to best" by any staff members included 1 resident who was excessively dependent and demanding who, not receiving the attention he needed, began to exhibit more "delinquent behavior" while in the program. All 3 of the residents exhibited physically aggressive behavior. Whether this was because of a failure to "make it" with any staff member or whether this made it difficult for staff members to relate with him, is impossible to say.

Residents are different in their personal needs, level of development, etc. A diversity of staff characteristics helps to complement those needs. More involvement of women is needed to provide the kind of attention certain dependent boys need. Student volunteers relate well with less delinquent boys. Some staff members relate well with the more intelligent boys and some with the more passive boys.

Some of the literature on halfway houses stress the need

for homogeneity of residents, especially maturity levels (see especially California Youth Authority literature). It is easier to coordinate a treatment program designed for a limited range of adjustment problems. (The Yokefellow program has had a wide variety of residents. Where the diversity of staff interests and philosophy has been dysfunctional from the point of view of a well coordinated program, it has been functional in providing a base of emotional support for 70% of the residents.)

Establishing a program in a rural area has some inherent problems. The pool of potential residents seems to be relatively small. This encourages a diversity of resident problems that makes it more difficult to coordinate a treatment program.

19. Influence on Residents' Behavior

<u>Who Has The Most Influence In The House?</u>			
<u>Staff</u>	<u>Both Staff and Residents</u>	<u>Residents</u>	<u>Police</u>
69% (11)	13% (2)	13% (2)	6% (1)

Most staff members agree that staff members have the most influence over residents' behavior. Of these, 73% (8) spontaneously name the program coordinator as the person with most influence. The program seems to center around this person. He is central to both staff relations and staff resident relations.

This is as it should be if he is to be effective in coordinating a treatment program.

Some staff members believed that most of the residents' behavior was determined by other residents for either all or some of the residents. This reflects the view that the boys were "out of control" rather than a positive sense of internal discipline.

The ideal halfway house should be centered around the development of peer pressure to reinforce self-esteem and constructive behavior. Under this condition, residents should have the most influence on each other's behavior. This program, despite its lack of structure, is highly staff centered, relying on personal relationships with staff to develop constructive behavior and adjustment. It is not utilizing peer pressure as an instrument of change in delinquent behavior.

<u>Who Has the Most Influence Outside the House?</u>		
<u>Friends or Residents</u>	<u>Parents</u>	<u>Teachers</u>
86% (12)	7% (1)	7% (1)

Nearly all staff members who answered this question, felt that peer group influence was the most important factor influencing residents' behavior outside the house. One staff member felt parents had influence over some residents and another felt that

the "teacher at school" did. The majority of staff members accurately perceive the importance of peer group pressure on delinquent boys. Delinquency is embedded in and supported by a delinquent subculture. Thus, peer group pressure must become the primary instrument for change in delinquent values and behavior.

20. Role of Peer Group in the Program

Most staff members agree that residents should have some role in giving direction to the program. There was a variation in responses as to what that role should be. Both consultants agree to the importance of peer pressure as a constructive influence on behavior. Staff disagree as to the extent that residents should be involved in "running the program." Once the program is established with the proper guidance by staff members, it should be possible for residents to take responsibility for regulating their own behavior. This is important for the development of leadership and responsibility.

Control of the program by residents may conflict with the goals of individual treatment especially as implemented in a contingency contract arrangement. In this type of program, ✓ progress by the boy is determined and evaluated by staff. The peer group and individual treatment aspects of the treatment program must be carefully coordinated.

21. Homelike Atmosphere

<u>Yes</u>	<u>No</u>
31% (5)	69% (11)

Most staff members feel that the program does not provide a homelike atmosphere. Reasons for this are:

- (1) no female to relate to; no mother-father relationship
- (2) too many people involved in the program; staff members coming and going
- (3) turnover of staff
- (4) too much conflict and lack of harmony
- (5) too many residents
- (6) no consistent personal relationship between staff and residents; inability of staff to provide it
- (7) not a totally trusting atmosphere.

Those who felt that a homelike atmosphere is provided stated almost the exact opposite point of view. Reasons given are:

- (1) physical and emotional needs are being met
- (2) more permissive than institution; relaxed atmosphere

Most of those who felt a homelike atmosphere were non-treatment staff. However, 2 counsellors did feel this way. The consultants and most of the counsellors felt that the program was not providing a homelike atmosphere. While the staff must strive for ✓ providing a trusting, accepting environment, it is not possible

for a residential treatment center to be truly homelike. More involvement of women in the program can enhance this, as can a reduction of turnover and staff conflict. It is precisely this kind of unstable family situation that has generated the problems faced by most residents. Nevertheless, the size of the program as far as staff and residents is concerned precludes the possibility of a completely homelike atmosphere developing. Furthermore, being placed in a halfway house is part of punishment for wrongdoing, hardly a basis for family relationships. The behavior modification principles applied for individual treatment and group living are not what one would or should find in a good private home.

22. Personal Expression

One of the most serious bones of contention in the house under the previous administration was the preservation of the beauty of the building vs. allowing some freedom of expression for the residents within a context of responsibility for care of the facility. Excessive emphasis on the need to preserve the facility in immaculate condition for visiting dignitaries to the National Yokefellow Prison Ministry led to occasional abuse of the facility. Most of the staff members working in the program at the time of the interview felt that the house was not cared for enough. However, this was only the case in the last few months.

Residents were forbidden from decorating their rooms as they felt. The impression of the house was institutional. Despite this restriction on personal expression, nearly all staff feel that the boys should be able to hang their own pictures, posters, or personal decorations on their bedroom walls. Two reasons are given: the need for self-expression and the need to give the boys a feeling that the room is theirs; i.e., to reduce institutional feeling. Only the administrators and support staff feel that limits should be imposed. They are concerned with the fact that decorations should be in "good taste," and should reflect "good conduct." There should be "no obscene vulgarities," no smearing of walls, no cluttering and decorations should be "well-disciplined."

Whereas treatment staff emphasize the positive aspects of self-expression, others express their fears of excesses that the boys might go to; i.e., their first thought is to impose limitations. Their attitudes toward the role of personal expression reflect an underlying conflict in philosophy between treatment and non-treatment personnel which has been a source of conflict or mutual dissatisfaction among staff. Administrative staff have especially shown a concern for the use of "foul" language which is to be expected among boys living in a group situation and should be understood as such. The treatment staff seem to understand this.

Attitudes Toward Personal Decorations

Self-Expression
Is Important

69% (11)

Self-Expression
Should be Limited

31% (5)

23. Effectiveness of Treatment Program

Nearly all staff members agree that they are unable to help some boys.

Reasons Why You Are Unable to Help Some Boys

Program Problems: e.g., "need more structure program," "better student-teacher ratio," "program not organized enough; boys not given enough individual attention," "some boys have problems this program was not meant to treat." 29% (4)

Not My Responsibility: e.g., "not understand case well enough," "don't spend time with boys," "nothing to do with that aspect." 21% (3)

Some Boys Cannot Be Changed: e.g. "pathological behavior difficult to reverse," "some boys are too alienated," "boys are antagonistic, unable to be reached," "boys don't care, they have been bossed around too much," "boys doing drugs and other personal problems." 50% (7)

The administrators and one support staff expressed their lack of involvement in treatment as a reason for their not being able to help. This has not always been the case nor should it be the case. In order for the program to create a therapeutic climate, all staff members must be involved in treatment. However, in the past, differences in philosophy between treatment and non-treatment personnel led to conflict. A temporary solution has been a definite division of functions. However, in the long run, all personnel should be integrated into the treatment program as far as orientation and philosophy are concerned in order to create a therapeutic environment. Non-treatment personnel must understand the treatment program's goals and procedures and must be sensitized to ways in which they might interfere with treatment and avoid doing so.

Program problems were mentioned as a reason for not helping some boys by 4 staff members, including 1 consultant, 1 student, 1 counsellor, and the teacher. The breakdown of the positive reinforcement schedule was a major cause of resistant attitudes among the residents toward the end of the period under study. I believe that this explains why residents were "antagonistic," didn't care about being helped, took drugs, or exhibited "pathological" behavior. Attributing failure of the program to the behavior of the boys is like treating a symptom as if it were the disease itself. To believe that some boys are not helped

because of their behavior is circular reasoning and counter-therapeutic.

One response was interesting in view of the problems faced in the special education program. One staff member felt that a better student-teacher ratio was needed (although this staff member also favored placing the boys back in the public schools where they couldn't get away with what they did in the special program). However, there was one teacher to 4 or 5 residents. How much better does it have to be? Difficulties in relating to j.d.'s cannot be remedied by one-to-one student-teacher ratios. They will still not be prepared to adjust to the disciplined environment of a public school.

24. Resident's Progress

	<u>Most Progress</u>	<u>Some Progress</u>	<u>No Progress Or Worsened</u>	<u>Majority Opinion</u> (Helped)	<u>Researcher's Evaluation</u> (Helped)
Resident 1	4	1	3	Yes	No
Resident 2	6	4	0	Yes	Yes
Resident 3*	2	6	0	Yes	Yes
Resident 4*	0	1	2	No	No
Resident 5	1	2	2	Yes	No
Resident 6*	0	4	1	Yes	Yes
Resident 7	1	1	2	Mixed	No
Resident 8	0	0	9	No	No
Resident 9	0	8	3	Yes	No
Resident 10*	0	0	4	No	No

Resident 11*	0	1	1	Mixed	Yes
Resident 12*	0	1	0	Yes	Yes
Resident 13*	0	2	9	Yes	Yes
Resident 14*	0	1	0	Yes	No
Resident 15*	0	0	1	No	No
Resident 16*	0	0	1	No	Don't Know
Resident 17*	0	0	1	No	Don't Know

				<u>% Helped</u>	<u>% Helped</u>
Total	<u>14</u>	<u>32</u>	<u>30</u>	<u>53</u>	<u>40</u>
10 Residents in Program During Last 3 Months	<u>14</u>	<u>27</u>	<u>26</u>	<u>60</u>	<u>30</u>
11 Residents Released*	<u>2</u>	<u>16</u>	<u>11</u>	<u>45</u>	<u>56</u>

Staff members were asked open-ended questions about which residents were helped or not by the program and why. Rather than forcing each staff member to evaluate each resident, we sought their spontaneous evaluation of residents on the assumption that if their opinions about each boy were sufficiently well formed, they would be mentioned.

Of the 24 residents in the program since its inception, 17 are mentioned at least once. The failure to mention a resident may be due to lack of sufficient information about him or not enough change to make mentioning him worthwhile. (Staff members were asked who showed progress and who did not.) If a staff member feels a resident was essentially unchanged by the program, he is not likely to mention him. This would make the estimate of 53% helped too high. However, this estimate is close to the success rate of the average community based treatment program (Keller and Alper, 1970).

Using the above responses as an indicator of program success, there are different ways of evaluating the program during the entire period:

- (1) 53% of the boys helped according to a majority of staff members judging each boy.
- (2) 40% helped according to this researcher.
- (3) 61% of the judgments of staff members indicated improvement in the residents.

- (4) 29% of the residents were felt to have made the most progress by at least one staff member.
- (5) 71% of the residents were felt to have made some progress by at least one staff member.
- (6) 71% of the residents were felt to have made no progress or worsened while in the program by at least one staff member.
- (7) 29% of the residents were felt to have made some progress by all staff members who made a judgment on the boy.
- (8) 29% of the residents were felt to have made no progress or worsened by all staff members who made a judgment of the boy.

The most conservative estimate based on the above data yields at least 29% of the boys helped. The most liberal estimate is 71% helped. The best estimate seems to be about one-half.

Evaluating the program's effectiveness in the last 3 months (the 10 residents that generate the most responses) we find:

- (1) 60% of the boys helped according to a majority of staff members judging each boy.
- (2) 30% helped according to this researcher.
- (3) 61% of the judgments of staff members indicated improvement in the residents.
- (4) 50% of the residents were felt to have made the most progress by at least one staff member.

(5) 80% of the residents were felt to have made some progress by at least one staff member.

(6) 80% of the residents were felt to have made no progress or worsened by at least one staff member.

(7) 20% of the residents were felt to have made some progress by all staff members who made a judgment on the boy.

(8) 20% of the residents were felt to have made no progress or worsened by all staff members who made a judgment.

The most conservative estimate yields at least 20% of the boys helped as agreed to by all staff. The most liberal estimate is 80% where at least one staff member believes the boy has been helped. The best estimate seems to lie somewhere around half the residents helped.

Evaluating the program's effectiveness only in terms of those residents released from the program (11 of the total of 18 released were mentioned) we find:

- (1) 45% of the boys helped according to a majority of staff members judging each boy.
- (2) 56% of the boys helped according to this researcher.
- (3) 62% of the judgments of staff members indicated improvement in the residents.
- (4) 9% of the residents were felt to have made the most progress by at least one staff member.

(5) 64% of the residents were felt to have made some progress by at least one staff member.

(6) 64% of the residents were felt to have made no progress or worsened by at least one staff member.

(7) 36% of the residents were felt to have made some progress by all staff members who made a judgment.

(8) 36% of the residents were felt to have made no progress or worsened by all staff members who made a judgment.

It is difficult to assess the effectiveness of treatment for those who are still in the program. For those who have left the program, the best estimate of effective treatment is about one-half the residents have benefitted from the program.

Reasons for Progress

Cessation of Delinquent Acts or Socially Unacceptable Behavior	18% (4)
Able to Handle Problems Better	9% (2)
Improved Character, e.g., More Self-Control	27% (6)
More Cooperative	45% (10)

Numbers in parentheses include number of responses for each category. Multiple responses are coded as such.

Reasons for Lack of Progress

Delinquent or Unacceptable Social Behavior Still Persists	25% (3)
Not Able to Handle Problems Better	0% (0)
No Change in Character	25% (3)
Uncooperative	50% (6)

Half the responses given for progress and lack of progress of the residents reflect concern for adaptation to the halfway house itself; i.e., in cooperative and uncooperative behavior. This is not a constructive response. One of the reasons cited (see esp. Goffman, 1961) for the failure of total institutions such as prisons has been the focus on the individual's adaptation to the institution itself. The rebellious, uncooperative inmates are those who resist authority in the institution whereas the "successes" are those who are "converted" or "colonize" the institution; i.e., they fully accept staff's point of view and in the extreme desire to reside in the institution permanently.

Even halfway houses suffer the risk of creating residents who adjust to the house but not to living in the community. Many of the staff at Yokefellow reflect this institutional bias in their responses. The emphasis should be on altering the behavior of the residents in the community and on being able to understand their problems better. The emphasis on development of character, (e.g. self-control, respect for others) is good but

does not deal with the central problem: delinquent boys engage in socially unacceptable behavior because of the problems they have faced at home and/or the support they have received "on the street" for antisocial behavior.

The consultants, 1 administrator and 2 full-time counsellors or 29% of the staff mention the importance of the termination of or continuation of delinquent acts as essential in evaluating the "success" of "treatment" of the residents. Only the 2 consultants or 12% of the staff mention the importance of being able to handle problems as an indicator of success of "treatment." Only a minority of staff members have clearly defined goals with respect to treatment.

One consultant, one support staff, the teacher, and 3 counsellors or 35% of the staff mention some improvement or lack of improvement in the personality or character of the resident as important in evaluating treatment. This includes improvement in self-control, progress in social relations, increased tolerance, and language improvement. All these may be important in helping any adolescent learn how to grow and develop into contributing members of society but are secondary to the primary goals mentioned above.

Only 4 staff members of 24% do not mention cooperation in evaluating the success of treatment. These include 1 consultant and 3 counsellors. Two of these staff members stress self-control

in evaluating treatment and the other two stress the termination of delinquent or socially unacceptable behavior. Those who feel self-control is important are essentially saying that the decision not to engage in socially unacceptable behavior is based on the internalization of socially acceptable standards of behavior. However, many relatively mature and "controlled" individuals commit delinquent acts. This should not be a sole criterion for success of treatment.

Fully 73% of those responding (11/15) indicated that cooperativeness was important to some extent in evaluating the effectiveness of treatment. Cooperation is a means to an end, it should not become an end in itself. However, 40% (6/15) of those responding indicated this was their only means of evaluating the success of treatment; i.e., these include 1 administrator, 2 support staff, 1 student, and 2 counsellors.

There is clearly too much emphasis on institutional adaptation as a means of evaluating progress in "treatment." This reflects a classic problem found in organizations of all types; i.e., the tendency for the means to become the ends.

The Residents

Resident 1

This resident relates best with the more educated staff members. He is intelligent and relatively mature as far as understanding himself and his place in the world; i.e., the

reasons he does what he does. He often plays chess with staff members.

Resident 1 is the most delinquent of the 6 boys interviewed who were residents at the end of November. He has a serious history of delinquency including shoplifting, setting fire, throwing rocks, threatening teachers, joyrides, and drinking. He feels that Yokefellow has helped him, since he now controls his temper and no longer shoplifts. He feels "different altogether." He says that it is very unlikely that he will get into trouble when he leaves the program. Nevertheless, he has been involved in a number of serious incidents since coming into the program.

Staff members disagree strongly about whether this boy has been helped, although this is the type of boy for whom this program is designed. Partly because of his good relationship with staff and partly because the program is expressly designed to deal with his type of problems, there has been a tendency to be especially lenient when he gets into trouble.

The 5 staff members who feel Resident 1 has been helped by the program feel that he is "happier," "less antagonistic," "takes advice without feeling pressured," "cooperates," "accepts adolescent role," and "is cooperative in positively influencing other boys." All these responses indicate that this boy had adapted to the program; i.e., he is cooperative and shows less hostility. None of these staff members cite changes in

delinquent tendencies as a basis for evaluation. Three of these staff members say they relate best with this boy. All 5 are treatment staff-no administrators or support staff feel this boy has been helped.

Three staff members feel Resident 1 has not been helped. Reasons cited are "delinquent behavior since coming to the house," "determined to do things his own way," "won't accept help," "hasn't been helped." These responses come from a consultant, the teacher, and one support staff.

Should "progress" be defined in terms of attitude or behavior? Those who rely on attitude must keep in mind that adaptation to an institution, even a halfway house, does not necessarily lead to adaptation to living in the community.

Resident 2

This resident tends to relate best with the administrative staff. He is good natured, avoids trouble and is highly cooperative. Although involved in one serious incident after coming to the Yokefellow Youth Center, it has been at least 6 months since this boy has been in trouble outside the house.

Resident 2 feels that he has been helped a great deal by Yokefellow. However, he feels it is possible that he will get into trouble again after leaving the Youth Center. However, he is unable to articulate the reasons that he feels he has changed since coming to Yokefellow. He has a history of delinquent

behavior; i.e., shoplifting, vandalism, and has expressed his fear of returning to this behavior once returned home.

Resident 2 is a classic institutional "colonizer," afraid to leave the institution, happy, and out of trouble while in the institution. He has been kept in the program far beyond his need to be in it because of his apprehension about leaving and his desire to stay. In other words, the halfway house can get caught up in the same pattern as a reformatory or prison: training residents to live in the institution but not in the community.

All 10 staff members who evaluated this boy's progress felt that he had improved while in the program. Reasons cited are of two general types. Seven staff members point to constructive changes in behavior other than cooperativeness; e.g., "stopped stealing," "completed work serves as its own reward," "came with record of 20 arrests, since involved in 1 incident," history involves "a lot of acting out, but he calmly stops to think," "self-control." Responses came from the consultants, the teacher, an administrator, and 2 counsellors. However, 3 staff members emphasize Resident 2's adaptation to the program; e.g., "absence of hostility," "high degree of cooperation," "nothing gets him down, pleases people, give and take," "attitude, cooperation, joins in meetings." Two counsellors and 1 support staff give this response.

There is greater emphasis here on constructive changes than

there is for Resident 1. No staff member feels that Resident 2 has not benefitted from the program. In fact, the program has succeeded with this resident better than with any other. Why, then, is he still in it?

Resident 3

All 8 staff members who evaluate this resident's progress feel that he has benefitted from the program. Reasons for evaluating progress vary enormously for this boy. Both consultants emphasize his improved insight into his problems. One counsellor refers to an increase in socially acceptable behavior. One counsellor and 1 support staff point to his increased self-control. Only 3 staff members, 2 counsellors and 1 support staff emphasize adaptation to the program; e.g., "cooperation," "he plays the game," "ability to follow orders, mental attitude is good in regard to being told what to do."

It is difficult to determine the extent to which this resident "really" changed. In the last few months in the program he has "played the game" and "cooperated" in school and in the house. His motive appeared to be to demonstrate his readiness to return to the community. This may be seen as improvement to the extent that it reflects a readiness to return to the community. It is not uncommon for inmates in "total" institutions such as prisons or reformatories to "do their own time"; i.e. to play the game until released even though they have only minimally been prepared

for community life. However, in Resident 3's case, he showed his ability to cope with rejection by parents and difficult situations; i.e., he seems to understand and be able to cope with those situations which caused his "emotional" difficulties and "socially unacceptable behavior."

Resident 4

Three staff members evaluated this resident's treatment differently. One consultant felt he had been helped by the program because he had gained greater insight into his problems. The other consultant felt he had not been helped because he still got into the kind of trouble that ultimately sent him to prison. The third staff member, a full-time counsellor, felt that he had simply not been helped.

This example demonstrates the difficulty of evaluating the effectiveness of any treatment program. How much progress constitutes success in treatment? Does further incarceration (e.g., in the case of Resident 4) of a resident entail failure? To what extent do extraneous factors influencing the resident's behavior affect evaluation? For example, the program was not designed to deal with post-institutional delinquents (e.g., Resident 4). While some progress has been experienced with the boys, including Resident 4, the deleterious effects of the total institutional experience has not been overcome. Many of the failures of the program have been with post-institutional delinquents who should

not have been admitted into the program in the first place. These failures are an indictment of a system that creates outcasts by incarcerating children rather than an indictment of the Yokefellow program or any community based treatment facility.

Resident 5

Three staff members feel Resident 5 has been helped and two do not. This resident is the most well adjusted, least delinquent resident this program has served. He does not accept the values of the other boys and is generally an isolate.

One counsellor, one student and one support staff feel this boy has been helped. Reasons cited are: "cooperation," "school attitude," "someone to relate to." All these responses indicate some degree of adaptation to the program.

Both consultants feel that this boy has not been helped. One says this boy "came while there was no chance to spend time with him." The other says that this resident did not need to be helped. In other words, his behavior was good when placed in the program and has remained this way by isolating himself from the other boys and cooperating with staff members. He should never have been placed in a home for juvenile delinquents. A foster home or group foster home would have been the best placement.

Resident 8

All 9 staff members who evaluated this resident felt his behavior has not improved or had deteriorated while in the program.

This resident has had institutional-type experience and has a history of serious delinquency. He has been resistant to the program since coming. His mode of "adaptation" has been "rebellious," even though the initial prognosis had been good because of progress he had indicated before being placed in the program. Although good in school until a couple of years earlier, he resisted involvement in the special education program. This was probably because much of what he was initially assigned was below his grade level. It is questionable whether he should have been placed in special education rather than public school. This may have been a critical reason for his failure to adapt to the program in a positive way or to benefit from it.

Reasons cited for his lack of progress are of two types. Four staff members, 2 consultants and 2 counsellors refer to the sustaining of specific delinquent or socially unacceptable behavior; e.g., "doing drugs," "a compulsive liar." Three staff members, the teacher, 1 student, and 1 support staff, refer to this boy's failure to adapt to the program; e.g., "refuses to cooperate makes no attempt at work," "negative against staff," "doesn't care at all, tries to do anything his way as the only way." The remaining 2 staff members, 1 administrator and 1 counsellor, simply refer to his failure to improve. Again the basic difference in responses is based on the tendency to focus on adaptation to the program on the one hand and socially

unacceptable behavior on the other.

This concludes the detailed discussion of residents. The remainder of the residents are more or less similar to those described as far as adaptation and staff reaction are concerned.

A Note on Heterogeneity

The heterogeneity of the resident population is especially illustrated by Residents 4 and 5. Post-institutional and pre-institutional delinquents have been mixed with neglected and dependent boys. This has been a result of expediency on the part of both the program and the "community." In need of placements, there has been little attempt to eliminate boys who should not have been admitted either because of the seriousness of their problems or their post-institutional status or the "mildness" of their problems; i.e., being neglected rather than delinquent.

On the other hand, probation officers, judges and child welfare workers have recommended placement where no other alternative seemed feasible rather than the specific benefit to be gained. Boys have been placed or remained in the house because of the difficulty of obtaining foster home placements. Others have been placed because the only other alternative seemed to be incarceration. No boy need be incarcerated. What is needed is a diversity of community based programs designed to cope with the diversity of needs of delinquent and neglected boys.

25. Criteria for Evaluating Whether or Not a Resident Has Been Helped

The above discussion is based upon staff responses about individual residents as far as being helped or "progress" in the program is defined. Staff were also asked more generally what criteria were most important in evaluating whether a resident has been helped. Four choices were given. Showing cooperation was not listed as a forced choice category primarily because it was not expected to appear as frequently as it did in the open-ended questions about the residents. The responses were as follows:

Whether or not the resident has gained self-confidence	56% (9)
Whether or not the resident gets in trouble again	25% (4)
Whether or not the resident returns to Yokefellow, reformatory, or other incarceration	6% (1)
Other	13% (2)

Most staff members feel that self-confidence or improved self-image is essential to evaluating whether the resident has been helped. The 2 administrators, 4 support staff and 3 counsellors stress this. However, whereas improved self-image should be a by-product of effective treatment it can be viewed as merely symptomatic of more important changes. Furthermore,

many delinquent boys have considerable self-confidence when involved in delinquent behavior with a subculture supporting it. In fact, their self-image becomes dependent on approval from delinquent others. This response, then, may exhibit a value bias and projection by the respondent. Because the staff member disapproves of the residents' behavior, it is easy to project that disapproval to the boys themselves. However, self-confidence is clearly lacking with respect to the performance of socially acceptable behavior in many of the residents.

Four staff members emphasize the importance of the resident's keeping out of trouble or not engaging in delinquent behavior. This is a more objective criterion for evaluating effectiveness as it does not depend on the subjective judgment as to changes in self-image. (Measures of self-image are culturally biased; i.e., they depend on the subjective judgments of those who create the measures.) One consultant, 2 students and one part-time counsellor responded in this way. All 4 are from the same academic institution! One of the students also stressed the importance of improving the residents' relationships with other people and self-confidence as part of this. Again, it depends on which people you are referring to. Many residents have a great number of friends with whom they relate well.

One staff member, the teacher, stressed the importance of the absence of further incarceration as a criterion. This is

rather extreme as many boys might get into trouble without further incarceration.

Three additional "other" responses were given, one in combination with one of the pre-coded responses, so it was not included in the above tally. One consultant stressed the importance of the resident's ability to "cope with life, family, job, etc." This is essential and should have been included as one of the options. However, it rarely appeared as a spontaneous answer to open-ended questions about residents. One counsellor gave a similar response; i.e., "the resident has become both responsible to himself and those around to see whether he is able to understand the scheme of things." These 2 staff are from the same academic institution.

One counsellor added: "The resident must make necessary concessions to adult authority and eliminate the external locus factor." The stress on adjustment to adult authority is a means to an end and should not be taken as a goal in itself.

A Note on Conflicting Theories of Delinquency and Methods of Treatment Implied

Two conflicting theories exist in the sociological literature. The first emphasizes delinquency as a subculture with its own values often in direct conflict with dominant cultural patterns (Cohen, 1955; Cloward and Ohlin, 1960; Yablonsky, 1962; Matza, 1964). The implications for treatment are to focus on separating the

just as many non-delinquents do.

In sum, the implications of the first theory are to develop a treatment program specifically designed to deal with the problems of delinquent boys: a positive reinforcement schedule and guided group interaction as central to treatment. The second theory implies individualized treatment to deal with problems that any adolescent having difficulty adjusting might need. In other words, an eclectic view is best--both theories have something to offer those concerned with designing a program to treat juvenile delinquents.

26. Ideal Size of Program

		<u>Frequency Distributions for Responses</u>													
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>Mean</u>	<u>Total</u>
<u>Ideal No. of Boys</u>		0	0	2	0	1	3	1	1	1	6	0	1	8	16
<u>Ideal No. of Staff</u>		2	0	4	2	2	5	1	0	0	0	0	0	4	16

Distribution of Ideal Resident-Staff Ratios (Approx.)

<u><1:1</u>	<u>1:1</u>	<u>2:1</u>	<u>3:1</u>	<u>>3:1</u>
6% (1)	19% (3)	38% (6)	31% (5)	6% (1)

The most frequently chosen size of resident population is 10. There is a close vote between 6 staff and 3 staff as ideal. The mean Resident-Staff ration is 2:1 and it is the mode as well. However, several staff members show a preference for a 3:1 ratio.

The 3:1 ratio is preferred by the 2 consultants, 1 administrator, 1 support staff and 1 full-time counsellor (the current program director). The 2:1 ratio is favored by 2 students, the teacher, 1 support staff and 2 counsellors. The 1:1 ratio is favored by 2 counsellors and 1 support staff. Less than 1:1 is mentioned by 1 part-time counsellor who may have been including part-time staff in his estimate. The greater than 3:1 ratio (6:1) was mentioned by 1 administrator whose response indicated he was thinking in terms of the most efficient program in "cost-benefit" terms rather than effective treatment. (Many of the decisions by this administrator have been guided by consideration of expediency and efficiency.)

In my opinion, a staff of 3 full-time personnel including a Director who administers the program and coordinates the treatment program along with 2 counsellors is sufficient, provided the number of boys remains at 10. Providing for a maximum of 12 boys is a good idea within this context because it allows for turnover of residents. The program should be organized to handle an optimum of 10 boys. Providing space for a maximum of 12 residents would permit new admissions to the program as others were prepared

for release.

It is simply not necessary to improve the resident-staff ratio in a smoothly running program. Overstaffing the program simply adds to the problem of coordinating the activities of a large number of people. This is an unnecessary administrative burden to the Director. In fact, in a program of this kind a small addition of treatment personnel may be balanced by an increase in administrative duties by existing personnel that cancels out the advantages of increasing staff (Blau, 1970). This especially should be taken into account in bringing volunteers in the program. The benefits of adding volunteers must be weighed against the costs of increased administrative time.

27. Changes in Staff Organization

<u>Additions and Changes</u>			
<u>Counsellor(s)</u>	<u>Psychological</u>	<u>Administrator</u>	<u>Other</u>
27% (5)	11% (2)	27% (5)	33% (6)

Multiple responses were coded above. Responses generally indicated the need for an additional full-time counsellor, a psychologist or social psychologist added to the staff, and a change from a part-time administrator to a full-time administrator by integrating administrative duties with those of the Program

Coordinator. Other recommendations showed concern for vocational and recreational programs, volunteer participation and a husband-wife team running the home. Except for the last recommendation, I fully endorse the recommended changes.

28. More Efficient Utilization of Staff

In response to the question: How could the staff be utilized more efficiently? The following responses were given:

- A. More responsibility: e.g., "fit the right person for the right job--delineate responsibility," "staff should be able to make their own decisions without [administrators] great % of yes and no final responses to everything," "giving them more responsibility," "spread out authority more which is now all concentrated in [the Program Director]." 25% (4)
- B. Better coordination: "staff meetings to discuss program," "more organization would help," "reorganization of administrative duties," "by having a full-time administrator on the premises," "better communications." 31% (5)
- C. Improved treatment program: e.g., "if they could relate to residents on a one-to-one basis," "devote more time to individual treatment and relationships," "expanded families interaction--more training for staff," "more staff members--training session for expertise in group therapy." 25% (4)
- D. Other: e.g., "getting all possible out of staff," "more time spent thinking towards future--planning,"

"there just aren't enough staff members." 19% (3)

One consultant, 1 student, 1 support staff and 1 counsellor feel that authority is too centralized. More responsibility should be delegated where appropriate to staff members. There has been a tendency, although less so in recent weeks, for one administrator to interfere with the responsibilities of treatment and other staff. This has been a source of conflict and the reason for many treatment personnel leaving or threatening to leave the program.

One consultant, 2 support staff, and 2 counsellors point to the need for better coordination of the program in order to use its resources better. Coordination should be centralized in someone who can take responsibility for this function; i.e., the Program Director. Changeover in personnel, both administrative and treatment, led to a failure to delineate responsibility for this important function. The solution is not in weekly staff meetings to discuss program problems--this is an inefficient utilization of staff. At best monthly staff meetings to discuss the program and make recommendations to the Program Director should be sufficient. Attempts to institute weekly meetings are a sign of weakness in the program. However, weekly meetings for treatment staff to discuss the residents should be held. Weekly staff meetings tend to deteriorate into lengthy discussion of program problems without enough attention paid to discussion of

the residents' progress in the program.

One administrator, the teacher, and 2 counsellors refer to the need to improve treatment in terms of training and more individual counselling. Both are needed and would certainly improve the effectiveness of treatment, but not necessarily its efficiency.

One administrator refers to the need to "get all possible out of staff." This reflects a concern with a direct maximization of output in a business sense. This administrator also prefers a 6:1 ratio of residents to staff and runs a "tight ship" administratively. Efficiency and effectiveness may be complementary goals in business organizations, but they work against each other in other organizations. In the past, a concern for efficiency has led to decisions that were rationally based in economic terms but reduced the effectiveness of treatment.

28. Authority Imposed by Other Staff Members

<u>Yes</u>	<u>No</u>
47% (8)	53% (9)

As many as 47% of the staff feel that their position and/or authority is imposed upon by other staff members. These include both administrators, 3 counsellors, 1 student, 1 support staff and the teacher. This is an extraordinarily high proportion of staff members who feel "imposed upon" by others. This supports

the contention of those staff members who feel that responsibilities associated with different positions on the staff need clearer delineation and direct delegation.

Administrators feel they are either being "undercut" or that there is "too liberal a use of expense accounts." To some extent, in recent weeks, the inaction of administrators has made it possible for treatment staff to act more independently. This is largely due to the abdication of responsibility in the treatment area by administrators. This has been needed for some time because of the conflict in treatment philosophy between treatment and non-treatment staff. However, in the long run all aspects of the program should be integrated to provide a coherent therapeutic environment.

Two counsellors feel that administrative and support staff have interfered with their responsibilities with respect to treatment. My own observations corroborate this fact. However, this should be less of a problem now that The National Yokefellow Prison Ministry and The Yokefellow Youth Center are in separate locations. Many of the problems stemmed from having two organizations housed in the same facility.

One part-time counsellor and one student feel that the "imposition" of other staff is appropriate because of their inexperience. One support staff member feels imposed upon because everyone wants so much done and it is difficult to meet

demands from everyone. The teacher feels that the lack of communication with other staff creates problems in that she is not informed of developments.

29. Improve Effectiveness of the Program

Staff members were asked how they would "increase the effectiveness of the program if you were in a position to do so?" The responses are as follows:

- A. Administrative Changes: e.g., "improve facility upgrade positions," "more money," [Program Director] total control over treatment program--make clear this responsibility for him." 21% (3)
- B. Staff Changes: e.g., "start with a solid staff that shares a similar philosophy of treatment." 7% (1)
- C. Program Design: e.g., "program designed with only therapy in mind, no expediency not designed under pressure. A large program of recreational activities," "in terms of behavior modification, apply research more define methods more clearly," "daily controls, enforce rules consistently, have boys run house themselves," "more effective group interaction, develop consensus among boys concerning goals, peer culture." 29% (4)
- D. Improve Individualized Treatment Program: e.g., "institute a contingency contractual arrangement," "need 1 or 2 counsellors to follow through," "staff and residents

should work together more." 21% (3)

E. Increase Discipline: e.g., "more stress on discipline," "a stricter disciplinary program," "set down more stringent rules governing personal conduct in and out of house." 21% (3)

Concern for administrative changes focused on need to improve pay and the physical plant for 1 administrator and 1 counsellor. One consultant felt the critical factor in improving the program lay in improving the coordination of the treatment program by giving the Program Director clear responsibility for this.

(Responsibility for program coordination has been confused ever since the change in administration.) At one time, it was even suggested that this researcher take responsibility for this!

This is not something that can be done properly by part-time personnel, either by a 20% time research consultant or by a 50% time administrator. Program coordination must be done by a full-time staff member. The suggestion shows a lack of understanding of the needs of administering such a program as this and partly explains the apparent lack of organization between September and November.

One counsellor mentioned the need to ensure a similar philosophy of treatment among staff members. This is certainly true.

Four staff members, 1 consultant, 1 student, and 2 counsellors emphasized the need to improve implementation of the program as

designed. Their comments, for the most part, did not question the program as designed, but rather focused on improving the way in which different aspects were carried out. Recreational activities, behavior modification principles, daily controls, the boys taking responsibility for carrying out parts of the program, group interaction, emphasis on "peer culture," have all been part of the program and been in effect at one time or another. What these staff members are indicating by their responses is a breakdown in the treatment program. Reinstatement of these aspects of the program would certainly improve the effectiveness of the program.

One counsellor and two support staff point to the need to improve the individualized treatment program. This is certainly true, but it is not a major cause of the ineffectiveness of treatment if we assume that behavior modification principles and peer group pressure are essential to the treatment of delinquent boys. Contingency contract as a form of individualized treatment can and should be incorporated into a behavior modification scheme.

Three staff members, 1 administrator, 1 support staff, and the teacher, emphasize the need for increased discipline as the answer to increasing the effectiveness of treatment. Not only does this contradict all the theory and research on the effects of discipline in therapeutic and non-therapeutic settings, but

this attitude has been the source of a great deal of conflict among the staff. Punitive practices serve to alienate residents (Etzioni, 1961) and generate either their resistance to or dependence on authority within the institution (Goffman, 1961). Punitive practices also do not affect behavior modification (Skinner, 1953), but they do reinforce the kind of behavior the discipline is designed to prevent (Lemert, 1967; Goffman, 1961; Scheff, 1966).

30. Summary and Conclusions

This program has suffered from many problems. Differences in treatment philosophy between treatment staff and non-treatment staff has been a source of great conflict and ultimately turnover of staff. Differences in approach to the treatment program among treatment staff has created a lack of clarity in direction of the program. This has centered primarily on the adequacy and appropriateness of a positive reinforcement schedule. Distortion of the reinforcement schedule because of a lack of understanding of how to use it, the convenience of using it punitively in difficult situations, and the whittling away of privileges associated with the schedule was a major cause of disruptive behavior among the residents. The guided group interaction meetings deteriorated into gripe sessions largely because there was no incentive to participate constructively.

Administrative decisions made on the grounds of expediency

also did considerable harm. A new program must prove itself in order to justify to probation departments that their delinquent boys will benefit from being placed in the program. At first, it is expected that there should be few placements. However, in order to maintain the program without outside support, the Yokefellow Youth Center was "forced" to admit all those who were considered for admission. The population has been very heterogeneous. Many behavior problems have been generated by the mixing of post-institutional boys with pre-institutional boys.

Another example of expedient decision-making is the whole method of recruitment. Since the program was initially established spontaneously; i.e., without planning, there was little opportunity to seek out qualified personnel. Furthermore, operating on a shoe-string budget made it difficult to justify hiring qualified personnel. Many of my own recommendations to seek out qualified, experienced personnel have been ignored. Appointments to positions in the program before and after funding by the Governor's Justice Commission has been on an "emergency" basis. When a position has been filled, it has been done on the basis of who happened to be available to fill the position. This is not to disparage the abilities of those currently working in the program, but recruitment has been on a hit-and-miss basis.

The presence of the Youth Center in facilities owned and

operated by the National Yokefellow Prison Ministry generated specific problems. The fusion of responsibilities in the two organizations often took staff time away from duties in the youth program. Conflict over how the facility should be used stemmed from the different purposes of the organizations. The presence of personnel suited to the National Ministry, but not necessarily to a youth program, caused interference with treatment. The separation of these two programs has been necessary. In the future, bookkeeping, maintenance and unrelated administrative duties should be performed outside the facility housing the residents. This would avoid some of the problems associated with conflict in philosophy or inexperience in dealing with delinquents among non-treatment staff.

The treatment staff has always been a relatively cohesive unit, although recent turnover in personnel has caused some problems. The administration has always been fraught with conflict. Administrative and support staff experience great and sometimes inconsistent demands made upon them. One administrator's feeling that efficiency is reflected in getting as much out of employees as possible is one source of difficulty. In addition, demands from two different programs makes work difficult for support staff. Conflict between the administrators of the two programs is to be expected, especially in view of the assertion of autonomy by the administrator of the Youth Center

itself. Treatment staff experiencing strain in this organization have other treatment staff to turn to for moral support. The administrative and support staff appear to have no one to turn to.

No matter what the weaknesses of the program have been, its very existence has been beneficial to many boys who have gone through it. Based on staff interviews and this researcher's evaluation about half the boys placed in the program have benefitted from it. This is about average for community based treatment programs and is a better record than incarceration provides. Many of the "failures" of the program have been post-institutional boys for whom this program was not designed to treat. A more detailed report on the effectiveness of treatment will follow based on follow-up interviews of boys who have been released from the program. Preliminary data indicates only 39% (7/18) of those released have been incarcerated since leaving the program. More time and more analysis will tell us more about what effects the Yokefellow program has had.

References

Blau, Peter M.

- 1970 "A Formal Theory of Differentiation in Organizations."
American Sociological Review 35 (April): 201-218.

Cloward, Richard and Lloyd Ohlin

- 1960 Delinquency and Opportunity. Glencoe, Ill.: Free
Press.

Cohen, Albert

- 1955 Delinquent Boys. Glencoe, Ill.: Free Press.

Etzioni, Amitai

- 1961 A Comparative Analysis of Complex Organizations.
Glencoe, Ill.: Free Press.

Goffman, Erving

- 1961 Asylums. New York: Doubleday Anchor Books.

Keller, Oliver J. and Benedict S. Alper

- 1970 Halfway Houses: Community Centered Correction and
Treatment. Lexington, Mass.: Heath Lexington Books.

Lemert, Edwin M.

- 1967 Human Deviance, Social Problems, and Social Control.
Englewood Cliffs, N.J.: Prentice-Hall.

Matza, David

- 1964 Delinquency and Drift. New York: John Wiley and Sons.

Scheff, Thomas J.

- 1966 Being Mentally Ill: A Sociological Theory. Chicago:
Aldine.

Short, James F., Jr. and Fred L. Strodbeck

- 1965 Group Process and Gang Delinquency. Chicago:
University of Chicago Press.

Skinner, B. F.

- 1953 Science and Human Behavior. New York: Macmillan.

Szasz, Thomas S.

- 1961 The Myth of Mental Illness. New York: Hoeber-Harper.

Yablonsky, Lewis

- 1962 The Violent Gang. New York: Macmillan.