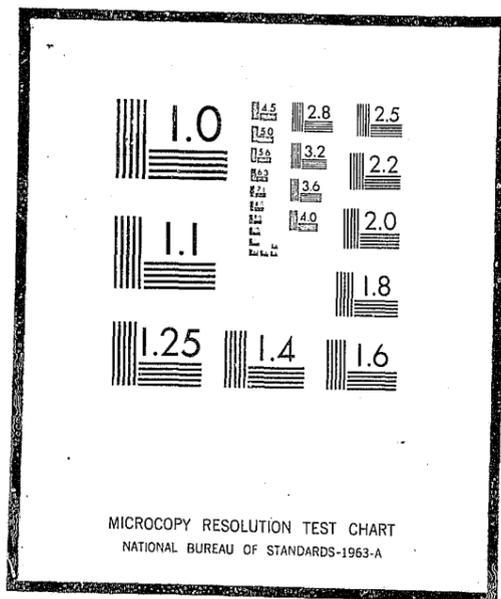


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U. S. DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION		DISCRETIONARY GRANT PROGRESS REPORT		
GRANTEE Colorado Judicial Department State of Colorado		LEAA GRANT NO. 73-ED-08- 0009 (A)	DATE OF REPORT 4/15/75	REPORT NO. 5
IMPLEMENTING SUBGRANTEE Colorado Youth Services Institute		TYPE OF REPORT <input type="checkbox"/> REGULAR QUARTERLY <input type="checkbox"/> SPECIAL REQUEST, <input checked="" type="checkbox"/> FINAL REPORT		
SHORT TITLE OF PROJECT Project Intercept		GRANT AMOUNT \$321,991		
REPORT IS SUBMITTED FOR THE PERIOD 11/15/73		THROUGH 1/15/75		
SIGNATURE OF PROJECT DIRECTOR <i>Paul D. Knott</i>		TYPED NAME & TITLE OF PROJECT DIRECTOR Don E. Fuller Paul D. Knott		

COMMENCE REPORT HERE (Add continuation pages as required.)

FINAL REPORT  
(see attached)

19964  
READING ROOM

LEAA PLANNING AGENCY (Official)

*Harold Knott*

DATE

5/28/75

 U. S. DEPARTMENT OF JUSTICE LAW ENFORCEMENT ASSISTANCE ADMINISTRATION		DISCRETIONARY GRANT PROGRESS REPORT	
GRANTEE Colorado Judicial Department State of Colorado		LEAA GRANT NO. 73--ED--08-- 0039 (A)	DATE OF REPORT 4/15/75
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COMMENCE REPORT HERE (Add continuation pages as required.)			
FINAL REPORT (see attached)			
RECEIVED BY GRANTEE STATE PLANNING AGENCY (Official)		DATE	

SECOND ANNUAL REPORT  
 (1974)  
 for  
 PROJECT INTERCEPT

by  
 Paul D. Knott, Ph.D.  
 Director

April, 1975

19964

Table of Contents

	Page
A. Summary.....	1
B. Introduction.....	6
C. Methods and Procedures.....	12
Intake Procedure.....	12
Family Intervention.....	22
Educational Intervention.....	33
Peer Group Intervention.....	47
Termination Process.....	56
Overview.....	60
Problems of Implementation.....	60
D. Results and Evaluation.....	105
1974 Sample: Goal I.....	107
Goal II.....	143
Goal III.....	145
Learning Disability Data.....	145
Unreported Offenses Data.....	152
Terminated Samples.....	154
Control Sample.....	161
E. Conclusions and Recommendations.....	166
References.....	173
Appendix.....	174
A. Contract for Family Services	
B. Two Sample Cases	
C. Master File Checklist	
D. Termination Form	
E. Evaluation Form for BAs	
F. Training Schedule for New BAs	

SECTION A: SUMMARY

What is Project Intercept?

Project Intercept is a delinquency prevention program that works. It operates in Denver and intervenes with minority and anglo youths of all socio-economic classes. It is a program of the Colorado Youth Services Institute, a non-profit, tax-exempt organization that has as its main purpose the design and implementation of innovative, accountable youth service programs.

How Effective is Project Intercept?

In 1974 Project Intercept intervened into the lives of 138 youths. Baseline data were derived by the Denver Anti-Crime Council for the 89 youths referred through the criminal justice system. In this sample of 89 youths, 36 should have been re-arrested, as regards all offenses, during their 1974 at risk time. Instead, only 25 individuals were re-arrested. In this sample, 15 individuals should have been re-arrested for impact offenses; instead only 9 individuals were re-arrested, and of these 9, only 3 were certified by the District Attorney's Office for Probable Cause. Project Intercept has thus been successful in reducing the re-arrest rates of its treated youngsters at a level equal to or greater than its projected reduction of 30%: the reductions in re-arrest rates range between 30% and 40% over baseline, depending on the comparison observed.

How Did Project Intercept Get Started?

Project Intercept was first conceived in 1970 in response to certain severe deficiencies in the current systems for processing

youths in trouble. Its originators were most concerned about the inability of the police and courts to provide effective intervention into the lives of youthful offenders. It seemed apparent that the systems and processes for youth offenders were virtually bound to fail and were even helping to maintain high rates of delinquency. This group of individuals conceptualized the concepts and refined the techniques that would provide a true alternative to the current systems--Project Intercept.

In 1972, Project Intercept was funded by LEAA, through the Denver Anti-Crime Council. These funds were part of LEAA's High Impact effort, which was primarily designed to reduce impact offenses (robbery, rape, burglary, assault) as well as, of course, other offenses.

#### What Does Project Intercept Focus On?

The Intercept originators settled on three areas of focus which, in their opinion should produce the greatest benefits in a delinquency prevention program. The three arenas are: family intervention, educational intervention, and peer group intervention. Intercept staff provide intensive services in all three areas. All efforts are coordinated across these areas as it was the repeated experience of the Intercept originators that, if one or two areas are treated in isolation, the effectiveness of the approach is seriously hindered. In the family services provided, the entire family is usually involved for six-eight months. The

treatment approach has evolved through careful experimentation by Intercept staff. It partakes of a variety of counseling and therapeutic approaches, but is primarily an action approach. That is, the more conventional "talking through" or "rapping" approaches are used only as adjuncts to an essentially action oriented program whereby families learn new, concrete, easy to understand approaches to their problems and problem-solving methods.

Virtually 85% of Intercept youngsters display severe academic deficits, and the educational staff has determined that 76% of clients have identifiable learning disabilities. Intercept has devised models of educational intervention which combine the resources of Intercept staff with those of the regular school personnel.

Peer group intervention is often called for; Intercept is evolving an approach to peer group intervention that is proving successful in reformulating the norms and values of anti-social youth peer groups. The sophisticated coordination of these three components results in a program that reliably produces the results noted above.

#### What Are The Basic Goals Of Project Intercept?

The basic goals of the Intercept program are as follows:

- (1) to develop an effective model for the training of community based para-professionals.

- (2) to develop a model of accountability that, day-to-day, engenders evaluative data so as to provide a constant feedback loop of information.
- (3) to develop a systematic approach to family intervention that can be readily taught to other youth workers anywhere in the country.
- (4) to develop alternative models of educational diagnosis and intervention so that other communities and programs can select the approaches most efficient and economical for them, and
- (5) to refine a method of peer group intervention that can be readily taught to and used by other youth workers elsewhere.

The ultimate goal of Project Intercept is to evolve a comprehensive model for community based prevention of crime that can be readily transplanted and utilized in other locales. The Project originators are fully confident that this goal will be reached.

Note that the word prevention is a key factor in this approach for it is the belief of Intercept originators that rehabilitation efforts are not reliably effective, but that prevention in the community can be especially successful and considerably more economical and less destructive to society than current approaches. But our experience has shown that community based prevention

programs must be run in certain ways if they are to be effective. The Project is thus continually working to refine its approach to crime prevention in the community.

#### What Are The Staffing Patterns Of Project Intercept?

The primary intervention agents of Project Intercept are individuals who are indigenous to the communities in which they operate. The core of the model is thus utilization of para-professionals. A deployment of para-professionals is far more economical than a comparable deployment of professional persons; however, such a deployment requires careful training and extensive supervision of para-professionals in order to insure their effectiveness. Para-professionals thus work in teams under close training and supervision of highly qualified professionals. These teams are primarily responsible for the home and peer group intervention. Additionally, Intercept has its own educational staff, comprised primarily of persons with a strong background in the diagnosis and prescriptive teaching of learning disabilities. The total staff of 21 is comprised of ten para-professional caseworkers, three professional level supervisors, an educational staff of five, and administrative-clerical staff of three.

SECTION B: INTRODUCTION

Project Intercept was conceived in 1970 by various individuals--community leaders, psychologists, criminal justice specialists--disillusioned with the conventional ways youths were being processed in rehabilitation and correctional programs. Intercept was designed to provide alternatives to what were perceived as the major deficiencies in current systems. These deficits were:

(1) In most cases youths in trouble were not rendered intensive services until they had experienced several arrests and had thus reached a point of heavy involvement in delinquency behaviors and subcultures.

(2) Services provided were usually inadequate; probation officers, for example, often carried caseloads of greater than 100-to-1 and were rarely trained in intervention techniques.

(3) Youths who eventually reached institutional settings were usually confronted with inadequately trained staff who, if they were involved in therapy at all, were usually engaged in traditional psychotherapies, the effectiveness of which were and are highly questionable.

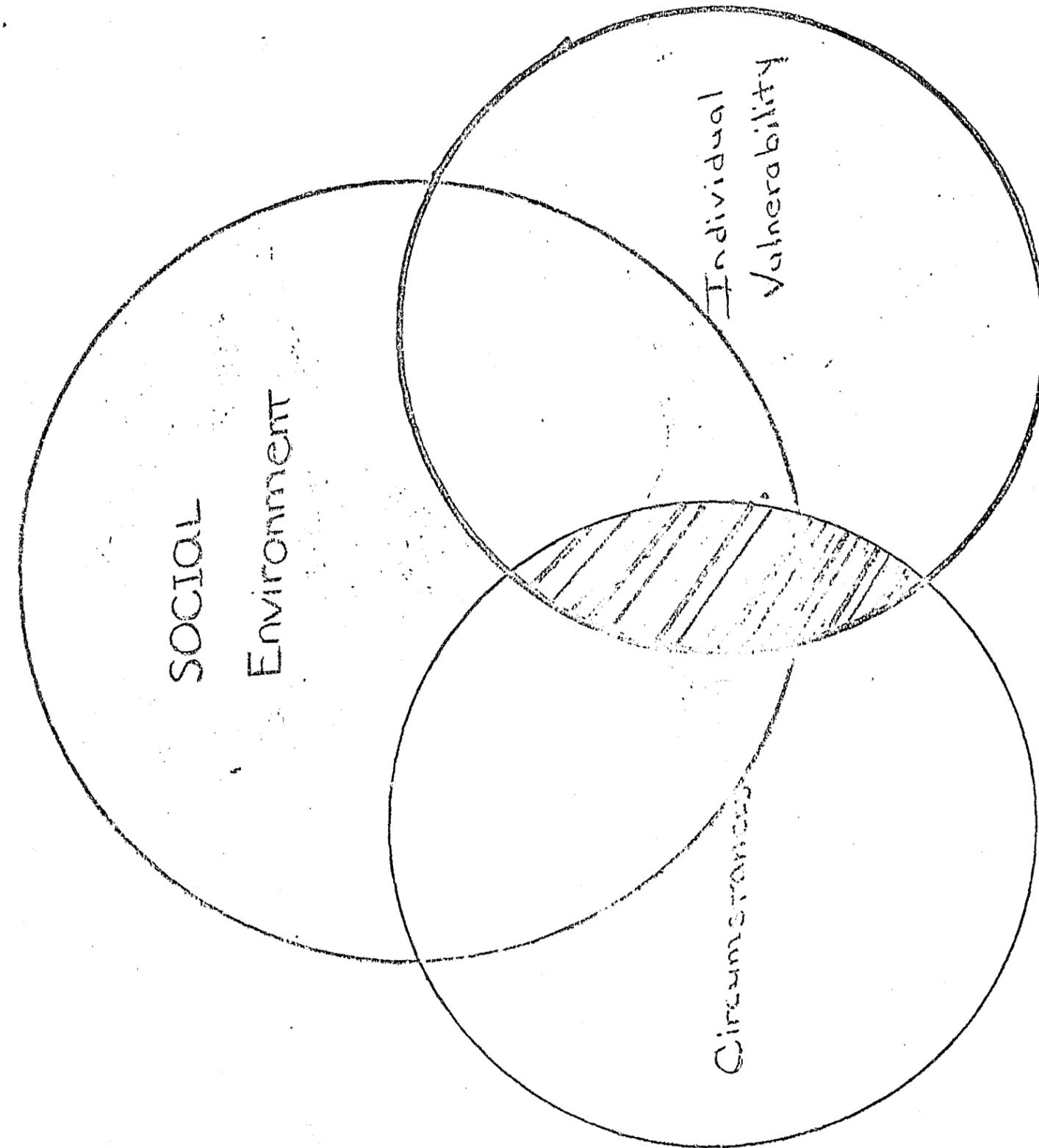
(4) Even when some good was accomplished in the institution,

the youth, upon returning to his home environment, usually reverted to his old habits, attitudes, etc.

It seemed evident to the developers of Project Intercept that the conventional systems for youths were bound to fail. Intercept was thus designed to provide viable alternatives to the above deficiencies. First, Intercept is prevention-oriented; youths are treated in some cases before they have ever been arrested and in most cases upon their first or second arrest. Intensive, systematic intervention occurs at an early point in the youth's criminal career. Second, the entire treatment staff is highly trained and caseworkers normally handle no more than 30 cases per year. Third, virtually all intervention is conducted in the youth's community proper--in his home, school, neighborhood, etc.--and by caseworkers indigenous to his community functioning in teams under the close supervision of professional specialists. Virtually all efforts are directed toward helping the youth make changes in his immediate environment. Further, the Project is designed on a research paradigm basis so that virtually all aspects of the program can be thoroughly evaluated in a systematic manner.

Intercept was originally conceptualized in the two years from the spring of 1970 to the spring of 1972. A major determination during this time was that most of the previous crime efforts had

dealt with "carrier" rather than "causal" variables. In this concept, the variables which play the predominate roles in the causation of a delinquent or criminal act can be seen as falling into one of three interacting circles. In the figure on the next page, these circles are defined as Immediate Circumstances, Social Environment, and Individual Vulnerability. Immediate Circumstances includes such variables as the availability of a weapon at the time of an altercation, unlocked cars, poorly lighted streets, etc. Social Environment includes such variables as low socio-economic status (SES), family disruption variables, peer group influence, lack of opportunity to achieve socially desired goals, court and system variables (effects of the action or inaction of police officers, court officials, etc.), etc. Individual Vulnerability includes such variables as academic deficits of the individual (learning disabilities, etc.), his ability to evaluate present versus future consequences of alternative choices of action, vulnerability to alcohol and drug abuse, etc. Clearly, these factors overlap somewhat, and there could be endless arguments as to their relative importance. Police officials usually focus in on Immediate Circumstances in their crime reduction efforts; sociologists are likely to focus on the Social Environment; whereas psychologists have traditionally focused on Individual Vulnerability



factors in their efforts at crime reduction. In our opinion, however, most acts which are called criminal occur when there is an interaction of these three circles. That is, when specific variables within each of these circles come together at a point in time, a criminal act is likely to occur. However, some of these variables are relatively more immediately causal than others. For example, low SES is relatively more of a "carrier" than a "causal" variable, i.e., low SES does not in and of itself directly cause crime. Rather, low SES carries with it a number of correlated variables that in turn are more immediate causes of a criminal act (e.g., negative peer group influences, high degree of family disruptiveness, etc.) In order for Intercept, or any other crime reduction program, to be successful the focus must be on immediately causal factors. Most prior delinquency reduction efforts concentrated on carrier or even peripheral factors (such as recreational programs for youths). Or, when they had dealt with primary causal factors, they had been relatively unsystematic and/or grossly ignorant of the available research on the effectiveness of various treatment modalities. After reviews of this literature and conferences over a two-year span with knowledgeable persons in the field, it was decided that the three areas of immediate causation which, if focused on, would produce the greatest benefits were: (a) family intervention (within which we

include individual counseling), (b) educational intervention, and (c) peer group intervention. This was a tall order to take on as any one of these three areas would constitute a considerable challenge in implementing successful intervention. However, we felt it was critical to concentrate on all three areas as, in our experience, we had repeatedly observed these three areas interacting and reinforcing each other in the causation of delinquency. Thus, we were fearful of focusing on only one or even two of these areas as we felt that such specialization would seriously limit our effectiveness. With these factors in mind, the original concepts and techniques that underlie Intercept were designed.

SECTION C: METHODS AND PROCEDURES

In this section the intake, intervention, and termination procedures will be discussed. Then, some of the more serious problems encountered in the actual implementation of Intercept will be discussed.

Intake Procedure

Initially, Project Intercept was restricted to referrals from the Youth Service Bureaus (Y.S.B.). However, due to the lack of referrals from the three available Y.S.B.s, and the irregular nature of such referrals, a decision was made by Dr. Moloff of the D.A.C.C., in the late summer of 1974, to allow Intercept to receive referrals from other sources, provided that priority was given to referrals from Y.S.B.s.

As a result of this decision, the referral situation of Intercept has improved substantially. The Project now receives referrals from public schools, the District Attorney's office, other community centers, in addition to referrals from the Y.S.B.s. Table I provides data on the one hundred and ninety youngsters referred to Intercept in 1974, in terms of:

- (a) the referral source, (b) ethnic background, and (c) sex.
- Of these 190 referrals received, 121 had been processed into treatment by 12/30/74. By the early months of 1975 most of the pending cases will be in treatment; we expect to process

TABLE I  
1974 REFERRAL SOURCES  
TOTAL N=190

	BLACK		S/A		ANGLO		TOTALS
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	
N.E.Y.S.B.	57	17	21	10	5	2	112 (59%)
N.W.Y.S.B.			4	4			8 (4%)
S.W.Y.S.B.			1				1 (.5%)
D.P.S.	25	7	7	4	8	1	52 (27%)
D.A.'s Office		1			4		5 (3%)
OTHER	5		6	1			12 (6.5%)
TOTALS	87 (46%)	25 (13%)	39 (21%)	19 (10%)	17 (9%)	3 (1%)	190
TOTALS BY ETHNICITY	112 (59%)		58 (31%)		20 (10%)		190
TOTALS BY SEX	MALE = 143 (75%)			FEMALE = 47 (25%)			190

about 170 of the 190 into treatment. The reason for the large number of pending cases was that the bulk of referrals was received late in the year, after Intercept received permission from Dr. Moloff to utilize other sources. This factor is discussed again in the RESULTS section.

As soon as a referral is received the information is reviewed by the Project Director, and if the case clearly meets referral criteria (the child must be 15 yrs. or younger and must not have been adjudicated by Juvenile Court as a juvenile delinquent), then an immediate assignment is made to a Behavior Analyst (BA). If the youngster is referred through a Y.S.B. or the District Attorney's office, normally he has been arrested for an offense, and that arrest is the primary basis for referral. In the case of school or community agency referrals, it is not always true that the individual has been recently arrested. Such youngsters must meet the criteria developed and approved by Dr. Moloff, which are: he must be a chronic truant (defined as 50% or better truancy in the previous 3 months or school term), and he must be assaultive either to peers and/or to teachers. In virtually all cases school referrals have committed offenses (usually an assault but sometimes burglaries or thefts) while on school property, but the school officials, rather than report the youngster to the police, refer him to Intercept.

Typically, the youngster, in addition to a history of assaults on other youngsters or teachers, also has a history of being highly disruptive in classrooms as well as an unusually high rate of truancy. Not surprisingly, he usually has poor grades and low academic achievement as scored on standardized tests.

Cases are assigned to BAs on the basis of two variables. First, the place of residence of the youth is taken into account. In early 1974, Intercept developed a team concept whereby a team of BAs and their Teamleaders are assigned a specific area of the city. These designations are as follows: Team 1 is assigned to all cases in Northeast Denver in which the child lives east of Colorado Blvd. and north of Colfax Avenue and within Northeast city limits. Virtually all referrals from this section are Black youths. Team 2 receives all referrals in which the youngster lives between Colorado Blvd. on the east, the Valley Freeway on the west, Colfax Avenue on the south and the north city limits. This is the most highly mixed section in terms of ethnic background. Team 3 is considered the "West side team"; it handles all referrals from the Northwest quadrant of the city. Also, Intercept receives a small number of referrals from the Southwest quadrant, presently handled by Team 3.

In conjunction with the Teamleader the specific BA, within the team, who will receive the referral is decided upon. At this

point, the second variable comes into play, which is the consideration of the various caseload sizes of the different BAs. Normally, the referral will go to the BA on the appropriate team who has the least intensive caseload at that time.

There can be some slight modifications in the above procedure. For example, if the referral source makes a specific request that the youngster receive co-therapy by both a male and female BA, then we will attempt to meet that request. It should be noted that cases are not assigned to BAs on the speculation that a particular BA might be "better" with the particular case. In previous clinical experience, we have found that speculations or hypotheses along these lines can be highly erroneous, especially where there has been no actual contact with the youngster, but simply written information provided. Also, an aspect of the research and evaluation design of Intercept is to evaluate the relative effectiveness of different BAs, with different personality characteristics, in relation to different kinds of cases. In order to make this particular research meaningful it is deemed important to assign cases to BAs, on at least a quasi-random basis. In the beginning year of Intercept, BAs were assigned cases on a strictly random basis. However, we found that this led to considerable transportation problems as a BA might have cases located all over the city. Furthermore,

this proved harmful in attempts to develop peer group therapy sessions as youngsters often had little in common and little time together when they lived in widely varying parts of the city. These were the primary reasons why, in early 1974, the program was modified to a team concept wherein each BA and team had a designated geographical area. For example, on Team I, one BA is responsible for all cases that originate in Precincts 217 and 218. In this manner, each BA has a relatively circumscribed area in which the vast majority of his cases live. This has greatly enhanced the ability of the BAs to develop peer group therapy situations and has also enabled the BA to become a highly visible person in that particular neighborhood. In turn, these factors have helped BAs to become more knowledgeable of the key persons in these neighborhoods. The number of peer groups in therapy in January of 1975 (10, total N=82 youths) is a little more than twice as many as were in operation in January of 1974 (4, total N=34 youths).

Once the BA has been assigned the case, he is expected to make initial contact within 24 hours, and personal contact within 48 hours at the maximum. His initial purpose in meeting with the family (and as quickly as possible) is to explain to them in some detail the goals and activities of Project Intercept while the "iron is still hot." It has been our experience that

in these first meetings "soft sell" rather than "hard sell" approaches are more effective. The emphasis is on what Intercept can do with and for the clients (with their cooperation). It has been found that it is important, however, not to overstress any implication that could lead the client's parents to infer that Intercept staff will become "babysitters" for their youngster. Some parents will quickly grasp the opportunity to have other adults take over the basic responsibilities of the welfare and supervision of their child. Thus, from the beginning, Intercept personnel stress that all activities must occur with at least some cooperation from parents. During this time, the BA is trained to observe and make notes on his initial impressions of (a) power relationships within the family, i.e., ways in which individuals appear to have leverage over other individuals, (b) ways in which leverage and contingencies are manipulated by various family members, (c) modalities of communication used with the family, (d) ways in which demands are made on the client child, (e) ways in which sanctions and punishments are utilized within the family as well as reinforcements, and (f) manner in which the youth's activities are supervised. By observing these and other variables that appear important to the BA, it is expected that within thirty days after initial contact the BA, in conjunction with the

Team Leader, can devise an initial treatment plan for the family.

During this initial 30 day period in which the BA observes the family and develops the basic outline of the treatment plan, he also puts out some "feelers" that allow him to evaluate the potential cooperativeness of the family. He may ask the family to do some simple behavioral charting or he may ask them to contact a school to arrange for a meeting, with him present, during which a number of issues that involve the family members in relation to the school may be discussed. These "moves" provide a basis on which to evaluate the degree to which the parents may cooperate in the treatment process. If during this time the BA discerns no initiative on the part of the family, no indications that the family is willing to cooperate, then normally the thirty day process is extended for another thirty days while he attempts to develop further rapport with the family, observe further the family's dynamics, and provide them with additional opportunities to display at least minimal degrees of cooperativeness. If, after sixty days, there is still no response from the family, and if in fact (as is usually the case) the family has straight-forwardly commented that they do not want help, then the family is said to have rejected Intercept's services. In the vast majority of cases, however, the BA is able to detect some degree of cooperativeness, and in those cases,

at the end of the 30 or 60 day period, the BA formally makes an offer of help to the family. This is essentially the last stage of intake, and at this time the BA and his Team Leader attempt to set the tone for the treatment phase to follow. The BA and Team Leader meet with all the involved family members and explain in some detail the observations made by the BA and inferences he has drawn from these observations. Then, the BA and Team Leader present their treatment plan to the family, and a thorough discussion of the treatment plan follows; thus, every attempt is made to fully inform the family of what the Intercept Team desires to do in relationship with them. Family members are given every opportunity to question, criticize, and offer alternative suggestions to the treatment plan. If, after this thorough discussion, all of the significant family members agree that they wish to work with Intercept personnel in the implementation of the treatment plan, the BA and Team Leader present them with a Contract for Family Services. (A copy of this contract has been included in the Appendix.) This contract spells out the mutual obligations and responsibilities of the family on one hand, and the Intercept staff on the other. We have found, however, that by instituting this contract at this point in time, we engender a more positive approach to the treatment strategy. Of course, this contract is in no way

legally binding to the family and this is made clear to them at the time of signing. It is a "contract" only in the sense of human beings pledging their commitment to each other in a mutual attempt to resolve some very human problems.

Once the agreement has been signed the intake observation is completed. During these 30-60 days of initial observation and rapport building, the BA has brought the identified youngster (the referred client) into Intercept offices so that he or she may be administered Intercept's testing program. During this time he meets other youngsters and adult staff members and is allowed to play in the Game Room, and in a variety of ways is made to feel comfortable with the Intercept situation, staff, and fellow clients.

By the end of the intake period the Educational Staff has completed all of their testing on the youngster and designed a program for him. Of course, there are a few youngsters (10-15%) who are not in any need of educational services. But in the overwhelming majority of cases educational deficits are definitely apparent. In such cases, the Educational Staff present their program to the BA and Team Leader in a joint staffing prior to the latter's presentation of the treatment contract to the family members. Thus, part of the presentation of the BA and Team Leader to the family is that of the goals and details of the educational

plan. A typical plan (this factor is discussed in more detail later) would suggest that the youngster attend the Intercept special education program for approximately two hours per day, and attend the regular school program the rest of the day. The plan would involve meeting with the regular teachers in the youngster's public school, presenting the findings of Intercept's Educational Staff to them, and engaging them in a cooperative effort so as to coordinate Intercept's efforts with their efforts. Thus, by the end of the intake period a total treatment program has been devised for the youngster. Of course, the treatment plan can and usually is modified, sometimes significantly, during the course of the subsequent treatment. In sum, the goals of the intake procedure are: (1) to build rapport with the client and his family and to win their support, confidence, and commitment to the program, (2) to develop the basic outline of the comprehensive treatment plan for the client and family, and (3) to acquire baseline and test information on the youngster.

Treatment Procedure: Family Intervention

The family treatment procedure has been described in detail in the previous annual report and in all three previous proposals. At this time it would be helpful, however, to outline the family intervention process. Project Intercept operates on the assumption

that virtually all of our clients are in need of both individual and family counseling. Probably the most reliable finding in the field of delinquency is that the overwhelming majority of delinquent children suffer from less than desirable family conditions. At Intercept we are convinced that the family is the primary source of causation of delinquency. Obviously, many other variables are involved in the actual commitment of a delinquent act, but, in our experience delinquent behavior is usually traceable to certain features of the family life of the individual. Clearly, we assume that the family is the primary social unit of our society and to the degree that the primary unit is defective then all units of society will be affected for the worse and overall society will suffer as a consequence. There is no doubt that at the present time the American family is undergoing a period of considerable transition and pressure from many sources. We see the results of this stress and strain everyday, its negative impact on youths, and we deem it imperative that in dealing with troubled youngsters the family should be a primary focus.

Virtually all the youths referred to us in fact have undeniable, serious family problems which are contributing to their delinquency. Some of these factors will be delineated in the RESEARCH section. For the time being, we will discuss

the factors most observable in the overwhelming majority of homes in which we work:

(1) Negative Scanning:

This is probably the most commonly observed feature in family life of our youngsters. By negative scanning we are referring to the process whereby a person in authority (e.g., parent) has become highly sensitive or "tuned into" the negative behaviors or actions of a subordinate (e.g., child). The converse side of the coin is that the same authority figure has become relatively incognizant or unperceptive of the various positive actions being emitted by the subordinate. To a degree it is present in most families and many work and school situations. It is, however, a matter of degree; in the families that we see, negative scanning is carried to certain extremes. There are several consequences of negative scanning but probably the most prominent is that the subordinate (child) receives a high ratio of negative (versus positive) inputs from the parent. In turn, this invariably damages the relationship between the parent and child, in some cases beyond repair, and the subsequent ability of the parent to control and supervise the child's

behavior is seriously limited. The child, in these circumstances, has little use for the values and stated expectations of the parent, and he is rebellious toward the expectations, demands and limitations imposed by the parent. The parent is usually caught in a vicious cycle whereby he becomes increasingly frustrated at his inability to influence the child in the direction of his own expectations, and as a result of this frustration he increases his nagging to and complaining about the child, i.e., he increases his negative scanning. Thus, both parent and child are caught in a terribly vicious cycle whereby the parent increasingly loses control over the child. To a degree, from a clinical view, negative scanning is probably a healthy process. This may be especially true in situations where children have been unusually dependent upon parents and in order to grow "out of the nest" negative scanning is necessary so that there is a break between parent and child. Here, we are not talking of this relatively normal process of "breaking away" from home; we are instead referring to a rather extreme process of negative scanning whereby the outright rebellion of the child against everything the parent stands for has reached a point where it is in

fact harmful to the child. At this point the child is drawn to peer groups with values similar to his, that are often anti-social in nature and harmful in their consequences to the youth.

(2) Effective Supervision:

We have seen few families in which there exists effective supervision of the child's activities. This factor is heavily conditioned by the fact that the overwhelming majority of our family situations are fatherless homes. Even in those situations where the father is legally in the home it is common that he is not functionally in the home. That is, the father is living somewhere else or spends virtually all of his time outside of the home and/or has little involvement in family decisions or activities. Thus, virtually all responsibilities have fallen back on one parent, usually the mother, which in turn places a tremendous and unfair burden on her. Subsequently, it is common to find home situations where the supervising parent and child spend little time with each other, and what time they have together is often negative, that is, it comes about as a result of the child's misbehavior. In these homes the ability of the parent to effectively monitor and supervise the

child's activities is greatly limited. This is often a factor that leads to the development of negative scanning, i.e., when a hassled and harassed parent attempts to cope with responsibilities that are beyond his/her ability to cope. This, of course, opens the door to the youngster becoming involved in anti-socially oriented peer groups or simply being available for participation in behaviors that are harmful to his development. Of course, these are clinical observations by staff. However, Bronfenbrenner (1971) and others have reported that the most decisive factors that differentiate between youngsters who are oriented toward anti-social peer groups, versus youngsters who are oriented toward pro-social peer groups and parental values, is (1) the amount of time parents spend with their children and (2) their expressed interest in the child's playmates, activities, etc. In the vast majority of situations in which we deal, the family situation is highly conducive to the child becoming highly peer group and anti-parent oriented. Further, a great deal of the parent's frustration that leads to negative scanning is due to their apparent inability to monitor effectively their child's activities.

(3) Communication Patterns:

It is a cliché in delinquency, and in many other mental health related fields, that "breakdowns in communication" contribute significantly to the problems of acting-out youngsters. In the typical situation in which Intercept deals, there has usually occurred a serious breakdown in communication between parents and children, and often between parent and parent, or between child and siblings. These breakdowns often produce strongly held prejudices of one party against the other. These prejudices (and subsequent distorted perception and memory) usually result in one party being unable to communicate with the other in a problem-solving orientation. Usually, attempts at communication quickly deteriorate to shouting and yelling matches in which past grievances and complaints are brought up and hurled from one party to another. It would appear that problem-solving, mutual negotiation and receptiveness in communication are virtually non-existent in the family. However, we find that such situations are rarely hopeless. Most communication breakdowns in fact are highly predictable directly based on certain bad habits which the parties have fallen into in their misguided attempts to communicate. Thus, a great deal of communication training is

called for in most of our families. This often involves training with the entire family as it is difficult to work with only one or two individuals and successfully bring about changes in family communication patterns. These patterns are the result of many years of learning how not to communicate with each other and have often been, unwittingly, strongly reinforced. Breaking these patterns and learning more positive, problem-solving habits is a process that often requires several months and the involvement of at least a majority of the family members. Assertive training is quite often a major component of communication training within a family. We often find that either the referred client or the parent or even several members of the family group are severely lacking in their ability to communicate in an assertive manner, not only with other family members but with people in general. It is not unusual to find that the family members respond either aggressively or passively to life's situations. They have not learned how to project themselves assertively so as to state their own rights without denigrating the rights and feelings of another person. Instead, they fall back

on "passive-aggressive games" with other people.

Communication training is thus often dependent on prior assertive training in which family members are taught how to assert themselves without "putting down" the other person.

There are many other factors that could be listed and discussed, but the intention here is not to produce a thesis on the specific nature of family problems that we encounter. Rather, the goal is to provide the reader with a cursory introduction to the most frequent problems which characterize the family situations in which we work and to provide a feeling for the moods or atmospheres we encounter. Basically, it can be said that such family situations are not remarkable, that is, the problems are not unique to our population; they can be observed in most family situations. What is remarkable is the high degree to which these problems dominate family life and create an essentially negative situation, which fails to instill in the youth a sense of family loyalty. The socialization of the youth is thus rendered seriously deficient, which in turn is reflected in many of the youth's behaviors and attitudes. One major consequence is that the child becomes highly vulnerable and attracted to peer groups which are anti-parent and anti-society in their basic orientation.

The Intercept approach thus has as one of its basic components individual therapy (with the referred client), but in the context of total family therapy. It would be impossible in this presentation to delineate all of the factors that go into family therapy. And, of course, despite recurring themes across families, every family is different and requires specialized programs. It would be helpful, however, to give examples of family therapy situations. A variety of techniques, most of which have been discussed in the previous writings of the Project Director, are utilized in the Intercept approach and tailored to the needs of the particular family. For example, modeling, role rehearsal, reversal, and role playing, contracting, cognitive restructuring, assertive training, and communication training are the most commonly used combinations of techniques utilized. However, the Intercept approach is not merely a bagful of techniques; it has been developed by the author and his co-workers over a period of better than a decade of working with delinquents and their families. Theoretically, this approach partakes heavily of several orientations, especially of reality therapy and of the social learning approaches. This is not surprising as considerable research

has consistently reported that these two approaches are the most effective with patients in a wide variety of diagnostic categories (Bandura, 1969). The Intercept program, however, is not confined to these approaches as it partakes of techniques and skills which have been developed in other schools of thought. The Intercept approach is constantly evolving and becoming more systematic with each passing month. It is very much experimentally based; heavily interwoven into the approach is constant research on various hypotheses concerning family therapy. One of the goals of Project Intercept is to evolve a systematic, empirically-based approach to family therapy with delinquents that can be readily understood by and taught to other professionals and para-professionals in the field. We are very optimistic as to Intercept's ability to fulfill this basic goal. In the Appendix, two sample cases are presented. These are merely outlines of the cases; a complete write-up of the cases would require considerably more space. However, these cases should help the reader to better understand some of the application of the Intercept program. Project Intercept clearly does not use a psychoanalytic approach, i.e., one that emphasizes "rapping," dream interpretations, intensive delving into internal conflicts, and/or repressed desires, etc. Schools of therapy have been basically divided into "talking approaches"

and "action approaches." Action therapies are in reaction to the earlier talking approaches, and instead emphasize direct, specific remedial steps directed primarily at observable actions (although not excluding involvement with some aspects of the client's internal life). The Intercept program clearly falls into the action therapy camp. In discussions with families, technical terms are rarely used. Discussions are in concrete, everyday language and directed mainly at observable actions. We have found in the past that most of our families are "turned off" by a "talking approach," but most respond readily to an "action program." In our experience, combining the use of people who are indigenous to the community as therapists (the BAs) with an application of a sophisticated action therapy produces an effective treatment program.

#### Treatment Procedure: Educational Intervention

As indicated above, youngsters referred to Intercept are in turn referred to the educational evaluation program. A few youngsters, usually those whose families reject Intercept's services, refuse to complete or even initiate the testing process. The overwhelming majority of treatment youngsters

complete the entire process, which takes two and sometimes three test sessions, with each session lasting between one and two hours, depending upon the fatigue factor of the youth.

The tests utilized have been listed in previous reports and proposals, and copies have been included in previous appendices. The appendix to this report contains a copy of the Master File Checklist. This Checklist is included in each youngster's Master File, and as each item on the list is completed, the appropriate space is checked and dated. By observing this Master List, the reader can quickly discern the specific test instruments which are utilized in the evaluation of referred youngsters.

Briefly, the psychological tests administered to each youngster at initial entry are (1) a self-reported inventory of non-reported offenses engaged in by the youngster over the 12 month period before referral to Intercept; this instrument is an Intercept modification of the basic tool utilized by Short and Nye and Cartwright; (2) the Quay-Peterson Delinquency Scale, which provides a classification of the youthful offender into one of four categories: subcultural, neurotic, psychopathic, and inadequate-immature personality type; (3) The Coopersmith Self-Esteem Inventory which provides an overall

self-esteem score (the single most reliable indicator of a person's general state of mental health) and scores on four subcomponents: home, school, peers and general social; (4) a biographical inventory and family history inventory, tools devised by Intercept staff to obtain demographic, personal, and family history data; and (5) the Glueck Scale, which delineates the dynamics of family interaction. Of these instruments, the Coopersmith and the self-reported delinquency scale are readministered at the time of the youngster's termination. In addition to the psychological tools, a variety of other forms, e.g., school information release form, treatment contract with the family, etc., are obtained in the initial phases of involvement with the family.

A variety of educational-perceptual tests can be administered. Specifically, the Wide Range Achievement Test (W.R.A.T.) is utilized, which provides a score for each youngster in terms of basic reading, math, and spelling skills. The youngster's scores are in relation to how "average" youngsters score on these same tests. A result of this test may appear as follows: a youngster currently placed in grade 8 but scores at grade level 2.6 (2nd grade, 6 mos.) on reading recognition, 3.8 in math, and 2.2 in spelling. In addition to the W.R.A.T., which

gives a quick and relatively culture free score of the child's academic achievement, the Monroe Diagnostic Test is used to provide finer delineation of the youngster's academic skills.

The Monroe provides sub-scores on reading comprehension, basic word attack skills, additions, omissions, subtractions, use of phonics, etc. Also, the Monroe provides measures of basic perceptual abilities requisite for academic work: form perception, space perception, figure-ground relationships, etc.

The third instrument utilized for all clients is the Purdue Perceptual-Motor Survey developed by Kephart and his colleagues at Purdue and used all over the world. The Purdue provides a detailed breakdown of basic perceptual and motoric abilities requisite for adequate academic work. These three tests thus provide a comprehensive survey of not only the youngster's levels of academic achievement, but also an evaluation of his current perceptual and perceptual-motor development as related to academic achievement.

By use of these tests, Intercept staff have been able to determine that approximately 75% of all youngsters referred have identifiable perceptual-motor deficiencies of a serious nature. In recent years there has been considerable speculation that there may be a relationship between "learning disabilities" and delinquency. To the best of our knowledge, however, Intercept

is the first action program to generate hard data to confirm this widely held suspicion. These data will soon be published by Intercept staff either in the Journal of Learning Disabilities or Academic Therapy. We intend to go beyond this initial finding and attempt to delineate the nature of the relationship between delinquency and learning disabilities. For example, there are strong indications in our data that certain kinds of perceptual problems are commonly observed in our population. It may be that there are one or two typical constellations of perceptual and motoric strengths and weaknesses characteristic of pre-delinquent children. If in fact this supposition is borne out by data, it would be valuable in helping to identify youngsters at a very young age who have a high probability of being headed toward serious problems.

If perceptually-based learning disabilities are detected in the initial battery of tests, the Intercept diagnostician is likely to administer several subsequent tests in order to further delineate the causes of the youngster's learning difficulties. Sometimes this can mean the administration of as many as five to seven additional tests: tests of visual processing of information, auditory processing, motoric development, or any of several combinations. A listing of the various types of tests available to the diagnostician can be observed

on the Master Sheet in the Appendix. Once the diagnostician has completed his testing, he presents his report to the Educational Director. In conjunction with the Director and the Head Teacher, a remedial program is designed which is individualized to the youngster's particular constellation of perceptual and academic strengths and weaknesses. The program is typed and made a part of the youngster's permanent file. Once the educational plan is completed, usually at the same time as the family and individual treatment plans are completed, there is a staffing between educational staff and the BA and Team Leader involved. All findings are exchanged during this staffing, and an agreement is reached as to the details of the plan to be implemented. Further staffings are immediately called by either party whenever major changes in the plan are required. A final staffing occurs at the time of termination.

When the educational staff receive feedback from the Team Leader that the family has accepted the services of Intercept and signed the service contract, immediately the Educational Director makes an appointment with the pertinent staff at the youngster's public school. During this meeting, Intercept staff members present the results of their findings

and the specific nature of their recommendations for that youngster. The cooperation of the youngster's regular school teachers is requested and specific recommendations are made as to how they can best coordinate their efforts with Intercept. Various alternatives are available at this time. To name the most common:

(1) In some rare cases, Intercept staff may request that the youngster be placed at the Intercept School Program on a full time basis. This would occur only in severe cases where there is no hope of the youngster receiving any benefit from conventional school placement. In actuality, one could argue that the majority of Intercept youths fall into this category. For the time being, however, Intercept works on the premise that the best approach is some degree of coordination between the Intercept Program and the youngster's regular school program, as it is impossible, with current resources, to provide a complete alternative educational system for our youths. However, this alternative is occasionally exercised in extreme situations.

(2) A more common situation would be a proposal to the school that the youngster attend the Intercept Program for approximately two hours a day during which time he would receive individualized educational and perceptual

programming, but would spend the rest of his school day in public school classes selected for him by Intercept personnel. In such situations, it is not uncommon for Intercept personnel to spend some time subsequent to their meeting with school personnel, working with the school teachers, observing them in interaction with the referred youngster, in order to make more substantial recommendations as to how they can best coordinate efforts. This arrangement may be continued from three to twelve months, thus providing the youngster with a significant "shot in the arm" as regards his educational achievement, feelings about school, and feelings regarding himself as having some potential for academic success.

- (3) In some situations the youngster is not quite so severe and it is deemed that by some reorganization of the youngster's current school programming he should benefit significantly. In these cases Intercept staff serve as the youngster's advocate in pursuing for him placement in EH classes (Educationally Handicapped), or some other specialized program that can meet his needs better than his current programming. Or, it might simply take the form of observing his present teachers in their classrooms and making specific recommendations

as to how they can better program for him both academically and behaviorally.

These are the three most commonly used approaches in the educational programming for a particular youngster. The first alternative is recommended about 10% of the time, the second about 70%, and the third about 20% of the time. If the youngster participates in programming at the Intercept facility, then he is placed on a bus route utilized by the Intercept transportation program so that he can be bussed to Intercept and back to his regular school (or home) on a daily basis.

It might be inferred that the above alternatives might engender resentment from the regular school personnel. This has never happened. It is somewhat amazing to us that over a period of two years there has not been a single instance of lack of cooperation between Intercept staff and public school staff. We attribute this highly pleasant state of affairs to a number of related factors. First, when Intercept was first founded, Intercept administrators approached the highest levels of administration of Denver Public Schools (D.P.S.) and presented the Intercept Program in detail and secured their cooperation. As a result, the D.P.S. administrators sent memos to their schools instructing them as to the essential nature of the Intercept effort and requesting that

they cooperate fully. Second, Intercept Educational Staff have always been chosen in part for their previous experience in the public schools and for their ability to be tactful and thoroughly professional in their relationships with other professionals. Third, Intercept staff are instructed never to present their results and recommendations in a condescending way, and always to operate on the assumption (whether it be true or false in a given case) that the teachers, social workers, etc. in that particular school have the best interests of the youngster at heart. It had been the Project Director's experience over a period of many years that the minute one falls into a somewhat cynical attitude towards public school personnel, as to their intentions, motives, etc., that one can easily fall victim to a negative, self-fulfilling prophecy. Educational staff members at Intercept are thus strongly urged to operate on the positive assumption that school personnel are potentially enthusiastic over any possibility of improving the youngster's status. Fourth, the kinds of youngsters referred to Intercept are nearly always youngsters who have a significant history of disruption in the school, chronic truancy, and have been labeled misfits and troublemakers. Thus, school personnel usually welcome help as regards these youngsters.

The principles and techniques which underlie the Intercept approach to special education have been delineated in previous proposals and reports. Essentially, the Intercept approach uses diagnostic information in the following ways:

- (1) The program is so designed that whatever perceptual or academic strengths the youngster has can be fully capitalized in order to develop his critical weak areas. For example, if a youngster has poor visual processing but has some good auditory skills, the latter can be utilized (e.g., as in the Orton-Gillingham and related phonics approaches), and through a multiple-sensory approach visual processing can be strengthened in relation with the effective use of auditory modalities. It is of the utmost importance that individualized programs be utilized as each youngster with learning difficulties has his own constellation of strengths and weaknesses.
- (2) The programming must be geared at a level which is culturally appealing and non-demeaning to the youngster. For example, if the youngster is fourteen years old, but reads at the second grade level, it is most demeaning to present him with typical second grade materials, a la "see Spot run." Therefore, special

materials, often hand-made and tailored by the educational staff, are required. But these materials must be presented at an academic and perceptual level where it is known (via the diagnostic tests) that the youngster can be successful, while at the same time presented in an appealing, non-demeaning manner.

Obviously, this requires considerable individualization of programs but in this way success producing experiences are programmed into the youngster's educational program.

This is crucial, as it must be remembered that virtually all these youngsters have experienced failure after failure in their academic work. Therefore, the youngster must experience success in his early academic efforts at Intercept if there is to be any hope of "turning him back on" to at least some aspects of the academic world.

- (3) In the initial stages all youngsters are placed on an incentive program whereby for every thirty minutes of sustained effort, or upon completion of a designated sub-program, they receive points that translate into concrete rewards. Initially, the points are used as a way for the youth to earn his way into the Game Room. The Game Room contains a variety of physical activities

(basketball, boxing equipment, pin-ball machines, pool tables, ping-pong tables, etc.). As the youngster progresses, he can earn additional points whereby he can obtain, through sustained effort, special incentives such as Afro-combs, items of clothes for both sexes such as caps and hats, and even transistor radios and similar equipment. This incentive system, in coordination with the success producing individualized programming, are the principle means whereby Intercept staff provide success experiences and consequently "turn him back on" to the ideas of academic success and achievement.

Increasingly we find that youngsters would greatly benefit from a true alternative educational program that took full advantage of the Intercept sophistication and successes in programming, but this simply is not possible at the present time. It is therefore important that Intercept carefully coordinate its efforts with regular school personnel in an attempt to reorient them at the same time that the youngster is hopefully being re-motivated toward the academic process. It is interesting to note that after two to three months of involvement with the Intercept program that most youngsters

no longer work primarily for the external incentives noted above, but work instead to achieve further success in their academic efforts. This is one of the most gratifying phenomemon to observe at Intercept. For example, it is not uncommon for a youngster, after three months, to often refuse to go into the Game Room because he is more interested in delving into and completing a particular academic effort. It is one of the purposes of the Program to have external incentives replaced with intrinsic motivation.

Upon termination of the youngster, another staffing is held between educational staff and home treatment staff. If all agree that the youngster has reached the point of termination then plans are made to wean the youngster from his involvement with the Intercept educational program. Normally at this time the Intercept educational staff meets again with the youngster's public school teachers and related staff in order to help insure carryover of the youth's progress in his school programming once he is terminated from Intercept.

#### Treatment Procedure: Peer Group Intervention

After two years of experimentation with different modalities of peer group therapy, Intercept staff are confident that an effective, viable approach to peer group intervention is being developed. Unlike family therapy, where there were reliable studies strongly suggestive of the validity of certain techniques and approaches, the situation as regards peer group therapy was ambiguous and often confusing. Thus, from the outset Intercept took an experimental approach to peer group intervention and several different modalities were encouraged. Although it was not possible to evaluate these different approaches in a highly systematic manner, it was possible to evaluate them by some criteria, namely, objective indices such as re-arrest rates of the youngsters involved, attendance rates at meetings, and frequency of meetings over a period of several months. Also, subjective indices were used such as the perceptions of the boys, their parents, and of course those of the staff members involved as to the relative efficacy and merits of the different approaches utilized.

One modality used was a "street corner approach" in which the main emphasis was on working with a naturalistic peer group in its own setting. In another approach, the attempt was to identify the natural leaders of the peer group and then

"win over" these natural leaders to the Intercept approach and value system, thereby attempting to influence the group via the leader. In yet another approach, the emphasis was on isolating key individuals in the group and then associating them with healthy naturalistic groups that were already operating in a pro-social way, in an effort to "break up" the anti-social peer group by associating its key members with positive group in the same neighborhood. In the fourth approach used, the emphasis was on meetings at the Intercept headquarters in which new peer groups (rather than already established naturalistic groups) were comprised of Intercept youngsters who lived in relative proximity to each other and had some degree of common interests, activities, etc.

Somewhat surprisingly, this last alternative, which we thought was the least promising initially, turned out to be the most productive. The first three approaches involved already established, natural peer groups. We repeatedly found that it was exceedingly difficult to modify already existing peer groups. The staff members simply could not spend enough time with these groups to effect lasting changes. It takes a great deal of time and effort to become a trusted

member of the peer group, and this is especially true when the ultimate objective is to change the values and behaviors of that group. It is difficult to break up an established group by associating a key member with other groups because such an individual is deriving many social rewards and benefits from his leadership role in the old group, and thus is not very attracted to having to earn a leadership role in a new group, no matter how positive that new group may be to him. This is not to say that we experienced no success with the first three approaches, but the degree of success attained as measured against the amount of time and effort required convinced us that these were not economical approaches to peer group intervention.

Increasingly, over the past few months, we have focused more on the fourth approach. We have been so pleased with our successes using this approach that by the spring of 1975, every BA will have such a peer group in process.

Success of this fourth approach has been a major factor prompting us to realign assignment of cases to BAs and teams so that each team and, within the team, each BA, has a specific territory. That territory literally becomes the "property" of the BA and, ultimately, the team. This means that youngsters who live in proximity to each other can be assigned to a single BA, which facilitates subsequent

development of new, naturalistic peer groups, but one that from its beginning is under the control of Intercept staff.

Through trial and error some basic components have evolved which are a part of current Intercept efforts with peer groups. This is not to say that the Intercept approach to peer group intervention has become highly structured, on the contrary, a great deal of experimentation is taking place. However, we have reached a point where there are some common essential components to our approach to peer group intervention.

These are:

- (1) The emphasis now is on the development of new peer groups which from their beginnings are under the control of Intercept staff. Peer groups are formed of youngsters who live in the same neighborhood and who are in proximity to several factors (the same schools, hangouts, related friends, etc.) that would be conducive to a natural alignment of peers. Further, the BA normally lives in that same neighborhood and is thus readily accessible to the members of the peer group. This factor also figures in the potential of the group to maintain itself after the influence of the Intercept staff member has been essentially withdrawn.

- (2) Intercept staff capitalize on a finding that virtually all of our youngsters relish "getting on the case" of a comrade. We have observed that our youngsters get a great deal of enjoyment out of catching a fellow youth in a deceitful action and then "pinning him to the wall" in terms of the actual consequences of his actions. To a large extent, this observation has been utilized in building peer groups. That is, this kind of behavior is a natural reinforcer for most of our youngsters. In the initial stages of forming a new group, each youngster reports both his positive and negative actions of the preceding week.

As these youngsters normally know each other fairly well and have some interaction during the week, at school, in the neighborhood, etc., it is usually possible for one or more of the youngsters to "call down" the reporting youth if he misrepresents the actual facts of a situation. Youngsters delight in catching other youngsters in such misrepresentations. Also, Intercept staff strongly model and support those actions of peer group members whereby

they applaud (literally applaud) positive actions on the part of the reporting member. This format is an easy one for our kids to "get into"; each member presents his own evaluations and perceptions of his positive and negative actions during the previous week. Each youngster is therefore able to present and review his "case" and receive immediate, concrete feedback from his fellows.

- (3) Intercept staff have found it critical to instill in the group, from its beginnings, the basic values and attitudes of the Intercept program. The norms of the group are in fact established by Intercept staff. This is accomplished via a subtle process whereby the staff working with the peer group interject the values and norms which they wish to be established in an infrequent but impactful way at key points in the early discussions. The interjections are never didactic, but usually a statement of opinion or belief. The peer group members usually consider that they are primarily in charge and are establishing group norms, whereas in actual fact the Intercept staff member is playing the prominent role in establishing the norms, but by way of a

non-preaching, non-lecture, non-overbearing approach. This can be accomplished in a new group, whereas it is difficult to accomplish in an already established peer group. By this process of molding the basic norms of the peer group in the first few meetings, its values are usually highly congruent with the values and expectations of the Intercept staff member.

- (4) Intercept staff find that once the norms have been established, infrequent but judicious interjections readily maintain them. After the second week the essential format of the group is refined in that a judicial process is adopted whereby each member must present "his case" to the other members for their review and approval. Lies and deceit are quickly detected by the peers. On the other hand, upon the subtle reinforcement of the Intercept staff member, the frequency of social praise for engaging in positive behaviors is greatly increased through the use of this format. The kids are initially "hooked" on the rewards of catching a peer in acts of deceit and "making him pay" for such acts. However, a primary goal of Intercept staff is to gradually

shape the process so that an increasingly greater amount of energy and time is given over to social praise and reinforcement of positive behaviors, thus shifting the focus from the negative to the positive.

- (5) It is of the utmost importance that the youngsters themselves are the primary administrators of reinforcements and punishments in the establishment and maintenance of the social norms of the group. The frequency of interjections by the Intercept staff member is always small. Throughout, the impression is that the youngsters are in control but with adult approval. This is somewhat similar to the guided group interaction approach (G.G.I.) developed by other individuals in peer group work, and is also similar to the approach described by Bronfenbrenner (1971) of that utilized by Russian educators and youth workers in their work with Russian youth groups.
- (6) During the above process, the Intercept staff member makes sure to have activities available which provide mutual enjoyment for all peer group members. For example, in the initial stages the peer group may

take a trip to the mountains, or to a movie together, or to a restaurant to have dinner, etc. These are important activities in that group members can enjoy the fellowship of their peers, and a purely social interaction with the Intercept staff member. These situations help to cement the group together and provide opportunities in which the group can participate in pro-social activities.

The goal of these six components is to establish naturally maintained peer groups, which have a definite format, and a commitment to pro-social values, norms, and behaviors. As the group becomes more of a natural process the adult staff member gradually fades out. However, the leaders of the peer group, who are always easy to identify, are often asked to help form a new peer group. We are experimenting with this process as part of our overall program, namely, of taking families and youngsters who have successfully undergone the Intercept process and making them a part of the treatment of incoming youngsters and families. They assist the BA and team leader to help insure (a) their learning of their new behaviors, attitudes and values, (b) the orientation of new referrals into the Intercept approach, and (c) the extending and intensifying of total community effort and involvement.

Termination and Weaning Process:

The usual objective of the Intercept program, after the initial 30-60 day intake period, is to process a youngster through the program within 6 to 8 months. However, there have been a few cases in which youngsters have remained in the program for 10, 12, or even 15 months; but the average thus far has been in the range of 7 to 8 months. A youngster is terminated when he has met certain criteria. First, the treatment goals for the youngster and his family must be essentially met before he becomes a candidate for termination. Second, the specified goals of his educational program must be accomplished, both at Intercept and in the regular school program. Third, if peer group intervention was called for, he must have become a regular member of a successful, pro-social group. In all of these areas the BA attempts to gather, from the beginning, objective data which measure the actual achievement of the specified goals, in addition to subjective impressions by parents, teachers, etc. A copy of the termination form has been included in the Appendix and it well summarizes the various criteria utilized in making the decision to terminate. A youngster is officially terminated when all Intercept staff members involved agree, on the basis of both objective and subjective data, that treatment goals have been achieved. However, it may

be decided that the goals have not been achieved and indications are that they will not be achieved in any reasonable amount of time. In such cases youngsters are terminated, but on an unsuccessful basis. This will be discussed in more detail later. The clear majority of cases are terminated on a successful basis.

At the above point the youngster is officially terminated. This fact is recorded on the Intercept Master File. However, in the eyes of the youngster and his family the process of termination is not nearly so clear cut. It has been the experience of the Intercept developers that the sudden termination of a youngster can have disastrous consequences. The youngster may feel that he has been unfairly cut off from a highly significant adult figure in his life. Subsequently, he may engage in a delinquent act in a deliberate or perhaps even unconscious attempt to elicit again the attention and care of that adult. James Vander Weele, one of Intercept's originators and Psychologist of Juvenile Court, recalls a youngster who had successfully undergone a rewarding experience with his probation officer, but at the termination of his probation announced to the judge that he had stolen a car on his way to the final hearing. This happened not once but on two different occasions as it became clear that the youngster was fearful of terminating his relationship with this highly positive adult and was deliberately stealing cars in order to stay on probation.

Whereas the above is a dramatic case of the principle under discussion, the fact is that this is not too uncommon a phenomenon as observed by highly experienced youth workers, especially those with high success rates. It is thus the policy of Intercept that upon official termination the youngster and family are simply informed by the BA that he will continue to see them but on an increasingly infrequent basis. This is the weaning phase: during this time the BA and team leader must exercise judicious caution as to the exact timing of this process. Typically, if the BA has been seeing the family together on the average of twice per week he will immediately cut back to once per week, and after an additional two to three weeks, to once every two weeks, and further continue with this process so that by the end of two to three months family contacts have been reduced to once per month. This will be continued for perhaps one or two months before direct contacts are eliminated altogether. The weaning process is individualized to each family. The Project, at any time in this process, may exercise the option of stopping the weaning process and going back into intensive treatment if circumstances arise that demand such a course of action, although this rarely occurs. In the normal course of events, the typical youngster and family can be totally weaned off in a period of two-three months, after official termination has taken place. Sometimes, in the weaning phase, those youngsters and families who have been successfully

terminated are asked to help orient new youngsters and families. These "success stories" help to motivate new families to join in the Intercept Program. We feel that this serves two important functions; first, it helps to cement the new behaviors, attitudes and relationships that the family and youngster have learned via the Intercept experience, and second, it helps to establish rapport and success motivation on the part of the new families as they are exposed to "old families" who are highly enthusiastic about the Intercept experience.

Upon the decision to officially terminate a youngster he is brought back into the Intercept facility for post-testing. He is again administered the W.R.A.T., the Purdue, the self-esteem and unreported delinquency scales. In this way, before and after measures are obtained on each youngster. It is the hope of Intercept that on one-year intervals after termination youngsters can again be retested so that a continuous stream of data on these particular measures--academic and psychological--can be obtained as well as continuous record keeping of their re-arrest rates and any court appearances. This kind of follow-up over a period of many years will prove a valuable component to Intercept's evaluation plan.

As of December 31, 1974, after two years of operation, one hundred and seven youngsters had been officially terminated from

Project Intercept. Approximately two-thirds of these youngsters had been terminated on a successful basis. However, if the caseloads of two BA's terminated from the Project in 1974 are eliminated from the total, the success rate of the Project is a little over 80%. It has been projected that in 1975 the successful termination rate for Intercept will be at least 85%, and in 1976, 90%. These are major goals and we are confident of achieving them. It can be noted from the re-arrest data that no successfully terminated youngster has been re-arrested for an impact offense as of December 30, 1974. With each month that passes another 10-15 youngsters are being terminated from Intercept as part of the now steady flow of income and outgo of cases.

Overview of Intervention Process:

Table 2 summarizes the highlights of the intervention procedures described in the previous three sections. This table is a flow-chart of the most basic components involved in the processing of a case from start to finish in the Intercept Program.

Problems: Coping, And Attempts To Cope

It is important, if Intercept is to be implemented successfully in other locales, that the problems encountered in its inception and implementation be honestly recounted. Attempts to implement in other situations should thereby benefit and avoid at least some of our mistakes and pitfalls. These replications thus should

TABLE 2: OVERVIEW OF INTERVENTION PROCESSES

I. ORIENTATION PHASE (INTAKE) (1-2 months)	II. TREATMENT PHASE (4-8 months)	III. WEANING PHASE (1-3 months)
<p>A. Introduce and describe Project and its services, obtain verbal acceptance by family</p> <p>B. Develop "relationship" with all family members</p> <p>C. Closely observe family -Ongoing interactions, communication patterns -Behavioral and other problems, etc.</p> <p>D. Use varied additional means of assessment e.g. -Have family members list problems -Have chart "good-bad" times - Listen to descriptions and begin to work toward specificity</p> <p>E. Secure baseline and diagnostic testing</p> <p>F. Family signs treatment contract</p> <p>G. Finalize initial treatment plan</p>	<p>A. Obtain further specifications of problems</p> <p>B. Implement remedial programs e.g. -Communication training -Contingency management -Decrease negative scanning and increase social reinforcement -Negotiation and reciprocal contracting -Modification of delinquentious punishment practices -Specific counseling for assertive, marital, anxiety management problems, etc.</p> <p>C. Implement Education and Peer Group programs</p> <p>D. Continue assessment (teach family skills of pinpointing and specification)</p> <p>E. Provide family varied, general assists e.g. -Employment for client, sibs -Introduce older sibs to self help programs such as Job Corps -Assist with medical, welfare problems, etc.</p>	<p>A. Observe family's problem-solving skills, less direct intervention</p> <p>B. Provide feedback and/or assistance when necessary</p> <p>C. Reduce meeting schedule</p> <p>D. Final staffings with schools</p> <p>E. Fade out of peer group</p> <p style="text-align: center;">TERMINATE</p>

thereby increase the probability of their success. Further, it is important to generate an orientation of honest portrayals of problems among community action, social service, and treatment programs in general, and any successful dealings with said problems, so as to generate a knowledge base from which programs can benefit. Unfortunately, such a knowledge base is almost non-existent at present. Action programs and treatment programs number in the tens of thousands, and no doubt some of these have been successful, but communication as regards successful solutions to implementation problems is almost nil. Thus, the successful experiences of one program rarely get translated into another program. Funding efforts often result in a program needlessly going through the trials and errors already experienced, and perhaps successfully dealt with, by a comparable program in another locale. This is most wasteful and should not be tolerated. We are confident that other attempts to replicate Intercept can benefit from the knowledge of our mistakes. Below, we discuss some of the highlights of our major problems. There are many details, and other problems and mistakes that could be discussed, but in our opinion those discussed below represented the most serious obstacles to the successful implementation of Intercept.

Problem I: Selection Of Para-Professionals: Hit And Miss:

Intercept utilizes a para-professional model. The Project

Director is a strong advocate of para-professional models and has stressed his advocacy in the American Psychologist and in various professional presentations. The main rationale for this bias is as follows: (1) para-professionals, if properly selected, trained and supervised, can be as effective as Ph.D.-level clinicians, and this is especially true of programs directed toward minority groups or unique cultural situations where the para-professionals are drawn from the very communities in which they are to work and (2) at the same time para-professionals cost far less than treatment staffs comprised of degreed professionals. A para-professional can be paid roughly half of what a professional in the same position would demand, and still receive remuneration at a level higher than what his marketable skills would normally provide him. Thus, in our opinion, this is not "exploitation," but on the contrary provides community persons with a high status, well-paid position that also provides for upward mobility. It is thus our position that, if community para-professionals are properly trained and supervised, they can be just as effective as professionals in the same positions (possibly even more effective) and at a cost to the tax-payer that is considerably less than that of a similar deployment of professionals. However, it has been our experience over the past two years that it is of the utmost importance to be

extremely careful in the selection of community para-professionals. We recognized this fact at the onset but still made many mistakes. In order to get a better picture of these mistakes let us first review the procedure by which the initial core of para-professionals was chosen.

The para-professional positions (the BA or caseworker positions) were initially advertised in a variety of community oriented publications in Northeast Denver. As a result, over sixty persons made application within a period of two weeks. The Project Director and Mr. Harold Parker, A.C.S.W., a well known black consultant, separately interviewed all sixty plus of the applicants. Mr. Parker is a prominent and well liked professional person in the community. At that time he had been designated as one of the original community consultants to Project Intercept and was Director of the Children's Division of the Fort Logan Mental Health Center. Currently he is Associate Director of the entire Fort Logan Mental Health Complex. He is widely accepted in the "street culture" of Northeast Denver as well as being a black highly skilled and knowledgeable as regards the demands of the professional world. Mr. Parker thus seemed to be an ideal choice to interview applicants along with Dr. Knott, the chief originator of Project Intercept.

After each applicant had been independently interviewed by each of these two individuals, they pooled their rankings and thereby derived the fifteen top individuals. Mr. Parker and Dr. Knott previously agreed to stress the following characteristics in their rankings: verbal assertiveness, tactfulness, intelligence and apparent ability to learn, degree of knowledge and of involvement with the street scene, and apparent commitment to the basic goals of Project Intercept. Now looking back on these criteria we can quickly determine that the door was wide open to a great deal of verbal manipulation by job candidates. The criteria were definitely biased in favor of those candidates with good verbal skills. Our main reasoning behind these criteria was that in order for individuals to be successful BAs they were going to have to be verbally impressive and aggressive individuals who could insert themselves into a variety of home situations. They would nevertheless have to be tactful in these situations. They would certainly have to be intelligent and quick to learn as there were a number of techniques to learn. We felt it extremely important that they have actual experience with the knowledge of the street scene, the street language, and related characteristics so as to minimize the degree to which they could "be conned" and thus put off by individuals not wanting to cooperate with the program. And, we certainly felt that a

good job candidate would demonstrate at least some basic understanding of and commitment to the basic goals of delinquency prevention re Project Intercept.

In any job interview situation it is not uncommon for the applicant to attempt to "dope out" what the prospective employer is looking for and then to "play" the interview in such a manner as to provide the answers that he thinks will please the prospective employer. Indeed, there is considerable research indicating that job interviews are unreliable ways of determining the best applicant for the position since interviews can be manipulated, especially by persons with good verbal skills, along lines most pleasing to the prospective employer, somewhat regardless of that prospective employee's actual ability to deliver the goods once he is employed. This is not to say that all prospective employees distort interviews in this way, but it is a fairly common practice; and in retrospect it must be admitted that the criteria initially utilized opened the door wide open for this factor to influence strongly the selection of the original candidates.

Of the original fifteen candidates, ten were eventually selected to fill the initial ten BA positions. This final round of selection occurred after all fifteen candidates were exposed to a three-week introductory, daily course in January of 1973, for which they were paid. This introductory course dealt in some

detail with the projected goals and procedures of Project Intercept and the basic orientation to family and individual therapy to be utilized. Virtually all of the supervisory staff was on board and interacted intensively on a daily basis with the fifteen candidates. The supervisors then independently ranked each of the candidates. The ten highest ranked individuals were offered positions. Of these original ten individuals, only five remain with the Project at this time. Of the five no longer associated with the Project, four were terminated by Dr. Knott. The fifth would have been terminated but chose to resign before, in all likelihood, he would have been terminated. Thus, the five individuals no longer with the Project were all ultimately rejected and all within eighteen months after they were hired. Of the five original BAs still with the Project, all are in good standing.

At Intercept, then, we have a most interesting situation in that we have five BAs who have "stood the test of time" and proven to be highly satisfactory employees, and according to the data, highly effective caseworkers. In contrast, of the original group of ten, five BAs proved highly ineffective and, all in all, a great disappointment as employees. In looking at the comparisons between these two groups, and in looking at the new BAs who have replaced the terminated BAs, certain features stand out dramatically.

By far the most prominent of these characteristics can be classified as the degree to which the person is oriented toward middle class work and job values or what is sometimes referred to as "the puritan work ethic." There are no significant differences in the demographic characteristics of the successful versus unsuccessful BAs. But, there are dramatic differences in their acquired attitudes toward work and job performance. It is our opinion that these differences are primarily the products of differential family experiences in their early lives. Whatever the cause is, the differences are dramatic. Successful BAs, though their early backgrounds were often situated in "the Ghetto," have acquired a middle class orientation to work and job performance. They are oriented toward coming to work sober and on time, attending meetings on time, meeting job expectations, and looking at the position as a possible route to status and upward mobility. In contrast, unsuccessful BAs were not only deficient in the above characteristics but tended to resent even mild forms of supervision, that is, they tended to resent even mild forms of supervision and engaged in subterfuge in their attempts to avoid having to carry out supervisory directives. They engaged in a high frequency of verbal manipulations and rationalizations to excuse their inadequate work performance. Here, it is important to remember that we are not simply talking about the quality of a therapeutic effort with a family, which is always a debatable factor, but rather

about the simple meeting of basic job requirements, e.g., getting to work on time, keeping an appointment that has been previously made, answering one's telephone calls, meeting with one's team leader on weekly basis to report as to the progress of cases, etc. This factor generated a great deal of resentment toward the unsuccessful BAs on the part of BAs who later turned out to be successful employees. In the perception of the successful BAs, the unsuccessful BAs were "running a verbal con game" on their predominately white supervisors and consequently getting away with doing little work and making little contribution to the Project while receiving the same pay and related benefits as those BAs who were making a conscientious effort. This caused much resentment, subsequent formation of cliques, and in-fighting among the BAs, which in turn negatively influenced the entire staff and operation.

Attempts by white supervisors to be "understanding" of the problems of the unsuccessful BAs exasperated the tensions among the BAs. At first, white supervisors tended to attribute the difficulties of the unsuccessful BAs to (1) previous lack of experience with middle class work standards and (2) a supposed inability of the white supervisors to communicate and understand the position of the black person. This "tea and sympathy" approach often irritated the successful BAs as they perceived the white administrators as "dupes" who were playing into the

"numbers" being run by the other BAs. As one example of many, a white supervisor was having a great deal of difficulty in getting one of the BAs (later terminated) to come to work on Fridays. This BA would rarely work on Fridays, or, if she did come to work on a Friday, she would spend most of the day on her lunch hour and assorted coffee breaks. This BA was verbally aggressive and able to intimidate most supervisors. (Upon termination, she threatened the lives of Dr. Knott and his wife and children.) After several confrontations on this matter, she informed the supervisor that he obviously did not "understand black people" because it was customary for blacks not to work on Fridays. The supervisor was astonished at this, but it took him nearly a month before he thoroughly checked this contention out with other black employees. The fact that he would even partially fall for such a contention did nothing to increase the esteem of white supervisors in the eyes of those BAs who in fact were making a substantial effort.

It is important to remember that community programs have a history of being sloppily run with little or no accountability built into them. Repeatedly, we have encountered attitudes on the part of some persons in minority communities that government funded community programs are essentially

"rip-offs," (attempts by the government to buy off minorities), and that minority persons who work in such programs generally do not have to work hard to maintain their jobs. The degree to which this perception is accurate is of course open to debate, but in our experience it is widely held in components of minority communities. Some of our BAs had previous experience working in government funded programs. They thus brought these expectations to Project Intercept, and, in all honesty, in its first few months of operation Intercept was loose enough in organization to reinforce these expectations. Thus, as Intercept administration slowly but steadily "tightened the screws" and thereby demanded accountability on the part of all staff, these particular individuals were extremely agitated. It has been often expressed to us from casual observers working in other community programs, that the degree to which effort and accountability are demanded of Intercept employees is something they have not seen in other such programs. One of our BAs, who had had previous experience running a government funded community program, can recount by the hour "horror tales" of employees disappearing for days and then demanding full pay and becoming quite angry if confronted on the matter by a supervisor. Incidents similar to this in fact occurred in the first six months of the operation of Intercept. This bias, and its various

ramifications, is a crucial factor that must be dealt with in the successful implementation of a community program.

Those BAs who came into Intercept with an orientation to middle class work values experienced little difficulty in coping with the growing expectations and increased structure of Intercept operations. In actuality, they supported, often enthusiastically, the increased structure and accountability. Their irritation was about equally divided between those BAs who were "running numbers" and the white administrators who in varying degrees were susceptible to such numbers.

In contrast, slowly but surely it became clear to Intercept administration that the BAs still identified with the value system of the "street scene" were often unreliable and ineffective employees. A major component of the "street scene" value system is the degree to which the individual can be successful in "running numbers" or "running a con" on "whitey." However, running a con is by no means limited to whitey. On many occasions Intercept administration engaged community consultants and respected members of the minority community in attempts to induce the cooperation of those BAs who were not being helpful to the implementation of the Project. These efforts invariably failed as these particular BAs would be stimulated to an even more sophisticated "number" on their brothers and sisters. Conning, instead of working, was simply an established

way of life for these individuals. After the first year of operation we discovered that the re-arrest rates of youngsters being treated by the unsuccessful BAs was more than twice that of the youngsters being treated by the successful BAs. The successful BAs experienced the same frustrations and difficulties as the unsuccessful BAs, and in our opinion were not any more effective in communicating with troubled youngsters, but through sheer tenacity and willingness to learn from the experience of others they were able to show definite progress in their case-loads. Therapy is often glamorized but in actuality it is mainly hard work. Tenacity is a crucial ingredient to any successful therapist. The unsuccessful BAs lacked the drive, tenacity, willingness to deal with frustration in tough cases, and willingness to learn from others characteristic of good therapists. In our opinion, then, the most crucial difference between the successful and unsuccessful BAs was that successful BAs had experienced, even grown up, in the street culture, but had rejected some of its basic value components and adopted middle class work values instead. In contrast, unsuccessful BAs were still strongly identified with the values and styles of the street culture. This statement will no doubt be offensive to some people, but it in fact has been our experience and observation.

Second to tenacity a successful therapist must have an open mind. He must be willing to admit mistakes, and thus learn from

them, and be able to benefit from the mistakes and experiences  
of others. This was the second major factor that clearly differentiated between successful and unsuccessful BAs. The successful BAs had these characteristics whereas the unsuccessful BAs were often resistant to (1) admitting and learning from mistakes that they had made, (2) looking at the possibility that other approaches could be more advantageous than the one they were utilizing, and (3) receiving instructions from the far more experienced supervisors. When a person cannot admit to mistakes, personal shortcomings, and the possibility of better alternatives, he simply is cutting himself off from learning and subsequent growth. Unfortunately, despite repeated efforts by peers and supervisors, the unsuccessful BAs were characterized by this lack of personal growth.

A minor factor in these considerations, but one which may be of help to other community programs, was our lack of success in the employment of the "professional minority person." There seem to be a reservoir of individuals who have a long history of moving from one government funded program to another. They rarely stay more than a year or two with any particular program. Their main involvement in these programs seems to be the expression of their perceptions of the rights and feelings of the particular minority culture they represent. At least in our

experience they do not seem very motivated toward making a strong, day-to-day work contribution to the program. Three of the five unsuccessful BAs, but none of the successful BAs, could be categorized as "professional minority persons." Obviously this is a small sample, and, no doubt, such persons can make valuable contributions to programs in the sense of sensitizing administrators to unique problems of minorities. But, on the basis of our admittedly small sample and limited experience, we would recommend that community based programs thoroughly evaluate persons with such backgrounds before making the decision to hire or not.

In the second year of operation a different approach to the hiring of BAs, and for that matter all staff members, was developed. For example, when a BA position became available, applicants, in addition to filling out a standard application form, also had to provide letters of recommendation from their past three, immediate work supervisors. It is not unusual to receive over one hundred applications within three weeks after a position opens. But, we find that only a small percentage of this number, sometimes less than 20, can in fact provide letters of recommendation from their past three supervisors. These letters are scrutinized by the Director only after three have been received. If there are indications in the letters of a past history of irresponsibility on the job then that

applicant is not interviewed. This is the only factor looked for in this initial survey. This process usually results in about half of the applicants being eliminated. Thus, of an original one hundred and twenty applicants, twenty may be able to provide the required letters of recommendation, and of those twenty, ten may meet this first criterion and then be called in for interviews. In the interviews the Director, Team Leaders, and a random selection of BAs look for any other indications of poor habits or attitudes as regards basic job expectancies and requirements. Other factors observed in interviews are the degree to which the individual is verbally skillful, intelligent, eager to learn, open minded, and generally assertive. Each interviewer independently ranks the applicant and submits his rankings to the Director. The Director then makes the final decision as to the two-four applicants asked in for a second round of interviews; and he makes the final decision as to the one individual who is hired. Obviously, this process greatly increases the probability of hiring an individual who has demonstrated through his past experience that he in fact has a commitment to good work values as well as openness to learning, good intelligence, and good verbal skills. We feel that we have come a long way in our ability to successfully pick good candidates for positions. We are extremely pleased, actually tickled, with the high quality of our present BAs. We feel that we now have

considerable insight as to the particular combination of characteristics that makes for a highly effective caseworker. A factor we feel important, although we cannot yet document it, is that successful BAs have had a greater degree of successful family experiences than those not successful. The successful BAs, either in their past, or in their present circumstances, have enjoyed or are enjoying some successful family-home situations of their own. This did not seem true in any respect for those BAs not successful. It stands to reason that if one is a successful family therapist, he may be even more effective in this role if he himself has had at least some successful experiences in his own family situations. This is a factor we intend to investigate more thoroughly in the time to come.

At least two criticisms can be leveled against the above procedure. It might be said that Intercept looks for "Uncle Toms" in its job-hiring policies. Our main response to this would be to invite the one making the criticism to spend some time with our BAs. It is beyond our comprehension that anyone could consider these bright, mature, highly responsible and assertive individuals to be "Uncle Toms". They are not obeisant and passive but responsible, committed individuals willing to stand on the merits of their work.

Second, it might be said that the above procedure is not fair to young persons. A person straight out of high school

or college, or in his early twenties, might be at some disadvantage in that three letters of recommendation are required from the immediate past work experiences. A young person might not have had three or even two past supervisors. In all honesty it must be stated that this procedure does in fact discriminate against young persons. However, this factor has been present at Project Intercept since its inception. The youngest BA at Intercept was a man 25 years old at the time of his hiring. He was later terminated. Most of the BAs are in their late twenties, thirties, and forties. The Director of Intercept, and one of its co-founders, Mr. James Vander Weele, observed over a period of several years that officers at Denver Juvenile Court under 25 years of age tended to be relatively unsuccessful in their efforts. These officers tended to readily identify with the youngsters under their care, but experienced difficulty in understanding the problems and frustrations of the youngsters' parents. Most of the young officers seemed to be still experiencing a significant degree of "late adolescent rebellion" in their relationships with their own parents, which subsequently led to ready identification, or more accurately over-identification, with the youngsters in their charge. These probation officers often antagonized the parents in their caseloads to the point of hostilities. This kind of factor is death to any valid attempt

at family therapy. In our opinion it is of the utmost importance that the family therapist maintain his neutrality between the parents and the child. To the degree that the therapist over-identifies either with the parent or child and becomes his or her advocate, to that degree he loses his ability to bring about valid and lasting changes in that family. For these reasons, we have deliberately shied away from young persons and have instead sought those individuals who seemed to have a good understanding of the viewpoints, problems and frustrations of both parents and their children. We think it very helpful for the family therapist to be a parent himself, as there is no greater provider of first hand knowledge of the fears, hopes and frustrations that most parents experience than to be a parent oneself. We do not require that BAs are parents but he must be able to demonstrate that he understands the viewpoint of the parent as well as that of the child.

Problem 2: The Supervisors: To Be or Not to Be: As indicated above, a serious difficulty has been the frustration experienced by supervisors in some aspects of their relationships with several BAs. There were incidents of outright insubordination, refusal to meet or even grant the most basic job duties and requirements, and flagrant abuses, such as individuals coming to work drunk, disappearing for days without explanation, and/or engaging in illegal activities in close proximity to Project

headquarters. Attempts by supervisors to deal directly with these problems were sometimes met with further subterfuge and on occasion with outright hostility. It must be stated that in varying degrees the supervisory staff were somewhat intimidated by certain BAs. This is a disastrous situation as no organization can function efficiently if supervisees can intimidate, and overrun their supervisors. Supervisors often experienced conflict, as on the one hand they certainly wanted basic, minimum job requirements met, whereas on the other hand they were vulnerable to maneuvers designed to induce "white guilt" and thereby place them on the defensive. The problem was not due to the supervisors being inexperienced. All but one of them had had extensive supervisory experience. Two of them had had more than ten years of experience supervising students, interns and residents at the University of Colorado Medical Center. These were situations where supervisees were highly oriented toward working for the approval of their supervisors in an already established, highly professional atmosphere. None of the supervisors was really prepared for the situation they encountered at Intercept. A factor that often emerged was that, differences of opinion between a supervisor and a supervisee, which in the supervisor's mind was strictly a matter of job requirement, were readily translated into minority versus non-minority issues. In all

fairness it must be strongly emphasized that by no means was this done by all BAs. It was after a year's time that we began to see that it was primarily the reaction of those BAs who were negligent in their basic job duties. However, it took time to "dope this out"; and in the meantime supervisors sometimes found themselves on the defensive in regard to subtle and sometimes not so subtle implications of racism. That this was at all a factor was surprising in that one of the chief criterion in the selection of supervisors was that their backgrounds verified a strong commitment to equal opportunity and other non-discriminatory practices and values. Nevertheless, in the first year there was considerable testing of the supervisors by a variety of minority staff members.

The above factor, however, has worked itself through in a highly positive manner. Supervisors continually have modeled the values and expectations that they hold for their supervisees, they have repeatedly made attempts to sit down and problem-solve and thoroughly communicate with supervisees, and in all honesty, perhaps most important of all, unsuccessful BAs have been terminated and replaced by mature, responsible individuals. Also, throughout the first two years Project administration repeatedly introduced more structure, more system and more contingencies into day-to-day procedures and job expectancies. Subsequently,

at the present time morale and productivity are high and observers of relationships between Team Leaders and supervisees invariably conclude that they are highly positive and based on mutual respect and mutual liking. Supervisory staff no longer hesitate to place expectancies on supervisees and to hold them accountable for job designations. It is our experience that a permissive approach, even with successfully oriented BAs, is not productive. A problem-solving, task orientation with clear cut expectancies and contingencies should always be the goal. A great deal of pain could have been avoided if supervisors had had a more structured situation in which to supervise. Unfortunately, most community programs and many treatment programs do not work on the basis of sound managerial principles and structure. It is our strong belief that sound management principles must be utilized in community treatment programs if they are to be successful. If such principles are combined with good selection of para-professionals then the program has a solid foundation on which to build. To an outside observer, this may all appear quite self-evident and one might wonder why sound management principles were not utilized in the first place. In actual fact, from the first there was a concerted effort by the supervisory staff and Director to move in this direction, but, it proved no easy process to move along such lines. The major impediment was the recurring threat

or implied threat of racial disruption within the organization. This was a tactic continually resorted to by those BAs who have now been terminated, and in some ways it was a highly effective technique. The Director well knew that racial disruption with resulting adverse publicity had the potential to damage severely the Project's possibilities for refunding on a year-to-year basis. Particular BAs were also well aware of this fact and used it to good advantage. At each point that new structure (i.e., management systems approach) was implemented there was a predictable uproar by certain individuals. Each of these implementations was designed to make all staff members more accountable in their work, but the reaction of some individuals to these steps was to threaten racial disharmony in an attempt to intimidate the Director into rescinding the directive. This, for awhile was a constant struggle,

However, at the present it is clear that Intercept administration has had its way; Intercept is well on the way to being run on a highly systematic and sound management basis in which accountability is built into virtually every function of the program.

Problem 3: Gripes, Complaints, and Cliques: as regards morale and productivity, a factor of major importance has been the ways in which employee complaints and grievances were handled. Here we are referring to complaints of one employee against another, as well as complaints of an employee directed towards a

supervisor or toward organizational structure and/or policy. We often mishandled complaints in the first eighteen months of operation and this contributed to some of the internal divisiveness experienced during that time. The mishandling of complaints helped to reinforce the efforts of those employees who were more interested in creating "causes celebre" than in fulfilling job functions.

A major mistake was to allow an employee to voice a complaint against a fellow worker in open staff meetings. Before we fully realized what was going on, this had become a sort of established procedure by which one employee would attack another without first making attempts to engage the other employee in a positive problem-solving manner. Occasionally, these attacks would result in the entire staff meeting becoming transformed into a "sensitivity-encounter" group therapy session. We deliberately attempted to stay away from this format as it was our experience that such a mode of personal interaction and "therapy" was generally unhealthy and unproductive. Nevertheless, we found, from time to time, the entire staff being seduced into these kinds of activities. The effects of such activities were usually negative in that problem-solving did not occur, but many insinuations as regards the motives, morals, and character of individuals were expressed. Needless to say, these "open expressions" did not contribute to a positive work environment.

There were several factors contributing to this process. First, for the most part it was brought about by those employees who were not properly performing their job functions and who were using the mechanism of projection in attempts to place responsibility for their deficits onto other persons. Second, as we were eventually to learn, much of this activity was fomented by one individual, a person who happened to be the only supervisor from the minority background. She especially focused her efforts on a particular minority employee who happened to be of Spanish surname whereas she, the supervisor, was black. This introduced, for the first time, the element of Black versus Chicano friction into the Project. Third, at the start of 1974 a new factor was added in that Educational Staff and BAs became antagonistic toward each other and a great deal of mistrust developed. The antagonisms and unfolding drama between Educational Staff and BAs have been described in some detail in previous reports. Essentially, Educational Staff was aware that certain BAs were not meeting their job requirements as they related to cooperation with the educational program. These BAs were often tardy in bringing their youngsters in for testing, were not especially cooperative in making sure that their youngsters were meeting attendance requirements of the Intercept school, etc. The Educational Staff began to express antagonisms in various ways, including engaging

in back-biting, which resulted in reciprocal back-biting. By the spring of 1974, despite repeated efforts on the part of the Director and some supervisory staff to provide workable solutions to the problem, the antagonisms reached a point where there was a great deal of divisiveness within the Project. These problems did not totally resolve themselves until certain BAs were terminated from the Project and the supervisor referred to above left on her own accord. As a result of these personnel changes, the relationship between BAs and Educational Staff are now quite positive, and there are no indications of divisiveness on the horizon. There were, however, other steps taken by the Director that had the effect of significantly reducing these antagonisms and engendering cooperativeness among the various employees.

These steps were:

- (1) Definite procedures were developed for employees to follow in registering a complaint against another employee. These steps were spelled out in the Manual of Personnel Practices which was put into effect in May, 1974. These steps are so designed that if an employee fails to follow them, his complaint cannot be officially recognized or dealt with. Complaints must be registered in writing to the designated individual, the Director must receive copies of all such

complaints, and definite time limits are set within which there must be a response or the whole matter dies. If there is a response, then problem-solving meetings must be held within a designated time span, and if negotiations still do not bear fruit, the Director has the prerogative of making a final decision on the matter. All such matters become a part of the personnel files of the individuals and if repeated complaints in a particular area arise, the Director may take further action, e.g., placing the person on probation. If the Director or supervisor has complaints against a supervisee, and verbal discussions have not borne fruit, then the supervisor is obligated to put the complaint, plus a recommendation on how to resolve it, in writing to the supervisee and a copy to the Director. If there are recurrences of the matter the employee may be put on probation by the Director. The probation specifies complaints, specific steps to remedy the complaints, and a time limit during which the complaints must be remedied. Probationary statements normally include the notification that if the complaints are not satisfactorily remedied the individual will be terminated at the end of the probationary period. There are many other details on these various procedures,

and their ramifications, contained in the Manual.

These procedures have had a very positive impact on the internal workings of the organization as they have literally forced employees to follow definite grievance procedures. We first attempted exhortations to employees to confront each other on grievances, face-to-face, and work them out in a problem-solving, mature fashion. We found that these exhortations had minimal effect. In contrast, a definite set of procedures which must be followed by all employees has had a highly positive effect.

- (2) Since the first year of operation Intercept administrators have made a determined effort to keep all staff meetings on a problem-solving, task-oriented basis and to make sure that such meetings are not used by a particular employee as a grievance session or to turn the session into a "group encounter session." Complaints and grievances must be handled through the established procedures; otherwise they are not acknowledged. This has had a salubrious effect on staff and training sessions. For the past several months these sessions have been conducted in a highly business like, professional manner which has been

impressive to the large number of observers from other agencies who have visited during such sessions.

- (3) The Project Director made sure that, in the development of the Manual, steps were outlined which specified procedures for him to follow in the handling of his grievances or problems with employees. In the first year the Director tended to handle most personnel problems on an informal, verbal basis. After awhile, it became clear to him that some of the statements, reassurances, and implications of these informal verbal interplays were later distorted and/or misrepresented by the employee. Fortunately, nothing of a serious nature was involved in these distortions but it was enough to shock the Director into taking steps to make sure that nothing serious developed. Therefore, he implemented a series of procedures whereby his complaints or problems with employees followed these steps. First, the Director would attempt to work the problem out with the employee in a strictly verbal manner, as he had previously. Second, if the first step failed to correct the situation then he presented the employee with the complaint in writing with specified steps as to how the employee could remedy the situation. Third, if the

second step failed to correct the situation, then a more involved written statement was presented to the employee in the form of a probationary statement with a time limit affixed to it within which the employee must correct the situation. At this stage, the employee as well as the Director was requested to sign the statement after he fully understood it. Fourth, if the third step did not correct the situation, the employee was automatically terminated at the end of the probationary period. In this way, the employee receives full and fair warning of any complaints or problems, and is provided with concrete steps to correct the situation, and is provided with a reasonable time limit in which to work out the problem.

In this manner, both the rights of the employee and of the employer can be protected.

- (4) In the latter half of 1974, the Project Director implemented a procedure whereby every employee is evaluated once every three months, at the first of April, July, October, and January. A detailed evaluation form has been worked out for each set of employees. Each supervisor must fill out the form and defend his rankings, with data wherever possible, to

the Project Director before the rankings are approved. The Project Director fills out forms on supervisors. These forms are then presented to each employee by his supervisor and discussed thoroughly. These rankings provide the basis for recommendations on promotions, pay-raises, etc.; they are placed in the employee's personnel file after he has had ample opportunity to discuss them with his supervisor and register a formal protest, if he wishes (which so far has not been done by any employee). A copy of the form used to evaluate the performance of BAs is in the Appendix. The form is a detailed attempt to break down all components of the BA's job duties and thereby provide him with highly specific feedback on strengths and weaknesses. This regular evaluation process has been received positively by all staff members. Increasingly, we are moving toward a system whereby employees receive frequent feedback on all basic aspects of their job performance and regular procedures for registering grievances. These factors have helped to mitigate against back-biting, clique-forming, etc., and have helped to create a more positive, business-like atmosphere. It must be cautioned, however, that such procedures in

and of themselves are in no way magical. They must be administered in a judicious, fair manner with due consideration for the rights of all individuals involved in the situation, if they are to be perceived as being fairly administered. Otherwise, an organization simply has a rather hollow set of rules and procedures which may even exacerbate rather than alleviate problems. Fortunately, at Intercept regulations have been perceived as being administered fairly; consequently, morale is higher than at any other point in the development of the Project. So much has been learned by Intercept administration in these matters that it is difficult to capture it in writing. But hopefully, the reader can ascertain some of the flavor of the processes involved. It must be remembered, in evaluating the above, that Intercept represents a somewhat unique situation. Intercept is truly multi-racial; sixty percent of the staff is minority, and of that percentage both Black and Spanish surname are well represented. Educationally, the staff ranges from 8th grade to post-Ph.D., with virtually everything in-between represented. Almost every form of major educational, cultural, and ethnic background

# CONTINUED

## 1 OF 3

is represented somewhere in the Intercept staff. The Program operates in a predominately minority community with predominately minority clientele. And, from its onset, the Project Director has pushed the staff hard to produce quality work and successfully implement the concepts that underlie Intercept. From the beginning there have been high expectations and a drive to make sure those expectations were achieved. When all these factors are put into a pot-pourri, one has a truly explosive combination. The lessons learned at Intercept should no doubt be of benefit to others.

Problem 4: Training of Para-Professionals: Some Do, Most Don't:

Training has been a major focus of Intercept from its inception. It was clear to the Project Director that the overwhelming majority of community programs and, surprisingly, a majority of institutionalized treatment programs, rarely have consistent follow-through on staff training. Many programs have only spasmodic training sessions after the initial orientation phase is completed. In our opinion, many programs that utilize community personnel have failed to produce results in large part because of this very factor. One can have the greatest people in the world working for one's organization, but to simply turn such people loose to "rap" and "go do their thing" is not going to engender beneficial results over the long run. At Intercept,

training has always been a day-to-day process that basically can be broken down into three major processes.

- (1) On-the-job. On-the-job training of all staff is a daily process, but for purposes of simplification, we will use BAs as the example. Each BA must meet with his Team Leader once per day to provide feedback as to his progress with cases he has met with that day and/or the previous evening or weekend. Also, each team of BAs meets with its Team Leader at a minimum of once per week, mainly to brainstorm particularly difficult cases. In the 30-60 days of orientation the Team Leader plays a significant role in the development of the treatment plan. He must approve the plan before the BA can begin implementation, as well as any major changes. Relatively inexperienced BAs receive a great deal of attention from the Team Leader. He becomes heavily involved in several of their cases. For example, during initial sessions, both the Team Leader and BA go into the home, but the Team Leader takes the lead in conducting the therapy. The BA observes and afterwards they discuss the "modus operandi" of the Team Leader. As time passes, the BA takes more of an active role in actually conducting the therapy. These advances on the part of the BA are always followed by extensive discussions

with the Team Leader as he provides both positive and corrective feedback. This is a never ending process and even the most experienced BAs are still observed by their Team Leaders and provided with subsequent feedback.

- (2) Associated with the above procedure is a systematic training program developed by Intercept Team Leaders in the summer of 1974. With the dismissal of some of the original BAs, it became obvious that in order to not repeat some earlier mistakes, it was important that a more systematic approach to training be developed. We have subsequently developed and implemented a step-wise training procedure for all new BAs (and for all new staff as well). A copy of this step-wise training procedure has been included in the Appendix. The schedule is systematic and sequential, carrying the new BA from the first stages of reading materials on the basic principles of therapy utilized by Intercept, and the background of Intercept, to observation of actual cases, to highly specific therapy intervention, to eventual supervision of one's own cases under close supervision, to casework with normal supervision from the Team Leader. We have thus far been extremely

pleased with the results of this training schedule. However, we plan further experimentation with the schedule during this year in the hope of further refining the process.

- (3) Friday Mornings. Friday mornings are always set aside for formal training for all staff members. These staff sessions normally last from 9:30 until about noon. All staff must attend; no other organizational business, except emergencies, are allowed to interfere. In the first year, these sessions were predominately conducted by Team Leaders and the Project Director. They tended to be didactic although there was always discussion involved. They were focused on presenting, step-wise and in detail, the concepts, goals and techniques that underlie the Intercept approach. Also during the first year several outside individuals with specific professional expertise were called in for a variety of presentations touching upon areas they could more adequately cover than regular staff. Increasingly, in the second year, the BAs themselves have conducted the training sessions. It is now established that on the average of three times per year each BA, as well as each Team Leader, must present casework from his

own caseload to the rest of the staff. In these sessions, it is stressed that not only successes, but failures too must be presented so that all staff may benefit from mistakes, as well as enjoy the successes of their colleagues. We have been extremely pleased with the development of the BAs in these presentations.

A great deal of learning takes place during these presentations, and caseworkers look forward to them, being somewhat comparable to making one's "debut."

A large number of these training sessions have been observed by visitors from other agencies and, to the best of our knowledge, they have come away impressed with the professionalism and sophistication displayed by BAs. We are absolutely convinced that community para-professionals can be far more than "rap artists"; they can, in time, and with proper training and supervision, become highly professional.

Problem 5: Referrals: The Hole Dries Up: Repeatedly, in previous quarterlies, monthlies, annuals, etc., the Project Director has made reference to the problem of referrals. Intercept has never received a truly adequate number of referrals. At times the situation would appear to get better, usually after repeated efforts on the part of Intercept staff to work out a particular problem with one of the Youth Services Bureaus (Y.S.B.s), but these solutions never seem to have any staying power. At the time

of this writing, for example, referrals from YSBs have virtually come to a standstill. It became very obvious to us by the summer of 1974 that we could not meet our referral goals by remaining totally dependent on the YSBs. We therefore sought and received permission from the Denver Anti-Crime Council staff to develop our own referral sources. With this approval, we have developed contacts with a number of public schools and with the District Attorney's office, and as a result of these efforts, Intercept received 190 referrals in 1974, although we could have handled more. The various specifics in the history of this problem will not be detailed here, as they have been discussed amply in previous reports by the author to the Denver Anti-Crime Council staff. Suffice it to say that this problem persists. Fortunately, we are no longer so worried in that we can now develop our own referral sources. Because of this fact, we are confident that we can readily meet our referral goals for the present year. But, we are concerned about the referral problems associated with the Youth Services Bureaus, and later in 1975 the Project Director hopes to be able to present recommendations to the Denver Anti-Crime Council staff relating to these issues. It is apparent to us that there are plenty of clients available who meet our criteria, but the current system simply is not getting them to the appropriate placement. However, we feel that this situation can be remedied and we will have more in detail

on these matters in the future.

Problem 6: Affirmative Action: Sometimes Helpful, Sometimes

Not: There has been considerable confusion as to the exact role of Affirmative Action. One such misconception was that Affirmative Action could be readily used by minority employees as a lever over white personnel in a wide variety of internal personnel matters. That is, it took a long time before it became clear to all staff members that the real jurisdiction of Affirmative Action lies in the area of alledged discrimination. Affirmative Action officers have been until recently only minimally helpful in setting this matter straight, as they themselves at times became involved in strictly internal personnel matters that had no bearing on matters of discrimination. For example, in one situation a new employee from minority background, who was on her initial three months probation, was able to involve the Affirmative Action officer in an internal conflict between her and her supervisor. It was obvious, at this time, that the employee was not going to work out; her skills were severely deficient. The secretary, seeing the writing on the wall, chose to resign. After talking to the Affirmative Action officer, however, she decided to "unresign" after she had already submitted a verbal (but not written) resignation. She never made a charge of discrimination against her supervisor, but did complain that she was sometimes "not nice" and was sometimes too demanding of her. For example, the supervisor insisted that letters going out of the office should

not contain any typing errors. The Affirmative Action officer listened, apparently very sympathetically, to the employee's complaints, and never spoke with the supervisor to get her viewpoint on the matter. Instead, she spoke to the Project Director as the secretary's advocate. This occurred after the Director and Affirmative Action officer had had a telephone call in which the Director requested that he be allowed time to meet with the two staff members to see what he could resolve, as there was no indication of discrimination involved. However, the next day, before any action could be taken on the matter, the Affirmative Action officer presented herself and proceeded to strongly advocate the employee's case. In so doing, the officer made several highly negative comments about the supervisor's position in the matter. The Director became very upset when he discovered, during this conversation, that the officer had never talked with the supervisor to get her side of the story. Not only had the officer become personally and emotionally involved in a strictly internal personnel matter, but she had not abided by the most basic principles of fair play in the situation. Unfortunately, this particular situation is not an isolated one. On at least two different occasions in 1974 it was necessary to meet with the Affirmative Action officer and her supervisors in order to clarify or attempt to clarify the real role (and limitations)

of the Affirmative Action Program.

Generally speaking our relationship with Affirmative Action seems to be on a constructive basis at the present time. However, the above problems have occurred and magnified internal problems that could have been resolved much more easily, and in our opinion more fairly, without the involvement of the Affirmative Action officer.

It is our opinion that a few steps on the part of Affirmative Action would help in amplifying their helpfulness to Projects they monitor. First, there is a definite lack of feedback as to the positive achievements of Project Intercept. The proportion of minority employees at Intercept is 61%, which is far above that of the "quota" of Affirmative Action. Further, Intercept has built into it a promotional ladder for minority individuals seeking advancement and promotion. Intercept has always been strongly committed to the goals and values of Affirmative Action; however, we have never received feedback as to the positive things we are doing along these lines. We receive feedback basically only when there is a problem, complaint, or allegation, i.e., we are negatively scanned. We feel that Affirmative Action could accomplish more and develop more beneficial relationships with the agencies they monitor if they were to pay more attention to the positive strivings and achievements of these agencies.

Second, we feel that Affirmative Action would be more effective if they would make clearer, at the outset, their specific roles, functions, and limitations. It would be wise to review these specifics with the agencies from time to time and seek feedback from agencies being monitored as to their perceptions of the value and quality of the Affirmative Action monitoring effort.

Third, Affirmative Action has considerable potential for positive contributions to programs that is not being utilized. For example, in September of 1974 the Affirmative Action officer proposed to present an orientation and discussion program for minority staff as regards middle class work values and expectations. Intercept administration strongly endorsed this effort in light of past experiences outlined in the above discussion of Problem I. Unfortunately, as of April of 1975 there had been no follow-through on this proposal for positive action.

We can well appreciate that the work of an Affirmative Action officer is very frustrating at times. But, at Intercept, as our record clearly shows, the commitment is strong and genuine to the goals of Affirmative Action. We would enjoy having a better relationship with Affirmative Action. We believe that the above three steps, if given serious consideration, would be of benefit in strengthening the value of the Affirmative Action effort.

As regards the above six problems, the author would conclude that the single most important lesson learned over the past two years at Project Intercept is that community based prevention and treatment programs must be conducted on a sound managerial basis. This factor was anticipated, but in all honesty many hard knocks were experienced before the lesson was thoroughly understood.

Intercept is based on some of the soundest intervention concepts and best validated treatment techniques available today. But without sound managerial-administrative principles and techniques, even the best of concepts and theoretical foundations will prove inoperable. It has been our observation that the vast majority of community based programs, and institutional programs as well, in the crime and delinquency field are for the most part not managed well. This factor must be dealt with effectively if the organization is to have a realistic chance of achieving its goal of crime reduction.

RECEIVED

AUG 6 1975

REGION VIII  
LEA - DENVER

ORGANIZATIONAL CHART

CHIEF, OFFICE  
OF  
YOUTH SERVICES.  
G.L. AGEE

PROJECT  
DIRECTOR  
P.D. KNOTT

FINANCE OFFICER,  
OFFICE OF YOUTH  
SERVICES

FISCAL  
MGR.

CLERK/  
STENO

RESEARCH  
ASST.

TEAM  
LEADER

BA — BA — BA

TEAM  
LEADER

BA — BA — BA

TEAM  
LEADER

BA — EA — BA

EDUCATION  
DIRECTOR

EDUC.  
SPEC.

HEAD  
TEACHER

LAB  
TEACHER

P-M  
SPEC.

SECTION D: RESULTS AND EVALUATION

In this section the format will be to restate each goal, with sub-objectives, and then discuss the pertinent data.

The objectives basically describe the functional processes necessary to achieve the respective goals. Data that relate to sub-objectives will be discussed, but the major focus will be on those results germane to the achievement of goals. The first goal was:

GOAL I:

Reduce the high impact offenses of (burglary and assault) by 30% each in one year in comparison to the baseline re-arrest data by similar types of offenders. This is to be accomplished by providing the below described treatment services to one hundred and seventy-five juvenile offenders. At least one hundred of these offenders must be fourteen years and younger and reside in District 2 and must have been arrested either for the first or the second high impact (except rape) offense. The other 75 referrals may be multiple theft or auto-theft offenders or those who are considered to be potential impact offenders. The Project will give priority in selection to those with an impact offense record who are fourteen or younger and who reside in District 2. Other categories of clients will be selected on a secondary basis in order to meet the overall intake goal of one hundred seventy-five youths during the year.

OBJECTIVE I-1:

Provide intensive family intervention for all one hundred seventy-five referred offenders. This process involved the development and implementation of treatment strategies with the youth, his parents and other significant adults or siblings, specifications of the treatment strategies and verification data.

OBJECTIVE I-2:

Provide peer group intervention for all youths for whom a significant group is playing an important role in causing delinquent behavior. This entails identification as to whether or not a peer group is a significant factor in the youth's delinquency, identification of the specific members of the peer group, and the implementation of one of the three strategies utilized by Intercept personnel when confronted with significant peer groups.

OBJECTIVE I-3:

Provide educational, perceptual, and perceptual-motor testing for each youth, and individualized academic and/or perceptual or remedial programs, if indicated by the testing; and before and after testing, utilizing objective measures.

OBJECTIVE I-4:

Increase performance at school; this is to be achieved by significant increases in (a) school attendance, (b) school grades, and (c) a significant decrease in instances of problem behavior in school.

First, the data relating to GOAL I are discussed. It should be noted that the previous year's results (i.e., 1973), as regards GOAL I, were highly encouraging. For example, the baseline data, as derived by the D.A.C.C., indicated that 40% (N=55 of 138) of the first year-1973-sample should have been re-arrested for impact offenses by the end of 1973. In contrast, only 18.8% (N=26 of 138) of the individuals in this first year group were re-arrested for impact offenses during 1973, thus resulting in a 52.7% decrease over baseline. These data were, to say the least, highly encouraging. Let us now focus on the population treated in 1974.

THE 1974 SAMPLE

The 1974 sample is comprised of those youngsters referred and accepted into the treatment group in 1974 (N=138). It therefore does not include youngsters referred late in that year but not yet processed into the treatment group (N=50 still pending as of 12/30/74), or youngsters whose families rejected the service of Intercept (N=19 in 1974). (It is noted that actually 240 youths and their families received services in 1974 as there were 102 youths from 1973 still in treatment at the beginning of 1974.)

Table 3 presents data on the 89 individuals accepted into treatment in 1974 who were referred to Intercept through the criminal justice system. The table presents the baseline data, as derived by the DACC, on the left-hand margin, the actual arrests in the middle column, and the percentage reductions in re-arrests in the right-hand column. Baseline data were formulated using, as determining variables: mean "at risk" time, sex, ethnicity, and mean number of prior arrests. Date of disposition (not date of referral) was used in the calculation of "at risk" time because intake was fairly evenly distributed. By using the date of disposition rather than referral date, one might presume that (1) the at risk baseline is reduced (shortened) which in turn would reduce the number of re-arrests quoted in

TABLE 3

COMPARISON OF EXPECTED VS ACTUAL RE-ARREST

DATA--NON-DPS INDIVIDUALS

N=89

MEAN AT RISK TIME = 5.0 MONTHS

	Expected		Actual		Reduction: Actual from Baseline	
		Props		Props	Rate Differential	%
Impact Offenses (by in- divls.)	15	16.8%	9	10.1%	N=6	40.0%
All Offenses (by in- divls.)	36	40.1%	25	28.1%	N=11	30.6%

the baseline. However, to counter-balance this possible effect (2) offenses by the treatment group occurring between date of referral and disposition are not credited to this group. The range between these two times was great, ranging from 0 to 115 days, but the mean time between these two dates for the sample of 89 was 35 days, for the DPS sample of 49 was 31 days resulting in a grand mean of 33 days. This delay is most often due to lack of initial client and/or family interest and cooperation. Until such are obtained the BA does not proceed with the treatment contract and does not engage in direct client or family intervention. Simple clinical observation has led us to believe that a majority of our families have had considerable dealings with other social agencies--often unpleasant--and they are thus oftentimes suspicious if not fearful of making a solid commitment to us. In such cases the qualities of rapport and trust must be slowly established before disposition (i.e., treatment) occurs.

As Table 3 outlines, according to the baseline data, it would have been presumed that 36 individuals should have been arrested for All offenses and 15 for Impact offenses. Actual or observed individuals re-arrested, according to DACC data, were 25 for All offenses and of that number, 9 for Impact offenses. The "Rate Differential" was subsequently computed as follows: for Impact, Expected (15) minus Actual (9) = an N

Differential of 6 individuals. Rate Differential = 6 is divided by the Expected 15, thus producing a 40.0% differential reduction. As can be seen in the table, reduction from baseline employing this formula was 40.0% for Impact and 30.6% for All Offenses.

The purpose of Table 4 is to examine the differences between re-arrest data supplied by the DACC and that obtained by Project staff from the Official Log in the District Attorney's Office and to further examine what offenses (i.e., individuals) were Certified for Probable Cause. Probable Cause quite simply means: is there sufficient evidence (beyond reasonable doubt) to produce a conviction in a court of law? It is common knowledge that, especially in juvenile arrests and subsequent investigation proceedings, this in-depth time consuming effort to develop a strong case is oftentimes not put forth. More significantly, this Project takes clients from high arrest areas of the City who are young, primarily minority group (roughly 90%) and are thus high risk arrest subjects independent if they have committed a delinquency offense or not. In an actual case, not atypical, 2 months ago, a black male client of the Project was arrested and charged with burglary while walking to the night shift at his job. The police chose to transport him to DCD rather than verify his employment status. He was detained until

his mother was located who cleared him of all responsibility in the matter--he had been home with her at the time of the commission of the offense. Such an "offense" could very well be reflected in the DACC re-arrest data but (1) might not be sent to the DA to begin with or (2) would never have been Certified for Probable Cause. Another troublesome item is that in the past the DACC appears to have commingled status with non-status offenses. This goes against recent trends in all areas of the criminal justice field to "break out" such youngsters for separate treatment from the legal process through methods of rehabilitation.

The "system", of course, currently screens out a high percentage of youngsters into community diversion programs--especially first-time offenders--via Lecture and Release (DCD and Juvenile Court), Diversion (DA) and Informal Adjustment (Juvenile Court). However, in 1971, few, if any, options existed for community intervention--another factor which may affect the basis for baseline comparisons. Finally, feedback and communication is poor between the DA and DCD. For example, it is known that case disposition is not given back to the DCD from the DA's Office even as to Certification, to say nothing of eventual Court disposition. Likewise, DCD rarely receives Dispositional information from the Juvenile Court. To say the least, the "system"

TABLE 4  
COMPARISON OF EXPECTED VS. ACTUAL RE-ARREST  
DATA--NON-DPS INDIVIDUALS--BY INFORMATION SOURCE

N=89

MEAN AT RISK TIME = 5.0 MONTHS

EXPECTED	DACC	RD%	DA-C+NC	RD%	DA-C Only	RD%
Impact Offenses (by indiv.) =15	9	N=6 40.0%	8	N=7 46.7%	3	N=12 80.0%
All Offenses (by indiv.) =36	25	N=11 30.6%	24	N=12 33.3%	14	N=22 61.1%

DPS=Denver Public Schools  
DA=District Attorney  
DACC=Denver Anti-Crime Council  
C=Certified for Probable Cause  
NC=Not Certified for Probable Cause  
RD%=Rate Differential Percentage

is disjointed and inconsistent with the only final conclusion being that in terms of re-arrest information, one must look at a variety of sources. Thus, the purpose of Table 4 is to illustrate the aforementioned factors.

This table provides a comparison of re-arrest data obtained from the official records of the DA's office against those of the DACC (DCD). In several cases, individuals arrested did not appear at (make it to) the level of legal screening by the DA while, interestingly, on several other occasions offenses appeared on the DA's records wherein no prior arrest appeared on the DCD records. Nonetheless, information from the DA's records is broken down into both Certified plus Non-Certified and Certified only.

As one can observe, the total number of individuals re-arrested for Impact and All offenses is but one less in each category (DACC vs DA-C&NC) although the several personalities mentioned above shift from absent to present and vice-versa. However, when one examines the number of youngsters actually Certified for further legal action, significant declines in Actual re-arrests rates take place--Impact from 8 to 3 (Rate Differential 46.7% to 80.0%) and All from 24 to 14 (Rate Differential 33.3% to 61.1%). It is the belief of Project personnel that such severe differences should be the topic of further investigation by the DACC and other concerned agencies.

Table 5 allows one to examine differences in only the Actual or Observed re-arrest data of the DPS sample (N=49), since reliable baseline data were not available. Despite the very small

TABLE 5

ACTUAL OR OBSERVED RE-ARREST  
DATA--DPS INDIVIDUALS--BY INFORMATION SOURCE

N=49

MEAN AT RISK TIME = 2.6 MONTHS

	DACC	%P	DA-C & NC	%P	DA-C Only	%P
Impact Offenses (by indiv.)	2	4.1%	1	2.0%	1	2.0%
All Offenses (by indiv.)	4	8.2%	3	6.1%	1	2.0%

DPS=Denver Public Schools  
%P=Percentage DPS Population  
DACC=Denver Anti-Crime Council  
DA=District Attorney  
C=Certified for Probable Cause  
NC=Not Certified for Probable Cause

number of youngsters re-arrested (maximum of 4) again one can observe the reporting differences as subjects move through the "system" from 2 Impact and 4 All via DACC, to 1 Impact and 3 All via DA, to 1 Impact and 1 All finally Certified. From simple observation there appears to be a trend developing wherein the DPS sample is arrested at a lower rate than the non-DPS clients, but, (1) the "at risk" time is yet too short and (2) the cell sizes are too small to draw conclusions at this time. At the end of 1975 these factors should be adequate in size, allowing for valid conclusions. Also, beginning this project year, an effort has been initiated to develop a meaningful baseline via documenting unreported prior impact-like behavior on DPS-referred youths.

Table 6\* included in the original draft of the Annual Report, has been delineated because (1) different "at risk" rates are involved and (2) small cell sizes preclude any meaningful statistical conclusions. The same data originally included in this table can be gleaned from the new demographic tables added to this section.

A request has been made of the Project to somehow correlate the demographic and/or treatment variables (provided in the new section) with those individuals re-arrested. Upon receipt of a written request from our monitors this will be accomplished in the form of an addendum to this document. The request should include

(1) the variables to be examined, (2) in what manner,

\*See original Table 6 in Appendix

statistically (tests to be employed), and (3) the time frame to be adhered to.

In conclusion, after a thorough review of the data aimed at cross checking and re-validating all re-arrest and demographic information, the Project confidently concludes that we have met and for that matter exceeded our stated goal as regards reduction in re-arrest rates. This conclusion is upheld independent of how one approaches the complex and often contradictory "recidivism data" presented herein. In sum, the Goal of reducing Impact offenses by 30% over baseline has been met.

Demographic & Related Characteristics. Tables 6-14 "break out" the 1974 treatment sample on a number of variables. In each table the data for the DPS referrals are presented separately from that for the non-DPS referrals so that the reader can ascertain how the two "kinds" of referrals compare.

As regards Table 6, two chi-square tests were performed in order to further compare the DPS vs. non-DPS referrals. The first chi-square looked at Sex x Referral Source. The Yates correction for continuity was utilized. A  $\chi^2$  of .000008 was observed with 1df, indicating no significant difference. Thus, the two samples were highly comparable in terms of proportions of males and females referred. The second chi-square looked at Ethnicity x Referral Source. Males and females were combined in order to increase

TABLE 6

## SEX AND ETHNICITY BY REFERRAL SOURCE

N = 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	36	13	3	15	3	2	72
Northwest YSB	0	3	0	0	4	0	7
Denver Juvenile Court	0	4	0	0	0	0	4
Other (DA's Office, Self-Referral)	2	2	1	0	1	0	6
Totals	38	22	4	15	8	2	89
Denver Public Schools	21	7	8	3	7	3	49

cell sizes. A  $\chi^2$  of 22.72 was observed, with 2df, and was thus significant with alpha set at .05. From observing the Table, the reader can ascertain the basis for this difference. In the non-DPS sample there were 53 Blacks (.60); in the DPS sample there were 24 Blacks (.49). In the non-DPS sample there were 30 S/As (.34); in the DPS sample there were 14 S/As (.29). In the non-DPS sample there were 6 Anglos (.07); in the DPS sample there were 11 (.22). The main source of differential, then, resides primarily in the facts that there were proportionately more Blacks and less Anglos in the non-DPS referrals than in the DPS referrals. However, the reader is cautioned against overgeneralizing from these data. The DPS referrals in 1974 were the first received (N=49) and may well reflect a substantial degree of sampling error in their make-up. In fact, DPS referrals in the first months of 1975 have exhibited a highly similar ethnic composition to that observed here for the 1974 non-DPS sample.

Observation of Table 7 indicates that 105 of the 138 clients resided in District 2. Thus, the component of Goal I that states that at least 100 of the clients must be residents of District 2 was met. Clearly, there are more District 2 referrals from the non-DPS sources than from the DPS sources; however, that is inevitable in that the Project has been almost totally dependent on the Northeast Youth Service Bureau for non-DPS referrals, and

TABLE 7  
 DISTRICT #2 RESIDENTS  
 BASED ON SAMPLE OF 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	36	13	3	15	3	2	72
Northwest YSB	--	1	--	--	0	--	1
Denver Juvenile Court	--	2	--	--	--	--	2
Other (DA's Office, Self-Referral)	2	1	0	--	0	--	3
Totals	38	17	3	15	3	2	78
Denver Public Schools	21	2	1	3	0	0	27

Northeast Denver=District 2. The DPS referrals have allowed us, for the first time, to branch into Northwest Denver, as we have never received any real cooperation from the Northwest Youth Services Bureau.

Table 8 indicates the mean age at the time of referral. The differential between the non-DPS and DPS samples is minor (e.g., 13.0 vs. 12.8 years). In the original Annual the mean age reported for DPS referrals was 12.4 years, but that figure did not include the 16 youths in the Lake Junior High Project.

Table 9 indicates the mean treatment time for the various sub-groups. The differential here between the DPS and non-DPS samples has been discussed previously in the Methodology section; it is due to the fact of a large influx of DPS referrals in the fall of 1974 generated by Intercept staff so that the program could meet its referral quotas.

Table 10 indicates the mean grade level at time of referral. The differential between the DPS and non-DPS samples is minor (e.g., 7.7 vs. 7.5). Further breakdowns of the academic data will be observed in later tables.

Table 11 indicates the numbers of youngsters in each cell who received educational intervention. Roughly 74% (66 of 89) of the non-DPS youths, and 73% (36 of 49) of the DPS clients received said services.

Table 12 looks at the factor of Father Absence. As indicated, in the original Annual, clinical observation leads us to suspect

TABLE 8

AVERAGE AGE AT TIME OF REFERRAL  
N = 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	12.5	12.5	12.7	14.3	14.3	12.5	13.0
Northwest YSB	---	15.0	---	---	13.5	---	14.1
Denver Juvenile Court	---	12.3	---	---	---	---	12.3
Other (DA's Office, Self-Referral)	12.0	13.0	13.0	---	15.0	---	13.0
Totals	12.5	12.9	12.8	14.3	14.0	12.5	13.0
Denver Public Schools	12.0	13.1	12.6	13.7	14.1	13.3	12.8

TABLE 9

MEAN TREATMENT TIME

(Based on sample of 138, 106 of which received ongoing treatment beyond 12/31/74)

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	5 mos- 17 days	4 mos- 29 days	4 mos- 18 days	4 mos- 20 days	2 mos- 11 days	10 mos- 23 days	5 mos- 7 days
Northwest YSB	---	3 mos- 9 days	---	---	4 mos- 22 days	---	4 mos- 3 days
Denver Juvenile Court	---	7 mos- 6 days	---	---	---	---	7 mos- 6 days
Other (DA's Office, Self-Referral)	2 mos- 9 days	6 mos- 28 days	0 mos- 21 days	---	0 mos- 29 days	---	3 mos- 11 days
Totals	5 mos- 12 days	5 mos- 9 days	3 mos- 19 days	4 mos- 20 days	3 mos- 11 days	10 mos- 23 days	5 mos- 3 days
Denver Public Schools	3 mos- 8 days	1 mo- 14 days	3 mos- 1 day	2 mos- 26 days	1 mo- 22 days	2 mos- 2 days	2 mos- 20 days

TABLE 10

MEAN GRADE LEVEL AT TIME OF REFERRAL

N = 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	7.3	7.1	7.3	8.9	9.0	7.0	7.6
Northwest YSB	---	9.7	---	---	8.8	---	9.1
Denver Juvenile Court	---	6.5	---	---	---	---	6.5
Other (DA's Office, Self-Referral)	5.0	7.0	8.0	---	8.0	---	6.7
Totals	7.2	7.3	7.5	8.9	8.8	7.0	7.7
Denver Public Schools	6.9	7.7	7.4	8.7	8.6	7.7	7.5

TABLE 11

CLIENTS RECEIVING EDUCATIONAL INTERVENTION  
BASED ON SAMPLE OF 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	26	10	2	13	3	2	56
Northwest YSB	--	1	--	--	1	--	2
Denver Juvenile Court	--	4	--	--	--	--	4
Other (DA's Office, Self-Referral)	2	2	0	--	0	--	4
Totals	28	17	2	13	4	2	66
Denver Public Schools	14	5	7	2	5	3	36

that this might be a critical factor in successful treatment and subsequent re-arrest rates. This factor will be looked at in considerable detail as we plan to research it thoroughly in the coming months. It is clear that the differential on this factor between the non-DPS and DPS samples is minor (e.g., mean of 1.8 ranking vs. 1.7). A rank of 1 by the BA and Team Leader means that the father is totally absent; usually divorced and "long gone", although it can mean that the mother is still legally married but the father hasn't been seen in years. A rank of 2 indicates that the couple is still legally married but separated; further, the father plays no active role in child-rearing and usually is living with another woman or women. A rank of 3 indicates that the father is both legally and psychologically involved with the family, i.e., actively involved with his children.

Table 13 indicates the need for peer group intervention as ranked jointly by the BA and Team Leader. The differential between the non-DPS and DPS samples is minor (e.g., mean of 2.2 vs. 2.0).

Table 14 breaks out the re-arrested individuals in terms of the basic variables illustrated in Table 6. It is clear that the bulk of the re-arrests were derived from the Northeast Youth Services Bureau referrals, but then so were most of the referrals (e.g., 22 of 25 re-arrests--88%--versus 72 of 89 Referrals--81%). Unfortunately, statistical comparisons of this variable

TABLE 12  
FATHER ABSENCE\*  
N = 138

Referral Source	Male			Female			Totals
	Black	Spanish/American	Anglo	Black	Spanish/American	Anglo	
Northeast YSB	1.9	1.5	2.7	1.5	2.0	3.0	1.8
Northwest YSB	---	1.0	---	---	2.8	---	2.0
Denver Juvenile Court	---	1.5	---	---	---	---	1.5
Other (DA's Office, Self-Referral)	1.0	1.0	3.0	---	3.0	---	1.7
Totals	1.9	1.4	2.7	1.5	2.5	3.0	1.8
Denver Public Schools	1.5	2.3	1.3	1.0	2.3	1.0	1.7

\*Father totally absent - 1, father functionally absent - 2, father active and legal - 3.

TABLE 13

## NEED FOR PEER GROUP INTERVENTION\*

N = 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	2.1	2.2	2.7	2.3	1.7	2.0	2.2
Northwest YSB	---	1.7	---	---	2.8	---	2.3
Denver Juvenile Court	---	2.3	---	---	---	---	2.3
Other (DA's Office, Self-Referral)	2.5	2.5	3.0	---	3.0	---	2.7
Totals	2.1	2.1	2.7	2.3	2.4	2.0	2.2
Denver Public Schools	2.0	2.0	2.5	2.3	1.9	1.0	2.0

\*Great need - 1, some need - 2, no need - 3.

TABLE 14

## CLIENTS RE-ARRESTED BASED ON SAMPLE OF 138

Referral Source	Male			Female			Totals
	Black	Spanish/ American	Anglo	Black	Spanish/ American	Anglo	
Northeast YSB	12	3	1	3	1	2	22
Northwest YSB	--	1	--	--	1	--	2
Denver Juvenile Court	--	1	--	--	---	--	1
Other (DA's Office, Self-Referral)	0	0	0	--	0	--	0
Totals	12	5	1	3	2	2	25
Denver Public Schools	3	1	0	0	0	0	4

(re-arrests) to other variables would be considerably hindered by the fact of small cell sizes in most of the cells. \*The differential between the non-DPS and DPS samples on this variable has previously been discussed, with appropriate qualifiers, on p.115.

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\* Somatotyping data were not included due to the fact that these data were presented in the Original in relation to the terminated samples; the data base for 1974 terminated clients was too small to allow for meaningful comparisons.

1974 Refusals. Nineteen youths and families rejected Intercept services in 1974. The "at risk" time for this sample of 19 youths was slightly less than six months. As of 12/30/74 they had been re-arrested for 5 impact offenses and 3 non-impact incidents. A total of 8 youths accounted for these 8 incidents. If we compare the re-arrest ratios of this group against those of the 138 youths who accepted treatment, the following differences emerge: the treated group shows ratios of .21\*for all offenses and .07\*for impact offenses, on the basis of DACC (Police Department) data. In contrast, the group of refusals show ratios of .42 for all offenses, and .26 for impact offenses, using the same data reference. It is observable that youngsters who accepted services had lower re-arrest rates, on the average, than those who rejected services. It is our clinical observation that families which reject services tend to fall into one of two general categories. First, some families (roughly half) reject services because they honestly feel that the youth "had his fling" or "made a one-time mistake," that he learned his lesson and is not going to repeat the mistake. These are typically homes in which there appears to be a reasonable degree of organization and effective, positive structure. On the other hand, other families that reject services appear to

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\*In the original Annual these ratios were .19 and .05 respectively, and identical for the refusals.

be highly disorganized and unusually fragmented. Such families are often highly suspicious and even fearful of outsiders. In initial contacts they will often verbalize intentions of cooperation, or at least interest, but consequently engage in not-so-subtle maneuvers to avoid further involvement. The youths of the refusal group who recidivate seem to almost always come from this "group" of families. One of the present goals of Intercept staff is to find more effective ways of persuading such families that they would benefit from Intercept services. We are thereby hoping to decrease our percentage of refusals. This percentage has always ranged, since Intercept's inception, between 10 and 20%, which by all accounts is quite good, but which can possibly be improved upon.

As regards other features of Goal I, 148 of the 190 youngsters referred in 1974 were 14 years or younger and resided in District 2. Youngsters who met these criteria, and any referral from YSB, were accorded priority in intake procedures. There were not enough such referrals to meet the quota of 175, thus, the Project had to secure referrals from other agencies that fell into the category of "potential impact offenders." In collaboration with the DACC staff, this definition stated that the referred youth must (a) meet the same demographic requirements as other Intercept referrals, (b) be a chronic

truant (truant 50%, or better, of the time) and (c) exhibit impact behaviors, such as assaults on other students, breaking and entering school buildings, etc. All of the non-YSB referrals met these criteria. The overwhelming bulk of these referrals came from public schools (DPS). Virtually all the DPS referrals involved youngsters who had been involved in an offense that would have normally resulted in their being turned over to the police by school authorities. However, in these cases the authorities had become aware of Intercept and chose to refer the youth directly to Intercept rather than file charges. In such cases the most common offense was an assault on a teacher by the youth, or sometimes the assault was on peers, and in a few cases the offense involved breaking and entering a school building in which vandalism and/or burglary occurred. In all cases the youth was a chronic truant and usually had a history of disruptiveness in school (often showing extreme signs of hyperkinetic activity) and a frequent tendency to have been involved in numerous "shake-downs" of other students to attain money, cigarettes, etc. Thus far, in our clinical experience, school referrals are as difficult to intervene with as other referrals.

OBJECTIVE I-1: Intensive family intervention was provided for 138 youths and their families in 1974 plus for another 102 families, referred in 1973, still in treatment at the beginning of 1974. Thus, 240 families received services during 1974. Extensive data on and details of the treatment plans for each of these families are available in the Master Files of each client. Some summaries of treatment plans can be observed in the Appendix. Such services were provided for 138 families referred in 1974, instead of 175, because the bulk of the 190 youths referred in 1974 were received late in the year. The figure of 175 should be reached in the early months of 1975 as the cases pending late in 1974 are processed into the program. This factor of course relates to our referral problems noted previously.

It is a requirement of BAs that they must meet with the youth's total family at least once per week during the phase of intensive treatment. According to the files of the 138 families received into treatment in 1974, the total family was seen on an average of 1.4 times/week, and youth clients were seen an additional 2.5 times/week, on the average. This latter figure does not include peer group contacts. All-family contacts average 1.5 hours in therapy. Contacts with youths vary widely but roughly average a half-hour/incident. All contacts tend to be more frequent during the intake

and during treatment, and of course increasingly less frequent during weaning. In order to check for the possibility that variations in time spent in therapy might account for some variation in re-arrest rates, correlations were run relating time spent with total family, and individual youths, with both re-arrest rates and status of termination. These analyses were run for all 138 youths treated in 1974. The correlation coefficients ranged from .02 to .09; they were thus totally insignificant.

OBJECTIVE I-2: In 1974 four different approaches to peer group work were tried, as noted before in the Methodology section. These experiments involved 30 youths, about 8 per group. Subsequent use of the approach indicated most effective involved 20 additional youths, so that totally about 50 youngsters received peer group work. Those youths who most clearly needed peer group work received it. As a result of (1) settling on one general technique and (2) the re-assignment of BAs to territories, we anticipate that in 1975 all youngsters who would benefit from peer group therapy will receive same.

There were no observable differences in re-arrest rates between youngsters who received peer group therapy and those who did not.

For example, the re-arrest ratios for the two groups are 20.8 and 21.1 respectively. Of course, it must be remembered that those who received peer group work had been designated by Staff as those who most clearly needed such work. They are thus diagnostically different and comparing them to the other clients is akin to comparing "apples and oranges." The question is unanswered as to what kind of re-arrest rates such youngsters would have exhibited had they not received peer group work.

OBJECTIVE I-3: All youngsters have received educational, perceptual and perceptual-motor testing, and individualized programs if indicated. Of the 138 youngsters accepted into treatment in 1974 (excluding the 16 youths in the "Lake Jr. High Project"), initial testing indicated that 105 were more than one grade level deficient in at least one of the four academic areas tested. Of these, 89 were deemed deficient "across the board" and thus in need of intense remediation. Eighty-six of the 89 received educational services from Intercept.\*

Data for the first 100 clients terminated from our educational program are presented in Table 15. The scores on the Wide Range Achievement Test (W.R.A.T.) reflect basic skills in reading, spelling and math. The Monroe Paragraph Meaning score is an evaluation of reading comprehension, a somewhat more

\*Re Table 11, the total of 102 is derived by adding the 86 noted above to the 16 Lake Junior High clients.

TABLE 15

ACADEMIC ACHIEVEMENT: PRE AND POST LEVELS

N=100

Composition of the Sample				Totals
Males	Blacks = 60	S/A = 27	Anglo = 2	89
Females	Blacks = 8	S/A = 3	Anglo = 0	11
Totals	68	30	2	100

	Monroe Score	W.R.A.T. Reading	W.R.A.T. Math	W.R.A.T. Spelling
Mean Pre-Test Score	4.63 gr. level	5.64 gr. level	4.77 gr. level	4.49 gr. level
Mean Post-Test Score	5.63	6.96	5.88	5.60
Difference Score	+1.0	+1.32	+1.11	+1.11

sophisticated measure of reading skills than that provided by the W.R.A.T. The gains achieved from pre-testing to post-testing were all statistically significant, using same subject t tests, with alpha set at .05. On the average, at pre-testing, clients were below current grade placement 2.55 years on the Monroe, 2.10 years on the W.R.A.T. reading recognition, 2.71 years on the W.R.A.T. spelling, and 2.08 years on the W.R.A.T. math subtest. On the average, at post-testing, clients had achieved within 1.55 years on the Monroe, 0.78 years on the W.R.A.T. reading recognition, 1.60 years on the W.R.A.T. spelling, and 0.97 years on the W.R.A.T. math subtest. The observed gains, in most cases, placed the youths, at post-testing, within a year of grade placement, which is considered within the normal range, and is actually close to the average for most of the schools these students attend. These gains were achieved over a five-eight month period wherein, on the average, the client received 40 hours of special instruction in each of three topics: reading, math and spelling. Clients were re-tested upon completion of their pre-specified courses of study, which in most cases required between 5-8 months to complete. Thus, an average gain of one grade level was attained with only 40 hours of work/subject. This is to be contrasted with the public schools, which normally require 180 hours of work/subject (1 hour/day/

subject/180 schools days) to attain an advance of one year, i.e., one complete grade level. These data support our contention that the over-whelming majority of our clients can be educated and "turned on" to learning. Unfortunately, however, the public schools rarely attain the levels of sophisticated diagnosis and prescriptive teaching utilized at Intercept. There is a great need to re-educate educators as to the better ways of handling and teaching our youngsters, who tend to be the most disruptive or chronically truant students in the public schools. But they can be "turned on" to learning and they can be well-disciplined, as any observer of our educational program can readily see.

OBJECTIVE I-4: For these data we are dependent on the public schools. This has been no easy task and the reader is forewarned that these data are incomplete. Over the past few months we have been trying to develop a more reliable basis for obtaining these data. However, the problem is not due to lack of cooperativeness by school personnel, but rather to the fact that many of these records, such as school attendance and school incidents, are highly unreliable as they are presently recorded by the public schools. As but one example, a youngster may be counted present at school because he is present first thing in the morning, at the initial roll call. But, in the

first period of classes he "splits" for the day, nevertheless, he is counted present for the day. Thus, due to our questions re the reliability of the data, tests of statistical significance were not conducted; the data are presented for information purposes only. Average attendance at public schools the two months prior to referral, for the 86 youths, was 52.2%. In the last four months of their involvement with Intercept this figure was 68.7%, which is nearly the average for the schools they attend (which ranges between 70-80%, as best we can determine). Attendance at the Intercept school program during this time averaged 88.6%. School grades, from the prior semester to the current semester, increased from an overall average of D+ to C+. School disruptiveness data, as kept by the schools, was often very sketchy, but showed a decrease from an average of 1.2 incidents/week before referral to 0.4 incidents/week after referral. These latter data are highly vulnerable to a number of biases in the reporting procedures used by the schools and should be regarded most cautiously. Verbal reports from teachers indicate that, for most of our clients, disruptive incidents decline, often dramatically, after involvement with Intercept, but, the available objective data from the schools are simply not reliable.

Whereas the data, admittedly incomplete, that relate to Objective I-4 are positive, we are by no means satisfied with our school program. Increasingly, we have come to believe that the school problems in our youngsters may be, in some cases, as serious a factor contributing to their delinquency and troubles as their home situations. It is important to remember that, for a youngster, the main arena in which he tests himself and thus derives feedback as to his ability to cope with society is in the school system. If a youngster fails in school, this is strong feedback to him that his ability to cope with conventional society in conventional ways may be severely lacking. As a result of this failure and subsequent frustration, a youngster may well find illegal avenues to status and monetary rewards very attractive. This is one of the main ways, if not the main way, that we believe "opportunity theory" actually operates. Briefly, opportunity theory (for examples, see Cressey & Ward, 1969) proposes that individuals who discern the conventional routes to status and success blocked, either in their perception or in reality or both, are most likely, in a given society, to be attracted to the unconventional or illegal routes to status and success. Increasingly, we have come to regard a youngster's failure in school as a primary antecedent to the fulfillment of the

opportunity theory prediction. As a result of this growing concern on our part, we are presently experimenting with a variety of models of educational intervention. One treatment team, for example, is engaged in an experiment whereby the Intercept agent advocates for the child with the school system in order to have the youth placed in specific programs, and then properly followed-through. This approach involves a great deal of time on the part of the Intercept agent, making sure that the proposed program is followed through, and teaching the teachers how to handle and effectively teach the youngster. But it does not involve the actual running of an academic program by Intercept. In a second approach, one of our treatment teams is currently running a model classroom at Lake Jr. High. This class is an attempt to demonstrate for regular teachers the best ways to handle and teach disruptive youngsters. In a third approach, \*Intercept staff have prepared a proposal to the Denver Public Schools whereby three schools will be utilized as models wherein the data and experiences of Intercept in coordination with the concepts of John Conger will be used to develop a prevention program directed primarily toward third graders. It is our contention, and that of Conger, that the overwhelming majority of youngsters headed toward later delinquency, dropping out, and drug abuse can be identified as early as the third grade.

This program, using a controlled experimental design, will identify such youngsters, utilizing a 3-phase identification program, and provide intensive intervention at this early stage of development. John Conger is the former President of The University of Colorado Medical Center and has published several texts in the field of delinquency. These factors will be discussed in more detail in next year's Annual Report as they are currently in their beginning stages, but it should be evident to the reader that Intercept staff are highly concerned with developing the most effective way of successfully intervening in a youngster's non-successful academic career.

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\*This proposal was accepted "in theory" by the DPS but not funded; we were told that there were no funds available for such programs.

## GOAL II

### Restatement

Provide a community based delinquency prevention program which operates effectively within a systematic treatment framework and in which community agents operate within and become expert at professional intervention techniques.

### Objective II-1:

Provide a teamwork situation where groups of community agents (Behavior Analysts) work under the supervision of a professionally recognized expert in social learning theory and family therapy. In addition to continuing supervision, further on-the-job training is to be provided and formal staff training will occur once per week for a minimum of two hours time.

### Objective II-2:

Provide a systematic basis for input for the community at large into the operations and development of policy and guidelines for Project Intercept personnel; this is to be accomplished by a once per month meeting with a broad based Board of Community Relations plus informal input on a more frequent basis.

All of the above goals have been achieved. As indicated in detail in previous Sections, Intercept is a community based delinquent prevention program; it operates within a systematic treatment framework, and the community agents are very much in the process of becoming expert at professional intervention techniques. These community agents work in team situations under the supervision of professionally recognized experts, and receive extensive training, as delineated above in the Methodology section. There are three teams, each supervised

by a clinical psychologist (two Ph.D's and one MA, each with at least two years of pertinent experience). The job training is described in detail in the Methodology section and a sample of the training schedule is in the Appendix.

Objective II-2 requires additional comments. This objective has been met in that the Board of Community Relations has, on the average, met once per month at Intercept headquarters. And, there has been, on many occasions, input on a more informal basis from a few of the Board members. However, it must be stated that in general the Board has been of little help in the actual implementation of Intercept. Board meetings have been attended by only a few individuals, of 25 members, and rarely have they been helpful in the successful implementation of the program. We understand and appreciate the political factors that resulted in the encouragement to establish a Board of Community Relations, but we feel that more work needs to go into the delineation of board functions before they can be a very helpful aid in the development of treatment programs in the community. We are presently in the process of greatly expanding our Board to include many of the business and civic leaders in the City and County of Denver. This new Board will thus be representative of the entire Denver community rather than only the minority community although representation by minorities will still be strong.

### GOAL III

#### Restatement

Provide resources for basic and applied research and evaluation as regards the internal and external effectiveness of the Project Intercept approach.

#### Objective 3-1:

Provide baseline psychological, educational, demographic and physiologic testing of all youths referred to Project Intercept; obtain data from the police, courts, and schools; compare subsequent recidivism against various baseline data.

#### Objective 3-2:

Provide comprehensive analysis whereby the above data are computed and correlated in multiple regression and similar analyses to determine those factors which best predict success and/or failure in the Project Intercept approach; and to answer partially some basic questions about the causation and maintenance of delinquent behavior.

Some aspects of the above Goal and Objectives, e.g., the recidivism data, have already been discussed. In this section we will focus on some of the additional research components of Intercept. All of these data are applied in orientation, i.e., they can be utilized to strengthen and refine the program; although to be sure some of these data are pertinent to some of the basic issues concerning the causes of delinquency.

Proportion of Learning Disabilities: Since the late 1960's there has existed a growing suspicion in various quarters that "learning disabilities" are somehow involved in the academic problems of delinquent youngsters. However, "hard data" on the matter, worthy of publication, are virtually non-existent.

A research goal of Intercept, since its conception, has been to investigate this issue. Clients are administered the W.R.A.T. Monroe, and Purdue Perceptual-Motor Survey. (Other tests are administered as needed to develop individualized remediation programs.) These three basic tests were selected because they provide cross checks on the basic indices of both academic and perceptual dysfunctions. Here, our definition of "learning disabilities" (LD) must be clarified. The controversies that surround the topic of LD are too numerous to mention here, but a basic issue has been that of definition. Lack of consensus on definition has led to considerable ambiguity in the interpretations of data collected on LD children. The definition used at Intercept seems to be attaining dominance in the field; to wit: "a youth is learning disabled if he is of normal intelligence but is performing below grade placement and has significant deficits in perceptual and/or motoric development." The basic assumption is that the perceptual-motor deficits engender academic difficulties for otherwise normal youth. Perceptual-motor problems vary considerably; they may involve the visual, auditory, tactile, kinesthetic, or any other sensory modality; and they may involve input, integration, or expression of stimuli. The possible permutations of just this small sample of variables are many and complex in their

implications.

The first step of our research on this matter will be discussed here; there will be many more steps taken over the next months. Data will be presented on the first 100 clients to have completed our educational program. The composition of the sample is the same as that described in Table 15. Table 16 lists those aspects of perceptual-motoric development most essential to the successful completion of the academic skills required on the W.R.A.T. and Monroe (and in school). These relationships have been established over a variety of studies, most notably the research conducted and published by the State of Virginia on Basic Psycho-Motor Skills (1971). Table 17 specifies the number (and thus percentage) of the 100 youths who failed the subtests of the Purdue Survey that define the dimensions listed in Table 16. That is, the Purdue subtests in the left hand column of Table 17 are those factors that measure the particular perceptual-motor skills indicated as requirements for the academic skills noted in Table 16. As can be noted in Table 17, the percentages of failure range from 63 to 95%, with the average % of youngsters failing overall being 77.8%. Roughly, 3 out of 4 youngsters tested had severe perceptual-motor deficits. And these same youngsters are those with the most severe academic deficits as

TABLE 16  
PSYCHO-MOTOR SKILLS REQUIRED FOR  
THE SPECIFIC COGNITIVE FUNCTIONING

<u>Paragraph Meaning (Monroe)</u>	<u>Reading (W.R.A.T.)</u>
(1) Directionality (Laterality)	(1) Directionality
(2) Sequence	(2) Sequence
(3) Rhythm	(3) Rhythm
(4) Figure/Ground	(4) Spatial Structure
(5) Visual Tracking	(5) Figure/Ground
(6) Organization	

<u>Spelling (W.R.A.T.)</u>	<u>Math (W.R.A.T.)</u>
(1) Visual Discrimination	(1) Space (Grouping)
(2) Visual Figure/Ground	(2) Sequence
(3) Sequence	(3) Directionality
(4) Directionality (Laterality)	(4) Visual Space (Concepts & Grouping)
(5) Space	(5) Vertical Space Structure
(6) Rhythm	(6) Whole-Part Relationships
	(7) Organization

TABLE 17

PERCENTAGES OF 100 CLIENTS WHO  
FAILED SPECIFIED PURDUE SUBTESTS

Purdue Sub-Test	as relates to	Monroe Paragraph Meaning	% Failed
(1) Jumping		Laterality, Rhythm	76%
(2) Angels-In-The-Snow		Sequence, Rhythm	82%
(3) Double Circles		Directionality, Laterality	76%
(4) Rhythmic Writing		Rhythm	63%
(5) Ocular Control		Visual Tracking	68%
(6) Visual Forms		Spacial Organization, Sequence, Figure/Ground	95%
Purdue Sub-Test		W.R.A.T. Reading	% Failed
(1) Jumping		Rhythm	76%
(2) Angels-In-The-Snow		Rhythm, Directionality, Sequencing	82%
(3) Double Circles		Directionality, Spacial Structure	76%
(4) Rhythmic Writing		Rhythm, Sequencing	63%
(5) Visual Form		Figure-Ground, Spacial Structure	95%
Purdue Sub-Tests		W.R.A.T. Math.	% Failed
(1) Jumping		Vertical Space	76%
(2) Angels-In-The-Snow		Sequence, Visual Space, Concepts of Grouping	82%
(3) Double Circles		Directionality, Visual Space, Concepts of Grouping	76%
Purdue Sub-Tests		W.R.A.T. Spelling	% Failed
(1) Jumping		Rhythm, Laterality	76%
(2) Angels-In-The-Snow		Sequencing, Rhythm	82%
(3) Double Circles		Directionality, Space	76%
(4) Rhythmic Writing		Rhythm	63%
(5) Visual Forms		Directionality, Sequencing, Spacial Structure	95%

measured by the W.R.A.T. and Monroe. The correlation coefficient between the W.R.A.T. total score, for example, and the Purdue total score was .89, p less than .001. An astonishing finding in this regard was that 76% of the youths were afflicted with cross dominance. As a matter of routine in diagnostic testing, hemispheric or cerebral dominance was ascertained, as this is important in our academic programming. Since our youngsters average nearly 13 years of age we expected that only a small minority would reflect cross dominance. Normally, clear cut dominance has been established by age 8 or 9 and certainly by 10, i.e., the child is right-handed, sights with his right eye, and kicks with his right foot. Or, the same is true but the child is left-handed, left-eyed, and left-footed. Clear dominance reflects a degree of central nervous system maturity, and efficient, integrative functioning. But 76% of our sample, average age of 13, exhibited cross dominance. They were thus right-handed but left-eyed and left-footed, or they exhibited any number of possible permutations. There was no pattern to the cross-dominance; every possibility was seen. Further, the youths performed most poorly in those tasks that require laterality and related aspects of cross-hemisphere (left-right) integration: jumping, double circles, angels-in-the-snow and form perception. These factors, plus the cross dominance observation, strongly suggest deficits in neurological functioning. Most of these variables make up the factor of "body image

and differentiation" subscale on the Purdue. This factor and subsequent integration of body parts, with corollary left-right orientation in space and time, are basic factors in perceptual-motor development. The rudiments of these developmental sequences can be observed in normal 6-month-old infants. If a child has not successfully experienced this development by the first three grades in school, he is seriously handicapped in the conventional classroom, at least in terms of "keeping up" and/or approaching his intellectual potential. As but one example, a youth with immature left-right orientation could readily misread b for d or p for g in a word; and he would experience considerable difficulty in "keeping straight" the left-to-right and right-to-left manipulations required in even elementary math. The systems of symbols and symbol manipulations basic to reading and math are based on features of space, sequencing, laterality, directionality, rhythm, and organization. But the ability of the organism to comprehend these features of space and time is in turn dependent on its having attained requisite stages of perceptual-motor development. There is a world of research on these matters but probably the best single source is the many works of Jean Piaget, the famous Swiss psychologist. It should be noted briefly that many factors have been implicated as "causes" of perceptual-motor deficits--poor nutrition, poor pre-natal care, sensory deprivation in the early, critical stages, and genetic

factors are the most commonly discussed--but a definite consensus as regards causal factors has not yet emerged from the research.

The above are data of considerable potential importance. We did not expect to find this degree of perceptual-motor deficits in our population. Our youths, after all, are pre-delinquent. The few case studies and small studies on the relationship between LD and delinquency that have been published dealt with incarcerated, adjudicated juveniles. The implications of the present data for early detection, prevention efforts, and school programming are considerable; however, a great deal more investigation needs to be completed before these and related results will be published.

Reported vs. Unreported Offenses. Another research component in the Intercept effort is that of determining the Program's impact on unreported offenses. Increasingly it is acknowledged that a substantial portion of criminal offenses are not reported to official agencies and thus never "get on the books." Nevertheless, these offenses are very real to the persons involved. In the latter half of 1973 Intercept instituted the use of a modified version of the Short and Nye, and Cartwright, measures of unreported delinquency, which are recognized as having reasonable degrees of reliability and validity. They are now administered to all incoming clients. The measure asks for reports of offenses committed in the prior 12 months. Then, 12 months later (and thus usually after termination), the test is readministered.

Data are presented here for the first 140 subjects tested, through December of 1974, as regards the questions relating to

impact offenses. The questionnaire asks questions relating to 42 different acts, the vast majority of which pertain to status offenses and various deviant acts (e.g., "how many times in the past year have you--smoked marijuana, drunk an alcoholic drink, ditched school, run away from home," etc.). These data will eventually be analyzed, when the post-test sample reaches 100 clients, to determine the extent and specifics of any "spread effect" of the Intercept intervention to these kinds of offenses and acts. For the present, only the data on impact offenses will be discussed.

The 140 youths admitted to having been involved in 818 impact offenses, for an average of 5.84/client/the prior year. It is interesting to note that police statistics indicate, for this same sample, a rough average of one prior impact offense on the official records. Thus, the ratio of unreported impact offenses to those reported, for this sample, appears to be roughly 6-1. At this time, only 28 youths have been re-tested twelve months later. This is due to the fact that initial testing did not begin until late in 1973. On post-testing, these 28 youngsters admit to having been involved in 45 impact offenses, for an average of 1.60/client/the last 12 months. These same 28 youngsters, on the initial testing, admitted to having been involved in an average of 5.72 impact incidents the prior 12 months. These are highly encouraging data, although testing of the larger sample in the year to come will be required in order to establish a sound basis from which to draw strong inferences.

#### THE TERMINATED SAMPLES

As of December 30, 1974, one hundred and seven youngsters had been terminated from the Intercept program. In the first year-1973-only a handful of youngsters (22) were terminated, thus, the vast bulk of these 107 youths were terminated in 1974. The average time from referral arrest to the date of December 30, 1974 is nearly 15 months for terminated youths. Table 18 describes the background characteristics of terminated clients. Table 19 presents data for the successfully and unsuccessfully terminated groups in terms of total number of re-arrests incidents before termination (from the time of referral to the point of termination, i.e., during treatment) and after termination (from the point of termination to 12/30/74). Observation of the data presented in these Tables suggests no differences between the unsuccessfully (UT) and successfully (ST) terminated youngsters in terms of their treatment time, time of referral, average number of prior arrests, ethnicity or sex. The distinction between ST and UT youths has been discussed previously in the Methodology section, and a copy of the Termination Form, which delineates the criteria used, is in the Appendix. Basically, ST youths have met the pre-specified goals of their treatment plans, whereas UT youths are those who have not met one or more of their treatment goals within what is deemed a reasonable amount of time. It is clear from Table 19 that the ST clients

TABLE 18  
BACKGROUND CHARACTERISTICS  
TERMINATED CLIENTS

SUCCESSFULLY TERMINATED (N=73)			UNSUCCESSFULLY TERMINATED (N=34)		
MALES	N	AV. PRIOR ARRESTS	MALES	N	AV. PRIOR ARRESTS
Black	43 (59%)	1.6	Black	14 (41%)	1.8
S/A	18 (25%)	1.7	S/A	11 (32%)	1.7
Anglo	6 (8%)	2.2	Anglo	4 (12%)	2.4
FEMALE N AV. PRIOR ARRESTS			FEMALE N AV. PRIOR ARRESTS		
Black	6 (8%)	1.4	Black	4 (12%)	1.4
Other	0	0	Other	1 (3%)	1.3
TOTALS	73		TOTALS	34	
TIME OF INITIAL REFERRAL:			TIME OF INITIAL REFERRAL:		
(1)	Referred in 1973 =	67	(1)	Referred in 1973 =	30
(2)	Referred in 1974 =	5	(2)	Referred in 1974 =	4
	TOTAL =	73		TOTAL =	34

TABLE 19  
RE-ARREST RATES: SUCCESSFUL  
AND UNSUCCESSFUL GROUPS  
TOTAL N=107

SUCCESSFUL (N=73)		UNSUCCESSFUL (N=34)		
During Treatment		During Treatment		
Impact Incidents	Non-Impact Incidents	Impact Offenses	Non-Impact Offenses	
<u>Total</u>		<u>Total</u>		
5	23 = 28 (0.38)	16	38 = 54 (1.59)	
After Termination		After Termination		
Impact Incidents	Non-Impact Incidents	Impact Incidents	Non-Impact Incidents	
0	14 = 14 (0.19)	7	30 = 37 (1.09)	
TOTALS	5 (0.07)	37 = 42 (0.58)	23 (0.68)	68 = 91 (2.68)
AVERAGE TREATMENT TIME = 8 MOS.		AVERAGE TREATMENT TIME = 8 MOS.		
AVERAGE TIME SINCE TERMINATION = 7 MOS.		AVERAGE TIME SINCE TERMINATION = 7 MOS.		

did not have nearly as many re-arrests after becoming involved with Intercept as the UT youngsters. The 73 ST youths accounted for a grand total of 42 re-arrests, resulting in a ratio of arrest incidents to clients of 0.58. In contrast, the 34 UT youths accounted for 91 re-arrests, producing a ratio of re-arrest incidents to clients of 2.68. The re-arrest proportion for the UT group is thus nearly five times larger than that of the ST group. The UT group shows some reduction after termination (about 30%), but not as much as the ST group (about 50%). But even after termination the relatively small UT group shows a high re-arrest ratio of 1.09, in comparison to the 0.19 ratio of the ST group for all offenses, and 0 ratio for impact offenses. \*Clearly, the differences between the UT and ST groups are striking, even after both have been exposed to an average of 8 months of intensive treatment. We consider this dimension of ST vs. UT to be an especially critical one. From its onset, Project Intercept has maintained that what happens to a youngster after he is terminated from a program is a critical factor. We have repeatedly pointed out that it is all too easy for "helping programs" to attain reductions in recidivism via the "Hawthorne Effect." Not uncommonly, helping

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\*The total number of re-arrests for the ST and UT groups, plus those of the 1974 sample, does not correspond to total re-arrests as there is some overlap in composition among the ST, UT, and 1974 groups.

programs generate positive data that in fact are attributable to an Hawthorne Effect rather than a true treatment effect. The Hawthorne Effect is the degree to which a person or organization "gets better" due to the increased attention that he or it receives as a result of the treatment program. However, no lasting changes or effects accrue as the result of this increased attention factor. Thus, over the long run, the individual or organization returns to its original rate of offenses, ill health, etc, after the attention is withdrawn. It is therefore important that correctional programs attempt to measure or at least account for Hawthorne Effects in alleged treatment effects. At Intercept we attempt to do this by the process of officially terminating a youngster and then following him for as long as possible, for as long as we are funded, so as to determine the degree of lasting effects. If a youngster's rate of recidivism is significantly lowered by his exposure to Project Intercept, and this lowered rate of recidivism continues after he has been terminated and no longer has any contact with Intercept, then we can begin to assume that his lowered recidivism is due to a real treatment effect rather than a Hawthorne Effect. The data for successfully terminated youngsters strongly indicate that the Intercept approach has been in fact successful with these youngsters. Further, when

we consider the quality of our new BAs and the original BAs who are still with Intercept, we are confident that in 1975 we can achieve an 85% success rate (in contrast to the 68% ST rate in 1974), and by 1976, a 90% success rate. If these goals are fulfilled, then the reduction in re-arrest rates achieved by Intercept should be outstanding, even though one could argue that they are already outstanding.

A qualifying note at this point: to the best of our knowledge the lowered re-arrest rate of Intercept youngsters is not due to preferential treatment by the police, i.e., failing to follow up on charges on a youth once they discover he is with Intercept. We know of no instances where this has happened. Also, in February of 1974 we asked the Delinquency Control Division--Denver Police--if this occurred, and were told "no" in no uncertain terms. Finally, it is valuable again to observe the differences in re-arrest rates of the UT vs. ST groups. The police have no way of knowing if a youth is a ST or UT, and for that matter the distinction has never been discussed with the police. Yet, they continue to re-arrest the UT youths at a 5 times greater frequency than the ST youths. This fact tends to argue against the possibility of some "blanketing effect" induced by the police. It should also be noted that to the best of our knowledge 4 of the 239 youths accepted into treatment

since 1973 committed, or appeared to have committed, offenses in order to have themselves referred into Intercept. This is a phenomenon that nearly all treatment programs must be congruent of, but at Intercept it appears to be an insignificant factor.

THE CONTROL SAMPLE

In its first year of operation Project Intercept initiated a control group comparable to the kinds of control groups conventionally used in social science research. On a random basis, one of every four youngsters was assigned to the control group, and the others to the Intercept treatment group. These were the first months of operation of Intercept and it was thus important to assign the clear majority of youngsters to treatment so that Intercept caseloads could be built to an acceptable level as quickly as possible. Toward the end of 1974 the control group had to be terminated because of the increase of other youth programs funded by the Denver Anti-Crime Council, and the subsequent lack of referrals for all youth programs. However, before this group was terminated, 21 youngsters were assigned to it on a random basis. There are no statistically significant differences between the youngsters of the 1973 Intercept treatment group and the control group youths in terms of ethnicity, number or prior arrests, etc. (refer back to first Annual Report). We have made it a habit to obtain the re-arrest rates of these control youngsters as well as those of our treated youngsters. It is interesting to note that virtually all of these have by now been placed in other Impact youth programs. In the column on the left hand side of Table 20 the actual re-arrest incidents of these 21 youngsters, for both impact and non-impact offenses, are presented. The actual re-arrest rates for the 1973 treated

TABLE 20

COMPARISON OF CONTROL GROUP TO 1973 TREATMENT GROUP

CONTROL (N=21)	COMPARISON		1973 GROUP (N=118)
	<u>Control Proportion</u>	vs.	<u>1973 Proportion</u>
Impact Offenses = 15	0.71	vs.	0.24
All Offenses = 48	2.29	vs.	1.06
			Impact Offenses = 28
			All Offenses = 125

AVERAGE TIME FOR BOTH GROUPS SINCE REFERRAL TO 12/30/74 = 18 MONTHS

group are compared. The mean amount of time since referral offense for the control group and the treatment group is the same (eighteen months). As can be observed, the differences between the control group and the actual 1973 Intercept treatment group are dramatic. The control group's ratio of impact re-arrests is about three times greater than that of the 1973 sample; its proportion for all offenses is about twice that of the 1973 group, and, Intercept was not as successful with its 1973 sample as with its 1974 treatment group. These data are not presented as being in any way conclusive, but they are suggestive and provide another way of looking at comparisons of re-arrest data. As Don Campbell (1963) and other methodologists have pointed out, in applied social science research it is virtually impossible to attain the relative purity of treatment versus control comparisons that can sometimes be attained in the social scientist's laboratory. He and others recommend, as a practical way of counteracting this difficulty, to have as many reasonably valid comparisons as possible in relation to a given treatment program. By looking over the variety of comparisons, one should be able to draw conclusions on a reasonably sound basis. In this RESULTS section a variety of comparisons have been presented for the reader's perusal.

Unfortunately, at this time it is not possible to conduct a sophisticated cost-benefit analysis on data presented in this RESULTS section. Intercept requested and received, in its first year, some funds for a consultant (Dr. Peter Niehof, Department of Economics, University of Denver) to initiate what would have been by now a professional cost-benefit analysis. However, these funds were deleted in the second year and the analyses subsequently discontinued. Any such "analysis" at this point thus runs a risk, we would say severe risk, of engendering misrepresentations of the data. Therefore, only the grossest form of "analysis" will be presented in the hope of minimizing any such misinterpretations and/or misrepresentations. Intercept served 138 youths in 1974 on a total budget of \$322,000. This, of course, breaks down to an average annual cost of \$2,333/client. Actually, however, there were an additional 102 youths who received treatment in 1974 as they were in treatment at the beginning of 1974; by also considering these 102 youths, the figure breaks down to \$1,342/client. Of course, these identified client figures do not take into account the fact that Intercept treats an average of 2-3 additional unidentified clients in each case in that Intercept treats the entire family unit in addition to the referred client. For a very rough comparison, one can observe the State institutional facilities that provide comparable treatment services for youngsters: their mean annual costs tend to start at \$20,000/client and increase

from that point, depending upon the type of institution.\* The main differences in these costs are accounted for in the facts that Intercept does not require a 24-hour (3-shift) staffing pattern, and the enormous overhead that goes with institutional treatment. Of course, as noted above, these figures and comparisons are of a gross nature; they should not be regarded seriously in light of the absence of a sophisticated cost-benefit analysis.

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\*One of several sources of information on this point is the Cost-Benefit Analysis Section of the Final Report, Closed Adolescent Treatment Center, which was made available to the State Criminal Justice Division in May, 1975. \*

#### SECTION E: CONCLUSIONS AND RECOMMENDATIONS

It seems apparent that Intercept is meeting its goals. As regards the first goal, the available data indicate that Intercept is meeting the positive expectations of its originators. The services Intercept stated it was to provide to youngsters and families have been provided. Further, Intercept staff are heavily involved in experimentation with new, hopefully better approaches and refinement of present approaches.

As regards the second goal, Intercept has established itself as a delinquency prevention program that works effectively in the community setting. The heart of the Intercept approach is the utilization of para-professionals who are indigenous to the community in which the program is serving. We feel confident that we are demonstrating that community based para-professionals can be taught to be highly effective, professionally oriented persons. We have never felt that the "street corner rap session" approach--that which is most commonly associated with community para-professional approaches--could over the long run offer much hope of being a significant factor in reducing crime. In contrast, we feel that the Intercept approach provides at least one model alternative that is effective. It is interesting that the concept of community treatment is usually cast in the mold of group homes or community centers, storefronts, etc.

We recognize a need for such facilities, but in our minds a community program is one that does not work within an institutional setting placed in the community, but one in which services are provided to people in their homes, their schools, their places of work, their meeting places, etc. To us, a community program is one in which the professional and para-professional are working right in the immediate environments in which people are experiencing the difficulties and frustrations that lead to misbehavior, ill health, and socially damaging behavior. Further, we are strongly committed to a prevention approach. The overwhelming bulk of treatment programs, in both corrections and mental health, are rehabilitation oriented. It is our strong contention that the correctional and mental health fields will never show significant successes in a reliable sense until they direct substantial efforts to prevention. Early identification and systematic, intensive intervention efforts are the keys to the successful and lasting reductions of many social problems.

As regards the third goal, it is a strong hope of the Intercept administrators that the program can help to provide a model for social actions programs in the development of research and evaluation programs that are integral components of such programs. Action programs directed at social ills cannot hope, in the long

run, to be successful unless they are built on the soundest available knowledge base, which in turn requires the development of that basis through systematic research and communication of results.

Many reasons have been discussed, including some very practical ones, in the previous sections, as to our thoughts on the reasons for the successes of Intercept. At this point, we would like to offer a theoretically involved reason. Intercept was designed to direct its efforts toward what we considered to be the primary immediate causes of delinquency. As noted in the early sections, there were sound theoretical and empirical reasons for choosing family intervention, peer group intervention, and educational intervention as the primary areas for effort. We are not of the opinion that these are the only important factors in the immediate causation of crime. But we cannot stress strongly enough the idea that in order for action programs to be successful they must direct their efforts at "causal" variables rather than "carrier" variables. It is our contention that the main reason for the failure (and there are many reasons) of the famous or infamous "war on poverty" of the 1960's was that that effort directed its major effort at a carrier rather than a causal variable. Such efforts are doomed to failure. In contrast, where causal variables can be identified to a reasonable degree,

and effective techniques for remediation are to some degree available, then intelligent approaches to social problems can be designed. We are convinced that most social problems can be significantly ameliorated, but more systematic approaches are required than those utilized in most past efforts.

As regards the many cases that Intercept has treated successfully, from a clinical viewpoint, it is our opinion that these successes are primarily due to our staffs' growing ability to change "negative scanning" to "positive scanning."

Unfortunately, this factor is hard to document with systematic data. But we believe that Intercept's success resides in the fact that the program has developed a set of techniques--used in all its basic components--wherein clients and their families are taught how to build their relationships on the basis of reciprocity and positive "strokes" rather than on negative scanning. Negative scanning was discussed previously; it refers to the fact that with our clientele, and throughout society for that matter, "superiors" (parents, work supervisors, etc.) have a tendency to provide feedback to "subordinates" when things "go wrong" but rarely when things are "right." This is not to say that Intercept focuses only on the positive; parents must often be taught more effective ways of supervising and disciplining their youngsters. But the emphasis is always on teaching clientele

specific methods for changing their relationships from a negative to a positive basis. Whereas this factor may seem simple, and it has been over-simplified here, it is profound in its implications for humanizing alienated relationships. The real value of Intercept is that it has developed programmatic techniques for achieving such changes in disrupted families.

Unfortunately, at this time the data do not clearly tell us what "makes the difference" between a successfully treated youngster versus one who is unsuccessfully treated. As indicated earlier in the discussion of the tables that describe the basic characteristics of the 1974 population, there are some trends in the data, but at this time they are merely trends and hardly lend themselves to conclusions. However, it is our opinion that by June of 1976 our data size, in combination with the length of time of operation, will combine to produce some meaningful results that will bear on these issues. We plan, at that time, to conduct a variety of multivariate analyses. Of course, it must be remembered that research on these and other basic issues in the field of delinquency has been conducted for decades and unfortunately little consensus has resulted. We therefore do not expect to "resolve" the basic issues of delinquency by next June. However, what we do hope to achieve by that time is a demonstration that a social action program can conduct some meaningful

research as an integral part of a complex community-based treatment program. It is our opinion that if more such research could be stimulated, that in the long run it would have more value than the comparable research conducted now almost exclusively in academic centers.

Finally, as regards the replicability of Intercept in other locales, certain components are at the present time more readily replicable than others. For example, the family treatment component (in which the individual youth-client therapy is imbedded) is by far the best developed. This component has been developed over several years of private practice by the Project's originators; years that preceded the funding of Intercept. Intercept itself has of course provided the opportunity for further refinement of technique. But the family and individual therapy component is complex and multifaceted. Even with the best of personnel it takes a year of intensive on-the-job training before a person usually becomes really confident in its use.

In contrast, there was little to "go on" in the development of a peer group therapy component. As noted in the text, much experimentation has taken place in this arena and we are now "honing in" on a particular approach that, clinically, we feel will be very successful. Clearly, however, this component is much more experimental than the previously discussed component.

The educational component falls somewhere between the above two factors as regards present replicability. On the one hand, Intercept has a standardized educational program which seems to work well, in light of the data already presented in this report. On the other hand, Intercept staff this Fall hope to experiment with the concept of moving this program directly into problem schools rather than operating an "alternative" or "parallel" system as we have done. Intercept staff believe that this new approach will definitely enhance the impact of our educational intervention efforts. Thus, whereas an educational program is now available, it may undergo some significant changes in the next few months.

Overall, the program is a complex package that in no sense will be easy to replicate. A successful replication would require several months of intensive training of key personnel. Whether or not this will ever occur remains to be seen, but the developers of Intercept hope that, at least, detailed training manuals will be in existence after June of 1976 that in turn will provide a stimulus to others undertaking similar efforts.

### References

- Bandura, A. Principles of Behavior Modification. Holt, Rinehart, and Winston, 1969.
- Bronfenbrenner, U. Two Worlds of Childhood. Russell Sage Foundation, 1971.
- Campbell, D., & Stanley, J. Experimental and Quasi-Experimental Designs for Research. Rand McNally & Co., 1963.
- Cortes, J., & Gatti, F. Delinquency and Crime: a Bio-psychosocial Approach. Seminar Press, 1972.
- Cressey, D., & Ward, D. Delinquency, Crime, and Social Process. Harper & Row, 1969.
- Knott, P. A Study of Violent Men: Testosterone Levels, XYY, and Conditionability for Aggressiveness. Manuscript submitted to the Journal of Abnormal Psychology, 1975.
- Psycho-Motor Needs Assessment of Virginia School Children. State of Virginia Department of Education, 1973.

### F. APPENDIX

- A. Contract For Family Services
- B. Two Sample Cases
- C. Master File Checklist
- D. Termination Form
- E. Evaluation Form For BAs
- F. Training Schedule for New BAs
- G. Table 6 From Original Report



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CONTRACT BETWEEN FAMILY AND PROJECT INTERCEPT

Dear Family:

Through its experience Project Intercept has found it best to work with a young person and his family in certain ways. For example, we require that the family schedule regular weekly sessions with a staff member of the Project who works in a teaching way with the family. He teaches things that have been useful to many families when problems come up. Certain parts are introduced in each meeting so that one meeting builds upon the last and the family learns various problem-solving methods in an orderly way. The end result is that the family can begin to use these methods in new and helpful approaches to solving difficulties which occur in their family.

When the parent and young person sign this contract they agree to allow the Project Intercept staff member to begin right away teaching the things covered in the series of meetings described above. In return the P.I. staff member agrees to begin helping the family use the

things he teaches in problem-solving as soon as they have been learned. Also, Project Intercept agrees to help the young person in his school and the young person agrees to attend P.I. school if Project Intercept considers it necessary.

The Project has found it useful to explain exactly what it requires of a family and what it will attempt to do for a family ahead of time. This agreement is put into the form of a written contract for the young person, parent and P.I. staff member to sign, showing they agree to the commitments. The information given above are the details of the commitments contained in the basic contract which follows.

Date \_\_\_\_\_

I, we, \_\_\_\_\_, parent(s)  
or guardian(s) of \_\_\_\_\_ do hereby agree  
to permit our son, daughter, or ward, to participate in  
Project Intercept.

It is understood that (1) such participation is vol-  
untary and may be terminated by either party at any time and  
(2) it is agreed that all communications, written and verbal,  
between said family and Institute personnel are confidential.  
Confidential information will not be released to other agencies  
or professionals requesting it without a signed consent to  
release.

If you choose not to use our services or to terminate  
from the program, your case may be referred back to the  
referring agency for any action they feel appropriate.

If you have any questions as to whether you should  
participate in Project Intercept, the Project will help  
you in obtaining a lawyer with whom you may consult.

The parents and/or guardians agree to volunteer a weekly  
allotment of their time in order to implement the specific  
programs recommended by Intercept personnel for their child.

\_\_\_\_\_  
Signature of Child

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_, Ph.D.  
Certified Psychologist  
Project Intercept

\_\_\_\_\_  
Signature of Project Intercept  
Staff Member

SAMPLE CASE I

Problems At Referral:

Fourteen year old black male, K., referred for run-  
away, school problems, and theft. Family consists of  
mother, father, three older brothers, two older and one  
younger sister, three of which live at home; one brother  
in State Penitentiary. Family has long history of involve-  
ment with police because of the delinquency of virtually  
every child. Violence is not an infrequent occurrence in the  
family, including homicide, e.g., through shooting a sister's  
boy friend K.'s older brother received present sentence to  
State Penitentiary.

Intervention:

- (1) Client placed on contingencies whereby he would  
be picked up and placed in juvenile hall when he  
ran away. Presently living in own home with both  
group home and juvenile hall contingencies operative;  
staying away from home at night now infrequent.
- (2) Had father and son track how often they talked to  
each other on a daily basis and then set up asser-  
tive and communication training.
- (3) Had father and mother track direct requests to each  
other on a daily basis and then set up assertive and

communication training.

- (4) Had mother and father track the time K. came in each night, then set up contract with definite contingencies for K.
- (5) Mother counted the number of drinks she had per day, then she was taught deep muscle relaxation (the Jacobsen technique) and instructed that when she felt stressed or "up-tight" she should sit down and relax herself rather than have a drink. Drinking reduced which, according to report, mother has maintained through relaxation control.
- (6) Agreements obtained between BAs and daughters living away from home as to how they respond to mother when she called them up angry, aroused, and accusing other family members.

Treatment History:

There was much fighting and physical aggression when the BA first saw the family. On second visit, BA and co-therapist psychology intern walked into the midst of a fight in which the mother brandished a pistol toward K. and later throw a telephone into tub where he was bathing in an attempt to electrocute him. After rapport was developed, a series

of programs were set up to help prevent violent interactions and move treatment away from a crisis orientation (which had been necessary in the first one to two months of intervention) and instead provide alternative problem-solving methods which would work to prevent situations from developing to a point where violence would erupt readily. Initial programs helped alleviate turbulent atmosphere to the point of being able to set up program for K. (as noted above), and also approach marital difficulties between mother and father. Mother's use of alcohol and tranquilizers stemmed from feelings of helplessness and would produce unhelpful aggression toward others. She was taught deep muscle relaxation to use under stress in place of alcohol. Marital therapy broke down for a while when father felt punished and refused to participate, but later marital counseling was resumed as the result of persistent efforts by BA to develop better rapport with the father. All efforts still in progress.

SAMPLE CASE II

Problems At Referral:

Chicano family consisting of 8 children, natural mother and natural father. Referral made on 13 year old Rose for theft. Rose was also experiencing academic difficulties at school and had been involved in/5 prior assaults in the previous 6 months.

Intervention:

- (1) Rose's sister Becky was also activated as a Project Intercept case due to her having similar academic and assaultive difficulties at school: She is 14 years old and 1 grade ahead of her sister Rose.
- (2) After testing, it was found that Rose was functioning 3 to 4 years below her grade level on all items tested. Becky was found to be functioning 2 to 3 grade levels behind.
- (3) Weekly progress reports initiated by the BA indicated that the girls were in constant trouble with the teachers for their acting out behaviors in the classroom. On the Progress Reports the teachers were asked to give 2 grades, one for academics, one for behaviors. They were then asked to be as specific as they could as to why they assigned these grades under the "Remarks" column.
- (4) Progress Reports (Graph I) were thus obtained in which weekly academic grades and behavior grades were plotted

to get a baseline prior to any specific intervention.

- (5) It became apparent that each time the girls were in trouble in a class, this reinforced the teacher's feelings as well as expectations of each of them. This could, at the teacher's discretion, be transposed onto a grade book and ultimately onto a report card. If we could somehow communicate some new appropriate behavior to the teachers, we might be able to effect a change in the teacher's attitude and get that recorded in a grade book.
- (6) Looking Response (Graph 2) was used as one measure of change. The girls were asked to record the number of times during each of their respective classes that they were looked at by the teachers. These were usually the times that they were in trouble. After a baseline of 4 weeks the girls were asked to sit up, pay attention and smile each time the teacher looked at them. They continued to record the number of looking responses. The graph indicates that this procedure worked well. Do not be misled by the apparent drop-off around Dec. 20th. Number of looks had indeed dropped but time of each look actually increased from 2 second glances to almost 2 minute stares.

(7) (Graph 1): This sit up, pay attention and smile procedure began to be interpreted positively by the teachers who continued to report improved grades in both Academic and Behavior in direct proportion to their new positive feelings about the girls.

Additional Outcomes:

	Oct 74'	Dec 74'	Jan 75'
1. Becky overall GPA (grade av.)	2.0	2.8	3.1
Rose overall GPA	1.6	2.8	2.9
2. Social Studies grade			
Becky	D	C-	B
Rose	D	D	B-
3. Total no. of absences			
Becky	7	5	2
Rose	18	8	6
4. Total no. of tardies			
Becky	10	2	2
Rose	16	6	6
5. Total no. of reported assaults on teachers or peers			
Becky	4	0	0
Rose	12	5	1

Further Considerations: Two additional observations should be noted here; First, it was reported by the girls that after a few weeks of experimenting with sit up, pay attention and smile-- it became very easy to do and actually began to be a habit that generalized to several classes, as seen by overall G.P.A. increases.

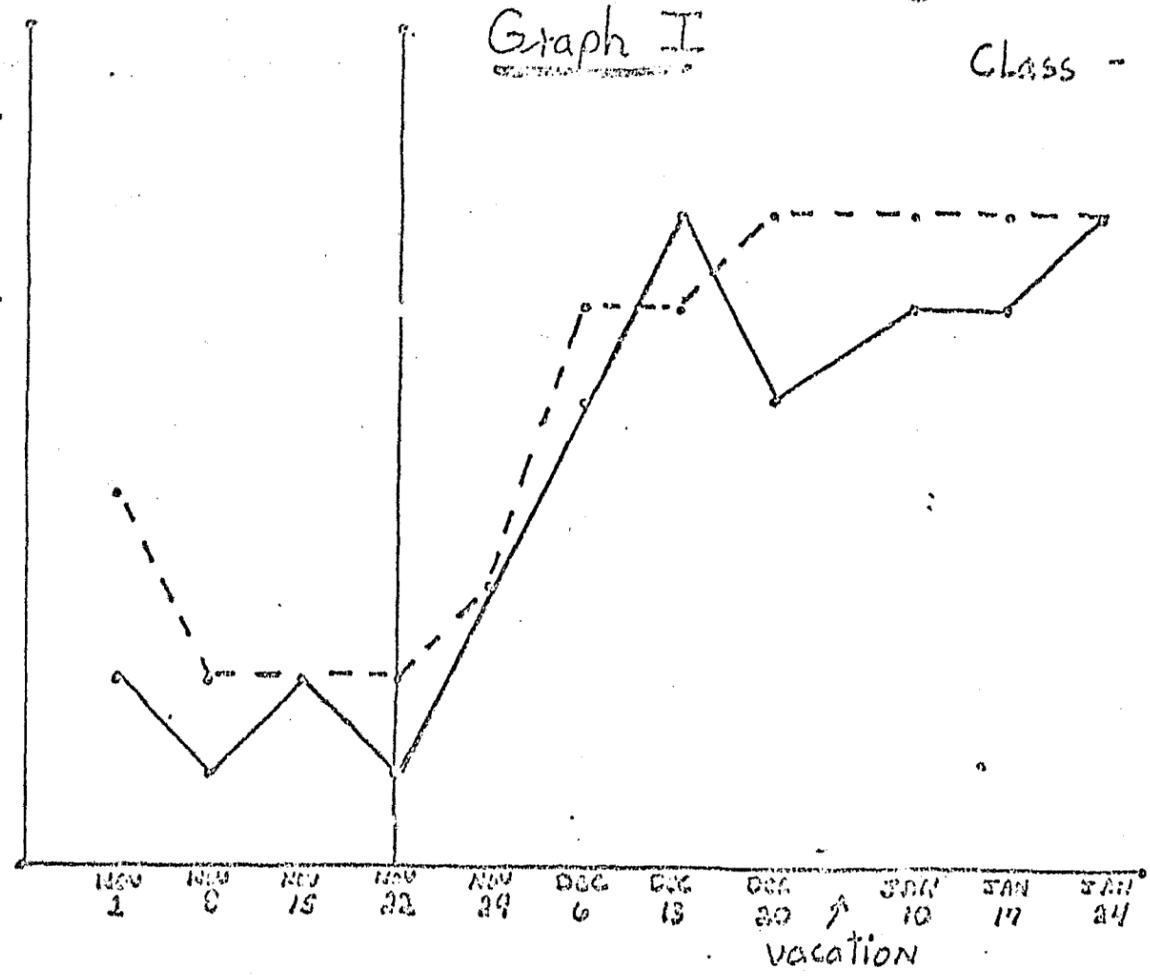
Second, it was also reported by the girls that when they had finally "hooked" the teacher into eye contact they were being called on to answer questions more and more, constituting their having to actually learn the material. This of course, was what we were after from the beginning. How do you go about getting a student to do the work in a class? In this case the client became part of an experiment and brought upon herself those variables that motivate work in a classroom setting--genuine interest!

Weekly Progress Reports

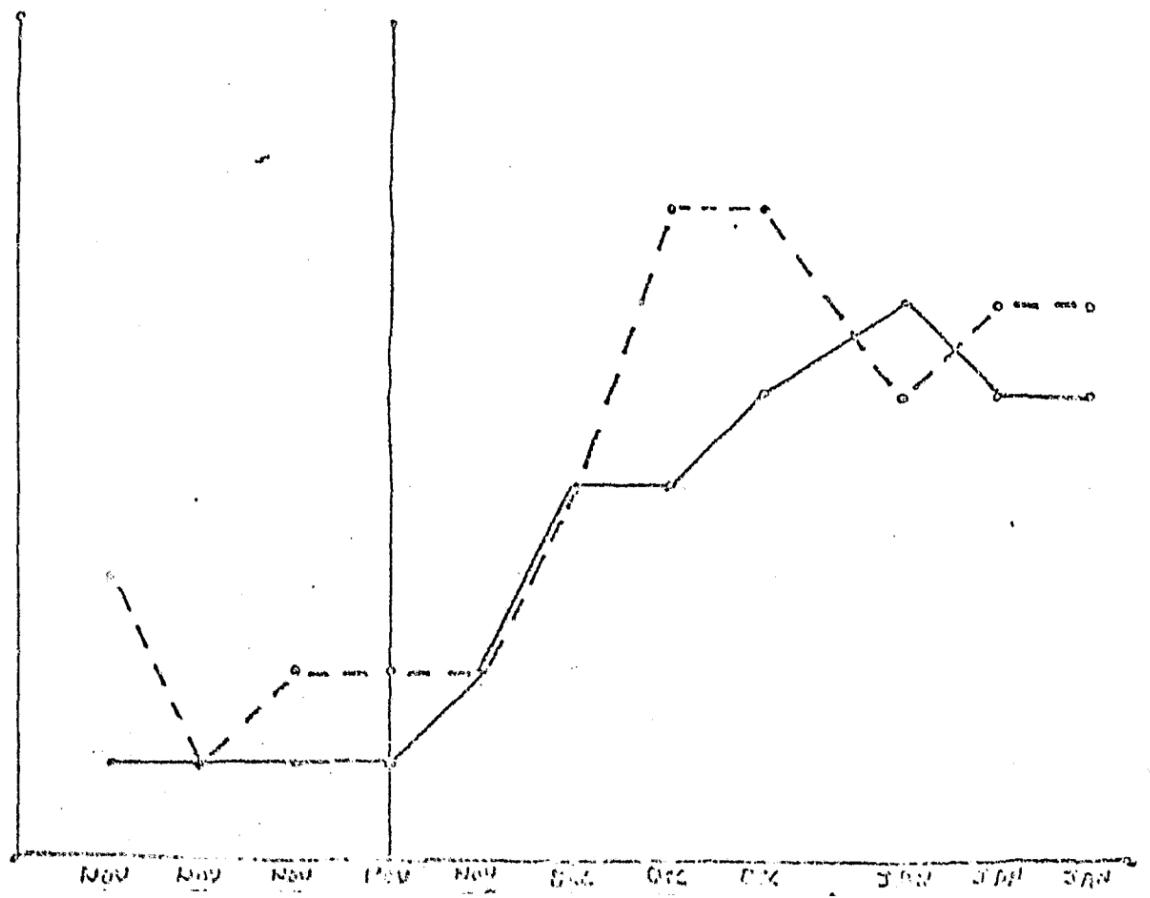
Key Academic Grade \_\_\_\_\_  
 Behavior Grade - - - - -  
 Class - Soc. Studies

Graph I

Rebecca (Becky)



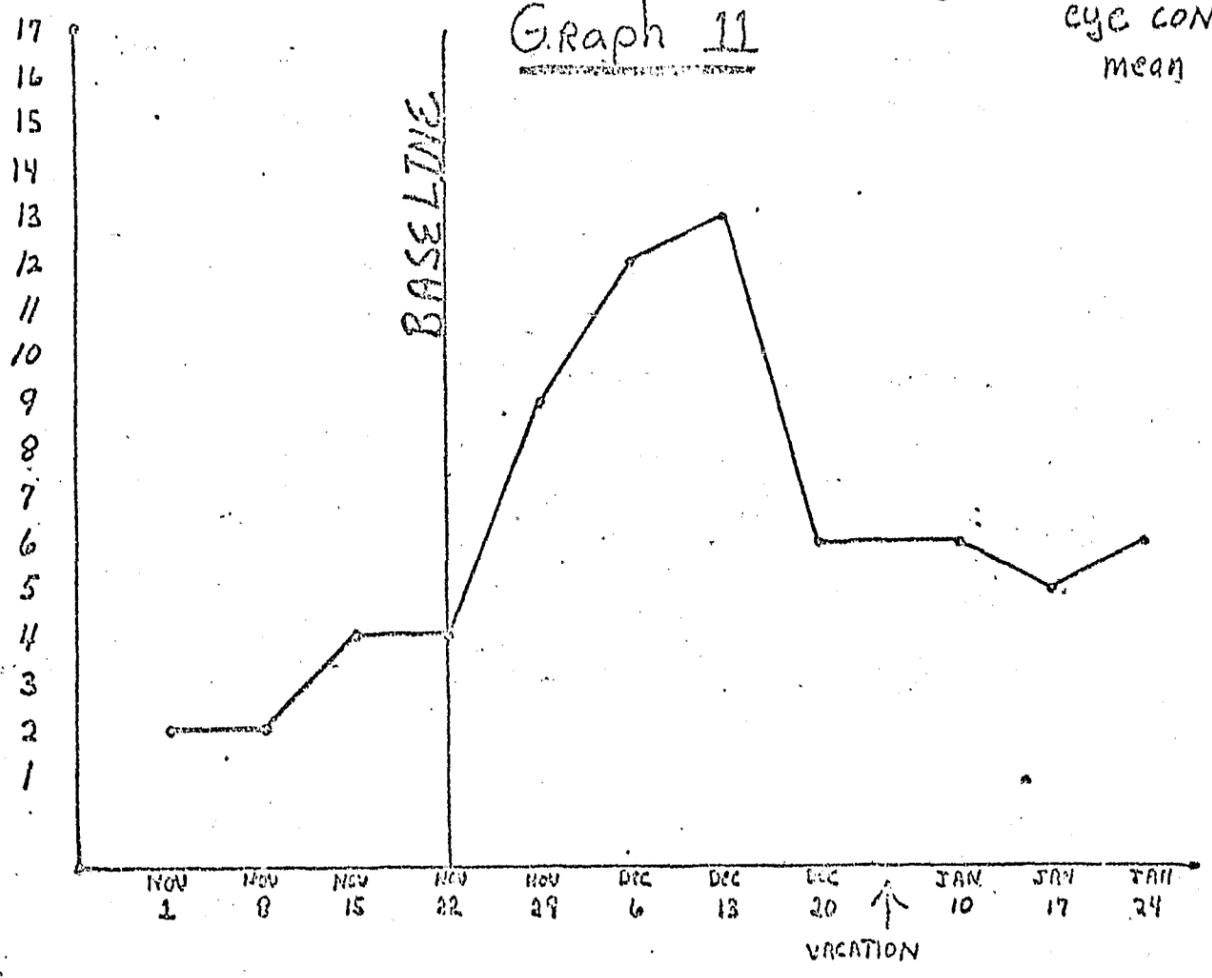
Rose Marie



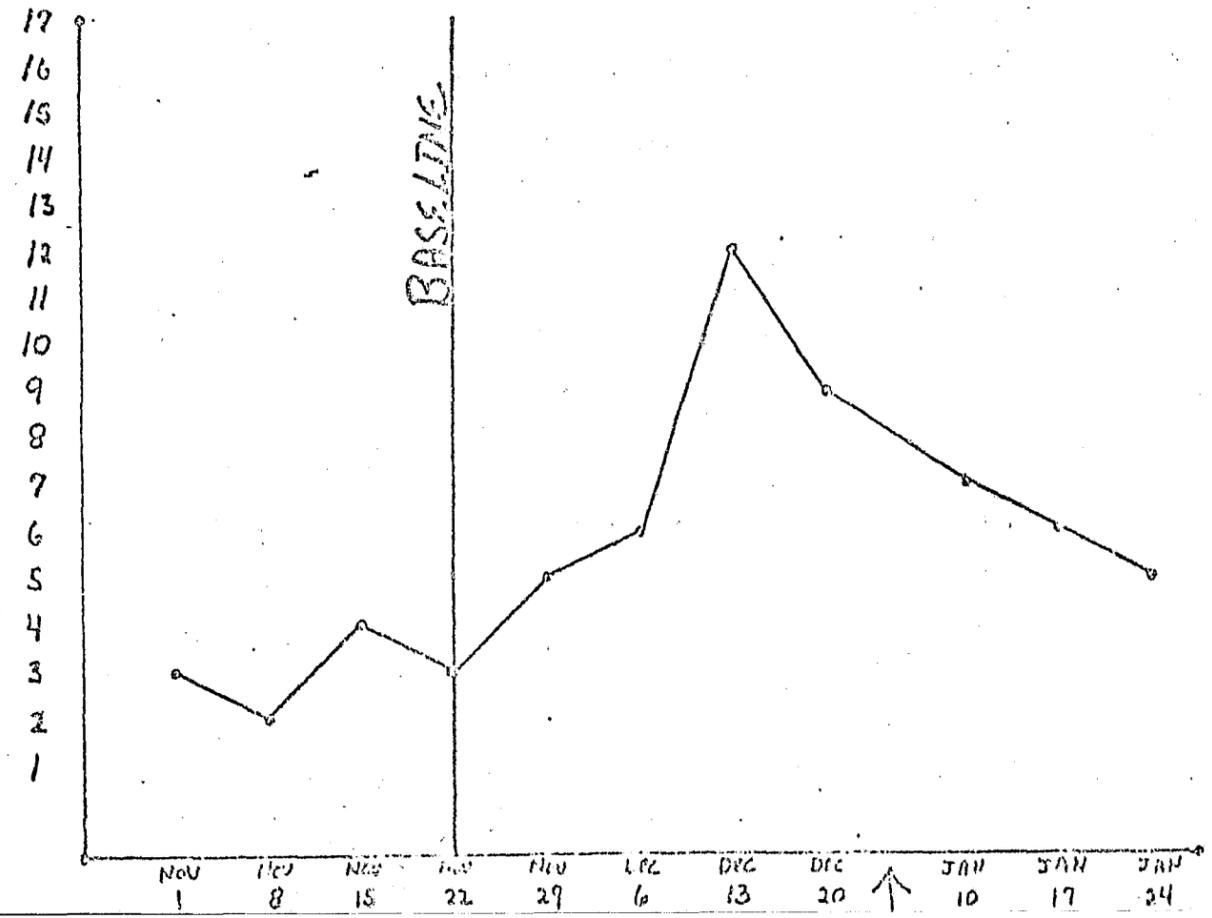
Graph 11

Key: Looking Response  
 eye contact = 2 sec.  
 mean averages

REBECCA



ROSE MARIE



PROJECT INTERCEPT MASTER FILE CHECKLIST

I. DA RESPONSIBILITY:

Date Filed

- \_\_\_\_\_ 1. Family Contract
- \_\_\_\_\_ 2. Family Information Record
- \_\_\_\_\_ 3. School Release Form (Release of Confidential Information)
- \_\_\_\_\_ 4. Checklists:
  - \_\_\_\_\_ a. Behavior Problem
  - \_\_\_\_\_ b. Life History Checklist
  - \_\_\_\_\_ c. Family Rating Scale
  - \_\_\_\_\_ d. School Checklist
- \_\_\_\_\_ 5. Termination Criterion Form (family)  
(Filed at time of termination)
- \_\_\_\_\_ 6. Client Session Record (Filed at time of terminatio

II. RESEARCH ASSISTANT RESPONSIBILITY:

- \_\_\_\_\_ 1. YSB Referral-Out Form of Public School Referral
- \_\_\_\_\_ 2. Personal Feelings Study (Coopersmith)
- \_\_\_\_\_ 3. Behavior Questionnaire
- \_\_\_\_\_ 4. Boys/Girls Questionnaire
- \_\_\_\_\_ 5. Personal Opinion Study (Quay)

POST-TESTING:

- \_\_\_\_\_ 1. Behavior Questionnaire
- \_\_\_\_\_ 2. Personal Feelings Study

**CONTINUED**

**2 OF 3**

III. EDUCATIONAL STAFF RESPONSIBILITY:

1. Educational Clinic Diagnostic Report
2. Wepman Test of Auditory Discrimination
3. Monroe (Paragraph Meaning, Arithmetic)
4. Purdue Perceptual-Motor Survey
5. Wide Range Achievement Test (Reading, Spelling)
6. Peabody Individual Achievement (General Information)
7. Termination Criterion Form (Filed at time of term)
8. Illinois Test of Psycholinguistic Abilities.
9. Beery Test of Visual-Motor Integration

Check if  
not needed

POST-TESTING:

1. Monroe (Paragraph Meaning, Arithmetic)
2. Purdue Perceptual-Motor Survey
3. Wide Range Achievement Test (Reading, Spelling)
4. Peabody Individual Achievement Test (Gen'l. Info.)

Note: Ensure that each item contains all required information prior to placing in file.

I. Client & Family

A. Targeted behavior	Goal (state as freq.)	Present freq.	% change in positive direction

No. target behaviors greatly improved (68-100%ch) \_\_\_\_\_  
 No. target behaviors moderately improved (33-67%ch) \_\_\_\_\_  
 No. target behaviors not improved (less than 33%ch) \_\_\_\_\_

B. Examples behavior change Techn(s) Outcome  
 progs. initiated by family

\_\_\_\_\_

\_\_\_\_\_

C. Re-arrested for impact offense in last three months?

yes  no

D. Constructive Uses of time in which client now engaged

\_\_\_\_\_

\_\_\_\_\_

E. Recent parental statements about their abilities to use behavioral principles, child management techniques

\_\_\_\_\_

\_\_\_\_\_

Parent successfully completed parent training group  
 (70% attendance and assignments completed)  yes  no

Parent entered but did not complete parent training group  yes  no

Date \_\_\_\_\_

II. Academic & School

A. Has there been 80% attendance at:

1. Public School    2. Project Int. Clinic

yes

no

yes

no

not  
enrolled

B. Achievement (Grade Level):

Before    After    Gain

a. Reading Recognition (WRAT)    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

b. Spelling (WRAT)    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

c. Arithmetic (WRAT)    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

d. Reading Comprehension (Monroe)    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

C. Purdue Perceptual Survey

a. Balance & Posture    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

b. Body Image & Diff.    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

c. Perceptual Motor Match    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

d. Ocular Control    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

e. Form Perception    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

D. School Recommendation:

Date \_\_\_\_\_

Disposition Of Termination

\_\_\_\_\_ SUCCESSFUL (SCHOOL)

\_\_\_\_\_ UNSUCCESSFUL (SCHOOL)

\_\_\_\_\_ SUCCESSFUL (HOME)

\_\_\_\_\_ UNSUCCESSFUL (HOME)

COMMENTS



Colorado Youth Services Institute

3375 Holly Street • Denver, Colorado 80207 • (303) 321-6166

EMPLOYEE WORK EFFECTIVENESS  
RATING SCALE

FORM A

Total Points = 220

Performance:

1-Inadequate

2-Very Poor

3-Average

4-Above average

5-Excellent

TABLE 6

1974 RE-ARREST by REFERRAL SOURCE and ETHNICITY

N (INDIVIDUALS) = 18 (of 121)

Referral Source	Black	S/A	Anglo	Totals
N.F.Y.S.B.	9	3	-0-	12 (67%)
N.W.Y.S.B.	-0-	1	-0-	1 (5.5%)
D.P.S.	2	1	1	4 (22%)
D.A.'s Office	-0-	-0-	1	1 (5.5%)
<b>Totals</b>	<b>11 (61%)</b>	<b>5 (28%)</b>	<b>2 (11%)</b>	<b>18 (100%)</b>

I. THEORETICAL AND APPLIED PERFORMANCE

1. \*Has demonstrated understanding of basic learning principles 2 4 6 8 10
2. \*Has demonstrated knowledge of applied behavioral techniques:
  - 2a Systematically analyzes families and situations and pinpoints target behaviors 2 4 6 8 10
  - 2b Develops systematic strategy based on analysis and pinpointing 2 4 6 8 10
  - 2c Analyzes and uses contingency management in therapy 2 4 6 8 10
  - 2d Utilizes contracting principles and techniques effectively 2 4 6 8 10
  - 2e Utilizes rules and techniques of communication training effectively 2 4 6 8 10
  - 2f Teaches behavioral principles effectively to client and significant family members 2 4 6 8 10
  - 2g Effectively teaches cognitive skills (self-labeling, weighing of future consequences, etc.) to client and significant family members 2 4 6 8 10
  - 2h Effectively teaches new verbal skills (e.g.,

Employee Work Effectiveness Rating Scale

assertiveness) to client and significant family members 2 4 6 8 10

2i. Effectively fades out of family; effectively fosters maintaining processes 2 4 6 8 10

2j. Demonstrates honesty and respect in dealings with client 2 4 6 8 10

3. Uses learning principles in a specified and consistent fashion in therapeutic enterprises 1 2 3 4 5

4. \*Demonstrates regard for validity and consistency of behavior change through regular use of tracking and charting in casework 2 4 6 8 10

5. Demonstrates regard for recording therapeutic technique and events through videotaping 1 2 3 4 5

6. Demonstrates regard for recording therapeutic technique and events through consistent log of casework 1 2 3 4 5

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Asterisk indicates double weighting of item.

Employee Work Effectiveness Rating Scale

II. BASIC JOB PERFORMANCE

1. Gets to work on time and adheres closely to 40 hour work week 1 2 3 4 5

2. Follows procedures as to posting schedule, recording comp time, requesting overtime, etc. 1 2 3 4 5

3. Keeps current on required paper work 1 2 3 4 5

4. Maintains required once per week meeting schedule with client families 1 2 3 4 5

5. Attends required staff and team meetings 1 2 3 4 5

6. Keeps and is on time for client and work-related appointments 1 2 3 4 5

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. RESPONSE TO TRAINING AND SUPERVISION

- 1. Reads assigned training materials . 1 2 3 4 5
- 2. Attends required training sessions 1 2 3 4 5
- 3. \*Responds effectively to training recommendations  
and case supervision by immediate superior  
2 4 6 8 10

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. PERSONAL INITIATIVE

- 1. \*Initiates ideas (e.g. innovative treatment technique)  
and works to carry them through within the team and  
Project organization 2 4 6 8 10
- 2. \*Volunteers and/or works effectively through to com-  
pletion on special projects 2 4 6 8 10
- 3. \*Shows good cooperation in working with colleagues  
in order to make the Project work in an organized  
and effective fashion 2 4 6 8 10
- 4. Presents work he believes informative to others  
and seek opinion and assistance in work he  
believes roadblocked 1 2 3 4 5

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TRAINING SCHEDULE FOR NEW  
BEHAVIOR ANALYSTS: VERSION #1

- I. General introduction to Project Intercept
  1. Philosophy and purpose
  2. Project structure and functions (also relate to other agencies)
  3. Personnel and their duties
  4. Detailed description of job, personnel manual and use of paperwork and forms
  
- II. Didactic training in Intercept therapy
  1. Assigned reading list coupled with regular discussion with team leader and tests on material
    - a) Readings on Basic principles
    - b) Readings associating principles with techniques, applied technology
    - c) Readings exemplifying applied technology in varied environments (e.g., school, clinic, natural, family)
  2. Manual covering basic aspects of applied technology (developed by Project personnel)
  
- III. Applied training in use of therapy principles and techniques in family and individual therapy (gradual shaping in the use of such methods in the natural setting, advancement to each step contingent upon success at the prior step, pressure of crises, imposing problems, etc. relieved by team leader functioning as co-therapist)
  1. Assignment: Shape family to specify one or a few problems in terms of behavior
  2. Assignment: Shape family to track and chart specified problems (baseline period)
  3. Assignment: Develop a simple therapy program with assistance of team leader
  4. Assignment: Follow through on program from initial period to some outcome, participate in program revision and/or fading and generalization aspects of program termination
  5. Begin to take larger responsibility for therapy conduct and programming at team leader's discretion
  6. Complete paper and pencil test on hypothetical case situations in which BA must describe his treatment approach.

**END**