

ABSTRACT

PARENT PARTICIPATION IN THE TREATMENT  
OF THE ADOLESCENT DELINQUENT

by

THOMAS GERARD CLEARY

This thesis is based on a study of eighty juvenile delinquents who were receiving service from the Corrections Division of the Halifax District Office of the Department of Public Welfare on March 31, 1960. It is part of a group study carried out by the second year students of the Maritime School of Social Work.

Primary data were obtained from the case records of the Halifax District Office of the Department of Public Welfare, the Nova Scotia School for Boys, and the Child Guidance Clinic. The data were collected by the group as a whole by means of research schedules. Secondary data consisted of bibliographical material and that information obtained through interviews with experts in the field of juvenile delinquency.

This particular study was concerned with the treatment of the adolescent delinquent, the role that parents play in contributing to delinquency, and the need for parent participation in the treatment.

The findings indicated that the rehabilitation of the offenders was more successful when the parents participated in the treatment and demonstrated the need for more intensive casework therapy with both the parents and the offenders. It was recommended that the present delinquency service be expanded in order to reduce the caseloads of the workers and thereby make more intensive casework possible.

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THE MARITIME SCHOOL OF SOCIAL WORK

PARENT PARTICIPATION IN THE TREATMENT  
OF THE ADOLESCENT DELINQUENT

A Study of the Treatment of Adolescent Clients of the  
Corrections Division of the Halifax District Office of  
the Department of Public Welfare.

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Thomas Gerard Cleary

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## CHAPTER I

### INTRODUCTION

Juvenile delinquency has plagued mankind for many generations. Numerous definitions of the juvenile delinquent have been accumulated, and many theories about cause, prevention, and treatment have evolved. To a large extent this diversity of opinion as seen in the extensive and voluminous literature on the subject, written by moralists, educationalists, judges, sociologists, psychiatrists, and others, is due to each dealing with delinquency in the light of his own profession, and using a different approach. Some of these theories pertain to the treatment of specific misdemeanors rather than the situation causing them. There are many others which appear to be in opposition to each other when delinquents are stereotyped, but are valuable and useful when considered in the light of the realization that there are many types of delinquents, and that delinquent behavior has multiple causes.

In order to dissolve much of the confusion about the cause, prevention, and treatment of

juvenile delinquency both in the minds of the general public, and professional people themselves, it is imperative that each professional person be able to see his particular field, and how and where it fits in with the whole range of anti-social behavior.<sup>1</sup>

This thesis is part of a larger study of juvenile delinquency undertaken by the second year students of the Maritime School of Social Work in order to define and clarify the problem as it exists, and to define the effectiveness of the existing provincial delinquency services. The researchers hope that by carrying out this study they will be in some way contributing to better services for the delinquent child in the future.

The following definition of the juvenile delinquent as set out in the Juvenile Delinquent Act of Canada will be used for the purpose of this study.

"Juvenile Delinquent" means any child who, while apparently or actually under the age of sixteen years, has violated any provision of the Criminal Code or any Dominion or provincial statute, or who is liable by reason of any other act to be committed to an industrial school or juvenile reformatory under the provisions of any Dominion or provincial statute.<sup>2</sup>

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<sup>1</sup>H. Edelston, The Earliest Stages of Delinquency (London: E. & S. Livingstone, 1953) pp. 109-122.

<sup>2</sup>Dominion of Canada Statutes, The Juvenile Delinquent Act (Hull, Quebec: E. Cloutier, Queen's Printer, 1929) c. 46, s. 1



The researchers as a group have taken the hypothesis, that the plan for care and treatment of the juvenile offender should be based on the psycho-social evaluation of the child, rather than on the misdemeanor which is symptomatic of his problem.

The writer, in studying the treatment aspect of the adolescent delinquent has taken the hypothesis that the behavior which characterizes juvenile delinquency usually begins during the childhood years before adolescence, and that the success of the treatment of the adolescent delinquent depends to a great extent on the cooperation of the parents with the court, and the treatment centre involved, in meeting the needs of the individual adolescent.

Adolescence is given separate recognition because of the many marked and distinctive alterations of behavior, and psychological functioning that occur in this developmental period of life, as a result of the distinctive changes in the biosocial status of the human organism, and the increased rate of psychological change. During adolescence many unique problems of adjustment are generated.

It is not the intention of the writer to stereotype adolescent delinquents because they, as a group, tend to feel, learn, think, or act in certain characteristic

ways, or because they present certain common problems of adjustment, due to the fact that they are all passing through the same developmental period. Individual differences are important and cannot be ignored. On the other hand in order to understand adequately the behavior of the adolescent delinquent and how best to treat him, the peculiarities of this stage in his development which influence his behavior must be given due consideration.<sup>1</sup>

It is hoped that this exploratory study will show if the methods used in treating the adolescent delinquent are satisfactory and ascertain whether or not the success of the treatment depends to an appreciable degree on the parents participation in the treatment. It is also hoped that this study will point out the areas in treatment which require greater attention, so that this attention may be given and thereby improve the delinquency service.

A universal sample consisting of one hundred and seventy-six delinquents who were receiving service from the Department of Public Welfare on March 31, 1960 was used to study trends and patterns rather than specific children. This universal sample was heterogeneous in nature, including minority groups such as these

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<sup>1</sup>David P. Ausubel, Theory and Problems of Adolescent Development (New York: Grune & Stratton, 1954) pp. 6-8.

delinquents who were wards of the Director of Child Welfare. A sample consisting of eighty juvenile delinquents who were over twelve years of age, and under seventeen years of age, who were living in their own home under the guardianship of their parents at the time of the opening of the case was studied in detail by this researcher. This sample was limited to offenders in this particular age group since this study deals chiefly with adolescents; the reasons for which have already been stated. Only those cases were selected where the children were living in their own homes under the guardianship of their parents since this part of the total project was concerned with the treatment aspect of delinquents in relation to parents participating in the treatment. Certain cases in this sample were analyzed for illustrative purposes.

This particular study was focused on the methods and techniques used in treating the adolescent delinquents in the sample group and in determining the degree to which parents take part in the treatment process, and the bearing this had on the success of the treatment. The study was made by statistical and case analysis of the data obtained from the case records of the sample.

The findings of this study are based on the following considerations: (a) the age of the delinquent at the

time of the first offense, the type of offense and the number and seriousness of subsequent offenses, (b) parental-child relations, (c) the methods and techniques used in the treatment of the delinquents and their parents, and (d) the factors in the environment which affected the treatment.

The study was limited by the fact that the case records had not been written specifically for research purposes; consequently many of the records were lacking in information meaningful to this study. It was further limited since the researcher did not interview the delinquents and their parents, and only a portion of the total sample were adolescents under the guardianship of their parents. These last two limitations were limits set by the researcher due to the nature of the study and the short time allotted for it.

Primary data used in this thesis were obtained from the case records of delinquents of the Department of Public Welfare, the Nova Scotia School for Boys, and the Child Guidance Clinic. The first group of secondary data were obtained by interviewing professional and prominent people in the community who have had experience in dealing with juvenile delinquents. The second group was bibliographical data obtained from books, pamphlets, and periodicals on juvenile delinquency and adolescence

written by experts in psychiatry, psychology, sociology, and social work. The data received from this source has been used to portray the current theory and thinking about the treatment of the adolescent delinquent with respect to parents participating in the treatment.

Primary and secondary data were collected by the group of researchers using a schedule constructed by the group. The schedules had been constructed so as to enable the collection of statistical and case data. The boundary date for the collection of data was September 30, 1960.

Case analysis was more widely used in this thesis since past and present parental-child relationships and the satisfaction of the child's needs were important factors.

Statistical tables have been used to give depth to the understanding of trends and patterns in juvenile delinquency.

The researchers as a group feel that this study is appropriate at this time when there is an awakening interest in juvenile delinquency across the country and communities are taking a first hand look at their total program for youth, especially delinquent youth.

It is hoped that the findings and recommendations made in this thesis as a result of this research project will in some way contribute to more effective treatment of juvenile delinquency.

## CHAPTER 11

### THE NEEDS OF THE DELINQUENT ADOLESCENT

If all the needs of the individual could be met adequately and without delay, without violating laws, there would be no point in such violation, and a minimum of internal, indirect and direct control would suffice to secure conformity.<sup>1</sup>

#### Legal Framework

Prior to discussing the treatment aspect of juvenile delinquency in relation to parent participation in the treatment of the adolescent delinquent, it is necessary to consider the legal framework in which this treatment must be administered.

The present legal machinery for dealing with juvenile delinquency is the juvenile court. This court is the result of a movement that is based on a philosophy which places emphasis upon "treatment consequence" rather than on "behavior circumstance" which is the prevailing view point of the criminal court.

The first juvenile court was established in Chicago, Illinois, U.S.A. on July 1, 1899. This was the first recognition of a separate area of control for juvenile offenders.<sup>2</sup>

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<sup>1</sup>Ivan E. Nye, Family Relationships and Delinquent Behavior (New York: John Wiley & Sons Inc., 1958) p. 7.

<sup>2</sup>Glyde B. Vedder, The Juvenile Offender (New York: Doubleday and Co. Inc., 1954) p. 294.

In Canada, this recognition came with the passing of the Juvenile Delinquent Act in 1929, making it possible for juvenile offenders under sixteen years of age to receive special attention.<sup>1</sup>

The juvenile court protects children from the criminal court surroundings and considers them not as criminals, but as children in need of aid, protection, and guidance. In the juvenile court justice is not dependent upon the offence committed but upon the needs of the individual child. Programs of education and social work designed for the rehabilitation of the homes of the offenders replace the immediate sentencing of children and further breakdown of the home.

The purpose of the court in working with the children is to endeavour to understand the problems which have caused them to become delinquent, and to alleviate adverse conditions as much as possible. In order to serve these social purposes, the court has the authority to carry out wide investigations before, during, and after the hearing. These investigations are clinical in nature and include a broad study of the child's home, and other environment, physical examinations, psychological testing and studies of the child by the psychiatrist. Having obtained the facts the court attempts to help the child to see that his conduct

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<sup>1</sup>Dominion of Canada Statutes, op. cit.



is harmful to himself and society, and why it should be avoided. It also attempts to ameliorate the unfavourable factors in the home, enable constructive character building and directs the child to higher standards of living and personal conduct.

The studies made by the court reveal the nature and extent of the contributions which the parents have made toward delinquency. They also indicate the modifications which are desirable in the home surroundings and parental attitudes in order that the child may experience better example and guidance in the future.<sup>1</sup>

Later in this chapter, parental attitudes and practices will be discussed, and the manner in which they are related to the psycho-social needs of the child and his personality development.

In disposing of a case involving a child or adolescent, who is not psychotic or feeble-minded, most juvenile or criminal courts will either return him to his home on probation, place him in a foster home on probation, or commit him to a correctional institution. It is believed that the most desirable disposition of a case involving first offenders is to return the child to his own home on probation under court supervision.<sup>2</sup>

The following Table 1 illustrates the court disposition of the eighty delinquents in the sample at the

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<sup>1</sup>Vedder, op. cit. pp. 294 - 295.

<sup>2</sup>Ibid., p. 337.

time of their first offense.

TABLE 1

DISTRIBUTION OF 80 OFFENDERS IN THE SAMPLE  
ACCORDING TO AGE AND COURT DISPOSITION  
AT THE TIME OF THE FIRST OFFENSE

AGE IN YEARS	PROBATION	INSTITUTION	ADJOURNED	N.R.	TOTAL
9 under 10	1	0	0	0	1
10 under 11	3	0	0	0	3
11 under 12	0	0	0	0	0
12 under 13	9	3	1	1	14
13 under 14	14	12	1	0	27
14 under 15	14	5	1	0	20
15 under 16	12	2	0	0	14
16 and over	0	1	0	0	1
TOTAL	53	23	3	1	80
PERCENTAGE	66.25	28.75	3.75	1.25	100.0

The findings are consistent with theory in that 66.25% of the offenders were placed on probation compared with 28.75% who were committed directly to a correctional institution.

The juvenile court judge, using the pre-trial study as the criterion for disposition, decides each case in a manner which will best suit the individual child's needs at that particular time.

Another service which warrants mentioning here since it is very important in the treatment of the delinquent and his family is the juvenile parole supervision, sometimes referred to as after-care supervision. The purpose of after-care supervision is to help the offender who has been

in the institution adjust back to the community.

Probation, institutional treatment, and after-care all have the same goal, to rehabilitate the offender and to alleviate unfavourable conditions in the home and elsewhere which are contributing to his delinquency.<sup>1</sup>

### Personality Development and Delinquent Behavior

The studies made by the juvenile court reveal the unfavourable factors in the home. This section will be devoted to an examination of these factors with regard to the nature and extent of the contributions which parents have made toward delinquency. The focus will be upon the satisfaction of the child's psycho-social needs, the bearing this has on his personality development, and how it is related to delinquent behavior.

No complete list of all the needs of the child has been compiled. However, the child's needs for affection, recognition and security are of paramount importance in his development. These needs will be discussed with regard to the manner in which they may be satisfied and the effect on the personality of the child when they go unmet.

For the fulfillment of the child's needs the family is of primary importance. There are two main aspects of the parental role that deeply influence the structure of the child's personality. The parents are his main source of affection and care, consequently they are a source of

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<sup>1</sup>Ibid.

security. On the other hand, because they are disciplinary agents interfering with the free expression of his impulses they are a source of frustration,<sup>1</sup>

✱ It is through affection, care, and discipline that the parents help the child develop from a self-seeking creature demanding immediate satisfaction for his wants to a law-abiding citizen. Normally the ambivalent feelings that are created in a child toward his parents by loving them for the care and affection shown, and by hating them for the restrictions placed on him are resolved by the child's identifying with the parents. The child, in wanting to keep his parents love by being good and fearful of losing it and being punished if he is bad, unconsciously takes over as part of himself the teachings and prohibitions set by the parents. These guide his behavior and forbid him, even after he is no longer guided by direct controls, to do those things of which his parents, and indirectly society, disapprove. Thus he develops his super ego which places indirect controls upon his behavior. The adequacy of the child's super ego depends upon the kind of adults he has patterned himself after, and more important upon the emotional feelings between him and his parents, who are the adults closest to him.<sup>2</sup> ✱

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<sup>1</sup>Maud A. Merrill, Problems of Child Delinquency (New York: Houghton Mifflin Company, 1947) p. 131.

<sup>2</sup>U.S. Department of Labour, Understanding Juvenile Delinquency Children's Bureau Publication 300, (Washington: Government Printing Office, 1943) pp. 8 - 9.

In the homes of delinquent children the process of socialization and the development of mature personalities is retarded by disturbed relationships between parents, and between parents and children. Disturbed relationships affect the child's feelings of being loved and wanted, increase frustrating experiences, and hinder the normal achievement of satisfactory identification with either parent and the development of a healthy personality.<sup>1</sup> The effect that disturbed relationships have on the child's personality development and how this is related to delinquency is illustrated in the following case of David Quinn.

David appeared in court at the age of fourteen years on a charge of break, enter and theft and was placed on six months probation. At this time it became known that David had a long series of delinquencies including destruction of a building, breaking and entering, a number of thefts, and on one occasion truancy. To assist the probation officer in treatment, David was referred to the Child Guidance Clinic for a psychiatric evaluation. The assessment revealed that David fell into the category of personality disorder with anti-social destructive elements. He was diagnosed as having a sociopathic personality. David was a very disturbed and unhappy boy due to an unhappy home situation where inconsistent parental handling was obvious and where he felt rejected by the father and ambivalent toward the mother. His parents stated that he was a difficult boy to handle from the time he was very young. At one time David showed some guilt about his misdemeanors, but became much more defiant and unconcerned.

David's personality was so affected in that he failed to develop a healthy super ego. Consequently he lacked the indirect controls to prevent him from expressing the

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<sup>1</sup>Merrill, op. cit.

aggression generated by the unsatisfactory relationship with his parents and the inadequate satisfaction of his emotional needs through delinquent behavior.

Adolescence serves as a rigorous testing and proving ground of the adequacy of personality structure laid down in the childhood years. Behavior disorder in the adolescent is almost invariably conditioned by constitutional or developmental factors in the home before the onset of adolescence. The basic personality defects that are the primary etiological factors are essentially the results of unfavourable childhood experience.

The majority of adolescent delinquents begin their delinquent careers in pre-adolescence but the adolescent period is characteristically associated with a more regular, serious and organized kind of delinquency. This is due to the fact that "in adolescence the child often strikes back for the first time just because he is now strong enough or well enough integrated against a problem that has actually been quite pressing for a number of years."<sup>1</sup>

The following case illustration is typical of the offenders in the sample.

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<sup>1</sup>J. S. Plant, "Who is the Delinquent" in Juvenile Delinquency and the Schools, 47 Yearbook, Natl. Sec. Stud. Educ., Part 1 (Chicago: University of Chicago Press, 1948)

Rex Gordon first became known to the court when he was seven years of age, having been charged with breaking a church fence. At this time the case was dismissed. At the age of eight years he reappeared in court, was charged with the theft of a cart, and placed on temporary probation. Probation was terminated after one month since the child's delinquency did not appear to be serious. At the age of thirteen years Rex was again in court, having been charged with the theft of a car. He was found guilty and committed to the training school. The pre-trial study revealed that since Rex reached the adolescent period his delinquency was more persistent in that he was involved in numerous petty thefts and stayed out late at night.

The case of Rex demonstrates that delinquency beginning during the childhood years becomes more persistent and more serious during the adolescent period, unless treatment of the child's basic problem is instituted at an early age. Although this boy's early delinquent acts were not of themselves serious they were obviously symptomatic of a grave underlying problem which could have been identified and treated in these early years.

More important than the increased opportunity and ability for executing delinquent acts are the transitional pressures, the anti-adult and aggressive attitudes and the peer group sanctions that are present during adolescence.

Prolonged status deprivation, plus many other psycho-social and psycho-biological problems, increases emotional instability and lowers the threshold for aggressive response against the perceived frustrating agents or their symbolic equivalents.

Among the factors that serve to advance or impede the progress of maturation, conditions relating to family relationships are of the utmost importance.<sup>1</sup>

The parental attitudes or behavior that are particularly relevant to maturation are: the degree of protectiveness, dominance and recognition of the child's competence. These parental attitudes facilitate or impede maturation by promoting or discouraging the child's freedom in obtaining extrinsic status, developing multiple sources of security through satellization with persons and groups outside the home, and adequate frustration tolerance. The following column diagram illustrates the parental attitudes toward the offenders in the sample in the forty cases for the mother, and in the twenty-nine cases for the father on which data were available.

Parental attitudes were considered to be positive when the parents showed an interest in the welfare of the child and were concerned over his behavior. Negative attitudes were present when the parents rejected the child, and expressed their lack of interest or unconcern to the child. Attitudes were considered to be neutral when the parents were indifferent, took no interest in the child and were unconcerned about his welfare.

The significant findings illustrated in the diagram in Figure I is that 71% of the parents had positive

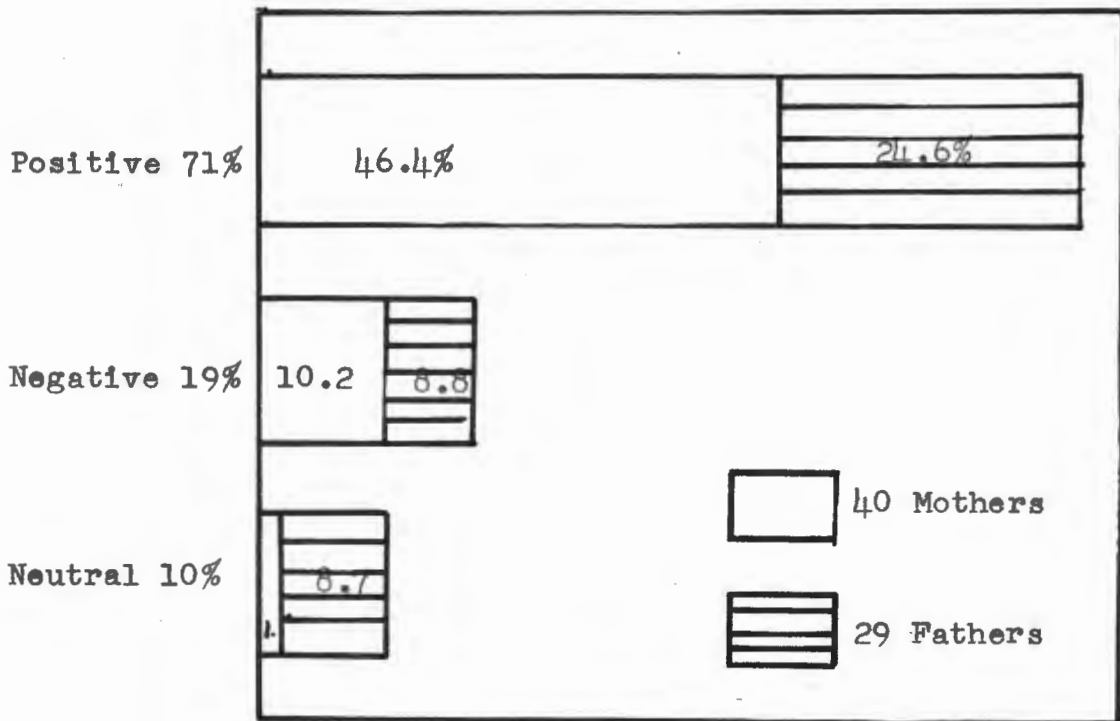
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<sup>1</sup>Ausubel, op. cit., p. 238.



attitudes toward the offenders. This does not mean, however, that the home situation was satisfactory. In the majority of these cases the parents, although they had a positive attitude toward the offenders, were hampered in their wish to meet the child's need for affection, recognition and security by their own inadequate personalities or by such factors as financial difficulties and marital conflict.

FIGURE I  
RATINGS OF PARENTAL ATTITUDES TOWARD  
OFFENDERS FOR 69 PARENTS



In homes where marital conflict is present and there is much quarreling the child feels insecure, because the home may be broken and his needs not met. As it pertains to social control the home is seen as becoming so unpleasant that the adolescent escapes from it at every opportunity and consequently moves away from direct parental guidance and supervision. If parents cannot agree, both internal control, and direct control through restrictions and punishment are destroyed. Affection and respect for the parents are lessened and this results in loss of indirect parental controls.

Indirect controls are those which the child exercises because of a desire to please or to hurt or disappoint and are clearly related to acceptance or rejection of the parent. The child who has a strong affectional identification with the parent is extremely reluctant to injure the parent. On the other hand the child who rejects the parent may indulge in delinquent behavior with the intention of hurting the parent.

Rejection by parents is sociologically as well as psychologically related to delinquency. The indifferent or hostile parent is unlikely to give the sympathetic and constructive supervision needed by adolescents.<sup>1</sup>

The Gluecks found that faulty discipline is more closely related to delinquent behavior than any other

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<sup>1</sup>Nye, op. cit., p. 73.

family characteristic.<sup>1</sup>

Extremely restrictive discipline may prevent the adolescent from meeting his recreational and associational needs in his peer group. If discipline is absent or inadequate, he lacks a portion of direct control over his behavior outside and inside the family. If the parents make no demands or do not try to enforce their demands, the child not only lacks external controls over his behavior but lacks a set of clear-cut parental expectations. If discipline is unfair it may be associated with an ambivalent or negative attitude toward the parents. An attitude of this type reduces the wish of the adolescent to conform to please the parent and to avoid delinquent behavior. Unfair discipline may not consider the intention of the adolescent and may be unexpectedly harsh if the parents use it to relieve their own emotions.<sup>2</sup>

In the study of the eighty cases in the sample data on the nature of the discipline administered by the parents were obtainable in only thirty percent of the cases for the mother, and twenty percent of the cases for the father. However, this percentage is sufficiently representative to give an indication of the type of discipline received by the delinquents in the universal sample.

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<sup>1</sup>Sheldon and Eleanor Glueck, Unraveling Juvenile Delinquency (New York: The Common Wealth Fund, 1950) p. 113.

<sup>2</sup>Nye, op. cit. p. 71.

The nature of the discipline administered by the parents has been categorized into over-strict, moderate, and lax.

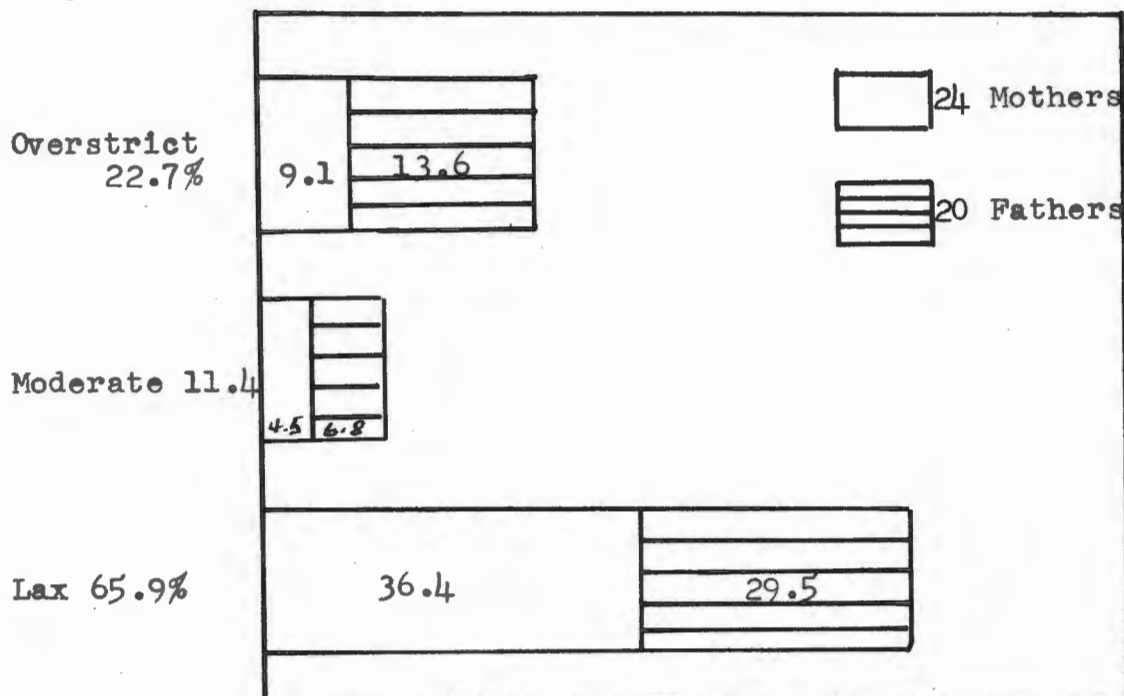
A fair margin of error may exist in the findings since the determination of whether or not the discipline was overstrict, moderate, or lax, depended on the interpretation of the worker working with the children who has recorded the type of discipline in these terms, and due to the fact that where the data in the records did not state the type of discipline in specific terms the researchers who collected the data interpreted the data using the following criteria. Over-strict discipline was defined as excessive, direct controls which were extremely rigid; moderate discipline was discipline that was fair, adequate and in accordance with the child's needs. Lax discipline existed where there was only a minimum or no controls whatever.

The following bar chart illustrates the nature of the discipline administered in twenty-four cases by the mothers and in twenty-two cases by the fathers.

The findings indicate that lax discipline on the part of both the mothers and the fathers is by far the most common. Since no control group was used in this study the discipline cannot be compared with the discipline administered by parents of non-delinquents, to determine the extent to which lax discipline contributes to delinquent behavior. However, the findings are consistent with theory.

FIGURE 2

## PARENTAL DISCIPLINE RATINGS FOR 44 PARENTS



The child who is subject to only a minimum of controls or no controls whatever does not learn to curb aggressive impulses, and to postpone immediate gratification of hedonistic needs. Consequently he may develop strong guilt feelings and a need for punishment which he tries to provoke through delinquent behavior. Accustomed to their parents submission they are unable to accept authority, make unreasonable demands upon others, and expect special consideration.<sup>1</sup>

<sup>1</sup>Ausubel, op. cit., p. 240.

During adolescence appropriate freedom is needed for social and personal adjustment. It is during this period that the adolescent is making the change to adulthood with its self-determinations and responsibility. Extreme freedom sacrifices direct control over the individual and eliminates the direction he requires to fill his needs in acceptable ways. The adolescent is inexperienced in making his own decisions, since during his childhood many, if not most, of his decisions were made for him, and does not know the consequences of the many courses of action that are available to him. If the adolescent gets into serious trouble because of excessive freedom he may blame the parents, and as a result the indirect control they are able to exert over him may be lessened.

Too rigid a control over adolescents may result in his needs being unmet both in and outside of the family. Adolescents generally dislike restrictions on their freedom since freedom itself has prestige value in the adolescent's world.

Whether or not the adolescent will seek the advice and information he so greatly needs from his parents depends on the quality of the relationship he has earlier established with them.<sup>1</sup>

It has been seen how undesirable parental attitudes and practices are detrimental to the child's

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<sup>1</sup>Nye, op. cit. pp. 92 - 98.

personality development and contribute to delinquency. It is therefore unrealistic to hope for any substantial improvement following treatment with the child unless some change is made in parental attitudes and in the home situation.

### CHAPTER III

#### TREATMENT OF THE ADOLESCENT DELINQUENT

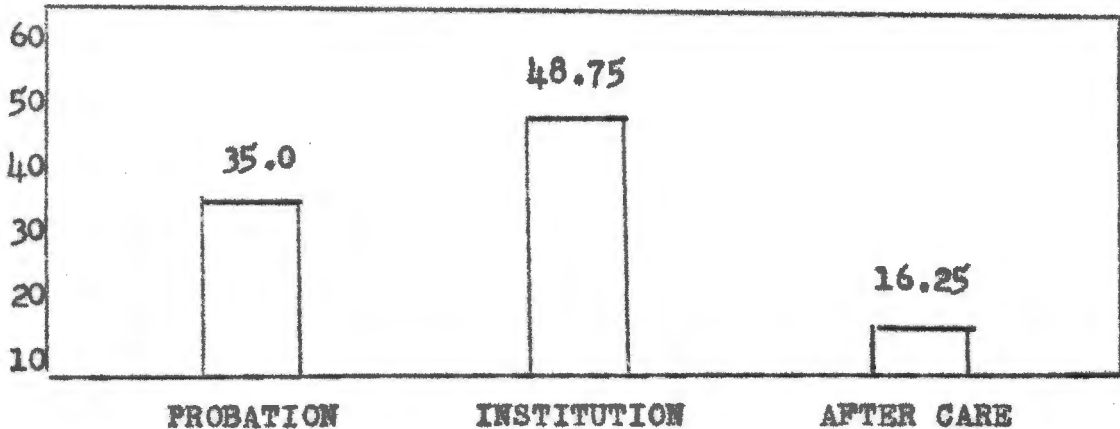
In the foregoing chapter it was seen how deprivation in relation to the child's psycho-social needs affected his personality development and contributed to his delinquent behavior. It is therefore of the utmost importance that any treatment program for the adolescent delinquent be based on a diagnostic evaluation of the child. The social worker who is working with delinquents must be careful not to use an approach to treatment which is designed to fit the misdemeanor rather than the individual, or to stereotype the adolescents because of their apparent similarities. Treatment should provide the adolescent with a living experience that takes into consideration who he is, the nature of his world, and his particular needs, problems, and strengths.

The three main methods of treatment that were used in an attempt to rehabilitate the adolescent offenders in the sample were: probation, institutional placement, and after-care supervision. The following column diagram illustrates the distribution of the eighty adolescent delinquents in the sample according to the method of treatment they were receiving as of March 31, 1960.



FIGURE 3

DISTRIBUTION OF THE 80 OFFENDERS IN THE SAMPLE  
ACCORDING TO THE METHOD OF TREATMENT  
AS OF MARCH 31, 1960



The method of treatment a delinquent child will receive is determined by the court disposition at the time of the court hearing. The judge, taking into account the information he received about the child and his environment from the pre-trial study, places the child either on probation or commits him to a correctional institution, which ever would best meet the individual child's needs. A child is placed on after care treatment when he is released from a correctional institution, to help him adjust back to the community.

## Probation

The juvenile court uses probation as a form of case disposition which allows the child to live at liberty in his own home or in the custody of a suitable person, be it a relative, a friend of the family, or a foster home, under supervision of an agent of the court and upon such conditions as the court determines. Socially, probation is a form of treatment administered by probation officers on a casework basis.<sup>1</sup>

The fundamental principles of casework are the same in an authoritarian agency as they are in a voluntary agency. [The success of the treatment will depend to a great extent on the quality of the relationship the probation officer is able to establish with the delinquent.] [The delinquent must know that the probation officer wishes to help him and that he understands him.] If this is not so the delinquent will not accept the probation officer. To enable the aggressive delinquent to accept an adult as an ally is a difficult task since his former associations with adults have been unhealthy. He sees an adult as an enemy who cannot be trusted. (The probation officer knows the part played by emotional experiences in childhood, in the development of delinquent behavior, and so will want to discuss them with the delinquent.) The delinquent will give the information the probation officer wants only after he is sure that the probation officer will not criticize him, think less of him, or divulge the information. He should be assured early in treatment that what he tells the

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<sup>1</sup>Vedder, op. cit. p. 342.

probation officer is in confidence, however, it may be months before he is sure of this.<sup>1</sup>

In order for the treatment to meet the adolescent delinquent's particular needs it must be dynamic and modified to meet the change in his social situation and in his feelings. The probation officer will not understand the meaning of the delinquent's responses to treatment unless he takes into consideration the many momentous and often overwhelming experiences with which the boy must cope.

The adolescent's own values and goals, and the extent to which they conform to the standards of the community and to those of the worker must be recognized.

Certain values must be affirmed and certain limits set. Setting limits is therapeutic but should be done with recognition of the changing needs of the adolescent in his total life situation. The adolescent's capacity to handle certain aspects of his behavior is taken into consideration. Considered in this light, the adolescent is not taken back to court for every violation of probation, especially when an effort is being made to help him understand the meaning of his behavior. The case of Mark Wilson illustrates this point.

Mark, at the age of fifteen years, was charged in court with break, enter and theft and was placed on six months temporary probation. The boy's parents were

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<sup>1</sup>Vedder, op. cit., pp. 360 - 361.

concerned over his behavior and were cooperative in working towards Mark's rehabilitation. Mark's stepfather did not have a good relationship with him and was reluctant to discipline him. Regular interviews were held with Mark and his parents during the probation period. The focus of the treatment was on establishing a good relationship between Mark and his stepfather, and to encourage the stepfather to play a greater part in disciplining the boy. During probation Mark was caught breaking windows and although no charge was laid he could have been taken back to court for violating probation. However, because of the progress that was being made in improving the home situation and because there had been a margin of improvement in Mark's behavior and the prognosis seemed to be good the probation officer did not take him back to court. The probation officer was able to arrange restitution and it was therapeutically applied.

The capacity of an adolescent to enter into a treatment relationship depends not only on the extent and nature of the particular pathology, but also on his total dynamic status. His external situation and inner psychological struggle form an interacting unit. Often the inner problems cannot be solved without some modification of the external pressures with which the adolescent is unable to cope.<sup>1</sup>

(Not all delinquents on probation will respond favourably to treatment). Often a probation officer will find a case presenting such acute signs of disturbance that he cannot hope to help without psychiatric assistance. Probation, like other casework services must make use of community resources.

According to the National Probation Association which has spent years studying conditions of this kind, a probation officer cannot successfully supervise more than

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<sup>1</sup>Harris B. Peck, Treatment of the Delinquent Adolescent (New York: F.S.S.A. 1954) pp. 41 - 52.

seventy-five cases and in order to do the best work the case load should not be more than fifty boys or forty girls.<sup>1</sup>

The probation officer is a caseworker who carefully studies each child, works out definite plans of treatment, and by utilizing every available community resource, helps him to solve his problems. Unfortunately and to a large extent, this is not so in actual practice. Two main reasons for this are too large a caseload, and inadequately trained personnel. Most probation officers would no doubt like to live up to the theory of their profession, but genuine casework is very rare. In many cases only general supervision is given.<sup>2</sup>

The criterion used to determine the success of the treatment of the eighty offenders in the sample is recidivism.

A comparison of Table 1 with Figure 3 readily reveals a striking change in the number of offenders receiving probation treatment, and institutional treatment.<sup>3</sup> This demonstrates that during the course of treatment up to March 31, 1960 probation treatment was unsuccessful in 47.2 percent of the cases, or with twenty-five offenders, and commitment to the institution was necessary. The percentage of probation failure is further increased when it is considered as of September 30th, 1960. By that date 66.03

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<sup>1</sup>Vedder, op. cit. p. 339.

<sup>2</sup>Ibid.

<sup>3</sup>Supra, pp. 12, 27.

percent, or thirty-five of the offenders with whom probation treatment had been attempted had been committed to a correctional institution.

The average length of probation for the forty-three offenders in the sample on which data were available was 6.9 months. During this period the average number of interviews with the nine single offenders on which data were available was 4.33 and the average number of interviews with the thirteen recidivists on which data were recorded was 4.66 per offender. It would appear that the success or failure of probation did not depend on the difference in number of interviews with the single offenders and recidivists. However, it must be borne in mind that some offenders would require more intensive work than others, depending on their particular needs. This is exemplified by a comparison of the following cases.

Lewis Giles appeared in court at the age of thirteen years along with two other boys on a charge of property damage. This was Lewis' first offense. The pre-trial study revealed that there were no problems in the home situation. His parents never had any trouble with him and felt that he would get into no further trouble. On the strength of the pre-trial study the case was adjourned with an order for the boys to pay restitution for the damages.

Howard Comeau first appeared in court at the age of nine years when he was charged with theft. The pre-trial study revealed that family relationships were very poor. Howard's father was a heavy drinker and had a very sporadic work record. The father's irresponsibility and lack of support caused much marital conflict. Howard was placed on temporary probation. Upon psychological testing Howard was found to be emotionally disturbed by his home situation. He had

feelings of inferiority, hostility, and insecurity. He sought approval, recognition and to belong but felt deprived of these emotional needs at home. He resorted to delinquent behavior to satisfy some of his basic needs of which he was deprived. Subsequent offenses necessitated commitment to the training school.

The fact that the probation officer had an average of only four interviews per offender during a seven month period would have a bearing on the success of probation treatment.

From the data that were available in the case records of the offender the nature of the contact with the children consisted of discussing with them their attitudes toward home, school, probation, and accepting responsibility. In some cases limits were set and support and clarification given. Often threat of commitment to a correctional institution was used as a deterrent to additional offenses.

#### Institutional Treatment

The opportunities that an institution affords for group life in a controlled environment may be precisely what a certain delinquent child needs at one stage in his development to help him learn new ways of living. Such a placement should however, be made only after the child is carefully studied, and after it is determined that the type of treatment offered by the institution can meet his needs at that particular time better than any other type. This is illustrated in the following case of Stewart Butler.

The juvenile court referred Stewart to the Child Guidance Clinic for a psychiatric assessment after an unsuccessful period of probation during which he

committed a number of offenses. The home situation was very poor. His father was an alcoholic and his mother had been treated in a mental hospital for alcoholism. Consideration was being given to committing Stewart to the training school. The psychiatrist's diagnosis was that Stewart had a severe conduct disorder. The Child Guidance Clinic felt that there was no hope whatsoever of helping this boy on any long term basis while he remained in his own home. A recommendation was made to commit him to the training school where he would be in a controlled environment and get consistent discipline.

It should be remembered that delinquents are children who have been deprived of what they need emotionally, socially, and sometimes physically. The institution therefore should try to compensate to them for the deprivations they have endured. The performance of this task by the institution is illustrated in the case of Howard Comeau.

A psychological examination revealed that Howard had feelings of inferiority, hostility, and insecurity. He sought approval, recognition and to belong but felt deprived of the fulfillment of these emotional needs at home. At first Howard had a difficult time adjusting to group living and initially tended to participate only minimally in the program. However, after the first month he developed a sense of belonging in the junior group and became much more talkative and friendly with the boys and staff. He gradually became more outgoing in his relationships with the other boys and derived an increasing satisfaction from participating in the group activities. The staff at the institution noted a big improvement and felt that his needs for attention and security were satisfied more than ever before.

Further disregard of the child's individual needs by mass regimentation, rigid discipline, and blanket rules of punishment would not accomplish this task of compensation for early deprivation.

A training school must prepare the boys and girls for successful living in their homes and their communities.



It must help them to realize those potentialities for growth and achievement that their unfortunate previous experiences had stunted and prevented. To achieve this purpose the focus of the training school must be upon meeting the needs of every child it receives.<sup>1</sup>

The adolescent in need of commitment has usually experienced intense rejection from his family either because of his own personality difficulties or because of the disturbances of other members of his family. This is illustrated in the following case of Allan Locke.

Allan was charged in court for break, enter and theft at the age of fourteen years, and was committed to the Nova Scotia School for Boys. Transportation to the institution was not available for four days and it was necessary to remand Allan to the county jail for the interim period since his mother would not have him return home. Allan's mother had been rejecting him in the past and was using commitment to completely reject him and to have him out of the home.

The adolescent responds to the rejection by his family with anxiety and hostility. He looks upon commitment not only as a punishment for his delinquencies but also as a reprisal for his destructive thoughts generated by rejection. This anxiety about commitment must be recognized and dealt with. For most of these young people commitment represents a final act of parental punishment and rejection.<sup>2</sup>

Many of the children in a correctional institution

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<sup>1</sup>U.S. Department of Labour, op. cit., pp. 49 - 50.

<sup>2</sup>Peck, op. cit., p. 59.

show a high incidence of primary behavior disorder and psychopathic personality. The handling of aggression therefore often becomes a major problem and the principle of authoritative restraint must be clinically applied. A rigidly authoritative and rejecting environment merely recreates the earlier struggle with the rejecting, unloving parents and leads only to a battle of wills or submission and further breakdown of the character structure. A certain amount of restraint is needed or the children's uncontrolled anxiety will get out of bounds. Experience has shown that the less arbitrarily restrictive the regime, and the more voluntary relationships, the less frequently the child will rebel and not cooperate in treatment. The adolescent must be given support against his own destructive tendencies. His ego must be built up to help itself through creative and satisfying activities.<sup>1</sup>

(In order to predict the method of treatment that would be more effective for a certain child it is important to evaluate the dynamic factors in that child. To treat some offenders adequately the supervised environment of an institution is essential. Some delinquents have been so hurt by rejecting parents that they cannot be receptive and responsive to family living. After a period of treatment in a more neutral environment in the institution some may

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<sup>1</sup>Gordon Hamilton, Psychotherapy in Child Guidance (New York: Columbia University Press, 1947) p. 161.

be able to return to their own homes successfully, especially when help has been given in improving the home situation. Institutional treatment is usually beneficial for adolescents since adolescence is a period of becoming independent of close parental ties. The institution can also offer greater tolerance of troublesome behavior and difficult personality than can a home environment.<sup>1</sup>

No aspect of the institutional program is so important as the quality of its personnel. It is only when an institution's personnel are themselves mature and able to control the natural desire to dominate the children by virtue of their authoritative position, and are sensitive to the needs of the children and can respect their personalities that an institution can hope to bestow any lasting benefits upon the children.

It is of paramount importance therefore, that training schools be staffed with men and women of well integrated personalities who have a genuine fondness for children. A child can accept discipline and profit from it if he knows that the person administering it is fair and has an abiding regard for him.

Often many delinquents who have severe emotional, mental, and physical handicaps are committed to a training

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<sup>1</sup>Lois Pyles, Institutions for Child Care and Treatment (New York: Child Welfare League of America, 1947) p. 15.

school because the community has no other means of caring for them. Special institutions or treatment facilities designed to meet the needs of these children should be established. These children are not only unable to profit by the training school experience, but often disrupt the program for the other children. This is illustrated in the case of Phillip Irving.

Phillip was committed to the Nova Scotia School for Boys at the age of twelve years, after probation was unsuccessful in helping him to improve. Shortly after his commitment the supervisors of the junior group in which he was placed reported that he had the whole group in a turmoil. He could not leave the boys alone, continuously hit them, or caused quarrels with no apparent provocation. He was unable to follow routines of school work or to participate in games which had been carefully explained to him. At nights he was a considerable problem because he was unable to settle down and so kept the other boys in the dormitory awake and upset.

Phillip was given a psychological test and it was discovered that he was very emotionally disturbed. Psychiatric investigation was recommended. Attempts to have Phillip committed to the Nova Scotia Mental Hospital were unsuccessful. It was decided to retain him at the institution and to help him as much as possible.

Phillip remained at the institution for approximately seven months. His behavior showed a slight improvement during his incarceration, however, his delinquent behavior resumed after his release and recommitment was necessary.

A correctional institution's task in treating the offenders who can best use its service is a difficult one requiring a well integrated programme. Disruptions in the programme, such as those caused by emotionally disturbed children affect adversely the rehabilitation of the entire group.

One of the drawbacks of many institutions has been their isolation from the communities from which the delinquent children came, and to which they must return. Often the children return to the very conditions that gave rise to their difficulties, and before long fall prey to the destructive forces that provoked their previous delinquency. The staff at the Nova Scotia School for Boys do not visit the homes of the offenders who are committed to the institution, and visits by parents to the institution are infrequent due to its location. Contacts with the parents are maintained by social workers of the district offices of the Department of Public Welfare and Children's Aid Societies. These workers seldom visit the institution but regular correspondence is carried on.<sup>1</sup>

The success of institutional treatment can be determined by the number of children who committed offences after their release.

By September 30, 1960, which was the boundary date for the collection of data, fifty-four of the offenders in the sample had either received, or were receiving institutional treatment. Out of this number forty-six had been released. Because of further offences 19.6 percent of those released were committed, and 2.2 percent were re-committed twice. This indicates that as of September 30, 1960, institutional treatment had been successful with 78.2

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<sup>1</sup> Interview with Mr. A. J. Sands, Superintendent, Nova Scotia School for Boys, January 4, 1961.

percent of the offenders released back to the community.

The average length of stay in the institution of the forty-six offenders who had been released was 8.4 months. In thirty cases data were available on the number of interviews with the parents by the worker while the child was in the institution, the average number of contacts was 1.7. This indicates that very little work was done with the parents to prepare the home for the return of the offender by removing the unfavourable factors in the home which had contributed to his delinquency.

#### After Care

After returning home from the institution the child will need encouragement and guidance in making the necessary readjustments. Unfortunately considerable stigma is still attached to a training school experience. The child must be helped to face the prejudice and suspicion of the community and sometimes even of his family because he has been in a correctional institution. After Care or parole supervision has been designed to meet this need of the child who has been in the protective confines of an institution.<sup>1</sup>

Prior to releasing an offender on parole it must be determined if he is capable of living in the community and remaining at liberty without violating laws. The negative and positive considerations must be assessed. Reports on the child by the professional staff of the institution should

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<sup>1</sup>N.S. Department of Labour, op. cit., p. 51.

be consulted and an analysis made of the child's educational progress within the institution, his plans for the future, his maturation and the seriousness of his intentions to be a law abiding citizen. In addition the child's conduct during incarceration, previous offence record, and his present attitude toward life in general should be studied.

Efficient parole supervision is one of the most important phases of the whole rehabilitative process. Releasing the youth from the correctional institution and his subsequent adjustment under after care supervision should be a gradual process. One of the drawbacks in the rehabilitation of the offender at the present time is the after care supervision. Insufficient personnel and lack of training hinder the staff from readily coping with the problems of the post-institutional period. The program required in training children on parole, in principle, involves extensive and professional casework.<sup>1</sup>

The after care officer should have a thorough knowledge of community resources which can be utilized for helping the children with particular problems as they arise. While the child is still in the institution some work should be directed toward the treatment of faulty attitudes and habits of the parents and any other defective phases of the social environment. If this were done after care supervision would in most cases be more effective and successful.

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<sup>1</sup>Vedder, op. cit. pp. 442 - 443.

The after care officer should study each case thoroughly before release, as well as during supervision in order to prevent problems before they occur, or at least work for a solution before they become more serious. It is important to make frequent contacts with the child in the early phases of supervision but as the child becomes better adjusted to his home and the community and is better able to continue on his own less supervision would be required.

In the section on institutional treatment it was seen that 85.2 percent of the fifty-four children in the sample who had been in the institution had been released on after care service by September 30, 1960, and that 21.8 percent had been recommitted because of further offenses which occurred during after care treatment. A study of the number of contacts by the after care officer with the children reveal that the average number of contacts with the recidivists was 8.9 compared with an average number of 5.5 contacts per single offender. The average length of after care service up to September 20, 1960 for the forty-six offenders in the sample who received after care treatment was fifteen months.

While the difference between the number of contacts with offenders and recidivists is insignificant, more frequent interviews with the offenders would no doubt

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<sup>1</sup>Arthur E. Fink, "Parole Supervision: A Case Analysis" Federal Probation Vol. XV, (1951) pp. 39 - 85.



have reduced the number of recidivists.

### Child Guidance Clinic

The Child Guidance Clinic is a very valuable source of treatment for delinquent children. The first clinic set up in 1921 was for this purpose, and delinquents were put on probation to, or paroled to the clinic. Over the course of the years the clinic has come to focus on the treatment of disturbed children before they come into conflict with the law.

Today delinquents generally are not placed on probation to, or paroled to the Child Guidance Clinic, but are referred to the clinic for treatment when the emotional disturbance or personality disorder warrants.<sup>1</sup>

In the sample the outcome of the nine cases that were referred to the Child Guidance Clinic for psychiatric assessment is as follows. Three were recommended for commitment to the correctional institution, three were taken on in treatment, two were put on the waiting list for treatment, and one was not taken on for treatment because of the lack of motivation of the mother.

Even though the cases referred to the clinic are not taken on in treatment the psychiatric assessment is very helpful to the worker who is carrying the child on probation, or after care, or working with him in an institutional setting.

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<sup>1</sup>Ibid., p. 6.

In this chapter the emphasis was placed on the treatment of the adolescent delinquent with only minor reference to the treatment of the parents. The nature of the parent's involvement in their child's delinquency as seen in Chapter 11 strongly indicates the importance of the parents participating in the treatment process. The following chapter deals with the treatment of the parents of delinquents and the extent to which the parents of the offenders in the sample participated in the treatment.

## CHAPTER IV

### TREATMENT OF PARENTS AND ITS EFFECT ON THE SUCCESS OF THE TREATMENT OF THE ADOLESCENT

The tragic contributions which parents have made to delinquency have been outlined in Chapter II. The need for the treatment of parents who are interfering with the healthy development of their children can hardly be questioned. The intention of this chapter is to examine the problems encountered in drawing them into treatment, and the manner in which parents of delinquents can be treated. A comparison will be made of the success of the treatment of the adolescent delinquents in the sample and the degree to which the parents participated in the treatment.

#### Treatment of Parents

One of the very distinctive characteristics of parents of delinquents is their strong resistance to becoming involved in treatment. Sometimes this is due to ignorance and a feeling of inability to cope with their economic, and personal situations, but more often they cannot bear to face the role which they themselves have played in forming the behavior tendencies of the delinquent.

Some parents are resistive because they have not been conducting their own lives properly and do not want it revealed. They react to the offer of help by saying that the delinquent alone is at fault, and that he alone should be dealt with. They project the blame on the adolescent's companions and other factors outside of the family life. They cannot see how conditions in the family life could be blamed or changed.] This is evident in the case of Barry Glancy.

Barry, at the age of fourteen years was committed to the Nova Scotia School for Boys on a charge of break, enter and theft. Two previous periods of probation were unsuccessful in helping him overcome his delinquent behavior. The parents defended Barry but did not condone his delinquency. They were very uncooperative with the social worker and felt that questioning, regarding the boy's early life and their present situation was most unnecessary.

Barry made excellent progress while in the institution. He acquired increased feelings of competence and self assurance and upon release had a positive attitude toward after care service. However, Barry's delinquent behavior resumed a few months after his release. This recidivism could be related to the result of the lack of cooperation by the parents with the worker to remove the unfavourable factors in the home environment which contributed to his delinquency.

The unwillingness of parents to discuss the family situation may be an attempt to conceal their underlying concern about their own part in contributing to delinquency.

Once the parents of the delinquent are drawn into treatment they react in various ways. Many attempt to use the service to reinforce their own punitive drives, or may use its permissiveness to avoid facing their own

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<sup>1</sup>William Healy and Augusta Bronner, New Light on Delinquency and Its Treatment (New Haven: Yale University Press, 1943) p. 146.

and the child's real problems.

✓ Many of the parents display considerable guilt because of the manner in which they have treated their child. In most of these cases the parents are not able to identify with the adolescent and his difficulties because their guilt is often related to their own childhood experience. They attempt to use treatment to satisfy their own needs and frustration, and disregard the adolescent and his needs. They often have distortions in their relationships with their own parents or marital partners, and are hampered both in and out of the home by the same unresolved problems that interfere with the relationship with their child. ✓ Very often their inner conflicts and their economic and social situation, usually brought about by their own inadequacy, overshadow the problem of the adolescent's delinquency. ✓ This is exemplified by the case of Ronald and Gery Archer.

Ronald and Gery were committed to the Nova Scotia School for Boys on a charge of truancy at the ages of fourteen years and fifteen years respectively.

The Archer family was living in a basement apartment of a dilapidated tenement building, and living conditions were very poor. Mrs. Archer was deserted by her husband fourteen years ago and was in receipt of social assistance. She had four illegitimate children since her husband left. Social assistance was terminated because a common law union was suspected. Mrs. Archer indicated that the father of the children was not living with her nor supporting the children. Because of the poor living conditions and financial difficulties the mother wanted the boys to go to the institution and therefore did not encourage them to go to school. The boys adjusted easily to the institution. They could have been released during the summer but requested to stay because of the poor home conditions.

The initial interview with the parents is very important since it is at this time that most parents first show their resistance to involvement in the treatment process. Unless such resistance is recognized and dealt with, it may prove impossible to engage the parents in treatment. They will either remain in the background, or actively obstruct treatment with the adolescent, so that neither they nor the delinquent can receive any help. This resistance to becoming involved in treatment was seen in Mrs. Nelson.

At the age of thirteen years Gerald Nelson was found guilty of theft and was placed on temporary probation. At the time of the offense, Gerald's mother indicated to the social worker that she felt her son was being unjustly treated. She could see no reason why he would have to go to court because it was the first time he had stolen anything.

A subsequent offense during probation caused Gerald to be committed to the Nova Scotia School for Boys. Mrs. Nelson was very bitter about Gerald's placement and felt that he was being railroaded into going to the school. Her resistance was so great that she considered the possibility of having a lawyer work towards his immediate release.

Gerald did not get along well at the Nova Scotia School for Boys. The staff felt that the mother's negative feelings adversely affected Gerald's accomplishment in the school's programme.

At the time of Gerald's release from the school an attempt was made to help Mrs. Nelson to develop a positive attitude toward after care, but very little success was achieved.

If the resistance is dealt with adequately from the beginning the parents may be enabled to proceed with, and benefit from treatment.

If the parents are helped to look upon treatment as being free from excessive authoritarian and primitive

distortions, they may make use of the therapeutic relationship to change some of the factors in the relationship with their children which bear directly on the adolescent's delinquency. The social worker's contact with the parents of Mark Wilson illustrates this point.

At the age of fifteen Mark was charged with break, enter, and theft and was placed on temporary probation. The home study revealed that there was a difference between the parents over the handling of the boy and that they had little understanding about his needs. The parents cooperated with the worker and acquired a better understanding of Mark's needs and were able to see the importance of consistent handling. This resulted in an improvement in the boy's behavior.

In order to establish and maintain a treatment relationship with these parents the role of the worker must be explained again and again. The social worker cannot let them manipulate him into obtaining punishment or leniency for the child. The clarification of his role often precipitates in these parents responses that lead to the discussion of their feelings toward authority and their difficult experiences in their own childhood. Often when parents realize that the permissive attitude of the worker is not in agreement with their demands for punishment of their child, they endeavour to withdraw from the contact.

During treatment the examination of the parents attitudes and methods of relating to their children often generates guilt and anxiety that can be mobilized constructively. The therapeutic relationship is strengthened

if the worker can accept such behavior as reflections of the parents desperate struggle to maintain an equilibrium against overwhelming pressures. In the course of treatment some parents are able to modify certain basic attitudes and in some instances take over some of the worker's attitudes by identifying with him. The treatment may succeed in stabilizing the family and these changes may make it possible for the adolescent to consolidate the gains he has made in his own treatment.]

This is illustrated in the following case of David Quinn.

David was placed on six months temporary probation on a charge of break, enter, and theft, at the age of fourteen years. The home study revealed that the father was rejecting David and that the mother was ambivalent. During the probation period the parents were helped to understand the needs of their son, to set limits on him and to exert consistent discipline. The parents were very cooperative with the worker and acquired a more positive attitude toward David. David reacted to this change in the relationship with his parents by an improvement in his behavior.

In a classification of the cases studied in the juvenile delinquency research unit of the Judge Baker Guidance Center it was found that the majority of parents of delinquents fall into the category of impulse ridden character disorders.

Primarily social workers are accustomed to working with clients who have achieved a sufficiently high level of personality development to be motivated to seek help and to engage in a treatment relationship. Since many of the

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<sup>1</sup>Peck, op. cit., pp. 37 - 39, 57.



parents of delinquents have character disorders they have not reached this level of maturation, and therefore, do not respond to conventional methods.

Basically people with character disorders are constantly threatened by anxiety, and much of their behavior is designed to ward off this anxiety. These people do not distinguish between various types of emotional tensions, consequently any kind of emotional drive precipitates the same response.

The impulse-ridden people seem to be always in a state of turmoil, and the worker must relate to them in the midst of this turmoil or not at all. A further difficulty in working with these parents is that, in spite of the intensity of their emotions, they cannot enter into a discussion of their feelings and behavior.

The successful treatment of character disorder through casework is difficult. The goal of casework should be that of promoting gradual maturation with eventual progression toward more advanced levels of personality development. The treatment cannot be achieved in a few interviews. Treatment of these parents is a long term undertaking.<sup>1</sup>

To determine the degree to which the parents participated in the treatment of the eighty adolescent offenders in the sample, and to ascertain whether or not this

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<sup>1</sup>Reiner, Beatrice Simcox, and Kaufman, Character Disorders in Parents of Delinquents (New York: F.S.A.A., 1959) pp. 3 - 8.

had a bearing on the success of the treatment, an analysis was made of the number of contacts with the parents of the single offenders and the number of contacts with the parents of the recidivists.

Of the 31.9 percent of the single offenders on probation, the average number of contacts with the parents was 5.6. Of the 45.2 percent of the recidivists on which data were available, the average number of contacts with the parents was 3.2. The average length of probation service, during which these contacts were made was 6.9 months.

While the number of interviews with the parents of both the single offenders and the recidivists are few in number for the length of service, the difference in the number of contacts with the parents indicate that the success was higher when the parents participated to a greater degree in the treatment.

The nature of the contacts with the parents was helping them to understand the delinquents behavior, assisting them in setting limits and encouraging them to use proper disciplining methods.

Of the forty-six offenders who were released from the institution, treatment was successful in 78.2 percent of the cases. The average number of contacts with the parents in the twenty-six cases on which data were available was 2.9. Of the 21.8 percent of the offenders who had committed further offences after the release from the institution,

data on the number of contacts with the parents were available in only four cases. The average number of the contacts was 4.5.

It is impossible on the strength of the data available to make a valid comparison for the purpose of determining the effect the contacts with the parents, had on the success of the treatment. The nature of the contacts with the parents consisted of making arrangements for the delinquents to go home on Christmas, Easter, and summer vacations. More work could have been done with the parents while the boy was in the institution to remove the unfavourable factors in the home environment which contributed to his delinquency, and prepare the home for his return. In some cases the home environment had deteriorated while the child was in the institution rather than improved.

Data on the number of contacts with the parents during after care service were available in only eight cases where after care was successful, and in only four cases where the offenders had committed further offences. The average number of contacts with the parents was 2.5 and 5.5 respectively during an average length of service of fifteen months.

Due to the lack of information in the records of the delinquents it was impossible to determine the number of cases in which there were no contacts with the parents

whatever. However, sufficient information was available to demonstrate that greater success is achieved in rehabilitating the offender when the parents are drawn into the treatment process.

## CHAPTER V

### CONCLUSIONS AND RECOMMENDATIONS

The court disposition of the eighty cases in the sample was consistent with the theory that every attempt should be made to rehabilitate the offender in his own home where ever possible by placing him on probation. At the time of the first offense of the eighty offenders in the sample, 66.3 percent were placed on probation.

It was seen that the juvenile court has the power to make wide investigation of the home situation to determine the conditions in the home which are contributing to the child's delinquency, and to attempt to improve the unfavourable factors by working with the parents.

It has been demonstrated that the parents play an all important role in the personality development of their children by the manner in which they meet their needs for affection, recognition, and security. The lack of satisfaction of these needs by unfavourable parental attitudes and faulty discipline was seen to have a definite correlation with delinquency since the child often reacts to the resulting frustration by aggressive delinquent behavior.

Lax discipline by the parents was found to be present in 65.9 percent of the cases. This was consistent with theory in that a child who is subject to a minimum of controls, or no controls whatever, does not learn to curb aggressive impulses, and to postpone his hedonistic needs. Consequently he may develop strong guilt feelings and attempt to provoke punishment through delinquent acts. Because this child has become accustomed to his parents' submissiveness he is unable to accept authority, and so has little respect for it.

Delinquent behavior was seen to have its origin in the childhood years but that a more regular, serious, and organized kind of delinquency existed during adolescence. The reason for this is that the adolescent has increased opportunity and ability for executing delinquent acts and experiences an increase in frustration due to transitional pressures, anti-adult and aggressive attitudes, and the peer group sanctions that are present during the adolescent period.

In the treatment of the delinquent adolescent the importance of giving strong consideration to the characteristics that are peculiar to this stage in his development has been emphasized.

The treatment of the delinquent adolescent by the probation officer was seen to be a very complex and difficult task requiring the skill of highly trained workers.

The ideal caseload for doing the best work with the delinquents was considered to be not more than fifty boys or forty girls.

Analysis of the records of fifty-three delinquents gave evidence that there was a 66.3 percent failure with the offenders with whom probation treatment was attempted. The difference in the number of contacts with the single offenders and the recidivists did not prove to be the determining factor in the success or failure of the treatment. However, findings indicated that more intensive work could have been done with the offenders and their parents by the probation officer, and thereby increase the possibility of successful rehabilitation.

In the cases where the offenders were committed to a correctional institution no contacts were made by the after care officer with the offenders while they were in the institution to prepare them for their release, and very few contacts were made with their parents, except to make transportation arrangements for the child to return home on vacation or release. Little work was done with the parents in an attempt to improve the unfavourable conditions in the home, which had contributed to the child's delinquency. The statistics show that 78.2 percent of the offenders leaving the institution had no further offenses. This would indicate that the institution's programme contributed greatly to the rehabilitation of the delinquents.

The average length of after care service for the offenders who were released from the institution was fifteen months. During this period the average number of contacts by the after care officer with the single offenders, and the recidivists was 5.5 and 8.9 respectfully. The average number of contacts with the parents was 2.5 for single offenders and 5.5 for the recidivists.

While the successful rehabilitation of the offenders who were treated in the institution and were released on after care was good, the percentage of success could possibly have been greater if more intensive after care supervision were given.

Due to the fact that the data in the records were limited the findings are suggestive rather than conclusive, however, from the data that were available from the case records of the eighty delinquents in the sample it can be ascertained that the degree to which the parents participated in the treatment of the adolescent delinquent had a bearing on the success of the treatment. The knowledge of the manner in which parents contribute to the delinquency of their children indicates very clearly that the success of the treatment of the adolescent delinquent will be more probable if the parents are drawn into the treatment process. The fact that the parents of delinquents usually have personality disorders, creates a severe problem in treatment and requires much skill and time.



It is recommended that the present delinquency service be expanded so that more intensive casework therapy can be made available to the offenders who are receiving probation and after care treatment. An increase in the number of social workers providing this service would decrease the caseloads of the present workers and make more intensive casework possible. An expansion of the probation service should reduce the number of offenders requiring institutional treatment. An adequate probation service would make it possible to treat the offender and his parents in the early stages of the child's delinquency, and consequently prevent it from becoming a serious problem.

**APPENDIX A**

SCHEDULE FOR READING RECORDS  
AT DEPARTMENT OF PUBLIC WELFARE

SECTION IIDENTIFYING INFORMATION

- A. Name:
- B. Date of Birth:
- C. Race:
- D. Religion:
- E. Legal Guardian of Child:
- F. Home Address:
- G. Date of Opening of Case:
- H. Status as of March 31st, 1960:  
Probation \_\_\_\_\_ Institution \_\_\_\_\_ After-Care \_\_\_\_\_
- I. Social Service Index Clearance: Yes \_\_\_\_\_ No \_\_\_\_\_
- If yes list agencies registered, with dates:

SECTION IIBACKGROUND HISTORYA. Family.

## 1. Father:

- a. Name
- b. Date of Birth
- c. Place of Birth
- d. Religion
- e. Race
- f. Marital Status
- g. Education
  
- h. Present Occupation
  
- i. Income
- j. Other Significant Information
  
  
- k. Date of Death

## 2. Mother:

- a. Name Maiden Name
- b. Date of Birth
- c. Place of Birth
- d. Religion
- e. Race
- f. Marital Status

g. Education

h. Present Occupation

i. Income

j. Other Significant Information

k. Date of Death

3. Siblings (List each separately if possible. If not give any general information about siblings.)

a. Name

b. Sex

c. Date of Birth

d. Place of Birth

e. Religion

f. Race

g. Marital Status (married name also for females)

h. Education

i. Present Occupation

j. Income

k. Other Significant Information



C. Mobility of Family. (Give addresses, length of residence, reasons for moving.)

D. Description of home.

1. Type of dwelling

2. Number of rooms

3. Number of people in home

4. Owned \_\_\_\_\_ Rented \_\_\_\_\_ Free \_\_\_\_\_

5. Facilities (bathroom, toilet, hot water, etc.)

6. Worker's impression of home:

E. Contacts with other Agencies (dates and details)

SECTION IIIPSYCHIATRIC REPORT**A. First Psychiatric Report Received by Agency.**

1. Clinic, Hospital or other Place at which child was seen
2. Name of psychiatrist
3. Date of report
4. Referral to psychiatrist:
  - a. By whom made
  - b. Reason for referral
  
5. Digest of report plus summary

**B. Later psychiatric reports (record individually)**

1. Clinic, Hospital or other Place at which child was seen
2. Name of psychiatrist
3. Date of report
4. Referral to psychiatrist:
  - a. By whom made
  - b. Reason for referral



SECTION IVPSYCHOLOGICAL REPORTA. First Psychological Report Received by Agency

1. Date of Report
2. Psychologist
3. Referral to psychologist:
  - a. By whom made
  - b. Reason for referral
  
4. I. Q.
5. Name of I. Q. test
  
6. Projective and personality tests used
  
7. Summary of findings

## B. Later Psychological Reports (list each separately as above)

SECTION VDEVELOPMENTAL HISTORY

A. Significant Information about Birth and Early Development.

B. Symptoms of Emotional Disturbance. (Give age of occurrence and methods of dealing with symptom.)

C. Behaviour Problems. (Give ages of occurrence and methods used in dealing with problem including court appearances and probation with dates.)

1. Stealing

2. Truancy

3. Lying

4. Running away from home

5. Vandalism

6. Assault

7. Cruelty to: a. children

b. animals

8. Sexual offences

9. Drinking

10. Illegal use of drugs

11. Incurrigibility

12. Profanity

13. Breaking of curfew law

14. Others

D. Social Development. (Indicate age where significant)

1. Relationships:

a. Parents (specify mother and father)

b. Siblings

c. Peers

- d. Girls
- e. Teachers
- f. Clergymen
- g. Other adults

2. Social Activities:

- a. Organized activities (indicate whether sponsored as educational, church or social)

- b. Informal activities

- c. Gang activities (details of composition of gang)

- i. age

- ii. sex

- iii. size

iv. race

E. Parental Handling. (State whether father and/or mother or parental substitutes.)

1. Discipline: overstrict \_\_\_\_\_; moderate \_\_\_\_\_; lax \_\_\_\_\_.

2. Consistency of handling: consistent \_\_\_\_\_; inconsistent \_\_\_\_\_.

3. Methods:

4. Parental attitudes:

F. Physical Description of Child at time of opening of case.

G. Later Comments of Significance about Physical Appearance. (Give dates)

H. Religious Activity

1. Does child attend Church: regularly \_\_\_\_\_ sometimes \_\_\_\_\_  
not at all \_\_\_\_\_.
2. Details of religious activities and attitudes.

SECTION VIMEDICAL HISTORY

(If report negative indicate \_\_\_\_\_ and do not complete)

- A. Significant Childhood Diseases (give dates)
- B. Physical Handicaps (indicate treatment)
- C. Hereditary or Familial Illnesses
1. Child
  2. Family
- D. Hospitalization Prior to Opening of Case (give dates)
1. Operations
  2. Accidents
  3. Other
- E. Reports from other Medical Resources of Contacts Prior to Opening of Case
1. Department of Public Health
  2. Mental Hospitals



F. Reports of Medical Examinations after Opening of Case. (State findings and recommendations.)

G. Details of Medical Treatment after Opening of Case

SECTION VIISCHOOL RECORDA. As of Time of Opening of Case

1. Age at entering school
2. Age on leaving school and reason
3. Schools attended
4. Grade attained, academic standing, grades repeated and progress.

5. School adjustment: excellent \_\_\_\_\_; very good \_\_\_\_\_;  
good \_\_\_\_\_; fair \_\_\_\_\_; poor \_\_\_\_\_.

General comments:

6. Attendance: good \_\_\_\_\_; poor \_\_\_\_\_.

7. Deportment: satisfactory \_\_\_\_\_; unsatisfactory \_\_\_\_\_.

(Give details)

8. Participation in extra-curricular activities (give details).

9. Child's expressed attitude towards school.

B. Later Information about School Record. (give dates)

SECTION VIIIEMPLOYMENTA. Full Time

1. Age at commencement of employment
2. Type of work
3. Length of periods of employment
4. Earnings: hourly \_\_\_\_\_; daily \_\_\_\_\_; weekly \_\_\_\_\_.
5. Reasons for leaving jobs:
  - a. Work terminated
  - b. Work performance unsatisfactory
  - c. Behaviour unsatisfactory
  - d. Left voluntarily (details)

B. Part-Time

1. Age at commencement of employment
2. Type of work
3. Length of periods of employment
4. Nature of employment: after school \_\_\_\_\_; weekend \_\_\_\_\_; summer \_\_\_\_\_; other casual \_\_\_\_\_.
5. Earnings: hourly \_\_\_\_\_; daily \_\_\_\_\_; weekly \_\_\_\_\_.
6. Reasons for leaving jobs:
  - a. Work terminated
  - b. Work performance unsatisfactory
  - c. Behaviour unsatisfactory
  - d. Left voluntarily (details)

SECTION IXLEGAL ASPECTS

(Fill in new section for each court appearance)

A. Legislation (under which charged)

Date of charge \_\_\_\_\_

1. Education Act
2. Juvenile Delinquent Act
3. Child Welfare Act
4. Any Municipal Ordinance
5. Criminal Code

B. Type of Offense (give details)

1. Break - entry

2. Assault

3. Truancy

4. Theft

5. Curfew

6. Vandalism (specify)

7. Sex offenses

8. Incurrigibility

9. Vagrancy

10. Other

C. Type of Court

1. Juvenile
2. Magistrate
3. Other

D. Complainant

1. Police
2. Attendance Officer
3. Parents
4. Citizens

5. Social Agency

6. Other

E. Legal Representation (give recommendations)

1. Crown

2. Defense

F. Disposition of case

1. Temporary Suspension

2. Commitment to Director

3. Probation

4. After-care

5. Commitment to Institution

6. Dismissal

Period of probation: 1st

2nd

3rd

SECTION XPROBATION

(Complete a separate section X for each period on probation)

A. Date of Court HearingB. Pre-trial Study

1. By whom

2. Number of interviews (note with whom)

## 3. Aspects of individual and environment included

a. Family background      Yes \_\_\_\_\_ No \_\_\_\_\_

b. Family relationships      Yes \_\_\_\_\_ No \_\_\_\_\_

c. School      Yes \_\_\_\_\_ No \_\_\_\_\_

d. Youth groups      Yes \_\_\_\_\_ No \_\_\_\_\_

e. Church      Yes \_\_\_\_\_ No \_\_\_\_\_

## 4. Recommendation of probation officer



C. Judge's Criteria for Disposition (details)

1. Pre-trial study
2. Previous record
3. Attitude of child
4. Behaviour of child during temporary probation

D. Conditions of Probation

1. Temporary (give length) or outright
2. Restitution (details)
3. Fine
4. Reporting (give details of frequency, place and time)
5. Obedience to parents
6. Observance of curfew (details)
7. School attendance
8. Geographical limits (details)
9. Separation from gang (details)
10. Other

E. Nature of Probation Service

1. Number of contacts by Probation Officer

- a. child
- b. mother
- c. father
- d. both parents
- e. other

2. Type of contact

- a. casework (summary of content)

b. law enforcement

c. routine

3. Attitudes toward probation (substantiate)

- a. child

b. parents

F. Violation of Probation

1. Nature of violation
2. Number of times probation violated
3. Corrective measures

G. Termination of Probation

1. Date of termination
2. Criteria for termination
  - a. satisfactory behaviour
  - b. moved from area
  - c. age
  - d. commitment to institution (give details)
  - e. Others

H. Use of Community Resources for Evaluation

1. Psychiatric services (name)
2. Psychological services (name)
3. Police
4. School (truant officer, etc.)
5. Social agencies

## 6. Others

I. Effect of Court Procedure on Child

## J. Use of Authority (punitive, etc.)

1. By judge

2. By probation officer

Period in Institution: 1st

2nd

3rd

SECTION XIINSTITUTIONAL CARE

(Complete a separate section XI for each period of care in institution)

A. Name of InstitutionB. Date of CommitmentC. Pre-trial Study

1. By whom

2. Number of interviews (with whom)

3. Aspects of individual and environment included:

a. family background            Yes \_\_\_\_\_ No \_\_\_\_\_

b. family relationships        Yes \_\_\_\_\_ No \_\_\_\_\_

c. school                        Yes \_\_\_\_\_ No \_\_\_\_\_

d. youth groups                Yes \_\_\_\_\_ No \_\_\_\_\_

e. church                        Yes \_\_\_\_\_ No \_\_\_\_\_

4. Recommendations of social worker (probation officer or other)

D. Judge's Criteria for Disposition (details)

1. Pre-trial study

2. Previous record

3. Attitude of child
4. Behaviour of child during probation

E. Child's Progress in Institution (give details and dates where appropriate)

1. Adjustment to institutional setting and program

2. Relationships:

- a. Staff

- b. Peers

3. Treatment plans and progress

- a. Casework

- b. Psychiatric

- c. Counselling (other than by social worker)

F. Contacts with Parents (date and content)

1. By child

2. By institution

3. Other

G. Treatment of Parents (date and details)

1. Casework

2. Psychiatric

3. Other

H. Contacts with Community (date and content)

1. Child's contacts

a. School

b. Church

c. Recreation

d. Individuals in community

e. Other

2. After-care officer's contacts

a. Relatives

b. School

c. Clergy

d. Other

I. Discharge

1. Recommendations and dates

2. Reasons for delaying discharge

a. By institution

b. By after-care officer

c. Other

3. Date of discharge

4. Terms of discharge (include place)



Period of after-care: 1st

2nd

3rd

SECTION XIIAFTER-CARE

(Complete a separate section XII for each period of after-care)

A. Name of After-Care OfficerB. Preparation by After-Care Officer

## 1. Child

- a. Dates of interviews
- b. Where interviews were held
- c. Nature of preparation (casework services)

## 2. Parents or Substitute Parents

## a. Contact with: (give dates if possible and content)

i. Mother

ii. Father

iii. Both parents

iv. Relative

v. Guardian

## b. Method

i. Interview (state where held)

ii. Telephone

iii. Letter

3. Community (state purpose and results if given)

a. School

b. Church

c. Work:

i. employer

ii. N. E. S.

d. Police

e. Clubs

f. Other

C. Selection for Discharge

1. Date of recommendation

2. By whom made

3. Basis of recommendation

4. Suggestions and recommendations for discharge plans

D. After-Care Services (following discharge)

1. Place to which discharged

- a. home
- b. foster home
- c. relatives
- d. other

2. Plan of treatment (verbatim)

3. Casework Services

a. Child

i. Dates of interviews (or number of interviews during stated period)

ii. Content of interviews

iii. Child's attitude and co-operation

iv. Parole violation and method of handling

b. Parents or Foster parents  
(Give dates of interviews if available)

i. Mother

Father

Both parents

Relative

Guardian

ii. Content of interviews

iii. Parents' attitude and co-operation

c. Community  
(State dates, purpose and results of interviews)

i. School

ii. Church

iii. Work

Employer

N. E. S.

iv. Police

v. Clubs

vi. Other

D. Final Evaluation

1. Child's adjustment and use of service

2. Parents' use of service

SECTION XIIRECORDINGA. Types of Recording

## 1. Narrative

a. Summarized (periodic) Yes \_\_\_\_\_ No \_\_\_\_\_

b. Chronological Yes \_\_\_\_\_ No \_\_\_\_\_

2. Social History Yes \_\_\_\_\_ No \_\_\_\_\_

## Does it contain:

a. Developmental history Yes \_\_\_\_\_ No \_\_\_\_\_

b. Social functioning Yes \_\_\_\_\_ No \_\_\_\_\_

c. Psychological status Yes \_\_\_\_\_ No \_\_\_\_\_

d. Religious affiliation and activity Yes \_\_\_\_\_ No \_\_\_\_\_

e. Economic status Yes \_\_\_\_\_ No \_\_\_\_\_

f. Attitude of family towards child Yes \_\_\_\_\_ No \_\_\_\_\_

g. Recommendations of worker Yes \_\_\_\_\_ No \_\_\_\_\_

## 3. Summaries

a. Summary of impression of child at time of opening of case Yes \_\_\_\_\_ No \_\_\_\_\_

b. Periodic summary in narrative Yes \_\_\_\_\_ No \_\_\_\_\_

c. Transfer summary Yes \_\_\_\_\_ No \_\_\_\_\_

d. Closing summary including

i. identification of treatment used Yes \_\_\_\_\_ No \_\_\_\_\_

ii. present status of case Yes \_\_\_\_\_ No \_\_\_\_\_

iii. prognosis Yes \_\_\_\_\_ No \_\_\_\_\_

iv. reasons for closing case Yes \_\_\_\_\_ No \_\_\_\_\_

## 4. Reports

a. School report Yes \_\_\_\_\_ No \_\_\_\_\_

b. Psychiatric report Yes \_\_\_\_\_ No \_\_\_\_\_

c. Psychological report Yes \_\_\_\_\_ No \_\_\_\_\_

## 5. Documents

- |                             |     |       |    |       |
|-----------------------------|-----|-------|----|-------|
| a. Copy of commitment paper | Yes | _____ | No | _____ |
| b. Notice of settlement     | Yes | _____ | No | _____ |
| c. Copy of discharge paper  | Yes | _____ | No | _____ |
| d. Other                    | Yes | _____ | No | _____ |

## 6. Correspondence

- |   |     |       |    |       |
|---|-----|-------|----|-------|
| a. Letters to agency from                                       |     |       |    |       |
| i. social agencies  | Yes | _____ | No | _____ |
| ii. child   | Yes | _____ | No | _____ |
| iii. relatives  | Yes | _____ | No | _____ |
| iv. others (specify)  |     |       |    |       |
| b. Letters from agency to                                       |     |       |    |       |
| i. social agencies  | Yes | _____ | No | _____ |
| ii. child   | Yes | _____ | No | _____ |
| iii. relatives  | Yes | _____ | No | _____ |
| iv. others (specify)  |     |       |    |       |
| c. Filing of letters  |     |       |    |       |
| i. inter-leafed with text                                       | Yes | _____ | No | _____ |
| ii. filed at end of record                                      | Yes | _____ | No | _____ |
| d. Dated notation in text with brief account of letter content. |     |       |    |       |
|   | Yes | _____ | No | _____ |
| e. Inclusion of sundry correspondence                           |     |       |    |       |
| i. greeting cards   | Yes | _____ | No | _____ |
| ii. appointment letters   | Yes | _____ | No | _____ |
| iii. other (specify)  |     |       |    |       |
| f. Inclusion of inter-office administrative communications.     |     |       |    |       |
|   | Yes | _____ | No | _____ |

B. Content of Recording

1. Psycho-social diagnosis Yes \_\_\_\_\_ No \_\_\_\_\_
- a. Date of diagnosis
- b. Was it reaffirmed Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Was it changed Yes \_\_\_\_\_ No \_\_\_\_\_
2. Treatment Plan
- a. Date of initial treatment plan
- b. Goals Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Evaluation of strengths and weaknesses Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Use of social worker Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Use of other resources Yes \_\_\_\_\_ No \_\_\_\_\_
3. Evaluation of Client-Worker Relationship Yes \_\_\_\_\_ No \_\_\_\_\_
4. Social Worker's activity (other than with client)
- a. Case conferences Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Community contacts by:
- i. interview Yes \_\_\_\_\_ No \_\_\_\_\_
- ii. letter Yes \_\_\_\_\_ No \_\_\_\_\_
- iii. telephone Yes \_\_\_\_\_ No \_\_\_\_\_
- iv. other (specify)

C. Prognosis

1. Stated Yes \_\_\_\_\_ No \_\_\_\_\_
2. Date when recorded:
3. Location in record:

D. Currency of Recording

1. Number of interviews recorded



2. Total length of recording
3. Period of time covered by recording
4. Length of periods covered by summarized recording

SECTION XIVRESEARCHER'S COMMENTS

- A. Evaluation of Record. Compare this record to the other case records which you have read at the D.P.W. and rate it, with respect to content, as:

More complete \_\_\_\_\_ Average \_\_\_\_\_ Less complete \_\_\_\_\_  
 than average than average

- B. Specific Areas of Value. Does this record have particularly significant or complete material in relation to:

1. Legal aspects
2. Use of authority
3. The recidivist
4. Therapeutic aspects of institutional care
5. Psychiatric evaluation
6. Family relationships
7. Family background
8. Community attitudes
9. Criteria for after-care and parole
10. The social worker and the delinquent
11. Siblings of delinquents
12. Boy under 12 and his needs
13. Adolescent and his needs
14. Girl and her needs
15. The team approach
16. Recording
17. Other

- C. 1. Name of researcher
2. Date
3. Length of time involved in reading record

**APPENDIX B**

SCHEDULE FOR READING RECORDS AT  
NOVA SCOTIA SCHOOL FOR BOYS (revised).

Number of this Admission:

Total Number of Admissions:

SECTION I

IDENTIFYING INFORMATION

- A. Name:
- B. Date of Birth:
- C. Race:
- D. Religion:
- E. Date of Admission to N.S.S.B.:
- F. Date of Discharge:
- G. Legal Reasons for Commitment:
- H. Legal Settlement:
- I. Social Service Record: Yes \_\_\_\_\_ No \_\_\_\_\_

BACKGROUND HISTORYSECTION IIA. Family.

## 1. Father:

- a. Name
- b. Date of Birth
- c. Place of Birth
- d. Religion
- e. Race
- f. Marital Status
- g. Education
  
- h. Present Occupation
  
- i. Income
- j. Other Significant Information
  
  
- k. Date of Death

## 2. Mother:

- a. Name Maiden Name
- b. Date of Birth
- c. Place of Birth
- d. Religion
- e. Race
- f. Marital Status

g. Education

h. Present Occupation

i. Income

j. Other Significant Information

k. Date of Death

3. Siblings (List each separately if possible. If not give any general information about siblings.)

a. Name

b. Sex

c. Date of Birth

d. Place of Birth

e. Religion

f. Race

g. Marital Status (married name also for females)

h. Education

i. Present Occupation

j. Income

k. Other Significant Information

1. Date of Death

B. Changes of Residence.

1. Own Home	Place	Dates
-------------	-------	-------

2. Foster Home	Place	Dates
----------------	-------	-------

3. Relatives' Home	Place	Dates
--------------------	-------	-------

4. Institution (Name)	Place	Dates
-----------------------	-------	-------

C. Other Significant Background Information. (Include reasons for commitment.)



SECTION IIIPSYCHIATRIC REPORTA. First Psychiatric Report Received by Institution.

1. Clinic, Hospital or other Place at which child was seen.
2. Name of psychiatrist
3. Date of report
4. Referral to psychiatrist:
  - a. By whom made
  - b. Reason for referral
5. Digest of report plus summary

B. Later psychiatric reports (record individually)

1. Clinic, Hospital or other Place at which child was seen.
2. Name of psychiatrist
3. Date of report
4. Referral to psychiatrist:
  - a. By whom made
  - b. Reason for referral

B. (continued)

SECTION IVPSYCHOLOGICAL REPORTA. First Psychological Report Received by Institution.

1. Date of Report
2. Psychologist
3. Referral to psychologist:
  - a. By whom made
  - b. Reason for referral
  
4. I. Q.
5. Name of I. Q. test
  
6. Projective and personality tests used
  
7. Summary of findings

## B. Later Psychological Reports (list each separately as above)

SECTION VDEVELOPMENTAL HISTORY

A. Significant Information about Birth and Early Development.

B. Symptoms of Emotional Disturbance. (Give age of occurrence and methods of dealing with symptom.)

C. Behaviour Problems. (Give ages of occurrence and methods used in dealing with problem including court appearances and probation with dates.)

1. Stealing

2. Truancy

3. Lying

4. Running away from home

5. Vandalism

6. Assault

7. Cruelty to: a. children

b. animals

8. Sexual offences

9. Drinking

10. Illegal use of drugs

11. Incurrigibility

12. Profanity

13. Breaking of curfew law

14. Others

D. Social Development. (Indicate age where significant)

1. Relationships:

a. Parents (specify mother and father)

b. Siblings

c. Peers

d. Girls

e. Teachers

f. Other adults

2. Social Activities:

a. Organized activities

b. Informal activities

c. Gang activities (details of composition of gang)

i. age

ii. sex

iii. size

## iv. race

E. Parental Handling. (State whether father and/or mother or parental substitutes.)

1. Discipline: overstrict \_\_\_\_\_; moderate \_\_\_\_\_; lax \_\_\_\_\_.

2. Consistency of handling: consistent \_\_\_\_\_; inconsistent \_\_\_\_\_.

3. Methods:

4. Parental attitudes:



SECTION VIMEDICAL HISTORY

(If report negative indicate \_\_\_\_\_ and do not complete.)

A. Significant Childhood Diseases (give dates)

B. Physical Handicaps

C. Hereditary or Familial Illnesses

1. Child

2. Family

D. Hospitalization Prior to Admission (give dates)

1. Operations

2. Accidents

3. Other

E. Reports from other Medical Resources Prior to Admission

1. Department of Public Health

2. Mental Hospitals

3. General Hospitals

4. Clinics

F. Significant Findings from Medical Examination at Admission

G. Required or Recommended Medical Care

H. Details of Medical Treatment While Boy is at Institution (give dates)

SECTION VIISCHOOL RECORDA. Prior to Commitment

1. Age at entering school
2. Age on leaving school and reason
3. Schools attended
4. Grade attained, academic standing, grades repeated and progress.

5. School adjustment: excellent \_\_\_\_\_; very good \_\_\_\_\_;  
good \_\_\_\_\_; fair \_\_\_\_\_; poor \_\_\_\_\_.

General comments:

6. Attendance: good \_\_\_\_\_; poor \_\_\_\_\_.
7. Deportment: satisfactory \_\_\_\_\_; unsatisfactory \_\_\_\_\_.
8. Participation in extra-curricular activities (give details).

B. At Institution

1. Grade on admission
2. Adjustment to new school situation (include information from periodic reports).

3. Grade on leaving institution.
4. Vocational training (details).

SECTION VIIIEMPLOYMENTA. Full Time

1. Age at commencement of employment
2. Type of work
3. Length of periods of employment
4. Earnings: hourly \_\_\_\_\_; daily \_\_\_\_\_; weekly \_\_\_\_\_.
5. Reasons for leaving jobs:
  - a. Work terminated
  - b. Work performance unsatisfactory
  - c. Behaviour unsatisfactory
  - d. Left voluntarily (details)
  - e. Admission to N.S.S.B.

B. Part-Time

1. Age at commencement of employment
2. Type of work
3. Length of periods of employment
4. Nature of employment: after school \_\_\_\_\_; weekend \_\_\_\_\_; summer \_\_\_\_\_; other casual \_\_\_\_\_.
5. Earnings: hourly \_\_\_\_\_; daily \_\_\_\_\_; weekly \_\_\_\_\_.
6. Reasons for leaving jobs:
  - a. Work terminated
  - b. Work performance unsatisfactory
  - c. Behaviour unsatisfactory
  - d. Left voluntarily (details)
  - e. Admission to N.S.S.B.

SECTION IXADJUSTMENT TO INSTITUTION

- A. Staff's Initial Impressions (give details)
- B. Relationships (give details)
1. With authorities
  2. With peer group
- C. Participation in Institutional Program (include any indication of boy's attitude towards program)
1. Sports
  2. Youth groups
  3. Manual training
  4. Spiritual
  5. Other (specify)

D. Maintenance of Former Relationships

## 1. Number of visits (give dates if possible)

## a. Family:

i. Both parents \_\_\_\_\_

ii. Father alone \_\_\_\_\_

iii. Mother alone \_\_\_\_\_

iv. Sibling(s) (give names) \_\_\_\_\_

## b. Friends (names and dates or number of visits)

## c. Professional visits (specify person and date)

## 2. Correspondence:

	<u>Frequent</u>	<u>Occasional</u>	<u>None</u>
a. Received	_____	_____	_____
b. Sent	_____	_____	_____

## 3. Personal contacts with community (details)

## a. Group

## b. Individual

E. Recorded Evaluations of Adjustment

(Write out chronologically, giving date, name and function of person making evaluation and summarize content.)

F. Comments on and Examples of Behaviour.



SECTION XDISCHARGE

- A. Reasons for Discharge (copy verbatim)
  
- B. Preparation of the Boy
  1. Counselling
    - a. By whom?
    - b. Duration of period of preparation
    - c. Number of interviews
  2. Home Visits (give dates if available)
  
- C. Attitudes of Boy toward Discharge (copy verbatim)
  
- D. Discharge Plans
  1. By Institution
  
  2. By After-Care Officer (indicate if discharge refused)
  
- E. Prognosis (quote from record)

F. Recommendations

SECTION XICONTACTS WITH SOCIAL WORKER

A. Referrals (give dates, reasons and plan)

B. Interviews

1. Dates of interviews or indication of number of interviews.

2. Summary of content of interviews.

3. Final evaluation

SECTION XIIRECORDINGA. Social Work Record

Indicate whether the following data are taken from:

Separate social service record \_\_\_\_\_

Social worker's recording in unit record \_\_\_\_\_

Does the social work record contain:

## 1. Narrative:

a. Summarized (periodic) Yes \_\_\_\_\_ No \_\_\_\_\_

b. Chronological Yes \_\_\_\_\_ No \_\_\_\_\_

## 2. Social History:

Give name and position of worker submitting history

\_\_\_\_\_

Does the history contain:

a. developmental history Yes \_\_\_\_\_ No \_\_\_\_\_

b. social functioning Yes \_\_\_\_\_ No \_\_\_\_\_

c. psychological status Yes \_\_\_\_\_ No \_\_\_\_\_

d. physical status Yes \_\_\_\_\_ No \_\_\_\_\_

e. religious affiliation and activity Yes \_\_\_\_\_ No \_\_\_\_\_

f. economic status Yes \_\_\_\_\_ No \_\_\_\_\_

g. attitude of family towards boy Yes \_\_\_\_\_ No \_\_\_\_\_

h. recommendations of social worker Yes \_\_\_\_\_ No \_\_\_\_\_

## 3. Summaries in the narrative:

a. Periodic summary Yes \_\_\_\_\_ No \_\_\_\_\_

b. Closing summary including: Yes \_\_\_\_\_ No \_\_\_\_\_

i. identification of treatment used Yes \_\_\_\_\_ No \_\_\_\_\_

ii. present status of case Yes \_\_\_\_\_ No \_\_\_\_\_

- iii. prognosis Yes \_\_\_\_\_ No \_\_\_\_\_
- iv. reason for closing case Yes \_\_\_\_\_ No \_\_\_\_\_

B. Content of Social Work Recording

1. Psycho-Social Diagnosis Yes \_\_\_\_\_ No \_\_\_\_\_
- a. Date of diagnosis
- b. Was it reaffirmed Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Was it changed Yes \_\_\_\_\_ No \_\_\_\_\_
2. Treatment Plan
- a. Date of initial treatment plan
- b. Goals Yes \_\_\_\_\_ No \_\_\_\_\_
- c. Evaluation of strengths and weaknesses Yes \_\_\_\_\_ No \_\_\_\_\_
- d. Use of institution Yes \_\_\_\_\_ No \_\_\_\_\_
- e. Use of social worker Yes \_\_\_\_\_ No \_\_\_\_\_
- f. Use of other resources Yes \_\_\_\_\_ No \_\_\_\_\_
3. Evaluation of Client-Worker Relationship Yes \_\_\_\_\_ No \_\_\_\_\_
4. Social Worker's activity (other than with client)
- a. Case conferences Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Community contacts by:
- i. interview Yes \_\_\_\_\_ No \_\_\_\_\_
- ii. letter Yes \_\_\_\_\_ No \_\_\_\_\_
- iii. telephone Yes \_\_\_\_\_ No \_\_\_\_\_
- iv. other (specify)
5. Prognosis
- a. Stated Yes \_\_\_\_\_ No \_\_\_\_\_
- b. Date when recorded:
- c. Location in record:

C. Currency of Social Work Recording

1. Number of interviews recorded
2. Total length of recording
3. Period of time covered by recording
4. Length of periods covered by summarized recording

D. Unit Record: does it contain

## 1. Reports

- |                            |     |       |    |       |
|----------------------------|-----|-------|----|-------|
| a. School report           | Yes | _____ | No | _____ |
| b. Psychiatric report      | Yes | _____ | No | _____ |
| c. General progress report | Yes | _____ | No | _____ |

## 2. Documents

- |                         |     |       |    |       |
|-------------------------|-----|-------|----|-------|
| a. Commitment paper     | Yes | _____ | No | _____ |
| b. Notice of settlement | Yes | _____ | No | _____ |
| c. Entry paper          | Yes | _____ | No | _____ |
| d. Release paper        | Yes | _____ | No | _____ |
| e. Discharge paper      | Yes | _____ | No | _____ |
| f. Other (specify)      | Yes | _____ | No | _____ |

## 3. Correspondence

- |                                |     |       |    |       |
|--------------------------------|-----|-------|----|-------|
| a. Letters to institution from |     |       |    |       |
| i. social agencies             | Yes | _____ | No | _____ |
| ii. relatives                  | Yes | _____ | No | _____ |
| iii. others (specify)          |     |       |    |       |
| b. Letters from institution to |     |       |    |       |
| i. social agencies             | Yes | _____ | No | _____ |
| ii. relatives                  | Yes | _____ | No | _____ |
| iii. others (specify)          |     |       |    |       |

## c. Filing of letters

i. inter-leafed with text Yes \_\_\_\_\_ No \_\_\_\_\_

ii. filed at end of record Yes \_\_\_\_\_ No \_\_\_\_\_

## d. Inclusion of sundry correspondence

i. greeting cards Yes \_\_\_\_\_ No \_\_\_\_\_

ii. appointment letters Yes \_\_\_\_\_ No \_\_\_\_\_

iii. other (specify)

## e. Inclusion of inter-office administrative communications

Yes \_\_\_\_\_ No \_\_\_\_\_

SECTION XIIIRESEARCHER'S COMMENTS

- A. Evaluation of Record. Compare this record to the other case records which you have read at the N.S.S.B. and rate it, with respect to content, as:

More complete \_\_\_\_\_ Average \_\_\_\_\_ Less complete \_\_\_\_\_  
 than average than average than average

- B. Specific Areas of Value. Does this record have particularly significant or complete material in relation to:

1. Legal aspects
2. Use of authority
3. The recidivist
4. Therapeutic aspects of institutional care
5. Psychiatric evaluation
6. Family relationships
7. Family background
8. Community attitudes
9. Criteria for after-care and parole
10. The social worker and the delinquent
11. Siblings of delinquents
12. Boy under 12 and his needs
13. Adolescent and his needs
14. The team approach
15. Recording
16. Other

- C.
  1. Name of researcher
  2. Date
  3. Length of time involved in reading record



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