PROSPECTUS:
Power and Identity: Group Therapy for Female Delinquents

Submitted to:

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Submitted by:

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November 2000

Statement of the Problem

The needs of teenage girls with psychosocial problems are not met by prevalent treatment models. Dr. Kathleen Bailey, a probation officer for 9 years in the Kent County Juvenile Court and now Professor of Criminal Justice at Grand Valley University, and Dr. Suzanne Wolfe, a psychologist who has specialized in female development for the past 12 years, seek to remedy this by offering an intensive group therapy program that addresses a common set of core issues confronting teenage girls.

The growth in numbers of female juvenile offenders has not been matched by changes in treatment approaches that serve this population. The prevalent theories of delinquency and treatment models have tended to be male-oriented: they have aimed to explain the behavior and identify the treatment-of-choice for male juvenile offenders, and have been researched on samples of male subjects (Daley & Chesney-Lind, 1988). It cannot be assumed that these theories and treatment models also apply to female juvenile delinquents (Smith & Paternoster, 1987). In fact, they may damage the development, needs, and concerns of girls.

It is now common knowledge that boys and girls face different developmental tasks during their adolescence (Gilligan, 1982; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Miller, 1976). These differences are said to reflect gender-related differences in early socialization, most especially in the family of origin (Chodorow, 1989; Eichenbaum & Orbach, 1983). Briefly stated, little girls learn to focus their identities on their ability to be connected with others, and little boys are socialized to develop a more autonomous sense of self (Gilligan, 1982; Jordan et al., 1991). By adolescence, these differences will manifest in vastly different ways of being.

Our clinical experience has revealed a common set of core issues confronting teenage girls. These issues include the development of a boundaried sense of self, the right to pursue one's unique identity differentiated from others, and a positive sense of personal power and efficacy. We believe that when these developmental tasks are thwarted, teenage girls become depressed and may act out with dysfunctional behaviors. That is, depression and delinquency represent "solutions" to living with a poorly-developed sense of identity and positive personal power. Therefore, treatment that enhances the development of true self and positive power will ameliorate these dysfunctional behaviors.

We define "positive power" as the ability to direct one's life on a safe, meaningful, and fulfilling course, and to be one's true, best self in the context of daily life. We view positive power as both a basic need and a human right. When people lack positive power they may settle for a surrogate, or false sense of power, which may be self-destructive and/or hurtful to others. Self-destructive behavior is behavior that hinders or harms oneself. This may include negative perceptions of self, behavior that places one at risk for harm, involvement in relationships with others who demean or mistreat, gang involvement, violating the law, and sexual promiscuity. It may also include more subtle but equally destructive behaviors such as giving up on one's own talents, abilities, and dreams.

Treatment Approach

Attachment theory (Bowlby, 1973) and research has amply proved that one's expectations of self, others, and the world are learned in the earliest relationships and form a set of "internal working models" that profoundly affect future experience. Internal working models serve as

screens, filtering out information that contradicts what is already "known" to be true. In this way, they shape future knowledge and experience, and therefore, behavior. In order to change behavior, then, the working models must be changed. This is an "inside out" approach that radically differs from current treatment models that focus on changing the behaviors without concern for the beliefs inside that generate the behaviors.

Dysfunctional behavior reflects dysfunctional working models. Our treatment approach is to change the working models, which we call "rules of living." Since working models are learned in relationships, it follows that new relationships must be developed that will change the limiting working models into new, life-enhancing beliefs about self, others, and the world. The relationship with a therapist can be a powerful tool for changing the internal working models.

The use of a therapeutic relationship to create new, healthier working models provides what is known as a "corrective experience." This is the key to our treatment approach. The central idea is to disconfirm old, limiting beliefs. Treatment that does not do this may inadvertently confirm, or "replicate" the beliefs that led to trouble in the first place.

We believe that the current treatment approaches for female juvenile offenders are replicating experiences, insofar as they are "power-over" approaches. For girls who have been disempowered for much of their lives, this approach is countertherapeutic. In the juvenile courts, treatment generally consists of probation, which is, essentially, providing the offender with a set of rules that must be followed, with consequences if they are not. In this way, some common, old, and limiting beliefs are reinforced. This approach is bound to fail in the long run. Effective treatment must provide girls with the sense that they are valued, and that their needs matter to others. Girls must be empowered and encouraged to find a place for their true selves in their world, and develop avenues to be meaningfully powerful in their current lives.

This program will offer a map to the development of true self and positive power, utilizing two main avenues toward change: psychoeducational and relational. The psychoeducational avenue will engage the girls in activities that help them recognize their unique identities, sort out how their behavior furthers or hinders their future dreams, learn what power is, where it comes from, and what it is for, and explore ways to be meaningfully powerful in their current lives.

The relational avenue will provide the girls with corrective relationships that nurture, empower, and encourage their strengths, hopes, and dreams. This treatment model offers delinquent girls a safe and accepting environment in which they may share their histories and explore their beliefs about self and others and living (Trembley, 1996). This "holding function" will allow them to attach to reliable others and establishes the foundation for change. From this base of trust, the therapists will help the girls to question some of their longstanding beliefs. This is accomplished by offering ideas and a "here and now" relational experience that contrasts with the youth's familiar ways of thinking, being, and relating. From this experience, the girls will learn different ways of being in the world and of getting needs met in responsible ways that do not violate the rights of others or harm themselves. These therapeutic provisions move the external motivations for change, such as court sanctions, to internal motivations founded on hope and belief in oneself.

Rationale

Of the 2.7 million youth arrested in 1994, 6% were arrested for violent crimes, 50% were under the age of 16, 50% were White, and 1 in 7 was a female (U.S. Department of Justice,

1995). Although official statistics show that girls are delinquent less often than boys (Bureau of Justice Statistics, 1996; Federal Bureau of Investigation, 1998), between 1988 and 1997 female juvenile arrests increased by 60%. This rise is a sharp contrast to the 28% increase in delinquent boys for that same time period (Regoli & Hewitt, 2000).

In addition, there are special risks for future delinquency in the histories of adolescent girls. The risk factors associated with female delinquency include family physical and sexual abuse, depression, suicide, stressful events, and identification with others, especially their mothers (Kratcoski & Kratcoski, 1996; Regoli & Hewitt, 2000; Sugar, 1993).

1. Physical and sexual abuse:

   Girls are more likely to have a history of sexual and physical abuse. The percentage of females who have reported sexual abuse is 50.1%, compared with 1.8% of males. The percentage of females who have been physically abused is 41.7%, compared with 22.5% of males (Sugar, 1993). Physical and sexual abuse interfere with identity development and contribute to poor self-other boundaries. Children who are abused become intensely other-focussed, in an effort to anticipate and avoid future abuse.

2. Psychopathologies:

   Girls attempt suicide more often than boys and are more likely to receive diagnoses of polysubstance abuse and major depression (29% girls and 20% boys) or dysthymia. Depression and suicide rates are higher in girl delinquents than boys: girls attempt suicide two and a half times more often than boys (Chiles, Miller, & Cox,1980; Miller, Chiles, & Barnes, 1982).

3. Stressful life events:

   Delinquent females have a significantly higher number of stressful events in their families than do delinquent boys, including parental substance abuse, mental illness, criminality, and joblessness (Offord, 1982). A number of researchers have noted that families of delinquent girls appear to be more dysfunctional and that the impact of disruption on these dysfunctional families seems to be of greater significance for girls (Henggeler, Edward & Bourduin, 1987; Wallerstein, 1991). For girls, the families of delinquents were characterized by multiple parental disabilities (mental illness, criminality, and abuse), when compared with families of controls.

   Additionally, several studies (Henggeler, Edwards, & Borduin, 1987; Offord, Abrams, Allen, & Poushinksky, 1979; Wallerstein, 1991) have shown that there is a greater frequency of broken homes and family disruption for female delinquents than for male delinquents. Delinquent girls come from more disorganized and socially less adequate families than delinquent boys (Ganzer & Saranson, 1973). Girls who experienced divorce in their families reported engaging in more rebellious delinquent-like behavior than girls whose parents stayed married. Kalter, Riemer, Brickman, and Woo Chen (1985) suggested that parental divorce might interfere with a girl's acceptance of and appreciation for her femininity. This, in turn, may result in sexually precocious or promiscuous behavior as a restitutive attempt, or may lead to a denial of one's sexuality.

4. Identification issues:

A task of adolescence is to differentiate from mother and develop one's own, separate identity. Due to shared gender, girls tend to have a stronger identification with their mothers than do boys, and mothers tend to identify with their daughters more than with their sons (Chodorow, 1989; Eichenbaum & Orbach, 1983). Boys are encouraged to develop skills and autonomy; girls are encouraged to be more concerned about others. In addition, depression or other dysfunction in their mothers may lead to role inversions for girls, in which they assume the role of caregiver for their families, stifling their own development (Pound, 1982; Wolfe, 1998).

Thus, delinquent girls tend to have different histories that have shaped their perceptions of themselves, others, and the world. Their historical injuries must be addressed in a treatment tailored specifically for them.

Conceptual Base

This treatment is an effective approach, in which change moves from the root "causes" (core beliefs) through a logical progression:

1. In our culture, girls tend to be socialized to be caregivers, and to think of others at the expense of self-development. In dysfunctional families, this caregiving role is heightened. When girls have been sexually abused, the message that they exist for the pleasure of others is powerfully ingrained.
2. Because of their own early socialization, mothers tend to rely more on their daughters for assistance with their emotional needs and household tasks than they do their sons.
3. These factors form the core of girls' self-identity, and they generate a set of beliefs about what girls can expect in their relationships and their lives. These beliefs include:

   My own needs do not matter.

   Others cannot be expected to care about me, except insofar as I serve them.

   I do not have the power to make myself "count" in relationships with others, unless I am who they want me to be for their needs.

   I must hide my own yearnings and feelings in order to be loved.
4. These beliefs generate a true self that is hidden and repressed, and a false self that attempts to get by in a hostile world. Eventually, this survival method falls apart. Female delinquency can be understood as the girl's longing for a place in the world. When a child's true self is thwarted, anger and depression are "natural"--perhaps even healthy--responses.
5. Logically, what these girls need is a place in the world for true self to be seen, heard, and nurtured. They need a "corrective experience" in which who they are is valued. From this experience, they will learn a new set of beliefs:

   My needs do matter and I can take them seriously and ask others to as well.

   Others--at least some others--will care about me even if I don't live to serve them.

I have the right to pursue my own dreams.
I have the power to make a positive difference in my world.
I can be loved for who I am. I do not have to deny my self.

We believe that, while boys may need to develop better relational skills, such as empathy and concern for others, girls need to develop in the opposite direction--to learn to be less other-focused and to take care of themselves. Girls need encouragement to explore their own identity development.

6. Healthier behaviors will follow healthier beliefs. The source of internal stress that resulted in acting out will be corrected.

Format

This program will be a structured and intensive group that uses relational therapy. Relational therapy utilizes corrective relationships to facilitate a change in working models. The group therapy model offers multiple relationships that can be focussed, with the guidance of facilitators, to help the participants change their self and other perceptions. It is ideal for working with girls, who tend to be relationally-oriented. The girls will form a community of caring others who will help to contradict their limiting self-perceptions.

We have chosen the format of an intensive program, to run from 6:00 p.m. to 9:00 p.m. Friday, and 10:00 a.m. to 6:00 p.m. the following Saturday, with a follow-up 2 hour evening meeting three weeks later. The girls will develop a "positive power project" at the first session; they will then have time before the follow-up session to develop their projects in their chosen milieu. The follow-up session is intended to allow the girls to share their progress, encourage each other, and problem-solve.

We believe that this intensive format will accomplish different goals than an ongoing weekly group:

1. It will strengthen the bond between the girls, and provide them with corrective relationships with one another.
2. The psychoeducational material can be presented in a step-by-step, common sense manner without the distraction of returning to daily life (and forgetting it) in between the steps.
3. The "immersion process" will generate exceptional enthusiasm and hope in the participants.
4. It will reduce participants' transportation needs for weekly group sessions, and thus increase the likelihood that the girls will complete the therapy process.

Objectives

1. To provide truly rehabilitative services designed specifically for female delinquent youth.
2. To lower recidivism rates in female delinquent youth.

Fees

The cost of this program is $50.00 an hour per girl, a rate based on the standard fee for group therapy, although this program entails much more than a typical group therapy. The total program is 12 hours, resulting in a fee of $600.00 per girl. (The minimum number of participants for an effective group is 6, and the maximum is 10.) Costs include program development and

implementation, materials, and travel and lodging for the two facilitators.

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