Relational and Purpose Development in Youth Offenders

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This study explored which risk factors are associated with degrees of relational and purpose development in youth offenders. Results indicate that those with the poorest development particularly struggled with substance abuse, lack of family support, and risky behaviors to self. Several treatment recommendations and clinical strategies are included.

During the last 20 years there has been increased interest in developmental concepts, including psychosocial development (Drum & Lawler, 1988; Vernon, 1993). Psychosocial development is one of the three domains of development (along with biological and cognitive) and includes emotional, personality, and social development with influences of family, community, culture, and the larger society (Berger, 1994).

An understanding of psychosocial development for adolescents (ages 13–18) is particularly important to counselors because it is probably the most challenging and complicated period of life (Berger, 1994). Berger asserted, “psychosocial changes during the second decade of life show even greater diversity than biological and cognitive, as adolescents develop their own identity, choosing from a vast number of sexual, moral, political, and educational paths” (p. 367). Relating to parents with new independence, relating to friends with new intimacy, and relating to oneself with new understanding are the keys for attaining adult status and maturity (Berger, 1994). Psychosocial development for adolescents can often be difficult, and such development for youth criminal offenders is probably even more challenging (Capuzzi & Gross, 2004).

A review of the professional literature reveals several studies that address youth offenders and moral development, with effective treatment strategies emerging from the results (Blatt & Kohlberg, 1975; Kohlberg, 1978; Samenow, 1998). Some studies of youth offenders have explored significant psychosocial problems, such as poor social behaviors (Dishon, Loeber, Stouthamer-Loeber, & Patterson, 1984; Kaplan & Arbuthnot, 1985) and difficulty making friends (Selman & Schultz, 1990). Yet there appears to be a dearth of information about youth offenders and psychosocial development.

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Investigation of adolescent psychosocial development of youth offenders is becoming increasingly important. Weiss and Lopez (1999) noted that there is an urgency to promote positive youth development, especially with troubled youths, while also addressing the growing number of problems facing young people today. Indeed, focus on developmental assessment is now highly encouraged and considered the critical (and often missing) part of a balanced, accurate assessment process for troubled youths (Blyth, 1999; Brendtro, Brokenleg, & Van Bockern, 1998).

Brendtro et al. (1998) noted two major psychosocial developmental “ecological hazards” (p. 8) in the lives of today’s youth offenders: destructive relationships and loss of purpose. Concerning destructive relationships, they noted that troubled youths today expect rejection, largely due to primary caretakers failing to meet their basic needs. A long-term consequence is often that these youths lack the ability and desire to establish and maintain close relationships.

Brendtro et al. (1998) also argued that at-risk youths today often live with a “misery of unimportance” (p. 38) due to adults paying a shrinking amount of attention to them. The consequence here is often a sense of purposelessness and “feeling like hapless pawns following somebody else’s script, rather than authors who can write the drama of their own destiny” (p. 39). These authors concluded that specific assessment and treatment in these areas are crucial in helping troubled youths.

The support for more psychosocial developmental assessment has another practical value because of increasing needs and costs of services for delinquent adolescents (Lyons, Kisiel, Dulcan, Cohen, & Chester, 1997). Lyons et al. indicated that assessing areas to build upon (e.g., relational development) and assessing areas to decrease (e.g., conduct disordered behaviors) are becoming critical in current attempts to identify easy-to-measure indexes that provide program managers, third-party payers, and policy makers with information regarding the functioning of health services. Blyth (1999) called for more investigations to build clear empirical linkages between such asset and deficit assessment.

Because residential treatment is a common form of treatment for youth offenders (LeCroy & Ashford, 1992; Libman, Lyons, Kisiel, & Shalcross, 1998), incorporating adolescent psychosocial development into assessment and clinical decision making for these adolescents makes sense. The professional staff at an adolescent residential treatment facility recently operationalized Erikson’s (1963, 1964, 1968, 1982) developmental factors of intimacy and isolation (relationship factors) and ego integrity and despair (purpose factors) into a systematic risk assessment that has been approved for use by the Joint Commission on Accreditation of Healthcare Organizations’ (JCAHO) evaluation system initiative. The risk assessment process includes clinical rating for such areas as social functioning, risk to self and others, and degree of structure needed in treatment. Hawkins et al. (2000) asserted that more research is needed in comparing and contrasting risk factors among
youth offenders and in studying how these risk factors associate with other aspects of life, such as development. The purpose of this investigation, therefore, was to explore which risk factors are associated with degrees of relational and purpose development in youth offenders at a residential treatment facility.

METHOD

Participants

Data used in this study were collected from all adolescents who stayed at a residential treatment facility in the rural Rocky Mountain region of the United States for at least 1 month during a 1-year period. The participants, ages 13 to 18, were court mandated for a variety of offenses ranging from running away to homicide. Of the participants, 35% were female and 65% were male. The total sample of residents receiving initial psychosocial development testing over a 1-year period was 86 (30 girls, 56 boys). Of the sample, 90% were Caucasian, 5% were Hispanic, and 5% were African American. The average age was 14.7 years, with a range of 13 to 18 years.

The adolescent residential treatment site used in this investigation is a 40-bed facility with an on-site school. Located in a rural Rocky Mountain state, the facility is one of three that receives adolescents from the court system before long-term juvenile detention. Erikson's (1963) psychosocial development areas of intimacy and isolation (relational development) and ego integrity and despair (purpose development) were assessed during the 1st month of stay, along with risk factors of chemical dependency, risk to self and others, social functioning, family resources, and degree of structure needed in treatment.

Instruments

The Measure of Psychosocial Development (MPD) was used to assess levels of psychosocial development related to purpose and relationships. The MPD is a self-report inventory based on Eriksonian constructs that assesses adolescent and adult personality development (Hawley, 1988). Presented in his first book (Erikson, 1963) and expanded in subsequent writings (Erikson, 1964, 1968, 1982), Erikson's theory continues to be a valued comprehensive account of personality development (Corey, 2001; Hawley, 1988). Based on biographical and anthropological methods of study, Erikson's theory proposes that every individual experiences eight developmental stages in the course of the life span. Each stage is marked by its own unique challenges, which is the result of interacting biological, psychological, and cultural forces (Hawley, 1988). Reasons often cited for the widespread appeal and acceptance of Erikson's theory include its comprehensiveness, its specificity and predictability, its accounting for the complexity of personality development, its applicability to various academic and career fields, and its presentation of an optimistic view of personality (Hawley, 1988).
The MPD provides an index of psychosocial health based on Erikson’s criteria and measures positive and negative developmental attitudes (Hawley, 1988). The MPD consists of 112 self-descriptive statements, can be completed in 15 to 20 minutes, and can be administered in individual or group formats (Hawley, 1988). MPD normative data consisted of a sample of 2,450 individuals, ages 13 to 86. Approximately 620 of the 2,450 norm group were adolescents (ages 13 to 17), and this adolescent norm group is considered a nondelinquent sample (Hawley, 1988). The ethnic characteristics of the normative sample included 91.7% Caucasian, 2.5% African American, and 1% Hispanic (Hawley, 1988).

Both reliability and validity for the MPD are considered robust (Hawley, 1988). Test-retest reliability for a sample of 108 adolescents and adults indicated that the scale coefficients uniformly approach or exceed .80 (Hawley, 1988). Internal consistency was calculated on a sample of 372 adolescents and adults. Coefficients ranged from .64 to .84. As Hawley noted, “the scales have acceptable levels of internal consistency, particularly since coefficient alpha provides a conservative estimate of reliability. These data provide support for the conceptual base underlying the item selection procedure for the MPD” (p. 15).

Construct validity (including convergent and discriminant validity) is considered the major concern for theory-based tests (Hawley, 1988). Hawley noted, “construct validity assesses the nature of the psychological constructs being measured and how well the instrument measures them” (p. 15). Through an analysis of the MPD compared with two other self-report measures of Erikson’s theory, the MPD showed strong evidence for effectively measuring Erikson’s psychological stages (convergent validity correlations were .67 to .89).

Through extensive multitrait and multimethod analyses with the normative data as required by the Campbell and Fiske (1959) methodology, Hawley (1988) also proved strong support for discriminant validity. The correlation of measures of different constructs was smaller than correlations of measures of the same construct at a rate of 97.3%.

The Youth Comprehensive Risk Assessment (YCRA) was developed for evaluation in compliance with JCAHO. The YCRA is a clinical assessment process in which professionals systematically gather information and make clinical judgments related to six risk areas: (a) risk to self (including risk for suicide, self-harm, risk taking, and risk for victimization), (b) risk to others (including aggression, sexually inappropriate behavior, and destruction of property), (c) social and adaptive functioning (including developmental disorders, disabilities, cognitive disorganization, and social skills), (d) substance abuse/dependency (including behavior and attitudes related to using), (e) family resources (including family support, interest, ability to meet needs of the child), and (f) degree of structure needed (including frequency of out-of-home placements and need for supervision). The YCRA has met or exceeded the initial criteria for inclusion in the JCAHO accreditation pro-
cess and is included on JCAHO’s list of approved performance measurement systems called ORYX. The YCRA has also met system adherence to the JCAHO quality principles of sampling, standardization, auditability, monitoring, documentation, feedback, education, and accountability (JCAHO, 1998). The YCRA uses a Likert scale of 1 to 4, with 1 = slight, 2 = mild, 3 = moderate, and 4 = severe.

RESULTS

Purpose and Relational Psychosocial Profiles

For sense of purpose, almost three quarters of the residents showed poor development in ego integrity compared with their norm group (78% of the residents scored below the norm, and 42% scored below the 10th percentile). Of the residents, 82% scored above the norm in despair, with 37% scoring above the 90th percentile. According to the MPD, these scores indicate a basic lack of purpose not only about their lives but also about life and humankind in general, being dissatisfied with their lives and accomplishments to date, and general perception that their lives have been filled with misdirected energies and lost opportunities (Hawley, 1988).

Concerning relational development, most of the youths scored low in intimacy (64% of the residents scored below the norm, with 25% scoring below the 10th percentile) and high in isolation (60% of the residents scored above the norm, with 21% scoring above the 90th percentile). These scores reflect little ability to care for and share thoughts and feelings with another and a tendency toward emotionally distant relationships in which they are both drawn to, and frightened of, the commitments of intimacy (Hawley, 1988).

Risk Factors Associated With Psychosocial Development

In a stepwise regression (see Table 1), higher substance abuse was significantly associated with lower ego integrity development ($R = - .26$, $F(4, 86) = 4.7$,

<table>
<thead>
<tr>
<th>TABLE 1</th>
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<tbody>
<tr>
<td>Significant Associations per Regression Analysis of Relational and Purpose Development ($N = 86$)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE$</th>
<th>$\beta$</th>
<th>$t$ (86)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ego integrity</td>
<td>-2.6</td>
<td>1.20</td>
<td>-.26</td>
<td>-2.2*</td>
</tr>
<tr>
<td>Substance abuse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Despair</td>
<td>1.4</td>
<td>0.63</td>
<td>.26</td>
<td>2.2*</td>
</tr>
<tr>
<td>Risk to self</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Intimacy</td>
<td>-3.0</td>
<td>1.30</td>
<td>-.27</td>
<td>-2.2*</td>
</tr>
<tr>
<td>Family resources</td>
<td>3.5</td>
<td>1.40</td>
<td>.29</td>
<td>2.5*</td>
</tr>
<tr>
<td>Isolation</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Risk to self</td>
<td>1.8</td>
<td>0.74</td>
<td>.29</td>
<td>2.4*</td>
</tr>
</tbody>
</table>

*$p < .05$.  

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p = .033. Higher risk to self was significantly associated with higher despair (R = .26), F(4, 86) = 4.8, p = .032. Lower family resources were significantly associated with lower intimacy development (R = -.27), F(4, 86) = 4.9, p = .030. Lower family resources were also significantly associated with higher isolation (R = .29), F(4, 86) = 5.5, p = .022, as was higher risk to self (R = .29), F(4, 86) = 6.0, p = .004.

Summary

Relational and purpose development scores revealed that most youth offenders come to this treatment facility with poor development in these areas. Problems with integrity and despair as well as intimacy and isolation were reported. Those with the poorest development in these areas particularly struggled with substance abuse/dependence, family support/resources, and risky behaviors to self.

These results should be interpreted cautiously, however. The small sample size and the rural population studied raise questions about the generalizability of the results. With these weaknesses of the study design noted, several treatment recommendations are worth considering.

TREATMENT RECOMMENDATIONS

Relational Development Strategies

Helpful interactions to increase intimacy development and reduce isolation should focus on increasing family resources (e.g., supporting youths' interests and meeting their needs) and reducing risk to self (e.g., suicidal thinking, risk taking, victimization behaviors). Such interventions according to Ranieri (1984) include the following: acting as a parent surrogate and not as a buddy; expressing interest and concern while setting firm limits; helping in practical matters, such as schoolwork, employment, and particularly socialization; and acknowledging similar problems one has encountered.

Other effective strategies according to Hawkins, Catalano, and Miller (1992) include the following: encourage youth involvement in active classroom instruction, emphasize interactive teaching and cooperative learning, use tutoring of the socially rejected youths, and provide assertiveness training. Carlson and Lewis (1994) suggested identifying positive behaviors by using the language of encouragement, focusing on praising a specific deed, and focusing on what the adolescent is good at and interested in; then, creating prosocial ways to help him or her express these interests might be effective (also see Center for Substance Abuse Treatment, 1997).

Purpose Development Strategies

For increasing a sense of purpose and reducing despair, therapeutic strategies should target treatment of substance abuse and depression/self-harm.
Such strategies include assessing level of depression (Capuzzi & Gross, 2004) and exploring secondary gains (e.g., asking the question, “What is the positive side of this?”). Checking for depression within the 1st month in those who present with low ego integrity scores (below 15%) and high despair scores (above 86%) is now being incorporated at this treatment facility.

Adolescents with depression show very different symptomatology than adults, typically with fewer verbal expressions of depression and with much more disruptive behaviors (Capuzzi & Gross, 2004). As Capuzzi and Gross indicated, depressive behavior in adolescents is commonly found in irritable mood rather than depressed mood and in somatic complaints and social withdrawal. The Diagnostic and Statistical Manual of Mental Disorders (4th edition, text revision; American Psychiatric Association, 2000), with its additions for adolescent depression, can be a useful tool for clarification and diagnosis (Capuzzi & Gross, 2004).

Interventions for successfully helping adolescents with depression include focusing on increasing sense of self-worth and reducing isolation, teaching stress management, encouraging better communication and problem-solving skills, and helping promote inner-directedness through journaling (Jongsma, Peterson, & McInnis, 1996). In addition, Jongsma et al. indicated that psychotropic medication is increasingly effective in the treatment of adolescent depression. Some children and adolescents may need such medication because of an inherited genetic condition or early trauma that has triggered biological changes. Antidepressant medication has also been proven effective with adolescents who are reacting to ongoing oppressive environments (Jongsma et al., 1996).

Samenow (1984, 1998), Seligman (1990), and Miller (1994) described substance abuse prevention and treatment that include encouraging the growth of spirituality (also see Butler, 1997); finding genuine reasons to like, respect, and admire the adolescent; and using genuine empathic responses and affirmations.

Other helpful treatment approaches include life skills training, promotion of social engagement, increased family counseling, modeling positive staff-resident interactions, and a positive institutional atmosphere (Quinsey, Harris, Rice, & Cormier, 1998). Brendtro et al. (1998) also suggested purpose development through demanding greatness instead of obedience, teaching caring, tapping the spirit of adventure (e.g., through wilderness programs), and promoting altruism through sustained service to others (e.g., volunteer service).

CONCLUSION

This investigation provides evidence for the value of assessing relational and purpose development with youth offenders. More intentional treatment of relational and purpose development can reap benefits in reducing other risks, such as self-harm and substance abuse. The use of objective, reliable, and valid developmental assessment has also added consistency in addressing clinical needs at this treatment facility. Lyons et al. (1997) noted that this
consistency is particularly important because many youth offender assessment procedures rely on ratings that are all too often influenced by subjective and idiosyncratic approaches. In addition, the results of this study are now being used for more effective training of caregivers, clinicians, teachers, families, and others to enhance their understanding of youths' individual needs and strengths.

REFERENCES


