

ABSTRACT

BLACKBURN, CHARLES FLINT. The Effects of Victim Awareness versus Decision-Making Enhancement Training on the Moral Development, Moral Agency, and Behavior of Adolescent Offenders. (Under the direction of Dr. Stanley Baker).

The purpose of this study was to examine the effects of two short-term group interventions with adolescent offenders. The Victim Awareness Course (VAC) was designed to help adolescents understand the multiple ways victims are impacted by offenses. The Life Skills Course (LSC) focused on skill development ranging from anger management to decision-making skills. Each intervention approached rule-breaking behavior from different perspectives. From a moral development perspective, lower levels of moral development reflect self-interest and lack of perspective for others. From a social cognitive theory perspective, delinquent behavior is attributed to both internal and external factors by which adolescents morally disengage prior to committing an offense. Examples of these mechanisms are displacement of responsibility and dehumanization of others.

A quasi-experimental pretest-posttest design was used to compare effects of the newly implemented VAC intervention with an existing LSC intervention. Fifty-three adolescents, referred to either the VAC or LSC interventions, participated in the pretest. Each course consisted of seven sessions over a one-month period, and two trained counselors facilitated the interventions. A total of 23 VAC participants and 10 LSC participants completed the posttest measures.

The preliminary results indicated that there were no overall differences between groups at pretest. Primary results indicated that there were no significant differences

between the groups at posttest for all dependent variables. Post-hoc analyses of each intervention separately revealed a significant decrease in both rule-breaking behavior and aggressive behavior, as well as an increase in moral maturity with VAC participants. Conversely, LSC participants demonstrated a decrease in mechanisms of moral disengagement from pretest to posttest. The findings provide preliminary support that the VAC intervention is a comparable intervention to the life skills intervention.

A post hoc correlation analysis of pretest scores found that there were strong relationships between mechanisms of moral disengagement, rule-breaking behavior, and aggressive behavior. Weaker relationships were found between moral development and behavior, as well as behavior and individual mechanisms of moral disengagement. These findings indicated that the VAC intervention mediated the relationship between behavior, moral development, and mechanisms of moral disengagement from pretest to posttest.

The Effects of Victim Awareness versus Decision-Making
Enhancement Training on the Moral Development, Moral Agency,
and Behavior of Adolescent Offenders

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A dissertation submitted to the Graduate Faculty
of North Carolina State University
in partial fulfillment of the requirements for
Doctor of Philosophy

Counselor Education

Raleigh, North Carolina

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BIOGRAPHY

Charlie Blackburn is a native of Middle Tennessee. Upon graduating from Lebanon High School in Tennessee, he attended the University of North Carolina at Chapel Hill and completed a bachelor's degree in Psychology in 1992. Returning to Tennessee to work with adjudicated adolescents, he began his master's degree in Human Development Counseling at Vanderbilt University and completed this degree in 1996. After working with children, adolescents, and families, in wilderness, outpatient, and secure settings, Charlie and his wife Angela moved to Raleigh, North Carolina in 1998 where he began the doctoral program in Counselor Education at North Carolina State University.

While engaging in his doctoral studies, he co-developed a victim-offender conferencing program in downtown Raleigh, directed family and counseling services program at a local wilderness program, and was appointed the clinical director at large home for children. Presently, Charlie is a clinical supervisor at a local company in the Research Triangle Park, NC.

ACKNOWLEDGMENTS

I would first like to thank my earliest teachers, Ed and Emily Blackburn, for their love and support. To Dr. Stan Baker, I am grateful to have you as an advisor, mentor, and instructor. Also, I would like to thank my committee for their support, direction, and feedback.

A special thanks to Louise Davis who wrote the grant for the Victim Awareness Course and assisted in its implementation at ReEntry Youth Development.

And of course, to my dear wife Angela, thank you for your patience, support, and friendship throughout this journey.

TABLE OF CONTENTS

LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
<i>Chapter</i>	
I. Introduction.....	1
Prevalence of Juvenile Crime.....	1
Challenges in Providing Services.....	1
Need for Comparative Studies.....	2
Lack of Victim-Empathy in Interventions.....	2
A Research Opportunity.....	6
II. Literature Review.....	7
Examining the Link Between Moral Thought and Behavior.....	7
Foundation Theories.....	7
Moral Development Theory.....	7
Moral Agency Theory.....	9
Treatment Interventions to Foster Moral Development.....	10
Research Questions.....	13
III. Method.....	15
Participants.....	15
Facilitators.....	16
Manipulation Check Measures.....	17
Dependent Variables.....	18
Moral Development.....	18
Mechanism of Moral Disengagement.....	20
Behavior.....	20
Procedure.....	21
Data Collection.....	21
Interventions.....	22
Treatment Condition.....	22
Alternative Treatment Condition.....	24
Data Analysis.....	25
Formal Hypotheses.....	25
Compatibility of Treatment Groups.....	25
Primary Analysis.....	25
Post-hoc Analyses.....	26

TABLE OF CONTENTS (Continued)

IV.	Results.....	27
	Comparison of Treatment Groups.....	27
	Treatment Effects.....	27
	Attitude Towards Treatment.....	30
	Post-Hoc Analyses.....	31
	Treatment Effects of Each Intervention	
	Over Time.....	31
	Moral Development.....	31
	Behavior.....	32
	Mechanisms of Moral Disengagement.....	34
	Simple Correlations.....	35
V.	Discussion.....	39
	Manipulation Check Measures.....	40
	Moral Development.....	40
	Behavior.....	41
	Mechanisms of Moral Disengagement.....	41
	Loss of the No-Treatment Control Group.....	42
	Post-hoc Analyses.....	42
	Moral Development.....	43
	Behavior.....	43
	Mechanisms of Moral Disengagement.....	44
	Post-hoc Correlation Analyses.....	44
	Anecdotal Findings.....	46
	Limitations and Suggestions for Future Research.....	47
	Implications for Professional Practice.....	50
	REFERENCES.....	53
	APPENDIX A: Expectancies for Success Scale.....	58
	APPENDIX B: Attitude Towards Treatment Scale.....	61
	APPENDIX C: Sample Written Exercises from the Victim Awareness Course.....	64
	APPENDIX D: Informed Consent for Treatment.....	82

LIST OF TABLES

<i>Table</i>		<i>Page</i>
1	Means and Standard Deviations of the EFS Scores by Treatment Group	28
2	Posttest Means and Standard Deviations on Dependent Measures for Two Treatment Groups	29
3	Means and Standard Deviations for ATT Scores by Treatment Groups.....	30
4	Means and Standard Deviations on Dependent Measures for Two Treatment Groups at Pretest and Posttest.....	32
5	Pearson Correlation Coefficients of Pretest Measures.....	36
6	Pearson Correlation Coefficients of Individual Mechanisms of Moral Disengagement with Moral Development and Behavior	38

LIST OF FIGURES

<i>Figure</i>		<i>Page</i>
1	Display of Means on the SRM-SF for Two Treatment Groups.....	31
2	Display of Means on the CBCL Subscales Rule-Breaking Behavior and Aggressive Behavior for Two Treatment Groups	33
3	Display of Means of Mechanisms of Moral Disengagement for Two Treatment Groups	34

CHAPTER I

Introduction

The prevalence of juvenile crime remains a great concern in our community. Though juvenile crime rates have declined in the last ten years, the numbers remain astounding. In 2002, there were 2.3 million arrests of juveniles in the United States. That year, 17% of all arrests and 15% of all violent crimes were committed by youth under the age of 18. (Snyder, 2005) In 2004, there were a total of 46,041 legal complaints against juveniles in the State of North Carolina. Of these statewide complaints, 7,921 youth were detained in secure facilities. (North Carolina Office of Juvenile Justice & Delinquency Prevention, 2004) While more violent and felonious offenses often result in placement of juveniles in secure settings such as detention, training schools, or wilderness programs, many first-time offenders participate in diversion programs to complete community service or to participate in psychoeducational groups.

The literature suggests that there are many challenges in providing services to this population. When compared to nondelinquent peers, juvenile offenders have greater difficulty performing in an academic setting (Wang, Blomberg, & Li, 2005), are more likely to engage in substance abuse (Tubman, Gil, & Wagner, 2004; Prinz & Kerns, 2003), and are often victims of crimes themselves (Lauritsen, Sampson, & Laub, 1991). Also, the research indicates that delinquent youth are more likely to have mental health issues such as depression. (Loeber, Stouthamer-Loeber, & White, 1999). Effective intervention with this population is critical.

There are few studies comparing the effectiveness of different interventions with this population. In a seminal meta-analytic review of services for juvenile offenders, Lipsey (1992) reviewed over 400 treatment interventions for juvenile delinquents. In review of effect sizes, there were no specific modalities of treatment that appeared more effective than others. However, trends revealed that community interventions were more successful compared to institutional settings such as training schools. Also, skills training interventions for juvenile offenders in the community were indicated to have a greater effect than traditional individual, group, or family counseling with this population. Not only do community-based interventions with reeducation programs hold promise for juvenile offenders, research indicates that they are also more cost-effective than traditional intense supervision and probation (Robertson, Grimes, & Rogers, 2001).

One popular form of intervention with this population is active participation in short-term psychoeducational or skill-building groups. To address apparent deficits in problem-solving with juvenile offenders (Jaffee & D’Zurilla, 2003), intervention objectives include increasing the communication, decision-making, and overall life-skills of the participants to assist in making better choices about their behavior. Short-term interventions such as social skills training (Cunliffe, 1992) and life-skills training (Hawkins, Jenson, Catalano, & Wells, 1991) have proven successful in improving self-control and decreasing delinquent behavior. However, there have been no comparative studies of these short-term interventions.

With the many services offered to adolescent offenders, there is very little emphasis on how victims are impacted by juvenile crime. For example, young offenders may be referred to counseling, complete community service, participate in skills groups,

or even serve time in detention. Often, the main goals are to teach young offenders ways in which they may choose alternatives to offending behaviors, educate participants on legal consequences of future transgressions, and teach skills to assist in positive peer selection and goal-setting. However, after using these services, young offenders often have little understanding how their initial offenses impacted others and their community. For many participating in structured interventions, there is preoccupation with fulfilling mandated consequences. Often there is little emphasis on the experience of the other central individuals involved in a crime, the victims.

The proposed study examines the effects of two contrasting interventions with adolescents who have committed an offense. The first intervention, the Life Skills Course (LSC) is a seven-session psychoeducational course developed to assist participants in skill-building to include communication skills, decision-making skills, and emphasis on offender consequences of future crimes. The second intervention, the Victim Awareness Course (VAC), is designed to assist participants in taking responsibility for their offenses and considering the multiple ways victims are impacted by crimes in the community. The implicit difference between the two interventions, though similar in length, is specific focus on *victim empathy* in the second intervention. This course provides young offenders with an opportunity to learn about the multiple ways victims are impacted by offenses beyond property damage or monetary loss. By focusing on the victim experience and actively discussing how victims of their offenses were impacted by their behaviors, adolescent offenders have the opportunity to gain a richer perspective regarding how their behavior impacts others and the greater community.

While both interventions are designed to prevent future transgressions, the fundamental dynamic of the groups differs greatly. The first intervention, LSC, proposes that there's a deficit of decision making skills, and that interventions to address these skills will prevent future crimes. The VAC intervention, though it focuses on personal accountability, assumes that a lack of perspective regarding the human consequences of one's action is a key variable in transgressive behavior. Thus, if adolescents have more empathy regarding the human consequences of their behaviors, they are less likely to steal, assault, or vandalize property.

The impetus for this study is multifaceted. From a personal and professional vantage serving this population for 10 years, I have observed few interventions specifically targeting empathy and role-taking with this population. I have supervised and facilitated long-term family counseling in which there was a focus on boundaries and empathy between adolescents and parents. Also, I have had the opportunity to facilitate victim-offender conferencing with this population at a local non-profit agency. In some instances, when adolescents are adjudicated, the judge may even direct the youth to write an apology letter to the victim. Frequently, the content and tone of the letter are superficial in nature. From a research perspective, there are no studies comparing these contrasting approaches. And from a theoretical perspective, one main goal is to contribute to the body of literature by further examining the link between moral thought and moral behavior with this population.

While the implications for research may highlight the relationship between moral thought and action from two theoretical perspectives, one of the main goals was to provide quality data to assist development of interventions with this population. With the

many services offered to young offenders, more discretion and careful planning are warranted to provide youth with interventions that are developmentally appropriate and assist in the prevention of future offenses. Through continued examination of the impact of various courses with this population, more detailed criteria may be established for referral and intervention. Ideally, an effective intervention will not only enhance increased self-control, but also foster a new, more complex framework from which at-risk youth may approach the many dilemmas that will continue to emerge into their adulthood.

A Research Opportunity

In 1999, I had the opportunity to co-develop a victim offender conferencing program for adjudicated adolescents in Wake County. The intervention held promise for assisting young participants and victims in role-taking and empathy regarding their offenses. However, as the program was voluntary in nature, young offenders often elected not to participate. In some instances, the adjudicated offenders volunteered, but victims of their crimes declined a face-to-face meeting. As a result, in 2000, I developed and wrote a seven-session psychoeducational group, and approximately 60 youths were served by this intervention over a four-month period. Not only did juvenile court counselors and other court officials readily refer first-time offenders, but participants, guest speakers, and parents were receptive to the intervention.

In the Fall of 2003, Louise Davis, Executive Director of ReEntry Youth Development in Raleigh, North Carolina, contacted me with a request to use the VAC intervention. ReEntry applied for funding through the Governor's Crime Commission, and they were awarded an \$8,000 grant to hire facilitators to conduct the course for one year. Two clinicians and educators were hired and the course immediately began accepting referrals. Facilitators received initial training and were given structured assignments for VAC participants.

CHAPTER II

Literature Review

Examining the Link between Moral Thought and Behavior

In examining the link between moral thought and behavior, the theories of Kohlberg (1978, 1984) and Bandura (1986, 2002) have emerged as two opposing views in the literature over the last 40 years. Kohlberg's theory of moral development, which is one of the most widely researched theories in this area, represents a developmental constructivist paradigm emphasizing stage and structure in the development of moral reasoning and judgment with implications for moral behavior. While Bandura has been a central proponent of social cognitive theory for many decades, his theory of moral agency has evolved in the last decade to provide new directions for research and theory regarding the link between moral thought and behavior. While early in its development, Bandura's theory emphasizes a model of self-regulation and moral agency by incorporating behavior, environmental influences, and internal cognitive and affective process.

Moral Development Theory

Kohlberg has been a tireless advocate for the use of interventions to foster increased role-taking. In the last 30 years, moral discussion groups (MDG) (See Blatt & Kohlberg, 1975) and other interactive interventions have been initiated to assist in cognitive development and overall perspective-taking. One of the most widely used theories in this domain is Kohlberg's Cognitive Developmental Theory of Moral Development. In this theory, there is particular focus on how one developmentally constructs what is "right" or "wrong" in thinking about moral dilemmas.

Based on his longitudinal research with preadolescent boys in the late 1950s and early 1960s, Kohlberg theorized that individuals progress through six qualitatively distinct stages of moral reasoning in invariant sequence. As individuals increase in cognitive complexity and progress in moral judgment, there is a gradual movement from reasoning which focuses on authority-based concerns and self-interest to a more principled and moral level of reasoning which considers the rights and perspective of others. Inherent in the process of moral development is the notion that individuals begin to utilize and develop role-taking. Gielen (1991) explains, “Role-taking is fundamental to symbolic communication, social perspective-taking, and moral development since higher stages of moral development are based on more complex levels of role-taking” (p. 23).

A review of Kohlberg’s stages of moral development reveals that qualitative shifts in role-taking are reflected in the progression to higher stages. For example, in the first two stages of Kohlberg’s model, the preconventional level of moral reasoning, individuals focus on avoidance of punishment and self-interest. Moving to more conventional levels of moral reasoning, the third and fourth stages, individuals shed an egocentric approach and place greater emphasis in what is right for the group. Here, more role-taking is incorporated as needs of the larger group are taken into consideration.

The consensus of research conducted on adolescent moral development indicates that most individuals begin to make the transition from preconventional to conventional levels of moral reasoning during early adolescence. It is during this time that young adolescents begin to utilize formal operations and demonstrate a greater capacity to take the perspectives of others. However, Kohlberg (1984) asserted that at-risk and delinquent

youth have not necessarily progressed towards conventional levels of moral judgment. Research in the last two decades has supported this claim that juvenile delinquents do indicate having lower levels of moral development (Arbuthnot & Gordon, 1988; Gregg, Gibbs, & Basinger, 1994). These studies reveal that the majority of juvenile delinquents function at a preconventional level of moral reasoning, primarily at the second stage. Arbuthnot and Gordon (1988) further theorized that juvenile delinquents with higher levels of development choose to commit offenses in which there isn't a direct victim or the victim is less clear.

Moral Agency Theory

Fundamental in his theory of moral agency, or agency to act morally or inhibit inhumane behaviors, Bandura (1991, 2002) outlines eight specific mechanisms of moral disengagement. These mechanisms, or factors contributing to transgressive behavior, include advantageous comparison, attribution of blame, dehumanization of others, distorting consequences of transgressive behaviors, diffusion of responsibility for moral action, displacement of responsibility for moral action, euphemistic language, and moral justification. While the mechanisms appear to be distinctly internal processes, Bandura does not isolate environmental, cognitive, or behavioral variables here. Instead, he attempts to outline the process by which moral disengagement occurs in a self-regulatory system.

Presently, there is only one study in the literature that specifically examines the link between Bandura's eight mechanisms of moral disengagement and delinquent behavior. Bandura, Barbaranelli, Caprara, and Pastorelli (1996) considered the role of mechanisms of moral disengagement with delinquent and aggressive behaviors of Italian

preadolescents. They found a relationship between mechanisms of moral disengagement with increased delinquent acts and lower levels of remorse and guilt. While other factors of consideration include proneness to aggression, prosocial behavior, and affective and cognitive variables represented by guilt, moral disengagement was found to be influential on all of the variables, whether directly or indirectly. More direct relationships include students with higher frequency of prosocial behaviors demonstrating fewer incidents of aggressive behavior. Male participants, on average, exhibited higher levels of moral disengagement than their female counterparts. Additionally, relationships were found between delinquent and aggressive behaviors and various specific mechanisms of moral disengagement. Moral justification for actions and dehumanizing (“villifying”) were more significantly correlated with aggressive behaviors while delinquent behaviors were more correlated with mechanisms of dehumanizing and blaming victims. While this study serves as the only research examining specific mechanisms of moral disengagement in transgressive behavior, the results provide preliminary support for these mechanisms of moral disengagement with both delinquent and aggressive behaviors.

Treatment Interventions to Foster Moral Development

Given the discrepancy in moral development between juvenile offenders and nonoffenders, there has been considerable interest in the design and implementation of programs that stimulate and support moral development. Research has indicated that the use of the moral discussion groups has been effective with many populations (Rest & Thoma, 1986). Through the discussion of moral dilemmas, group members are challenged to consider the perspectives of others and in turn, shift in the way they make

meaning of the dilemma. Given that adolescents are exposed and challenged in qualitatively new ways, interaction with victims of crime and focus on the victim experience may have particular relevance for fostering development in young offenders.

Specific research on time-limited interventions with at-risk adolescents and juvenile offenders has indicated promise for such interactive interventions. In a study of at-risk adolescents in a rural high school, Arbuthnot and Gordon (1986) found that the at-risk students who participated in moral discussion groups demonstrated increased levels of moral maturity. There was also a sharp decrease in acting out behavior both at school and in the community. In another study, Niles (1986) found that participation in moral discussion groups had a positive impact on moral maturity scores of delinquent and pre-delinquent boys.

Other interactive interventions have been used as well. Taylor and Walker (1997) used a different format for their study. Instead of using a group format, incarcerated juvenile males were paired together to discuss and resolve moral dilemmas. Under certain conditions, this intervention was also effective. They found that the juvenile offenders demonstrated increased moral maturity scores when they were paired with a peer who was both at the same or higher level of moral reasoning, and perceived as “influential.”

The literature review revealed no studies that specifically examined the impact of victim empathy-focused psychoeducational groups with more traditional, offender skill-building interventions. However, there is one study of a victim awareness intervention with this population. Putnins (1997) studied the impact of a Victim Awareness Program (VAP) on incarcerated Australian juvenile offenders. These offenders participated in

nine sessions that included some victims of crimes speaking about their experience. Like the other studies discussed above, the participants demonstrated movement towards more increased role-taking and conventional moral reasoning. However, behavior change was not included as a dependent variable in this study, and, as a result, little direction is shed regarding the link between moral thought and behavior.

One of the most popular means in the literature of examining the relationship between moral reasoning and behavior has been comparing the moral maturity of delinquent and nondelinquent adolescents. Research has confirmed a discrepancy between at-risk and delinquent youths versus their nondelinquent peers. Delinquent and adjudicated youth test at preconventional levels of moral development, generally at the second stage of Kohlberg's theory (Arbuthnot & Gordon, 1988; Blasi, 1980; Gregg, Gibbs, & Basinger, 1994; Hains & Miller, 1980). Additionally, there appears to be some evidence of a positive relationship between increased moral reasoning and various constructs of empathy (Eisenberg, Miller, Shell, McNally, & Shea, 1991; Eisenberg-Berg & Mussen, 1978), as well as a negative relationship between increased delinquency and constructs of empathy (Cohen & Strayer, 1986). While there appears to be evidence of an inverse relationship between lower levels of moral development and higher rates of delinquency, comparing the contrasting interventions with this population may further contribute to an understanding of the link between moral thought and behavior. Moreover, while no studies specifically examine the relationship between moral development and mechanisms of moral disengagement, it appears that careful comparison of these theories may further contribute to the literature and assist in developing sound interventions for this population.

Research Questions

In measuring the impact of the two contrasting interventions, the three central dependent variables of interest are moral development, behavior, and mechanisms of moral disengagement. In consideration of these specific variables, the initial design incorporated the two intervention groups with a control group for comparison. There are three general research questions. First, what effect does the VAC intervention have on the moral development of the participants when comparing this intervention to the more traditional skill-building intervention? Will there be a difference in moral development at the end of the intervention? Given that the fundamental dynamic of the VAC course is to consider the perspectives of others, is this intervention more effective in sparking increased moral development? Second, will the VAC intervention have similar results to interventions targeting skill-building on aggression and rule-breaking behavior at posttest? The third question is more exploratory in nature. Do the two contrasting interventions impact mechanisms of moral disengagement? The third question is broader and has theoretical implications for the links between moral thought and behavior. Specifically, if there is a link between moral thought and behavior as highlighted in the literature review, what roles if any do mechanisms of moral disengagement and moral development have in this process? It is important to examine whether mechanisms of moral disengagement may act as a mediator in the link between moral thought and behavior. Presently, there are no interventions that examine mechanisms of moral disengagement and interventions with this population.

Given that themes of moral development and mechanisms of disengagement represent two fundamentally distinct approaches to examining the link between moral thought and action, it was anticipated that this research may elaborate on the complimentary nature of these two theories. Higher levels of moral development may be related to decreased levels of mechanisms of moral disengagement. Thus, the implication is that individuals at different levels of moral development differ both in frequency and type of moral disengagement.

CHAPTER III

Method

Participants

The participants in this study were residents of a metropolitan county in North Carolina. Participants, both male and female, were between the ages of 12 and 16, and were referred to psychoeducational groups at a non-profit agency. All participants referred to these groups had committed an offense and had become involved with the legal system. Participants were either referred by Teen Court, supervising court counselors, or school resource officers, and were required to complete the courses. Individual offenses ranged from more aggressive offenses such as assault, affray, or communicating threats, to offenses that did not involve violence such as destruction of property, misdemeanor breaking and entering, and larceny. Young offenders charged with murder, violent assault, or sexual crimes were not included in the interactive courses. There were 55 participants in the pretest group with an average age of 14.6 years with 30 males and 25 females. Thirty-seven of the participants were African American, 14 were White, two self-described as biracial, one as Asian, and the remaining participant self-described as “Other.”

Given the nature of the courses, the individual needs of the participants, and the discretion of the referral sources, random assignment was not utilized. Moreover, as recommended by court authorities, some young offenders participated in more than one course. Only those students who were referred to participate in one of the

psychoeducational groups were included in this study. In the initial design of the study, plans were to develop a control group comprised of adolescents on the waiting list for the interventions. However, waiting lists were not developed and a decision was made that adolescents would not be delayed in assignment to groups. Also, only those participants who completed the courses, as well as the pretest measures were included in the data of the treatment groups.

Victim Awareness Course (VAC) Intervention

There were 19 VAC participants who completed both pretest and posttest measures. Twelve participants were African American, six were White, and the remaining participant was self-described as “Other.” The average age was 14.6 years. Offenses included assault, larceny, communicating threats, possession of drug paraphernalia, and breaking and entering.

Life Skills Course (LSC) Intervention

There were 10 participants, eight males and two females, who completed the LSC pretest measures. Seven participants were African American, two were White, and the third was self-described as bi-racial. The average age was 14.7 years. Offenses included assault, larceny, communicating threats, breaking and entering, and disorderly conduct.

Course Facilitators

Four master’s level counselors or educators acted as course facilitators. The two facilitators of the LSC had facilitated this course for several years and were widely respected in the agency for their work with youth. The two facilitators hired to facilitate the VAC intervention were new to the agency, but had backgrounds commensurate with the LSC facilitators in working with the perpetrators of offenses. All facilitators had

knowledge of fundamental adolescent development issues, as well as a good understanding of program policies related to the non-profit agency where the courses were held. All facilitators had an opportunity to receive supervision by a licensed doctoral-level psychologist on a monthly basis to review course concerns, review assignments, and discuss course facilitation skills. The investigator met with facilitators several times throughout the course of this study to ensure that content of the courses were not altered.

Instrumentation

Manipulation Check Measures

There were no clear guidelines for assignment of young offenders to the different interventions and at times, it appears that group assignment was arbitrary. However, careful review of implementation of interventions and controlling for expectancies and attitudes towards the interventions were implemented to examine potential threats to internal validity. Inherent in any design without randomization of participants to interventions, there are specific threats to the internal validity of the results. Because participants were not randomly assigned, the between-group differences may impact dependent measures. To address this threat, assessment was conducted to examine how the two intervention groups viewed the interventions both before and after the intervention. Two subscales based on Kazdin and Krouse's (1983) Expectancies for Change Inventory (ECI) were used in this study. The first, Expectancy for Success (EFS), was used as the manipulation check measure. The other subscale, Attitude Towards Treatment, was used in the primary analysis to examine perceptions of each intervention at posttest.

Expectancy for Success (EFS). The pretest manipulation check measure, an adapted version (Baker, n.d.) of the Expectancy for Success, consists of 14 items on a seven-point Likert-type scale examining beliefs about the intervention prior to the intervention occurring. Sample items include “How confident are you that this program will be successful in helping you?” and “How logical does this type of program seem to you?” This measure was administered at the orientation, first class, of each of the treatment groups. (See Appendix A)

Attitude Towards Treatment (ATT). The ATT (Baker, n.d), consisting of 14 items on a seven-point Likert-type scale, was administered at the end of the intervention to assess how well the participants liked or believed they benefited from the specific intervention. Each of the items correspond with the items on the EFS, but the tense has changed from expectancies of the intervention to attitudes towards the intervention after the intervention. Sample items include “How beneficial do you think this program was for you?” and “How does this program compare in effectiveness with just doing nothing?” Comparison of the courses across expectancies for the interventions, as well as attitudes after the intervention may control for random assignment, and results may indicate no preference for one intervention or the other. (See Appendix B)

Dependent Variables

Given the two contrasting psychoeducational interventions, there was specific focus on how these interventions impacted the moral development, mechanisms of moral disengagement, behavior, and attitudes of the participants towards treatment.

Moral development. Participants were administered the Sociomoral Reflection Measure – Short Form (SRM-SF) (Gibbs, Basinger, & Fuller; 1992) before and after the

intervention. The short form, consisting of 11 items, is designed to measure how one constructs moral dilemmas. For example, one of the items on the measure is “How important is it for people to obey the law?” In addition to choosing whether this and other items are very important, important, or not important, participants are then directed to indicate in writing why they selected this answer. The authors note that at least seven items must be completed in detail to generate a complete assessment.

Upon coding the answers, an overall SRM score is yielded and then coded, to match responses illustrative of Kohlberg’s first four stages of moral development. The scores may range from the lowest of 1.00 to the highest of 4.00 suggesting that the lowest score reflects all stage one responses and the highest indicate all stage four responses. After calculating the overall mean, the mean is then multiplied by 100 to generate an overall score. Thus, the lowest possible score of moral maturity is 100 and the highest is 400. The total scores then can be converted to represent an overall score representing specific stages of Kohlberg’s theory. For example, stage three scores are within the range of 326 and 349, and transition scores between stage three and stage four have a range of 350 to 374. The authors report that the mean scores of sixth-grade, eighth-grade, and high school students are 236.83, 259.96, and 296.27 respectively.

This measure, which takes approximately 20 minutes to complete, is reported to have a high test-retest reliability (.88), as well as high concurrent reliability with the Moral Judgment Interview (MJI) (Colby et al., 1979). Moreover, this short-form version of the longer Sociomoral Reflection Measure (SRM), which is comprised of two lengthy moral dilemmas and 15 questions, requires 20 minutes less to complete and has a higher inter-rater reliability.

Moral disengagement. The Multifaceted Scale of Mechanisms of Moral Disengagement (MSMMD) (Bandura, 1995) consists of 32 statements with four statements representing each of the eight mechanisms of moral disengagement. This instrument was completed by participants at the course orientation and at the end of the intervention. Participants rank whether they agree on three-point Likert type scale in accordance with their agreement with the statements. For example, a statement such as “Damaging some property is no big deal when you consider that others are beating people up” illustrates one of the items for the mechanism of advantageous comparison. Please see Appendix D for a list of the items of this scale. The items are scored by summing the four responses for each corresponding item’s mechanisms of moral disengagement, as well as summing all items on the measure. Thus, there is one global score and scores for each of the mechanisms of moral disengagement. Global scores on this instrument range from 32 to 94 with higher scores indicating higher levels of moral disengagement. Though there is limited research with this instrument, reliability coefficients have been measured and reported at .82.

Behavior. A parent or guardian of each participant completed the Child Behavior Checklist for Ages 6-18 (CBCL) (Achenbach & Rescorla, 2001), a revision of widely-used CBCL for Ages 4-18. The questionnaire was completed at the course orientation and at the end of the intervention. While the CBCL is lengthy, comprised of 133 items, and focuses on multiple facets of behavior to include internalizing syndromes such as depression and anxiety, social problems, attention problems, and thought problems, there was specific focus on externalizing behaviors to include the subscales of Rule-Breaking Behavior and Aggressive Behavior.

The subscale, Rule-Breaking behavior, consists of 17 items and contains items such as “breaks rules” and “steals outside home.” The Aggressive Behavior subscale has 18 items that include statements such as “gets in fights” and “threatens others.” In completing the CBCL, the parent or guardian noted the frequency of the behaviors by indicating whether the item, or behavior, is not true, sometimes true, or often true to generate scores of 0, 1, or 2 respectively. The sum of the subscales is then totaled to generate an externalizing behavior score. The scores on the rule-breaking subscale range from 0 to 34 and the scores on the aggressive behavior subscale range from 0 to 36. High scores indicate a high level of frequency of rule-breaking and aggressive behavior.

The authors report a high test-rest reliability at .95 for children not referred to agencies. The authors note that the behavior tends to be more stable with this population and there is less regression toward the mean. Research and normative data on the instrument indicate that children and adolescents referred to agencies for behavioral or clinical concerns show higher levels of both rule-breaking behavior and aggression, as tested by the CBCL, when compared to non-referred youth. Referred males score

slightly higher on both aggression and rule-breaking behavior than their female counterparts.

Procedure

Data Collection

Given lack of randomization of participants and the inability to coordinate a control group, a quasi-experimental design, specifically the pretest-posttest, nonequivalent group design, was used in this study. Data collection was conducted with all consenting participants during the orientation for each course and during the last session of each course. Thus, each measure was administered once at the beginning of the course and again after approximately four weeks. The EFS was administered during the orientation of the course and the ATT was administered at the last session of the course. Initially, the design included a control group, but given the immediacy of needs determined by the agency personnel, assignment to either the VAC or Life Skills groups was not delayed and members were enrolled in the interventions as quickly as possible.

Interventions

The size and duration of the two treatment groups were similar. Between five and 10 youth participated in each intervention for the duration of a seven-session courses. Each course met weekly during weekdays at designated times, either 5:00pm or 5:30pm, depending on room availability, and met for a total of seven meetings. The duration of both the VAC and LSC was two hours for each session with a 15 minute break scheduled during each session. Initially, the VAC program was eight sessions in length and designed for one and a half hours each session, but it was extended to have uniformity between interventions.

Treatment condition. The Victim Awareness Course (VAC) places emphasis on the experiences of others, namely victims. Through group discussion, homework assignments, and writing an accountability letter to respective victims, the main goal is to increase role-taking and empathy for those impacted by the participants' offenses. By reading and discussing narratives of actual victims in the community, participants learn about how victims are impacted beyond property damage, monetary loss, or bodily injury. Initially, plans were for guest speakers, former victims of crime, to attend several sessions of this intervention to share about personal experiences of being a victim of crime. However, this component of the course was not implemented and it is believed that this may have contributed to the uniformity between treatments.

Cognitive-behavioral techniques were utilized throughout this course. There were specific emphasis on thinking errors. The thinking errors addressed in the program were adapted from cognitive distortions commonly held by offenders (Gabor, 1994; Yochelson & Samenow; 1976). However, these thinking errors were modified to spark increased role-taking by class participants. As participants became familiar with identifying basic thinking errors, they were then challenged to identify and verbalize thinking errors that they failed to consider with regards to the victim's perspective. They then reconstructed their thoughts by considering the victim's perspective. For example, statements such as "The victim of my offense and I think about the offense in the same way", and "I know how my behaviors impacted others" were presented for class discussion and debate. See Appendix F for sample course written assignments.

For the main VAC assignment, participants wrote an accountability letter to their respective victims. The purpose of this letter was for young offenders to take direct

responsibility for their offenses without minimization. Moreover, young offenders were encouraged to address personal concerns regarding how their behavior may have impacted others. It is important to note that the mailing of these letters was voluntary and consent was required by all parties, to include parents of participants and actual victims of the offenders' actions, in the decision-making process before the letters were actually mailed.

Alternative treatment condition. The primary goal of the Life Skills Course (LSC) is to target specific coping skills to include addressing anger management, identifying triggers to antisocial behavior, developing communication skills, increasing prosocial decision-making skills, and reviewing the long-term consequences of future delinquent behavior. Through group discussion, experiential activities in class, and class assignments, participants learned about conflict resolution, learned to differentiate between healthy and unhealthy means of expressing anger, and discussed legal implications for behavior. Also, students reviewed content-specific information on decision-making skills and also watched a video on detriments of substance abuse.

Specific assignments in life-skills interventions include identifying decision-making processes, or lack thereof in committing offenses, role-play exercises to address conflict resolution and to practice anger management strategies, and group discussion on how decisions have both short and long-term consequences. Additionally, participants were challenged to be accountable for offenses, develop a plan for alternate behavior, and review in detail probable consequences with the legal system if future offenses were to occur. In essence, the goals were to develop healthy, prosocial coping skills related to the context of the participants' offenses and for participants to consider consequences for

their future if they were to continue delinquent behavior in the community. Sessions were interactive with all participants engaging in group discussion and individuals presenting a review of course materials at the last session of the course. Individual assignments included accepting personal accountability for the offenses, outlining specific personal consequences if the offenses were to continue, and identifying alternatives to poor conflict resolution. A graduation program was held on the last session of the course for all students who actively participated, attended all sessions, and demonstrated knowledge of course material.

Data Analysis

Formal hypotheses. The primary hypotheses focus on comparison of posttest scores of the dependent variables. The primary hypotheses stated that VAC participants would have a higher level of moral maturity at posttest when compared to the LSC participants, that there would be no differences in rule-breaking behaviors and aggressive behaviors between groups at posttest, and that there would be differences in mechanisms of moral disengagement at posttest. The null hypotheses stated that there would be no difference between treatment groups in moral development and mechanisms of moral disengagement at posttest, and there would be a difference in both rule-breaking and aggressive behaviors at posttest.

Compatibility of treatment groups. To examine the initial expectancies of participants to the assigned interventions, a univariate Analysis of Variance (ANOVA) were conducted on all 14 items on the EFS to examine differences between groups. The null hypothesis stated that there would be no differences at pretest with both treatment groups. Also, at posttest, univariate Analysis of Variance (ANOVA) were conducted on

all 14 items of the ATT to examine differences in perceptions of credibility of both interventions at post-treatment.

Primary analysis. A multivariate Analysis of Variance (MANOVA) was conducted on moral development, rule-breaking and aggressive behaviors, and mechanisms of moral disengagement to compare difference in posttest measures and to reduce the possibility of a Type I Error.

Post-hoc analyses. To review each intervention separately, univariate ANOVAs were used to analyze differences from pretest to posttest on scores from the SRM-SF, Rule-Breaking Behavior and Aggressive Behavior subscales of the CBCL, and the MSMMD for each of the treatment interventions. Pearson Product Moment correlations were used to examine probable relationships between moral development, mechanisms of moral disengagement, rule-breaking behavior, and aggressive behavior on all pretest scores of participants.

CHAPTER IV

Results

Comparison of Treatment Groups

To review the compatibility of the two treatment groups at pretest, participant expectations were analyzed using univariate ANOVAs on each of the 14 items on the EFS. There were no significant differences between treatment groups on all 14 items of the EFS. As shown in Table 1, there was little difference in scores on all items. Both treatment groups indicated the greatest confidence in their willingness to complete the courses. Group means on all other items indicated a moderate level of confidence regarding expectancies towards treatment. These results suggested that there were no significant differences in expectations towards treatment between the groups at pretest.

Treatment Effects

To compare posttest scores on the SRM-SF, the Rule-Breaking Behavior and Aggressive Behaviors subscales of the CBCL, and the MSMMD, multivariate Analysis of Variance (MANOVA) was conducted on the post-treatment scores for these four variables. Means and standard deviations of the posttreatment scores are presented in Table 2. There were no significant differences between groups on all dependent variables. The Wilks' Lamda statistic for no overall treatment effects was $F(1, 20) = 0.54, p = 0.71$. These results suggested that there were no overall differences on the dependent measures for both treatment groups at posttest.

Moral development scores, as measured by the SRM-SF, of the VAC intervention ($M = 243.05, SD = 32.69$) were almost identical to the LSC intervention ($M = 243.36, SD = 39.95$). Though data were collected on the all subscales of the CBCL, only two

Table 1
*Means and Standard Deviations of
 EFS Scores by Treatment Group*

Item	LCS		VAC	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
1. Success	4.500	1.958	4.947	1.223
2. Logical	3.700	1.495	4.789	0.855
3. Willingness	6.100	1.197	6.211	1.475
4. Beneficial	4.300	1.947	5.105	1.049
5. Do Nothing	4.600	1.265	4.368	1.862
6. Teach Yourself	4.600	0.966	4.842	1.385
7. Techniques	4.500	1.958	5.052	1.311
8. Introduction	5.300	1.337	5.473	1.349
9. Explanation	5.200	1.398	5.052	1.079
10. Treating	4.400	1.430	5.263	1.098
11. Explanation	4.100	1.912	4.526	1.429
12. Understandable	5.100	1.287	5.421	1.261
13. Understanding Self	3.800	1.687	4.947	1.682
14. Insight	4.800	2.201	4.770	1.357

Note. EFS = Expectancies for Success

subscales, Rule-Breaking Behavior and Aggressive Behavior, were selected for analyses as they more reflect truant and delinquent behavior. These subscales comprise the externalizing behavior scale of the CBCL. These results indicate that the interventions were equally effective in addressing externalizing behaviors. Also, the mechanisms of moral development, was included in this analysis to explore the potential impact of the two interventions on this variable. There were no significant differences between treatment groups on posttest scores of this variable.

Table 2

Posttest Means and Standard Deviations on

Dependent Measures for Two Treatment Groups

Item	LCS		VAC	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
SRM-SF	243.375	39.946	243.0556	32.694
MSMMD	44.100	7.549	48.474	9.885
Rule-Breaking Behavior	4.200	1.813	5.222	4.857
Aggressive Behavior	7.000	5.457	6.500	7.318

Note. SRM-SF = Sociomoral Reflection Measure – Short Form; MSMMD = Multifaceted Scale of Mechanisms of Moral Disengagement; Rule-Breaking Behavior = from Child Behavior Checklist; Aggressive Behavior = from Child Behavior Checklist.

Attitude Toward Treatment

Participant attitudes towards the respective treatments were analyzed at posttest using univariate ANOVAs on each of the items of the ATT. As shown in Table 3, there

Table 3

Means and Standard Deviations of ATT Scores by Treatment Group

Item	LSC		VAC		<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
1. Success	5.700	1.160	5.368	1.383	0.931
2. Logical	5.200	1.814	5.158	1.119	0.999
3. Willingness	4.400	1.713	3.842	2.218	0.848
4. Beneficial	6.100	1.101	5.368	1.165	0.476
5. Do Nothing	4.500	2.461	4.790	1.437	0.975
6. Teach Yourself	5.300	1.829	5.263	1.447	0.999
7. Techniques	5.500	0.850	5.105	1.197	0.875
8. Introduction	5.800	0.919	5.684	1.408	0.996
9. Explanation	5.400	1.578	5.316	1.493	0.999
10. Treating	5.300	1.059	5.263	1.368	0.999
11. Explanation	5.400	0.843	5.211	1.357	0.986
12. Understandable	5.700	1.059	5.579	1.305	0.995
13. Understand Self	5.300	1.703	5.000	1.563	0.966
14. Insight	5.200	1.398	5.474	1.645	0.973

Note. ATT = Attitude Towards Treatment

were no significant differences in attitudes between the groups regarding the two interventions. These results, along with the preliminary analyses, suggested attitudes at pretest and posttest were not significant between groups.

Post Hoc Analyses

Treatment Effects of Each Intervention Over Time

Moral development. In the primary analyses of this study, there were no treatment effects when comparing groups at posttest. Post-hoc analyses of each treatment group were conducted separately by adding pretests scores and using time as a variable. (See Table 4 for pretest and posttest scores.) SRM-SF pretest and posttest scores were analyzed with a univariate ANOVA with each intervention. With the VAC intervention, there was a significant difference from pretest ($M = 222.17$) to posttest scores ($M = 241.90$), $F(1, 24) = 1.35, p = .05$. Conversely, the LSC intervention was analyzed separately and there was a small decrease in moral maturity scores from the pretest ($M=244.60$) to the posttest ($M = 228.66$). These results are graphically displayed in Figure 1.

Figure Caption

Figure 1. Display of Means on the SRM-SF for Two Treatment Groups

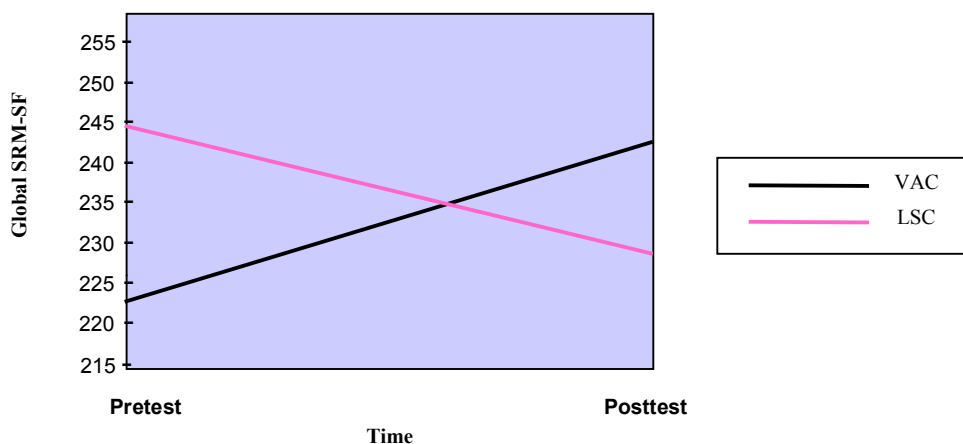


Table 4

*Means and Standard Deviations on Dependent Measures
for Two Treatment Groups at Pretest and Posttest*

Group	SRM <i>M(SD)</i>	MSMMD <i>M(SD)</i>	RBB <i>M(SD)</i>	AggB <i>M(SD)</i>
VAC				
Pretest	226.82(29.04)	51.79(10.26)	7.05(6.04)	9.72(8.61)
Posttest	244.53(33.08)	48.47(9.88)	5.22(4.86)	6.50(7.42)
LSC				
Pretest	244.67(27.99)	50.10(6.92)	4.90(2.07)	8.80(7.49)
Posttest	235.00(45.03)	44.10(7.55)	4.20(1.81)	7.00(5.46)

Note. SRM-SF = Sociomoral Reflection Measure – Short Form ; MSMMD = Multifaceted Scale of Mechanisms of Moral Disengagement; RBB =Rule-Breaking Behavior subscale from Child Behavior Checklist; AggB = Aggressive Behavior subscale from Child Behavior Checklist.

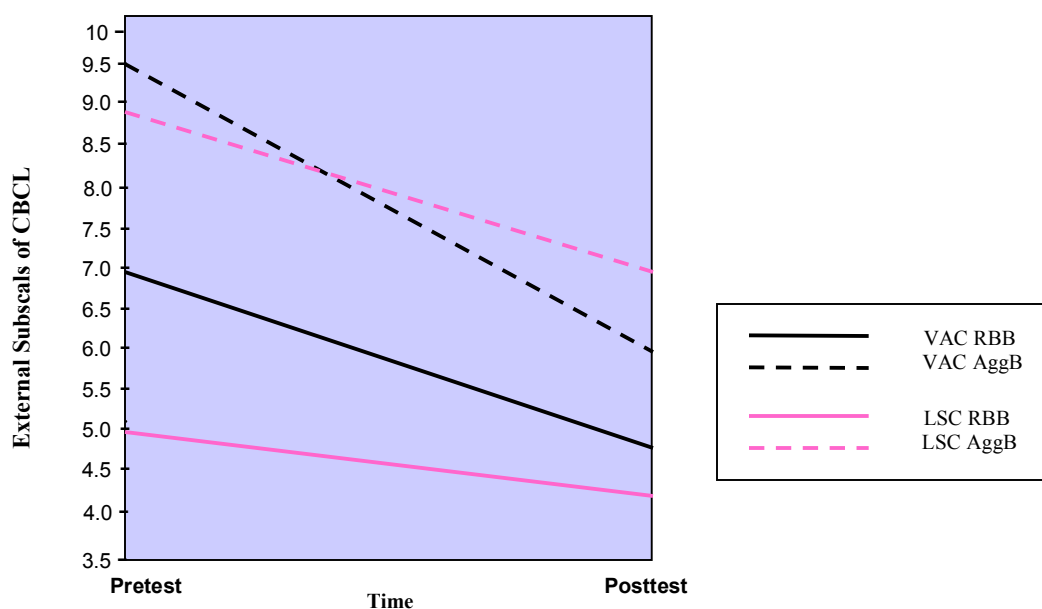
Behavior. To look at the change in behavior with each of the treatment groups, pretest and posttest scores of the Rule-Breaking Behavior and Aggressive Behavior subscales of the CBCL were analyzed. Univariate ANOVAs were used to analyze changes from pretest to posttest with each treatment group. Comparison of pretest and posttest scores indicated a decrease in rule-breaking and aggressive behaviors in both the VAC and LSC interventions. However, there was a sharper decrease in scores on both

subscales with VAC participants. With the rule-breaking behavior subscale of VAC participants, there was a decrease in scores from pretest ($M = 6.96$) to posttest ($M = 5.08$). Results were significant at $F(1, 25) = 7.56$, $p = .01$. LSC pretest scores on this subscale were smaller ($M = 4.90$) showing little difference at posttest ($M = 4.20$). The LS intervention on the rule-breaking subscale was not significant at an alpha level of $p < .05$.

On the aggressive behavior subscale, means were larger for both treatment groups as compared to the rule-breaking subscale. VAC participants did show a decrease in scores over time from pretest ($M = 9.56$) to posttest ($M = 6.38$). Results were significant at $F(1, 25) = 10.94$, $p = .003$. Results with the LSC participants were not significant when comparing pretest ($M = 8.80$) and posttest ($M = 7.00$) scores. These results are graphically displayed in Figure 2.

Figure Caption

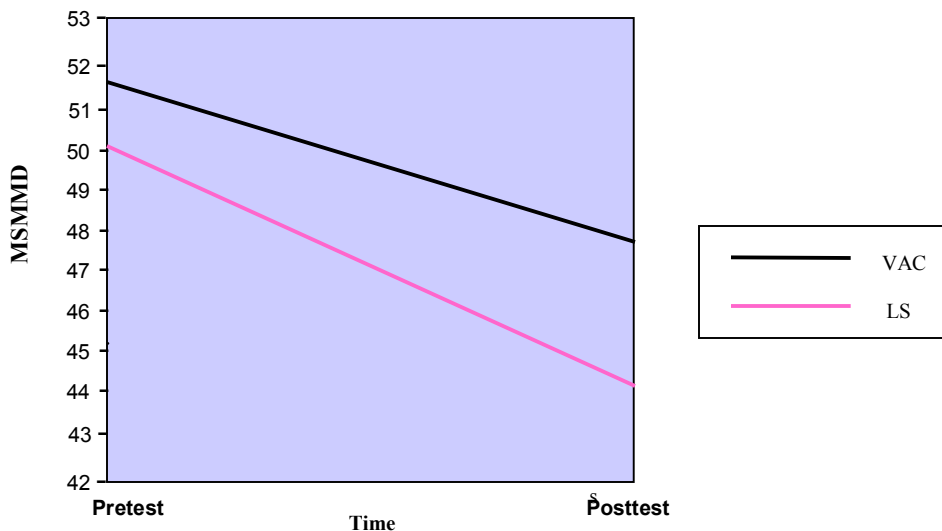
Figure 2. Display of Means of the CBCL Subscales Rule-Breaking Behavior and Aggressive Behavior for Two Treatment Groups.



Mechanisms of moral disengagement. Univariate ANOVAs were generated on pretest and posttest scores, and there was a significant effect between pretest and posttest measures, $F(1, 27) = 7.42, p < .05$. A test for main effects were administered to determine which group demonstrated change in mechanisms of moral disengagement from pretest to posttest. The results indicate that there was a change in the LSC group (at pretest, $M = 50.10$; at posttest, $M = 44.10$), $F(1, 27) = 4.70, p = .04$. There was not a significant change in the VAC group (at pretest, $M = 51.79$; at posttest, $M = 48.47$). These results are graphically displayed in Figure 3.

Figure Caption

Figure 3. Display of Means of Mechanisms of Moral Disengagement for Two Treatment Groups



Simple correlations. A larger number of participants, 54, completed the pretest measures as opposed to the posttest measures, 33. Simple correlation statistics were conducted on the pretest data to examine relationships of the main variables for all pretest participants. Means and standard deviations are presented in Table 3. To examine the pretest scores of the SRM-SF and MSMMD, as well as the CBCL subscales of Rule-Breaking Behavior and Aggressive Behavior, Pearson correlation coefficients were conducted; these correlations are presented in Table 5. There were significant relationships in the correlations between: (a) rule-breaking behaviors and aggressive behaviors (variance accounted for = 75.4%), (b) mechanisms of moral disengagement and rule-Breaking behavior (variance accounted for = 79.6%), and (c) mechanisms of moral disengagement and aggressive behavior (variance accounted for = 85%).

The strongest relationship in this series of correlations, mechanisms of moral disengagement and aggressive behavior, suggested that at pretest or prior to intervention, higher levels of moral disengagement enhanced instances of aggressive behavior. Similarly, in the next strongest correlation, rule breaking behaviors and mechanisms of moral disengagement demonstrated a similar relationship. Thus, it appeared evident that there would also be a strong relationship between aggressive behaviors and rule-breaking behaviors.

Table 5

Pearson Correlation Coefficients of Pretest Measures

Measure	1	2	3	4
1. SRM-SF Global	--	-0.266	-0.114	-0.245
2. Rule-Breaking		--	0.745****	0.796****
3. Aggressive			--	0.851****
4. MSMMD				1.000

Note. SRM-SF = Sociomoral Reflection Measure – Short Form; Rule-Breaking = Rule-Breaking subscale from the CBCL; Aggressive = Aggressive Behavior Subscale of the CBCL; MSMMD = Multifaceted Scale of Mechanisms of Moral Disengagement.

* $p < .05$. ** $p < .01$. *** $p < .001$ **** $p < .0001$

Relationships between moral development and externalizing behaviors were not significant at pretest. As predicted, there was an inverse relationship between moral development and rule-breaking behaviors accounting for 26% of variance, $p < .0517$, though the correlation was not statistically significant. There was an even weaker relationship between moral development and aggressive behavior, accounting for only 11% of the variance. While the relationship between moral development and mechanisms of moral disengagement had a relatively strong inverse relationship accounting for 23.52%, $p < .087$, this relationship did not meet statistical significance at $p < .05$. This suggests that these two variables reflect two distinct constructs.

The results of the correlation analyses of all pretest scores indicate a strong relationship between rule-breaking behavior, aggressive behavior, and mechanisms of moral disengagement. Also, moral development was not highly correlated with behavior in this post-hoc analysis of pretest scores.

A post-hoc correlational analysis of individual mechanisms of moral disengagement was conducted to examine their relationship with rule-breaking and aggressive behaviors (See Table 6). Pearson product coefficients were conducted, and of the eight individual mechanisms of moral disengagement, only one was significantly correlated with behavior. Specifically, there was a significant relationship with “diffusing responsibility” and aggressive behavior. These results indicated a strong relationship between minimizing responsibility for actions and aggressive behavior. Moreover, there were no significant relationships between individual mechanisms of moral disengagement and moral development.

Table 6

*Pearson Correlation Coefficients of Individual Mechanisms
of Moral Disengagement with Moral Development and Behavior*

Mechanism	SRM	Rule	Aggressive
1. Moral Justification	0.045	0.314	-0.019
2. Euphemistic Language	-0.059	0.141	0.002
3. Advantageous Comparison	-0.058	0.040	-0.123
4. Displacing Responsibility	-0.077	0.047	-0.204
5. Defusing Responsibility	0.085	-0.266	-0.415**
6. Distorting Consequences	-0.105	-0.012	-0.109
7. Attribution of Blame	-0.029	-0.018	-0.162
8. Dehumanizing	-0.089	0.148	-0.043

* $p < .05$. ** $p < .01$. *** $p < .001$ **** $p < .0001$

CHAPTER V

Discussion

The central goals of this study were to implement a short-term, victim-perspective psychoeducational group with adolescent offenders and to assess the effects of this course on the moral development, behavior, and mechanisms of moral disengagement of participants. A traditional skill-building intervention was used as a comparison group. When the victim perspective group was first piloted in 2000, it was evident that a key dynamic of this intervention was to foster increased perspective-taking and empathy. Thus, moral development was a key dependent variable of interest. Moreover, there were no studies in the literature that (a) examined a victim-perspective curriculum with both moral development and behavior as dependent variables, (b) compared the victim-perspective interventions with more traditional skill-building interventions, (c) examined the relationships of both moral development and mechanisms of moral disengagement with behavior, and (d) considered change in mechanisms of moral disengagement over time through intervention.

The primary results of this study suggested no significant differences at post-intervention for the two intervention groups on the main dependent variables of moral development, mechanisms of moral disengagement, and externalizing behavior. Post-hoc analysis on each intervention separately revealed that there was change from pretest to posttest with VAC participants with an increase in moral maturity scores and a decrease in rule-breaking and aggressive behaviors. Also, there was a decrease in mechanisms of moral disengagement from pretest to posttest with LSC participants. Post-hoc

correlational analyses of all pretest scores indicated a relationship between mechanisms of moral disengagement with both rule-breaking and aggressive behaviors. There was a significant relationship between “diffusion of responsibility” and aggressive behavior, but there were no other significant relationships between individual mechanisms of moral disengagement and behavior. Moreover, there was not a significant relationship with individual mechanisms of moral disengagement and moral development.

Manipulation Check Measures

There were no differences between treatment groups on the EFS, administered at pretest, and the ATT, administered at posttest. These findings suggest that there were no significant differences in how well the programs were explained, confidence in completing the program, and degree to which participants found the courses to be helpful. The lack of differences in expectancies and attitudes regarding the interventions indicated that the newly implemented VAC intervention was viewed as equally credible as the existing LSC intervention.

Moral Development

The results of the primary analyses did not support the hypotheses that participants in the VAC intervention would have significantly higher levels of moral development compared to LSC participants at posttest. Instead, the posttest scores were almost identical. This suggests that the interventions are equally effective when considering posttest scores. There are several plausible explanations here. Given the short-term nature of the intervention, it was not clear if participants had the time or opportunity to fully incorporate increased perspective-taking into how they construct meaning of ethical dilemmas over a one-month period. Other interventions aimed at

fostering moral development (Rest & Thoma, 1986) intentionally implemented long-term interventions. Central to cognitive developmental theory is the notion of assimilation and accommodation. In addition to learning to take the perspectives of others, sufficient practice and incorporation of new ways of understanding are fundamental. However, this intervention may have provided a foundation for enhancing perspective-taking.

Behavior

The results of the analyses on externalizing behaviors at posttest support the hypothesis that the VAC intervention was equally effective in addressing behaviors as the LSC intervention. There were no significant differences on the two subscales of the CBCL, Rule-Breaking Behavior and Aggressive Behavior, at posttest. This suggests that understanding the victim perspective can have an equally effective influence on behavior as the deliberate skill-building intervention.

In reviewing the relative impact of both interventions on behavior, there are several questions for review. From a theoretical perspective, does the victim perspective influence the existing skills of the participants or is the increased victim perspective alone equally influential on behavior? Future research with tools on decision-making skills may prove valuable in this discussion.

Mechanisms of Moral disengagement

Initially, it was believed that there would be differences in mechanisms of moral disengagement at posttest. Given the fundamental difference in approaches to delinquent behavior with both interventions, it was anticipated that these two contrasting approaches would influence scores of the two groups at posttest. The results were inconclusive

regarding overall differences at posttest. As the LSC intervention focused more on skills such as anger management, decision-making skills, and communication skills, it was anticipated that addressing these skills in a context of offender behavior influenced overall posttest scores when compared to the VAC intervention. Another argument is that while there is specific emphasis on the victim experience, the heightened sense of the multiple consequences of crime on victims and the community would somehow mediate moral disengagement. Again, there was no difference in overall scores of mechanisms of moral disengagement at posttest. While there are no present studies in the literature regarding intervention and mechanism of moral disengagement, it remains unclear regarding the specific link between intervention and decreased levels of moral disengagement.

Loss of the No-Treatment Control Group

In the initial design of the study, a no-treatment control group was critical in examining the effects of the two interventions on the main dependent variables. With the loss of the control group, there was a necessary shift in approach with the data analysis. As a result, pretest scores were no longer included in the primary analysis and focus was then shifted to overall differences between groups at posttest. Thus, the lack of a no-treatment control greatly impacted the course of the study and consequently, influenced and limited the interpretation of its results. Pretest scores were only considered in the post-hoc analyses.

Post-hoc Analyses

Given the lack of control group, as well as differences between treatment groups on dependent variables at posttest, further analyses were conducted on each treatment

intervention separately by including pretest scores of dependent variables. With the VAC intervention, there was an increase in moral maturity and decrease in externalizing behaviors. These results were statistically significant. In contrast, there was a significant decrease in mechanisms of moral disengagement with the LSC participants, but no significant differences in rule-breaking behavior, aggressive behavior, and moral development were found. These results suggested that each intervention did affect the dependent variables with time as a variable. Given the results of the post-hoc analyses, there was a distinct possibility of committing a Type I Error, significant findings when no major differences exist, in conducting these analyses.

Moral development. There was an increase from pretest to posttest on moral development scores of VAC participants. However, the increase did not meet the recommended effect for treatment interventions by an increase of one-third stage, the “Blatt effect”, as suggested by Blatt and Kohlberg (1975). Conversely, scores of moral maturity decreased slightly with LSC participants. While intense focus on the victim perspective may be attributed to increased perspective-taking and moral maturity, the criterion meeting the “Blatt effect” was not met. Also, questions arise regarding the decrease in moral maturity scores for the LSC participants. Differences in scores with LSC participants were not statistically significant. Given the slight differences in scores with this intervention, overall variability in testing may have accounted for the slight decline in moral maturity scores.

Behavior. Rule-breaking and aggressive behaviors decreased over time with both interventions, however only the changes in externalizing behaviors, rule-breaking behavior and aggressive behaviors, of the VAC participants were significant. These

results suggested participation in the VAC intervention assisted in decreasing externalizing behaviors when compared to the LSC intervention. This provides preliminary support for victim awareness training with juvenile offenders on delinquent behaviors with this population. Without a control group, caution is warranted in interpretation of these results.

Mechanisms of moral disengagement. In the post-hoc analyses of this variable with treatment groups and time, results indicated that there was a decrease in mechanisms of moral disengagement with LSC participants and no differences with VAC participants. This is in sharp contrast with post-hoc results of moral development and behavior with this intervention compared to the VAC intervention. While there was a decrease in mechanisms of moral disengagement with LSC participants over time, there wasn't a significant change in behavior with LSC participants over time. The suggested relationship here is that there was not a strong link between behavior and mechanisms of moral disengagement in the treatment interventions, or that these links were not targeted in the specific interventions. Also, one possible explanation is that decision-making components of the LSC course targeted moral disengagement, but that there was not a salient link with behavior.

Post-hoc Correlation Analyses

Because there are no research studies comparing moral development, mechanisms of moral disengagement, and behavior, the relationship between these variables were examined. At pretest, there were significant relationships between (a) rule-breaking behavior and aggressive behavior, (b) mechanisms of moral disengagement with aggressive behavior, and (c) mechanisms of moral disengagement with rule-breaking

behavior. There were no significant relationships between rule-breaking behavior and aggressive behavior with moral development. These findings indicate that, prior to intervention, mechanisms of moral disengagement are more strongly related to rule-breaking and aggressive behaviors than moral development.

The analyses of treatment effects didn't support the relationships upon intervention. For example, post-hoc analyses of treatment effects of each intervention with pretest scores indicated an increase in moral maturity and decrease in externalizing behaviors with VAC participants. Moreover, there was a significant decrease in mechanisms of moral disengagement with LSC participants, but no significant changes in behavior.

Additional correlational analyses were conducted on the relationships between individual mechanisms of moral disengagement with externalizing behaviors and moral development. The findings indicated that (a) there were no significant relationships between individual mechanisms of moral disengagement and moral development, and (b) that the only significant relationship between individual mechanism of moral disengagement and behavior was "diffusion of responsibility" and aggressive behavior. These findings were surprising because it was anticipated that there would be a strong relationship between moral development and the mechanism of "dehumanizing" others.

These findings suggested that the overall construct of mechanisms of moral disengagement have a strong relationship with externalizing behaviors prior to interventions, but that only one of eight mechanisms, diffusion of responsibility, was strongly related with behavior. Comparing these results to contrary results of treatment effects, there is support that the interventions affected the link between moral thought and

behavior from pretest to posttest. Moral development potentially mediated the relationship between mechanisms of moral development in the VAC intervention. Also, skill-building may have mediated the strength of the relationship between mechanisms of moral disengagement and mechanisms of moral disengagement.

Anecdotal Findings

The use of multiple interventions at pretest and posttest with this population was challenging as they were short-term interventions. Data collection took approximately 40 minutes at both pretest and posttest. Frequently, participants stayed after the allotted time to complete the measures. Administering the SRM-SF was also challenging as there are 11 questions with written components to each question. Many participants didn't fully complete this measure or gave incomplete answers that were deemed unscorable. Careful consideration should be made when using this instrument with the present population. Some participants had difficulty expressing their ideas through writing sentences. Others wrote answer such as "I don't care" or "same as above". These responses were unscorable. Several participants drew pictures on the forms and did not write any answers. Future use of this measure will require careful observation that forms are completed in their entirety.

One effective strategy was separating guardians and participants during data collection. There was no preoccupation by either parents or participants regarding what others were writing. Also, the facilitators were able to read questions out loud to structure the pace of the completion of instruments. The only limitation with this approach was that participants were inclined to state their answers out loud as if it were

group discussion. Facilitators of data collection monitored this dynamic closely and participants were refocused back on task.

Limitations and Suggestions for Future Research

There are seven general limitations in this study. These include two general threats to internal validity, a threat to statistical conclusion validity, threats to construct validity and external validity, and modification of the original VAC curriculum for use in this study.

The first limitation highlights specific threats to internal validity. While the initial design included a control group for treatment comparison, there were concerns that there would be delay in treatment for participants. Also, there were specific concerns about how data would be collected for a control group as participants in this study were referred from multiple referral sources to include resource officers, teen court, and juvenile court counselors. Without a control group, there are questions of internal validity with regards to general changes over time on the three main dependent variables without intervention. The overall setting was not conducive to establishing a control group.

The second threat, lack of random assignment, also compromised the internal validity of this study. Though manipulation check measures were utilized on expectancies for and attitudes towards treatment, the non-equivalent group design raises questions about other factors of participant experiences that may have impacted how they responded to the measures. Replication of this study in alternative settings such as a high school or middle school, secure settings, wilderness programs and training schools, or therapeutic residential programs would provide a better opportunity for a large control

group and would greater enhance the research. In a more structure setting, there would be more opportunities for random assignment to treatment groups and a control group.

The third limitation, a threat to statistical conclusion validity, is the number of participants in the study. Though many participants, 55, completed pretest measures, much data were lost at posttest. Only 33 participants completed posttest measures. Posttest measures were omitted if participants attended both the VAC and LSC interventions. There were several instances in which the participants did not complete the class and thus, posttest measures were not completed. There were 12 cases in which SRM-SF measures were not completed in their entirety. These had to be removed because they were not scorable due to incomplete sections or overly vague written answers such as “I don’t know.” Valuable data were lost as a result.

There were also threats to construct validity. The fourth limitation is the CBCL that was used to examine delinquent behavior. While the guardians completed this measure, there was only consideration of the guardian’s perspective of the adolescent’s behavior. The measure only reflects the delinquent behavior the guardian has observed or has learned about from others. Thus, there are limitations because parents may not be fully aware of all incidents of delinquent behavior, especially outside the home. Court records are sealed for minors, so collecting follow-up data on criminal offenses is difficult.

Another threat to construct validity, the fifth limitation, is the lack of follow-up data over an extended period of time. This is particularly relevant to saliency of changes in the dependent measures. For example, changes from pretest to posttest may have been temporary. Without follow-up data, interpretation of treatment effectiveness is limited.

Ideally, there would be follow-up data collection at six months and again at one year with participants.

The sixth limitation is a threat to external validity or replicability of this comparative study. Few organizations provide an array of psychoeducational interventions with which to compare effectiveness of courses. There are specific challenges and considerations when developing a no-treatment control group due to potential risks regarding lack of intervention. Also, in many structured therapeutic settings, treatment plans are individualized and adolescents participate in treatment milieus with multiple interventions such as individual, group, and family therapy, as well as behavior modification programs and psychopharmacology management. There are great challenges in controlling for the effectiveness of psychoeducational courses in programs with existing treatment milieus.

The seventh limitation considers the change in original curriculum of the VAC intervention for this study. To provide more uniformity between interventions, the guest speakers component in the VAC intervention was excluded in this study. In the original curriculum, guest speakers, members of the community who volunteered to discuss their personal experiences as a victim of crime, were an integral part of the intervention. My informal observations are that VAC guest speakers bring a particularly powerful human dynamic to the VAC intervention. Thus, it is believed that guest speakers may have enhanced the VAC intervention with respect to both moral development and behavior.

Recommendations for future research in this domain include careful planning and consideration of the limitations of this study. These limitations made it difficult to give the VAC intervention a fair test. An improved comparison design would include no-

treatment group with careful consideration of an equal number of participants in this control group and the treatment groups. Other important changes are increasing the duration of both interventions and incorporating follow-up data collection at six months and again at a year. With these changes, there would also be changes in data analyses. For example, a multivariate Analysis of Covariance (MANCOVA) may be utilized to examine variance between variables and interventions. Also, the use of guest speakers in the VAC intervention will assist in providing a more comprehensive test of victim awareness training.

While comparison of treatment interventions, especially victim awareness training with more traditional interventions, is new, other research designs may prove helpful in examining the relative impact of these interventions. Qualitative studies that encompass themes in how adolescents talk about the consequences of their behavior would assist in knowledge regarding the process of change in delinquent behavior. Similarly, single case studies would provide a more in-depth examination of how an adolescents make changes in considering the impact of their behaviors on others. Additionally, other research variables may be included in this research. For example, decision-making measures may be incorporated into similar studies to example the relative impact of victim awareness training on these skills. One hypothesis is that increased empathy and moral development will have a positive, though indirect relationship on decision-making skills even though the emphasis of this particular intervention is not on skill-building.

Implications for Professional Practice

Careful consideration of interventions and services for adolescent offenders is warranted. Given the lack of comparative research studies of interventions with this

population, it is hoped that this study will contribute to the existing body of knowledge. Moreover, it is hoped that the limitations of this exploratory study will be considered in future design of comparative studies. This will include careful planning and use of a control group, as well as methods to assess whether victim-awareness training mediates decision-making skills. However, before implementing a victim awareness training program, careful planning of the intervention and sensitivity to the history of participants are critical.

Active discussion of victim issues can be an important component in developing empathy towards others and helping adolescents have a greater understanding of the ramifications of their behavior. However, the discussions of victim issues could potentially illicit feelings of when participants have been victims themselves. Thus, a great deal of care is necessary when planning group activities. Furthermore, it is recommended that the actual victims of the participants not act as guest speakers. Without trained facilitators and careful planning, there is a risk that the course could be harmful to both the participant and the guest speaker.

Implicit in this discussion is the mandatory nature of interventions with this population. Ethical guidelines clearly stress nonmalficence or not doing harm to participants. Thus, it is recommend that facilitators have experience in facilitating interventions with this population. Also, counseling services should be offered if participants have difficulty coping with their own issues regarding victimization. While interventions may be mandated by the court, participation in research studies should remain voluntary (See Appendix G for Informed Consent). Informed consent should

clearly highlight that refusal to participate in the study will not impact the legal standing of the participant.

In conclusion, this study provides a novel way of examining the link between moral thought and behavior. It is hoped that the use of victim-awareness training will be considered as a tool in assisting adolescent offenders and that future research in this domain will provide support for effective intervention with this population. My strong conviction is that we continue to evaluate alternatives for addressing juvenile crime. Through continued efforts, we not only serve juvenile offenders and victims of crime, but also the greater community.

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APPENDIX A

Expectancies for Success Scale

EFS

Based on your brief experience with a small part of the training program, please answer the following questions by circling the number on the scale which is closest to your feelings.

1. How confident are you that this program will be successful in helping you?

1	2	3	4	5	6	7
not at all confident			somewhat confident			very confident

2. How logical does this type of program seem to you?

1	2	3	4	5	6	7
not at all logical			somewhat logical			very logical

3. Are you willing to finish the complete program?

1	2	3	4	5	6	7
not at all willing			somewhat willing			very willing

4. How beneficial do you think this program will be for you?

1	2	3	4	5	6	7
not at all beneficial			somewhat beneficial			very beneficial

5. How would this program compare in effectiveness with just doing nothing?

1	2	3	4	5	6	7
much worse than nothing			the same			much better than nothing

6. How would this program compare in effectiveness with teaching yourself?

1	2	3	4	5	6	7
worse than teaching self			same			better than teaching self

7. How believable are the described program techniques?

1	2	3	4	5	6	7
not at all believable			somewhat believable			very believable

8. How well does the introduction presented thus far explain the problem?

1	2	3	4	5	6	7
not at all well			somewhat			very well

9. How believable is the explanation of the program?

1	2	3	4	5	6	7
not at all believable			somewhat believable			very believable

10. How valuable would the program be in treating the self-defeating behaviors?

1	2	3	4	5	6	7
not at all valuable			somewhat valuable			very valuable

11. To what degree has the program explanation changed your idea of problems related to self-committing offenses?

1	2	3	4	5	6	7
no change at all			moderate change			very much change

12. How understandable is the explanation of the program?

1	2	3	4	5	6	7
not at all understandable			somewhat understandable			very understandable

13. To what degree does this program explanation help you in understanding yourself?

1	2	3	4	5	6	7
not at all helpful			somewhat helpful			very helpful

14. To what extent does the program allow for insight into yourself?

1	2	3	4	5	6	7
no insight at all			some insight			very much insight

APPENDIX B

Attitude Towards Treatment Scale

Based on your experience with this course, please answer the following questions by circling the number on the scale which is closest to your feelings.

ATT

1. How confident are you that this program was successful in helping you?

1	2	3	4	5	6	7
not at all confident			somewhat confident			very confident

2. How logical does this type of program seem to you?

1	2	3	4	5	6	7
not at all logical			somewhat logical			very logical

3. Are you willing to undertake a similar program sometime in the future?

1	2	3	4	5	6	7
not at all willing			somewhat willing			very willing

4. How beneficial do you think this program was for you?

1	2	3	4	5	6	7
not at all beneficial			somewhat beneficial			very beneficial

5. How does this program compare in effectiveness with just doing nothing?

1	2	3	4	5	6	7
much worse than nothing			same			much better than nothing

6. How does this program compare in effectiveness with teaching yourself?

1	2	3	4	5	6	7
much better than teaching self			same			much worse than teaching self

7. How useful were the described program techniques?

1	2	3	4	5	6	7
not at all useful			somewhat useful			very useful

8. How well was the program explained?

1	2	3	4	5	6	7
not at all well			somewhat well			very well

9. How believable was the program?

1	2	3	4	5	6	7
not at all believable			somewhat believable			very believable

10. How valuable is the program in treating self-defeating behaviors?

1	2	3	4	5	6	7
not at all valuable			somewhat valuable			very valuable

11. To what degree has the program changed your idea of problems related to committing offenses?

1	2	3	4	5	6	7
no change at all			some change			very much change

12. How understandable was the explanation of the program?

1	2	3	4	5	6	7
not at all understandable			somewhat understandable			very understandable

13. To what degree did this program help in understanding yourself?

1	2	3	4	5	6	7
not at all helpful			somewhat helpful			very helpful

14. To what extent does the program allow for insight into yourself?

1	2	3	4	5	6	7
no insight at all			moderate insight			very much insight

APPENDIX C

Sample Written Exercises from
the Victim Awareness Course

7 Specific Behaviors in Committing an Offense

Directions: List 7 specific things that you did in committing your offense. We will go over an example in class. If you can think of 10, that would be great!

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Any others?

8. _____
9. _____
10. _____

Note: Most people, when they talk about an offense, often make the offense seem smaller than it really is. For example, someone might say, "I was charged with breaking and entering." What exactly was the offense (behaviors) and how did it impact the victim(s)?

VAC
An Introduction to “Thinking Errors”

Thinking errors are exactly what the two words describe --errors in thinking. Many times when someone commits an offense, they use thinking errors to deny the offense or avoid taking full responsibility for the offense.

Directions: In the blank next to the statements below, list “T” if the statement is true. List “TE” for “thinking error” if the statement is false.

- _____ All cars have four wheels.
- _____ Life is fair for everybody all the time.
- _____ Most victims of crime forget about the offense after a few weeks.
- _____ I fully understand how the victim was impacted by my offense.
- _____ Bill Clinton is the President of the United States of America.
- _____ There are many ways a victim can be impacted by an offense.
- _____ All victims care about is getting their money back.
- _____ More people live in Raleigh than in Chicago.
- _____ There is no 4th of July in England.
- _____ All victims care about is revenge.
- _____ All police care about is locking people up.

“Thinking Errors” Exercise

Directions: Listed below are ways that one may attempt to avoid responsibility for an offense. In the blanks listed below, please give other examples of “thinking errors” either you or someone else might use to avoid taking full responsibility.

Blaming the Victim

“It’s their fault.”

“If she wouldn’t have left her door unlocked, the purse wouldn’t have been stolen.”

“He had it coming after what he did.”

Give another example: _____.

Give another example: _____.

Denying the Offense

“I didn’t do it.”

Give another example: _____.

Making the Offense Small

“It’s no big deal.”

“I only stole \$20.”

“What’s the big deal, I won’t do it again.”

“I could have done more damage, but I didn’t.”

Give another example: _____.

Give another example: _____.

Blaming Others

“Everybody else did it.”

“I wasn’t the only one.”

“It wasn’t my idea. I just went along with others.”

Give another example: _____.

Give another example: _____.

Poor Me

“It’s not fair that I’m the only one in trouble.”

“Bad things always happen to me.”

“The system is just out to get me.”

“Nobody cares about me.”

Give another example: _____.

Give another example: _____.

Fortune-telling

“I know the victim wasn’t really impacted by my offense.”

“The victim will forget about my offense soon.”

“I know that I won’t do this again.”

“I will forget about the offense once I have finished with the VAC class.”

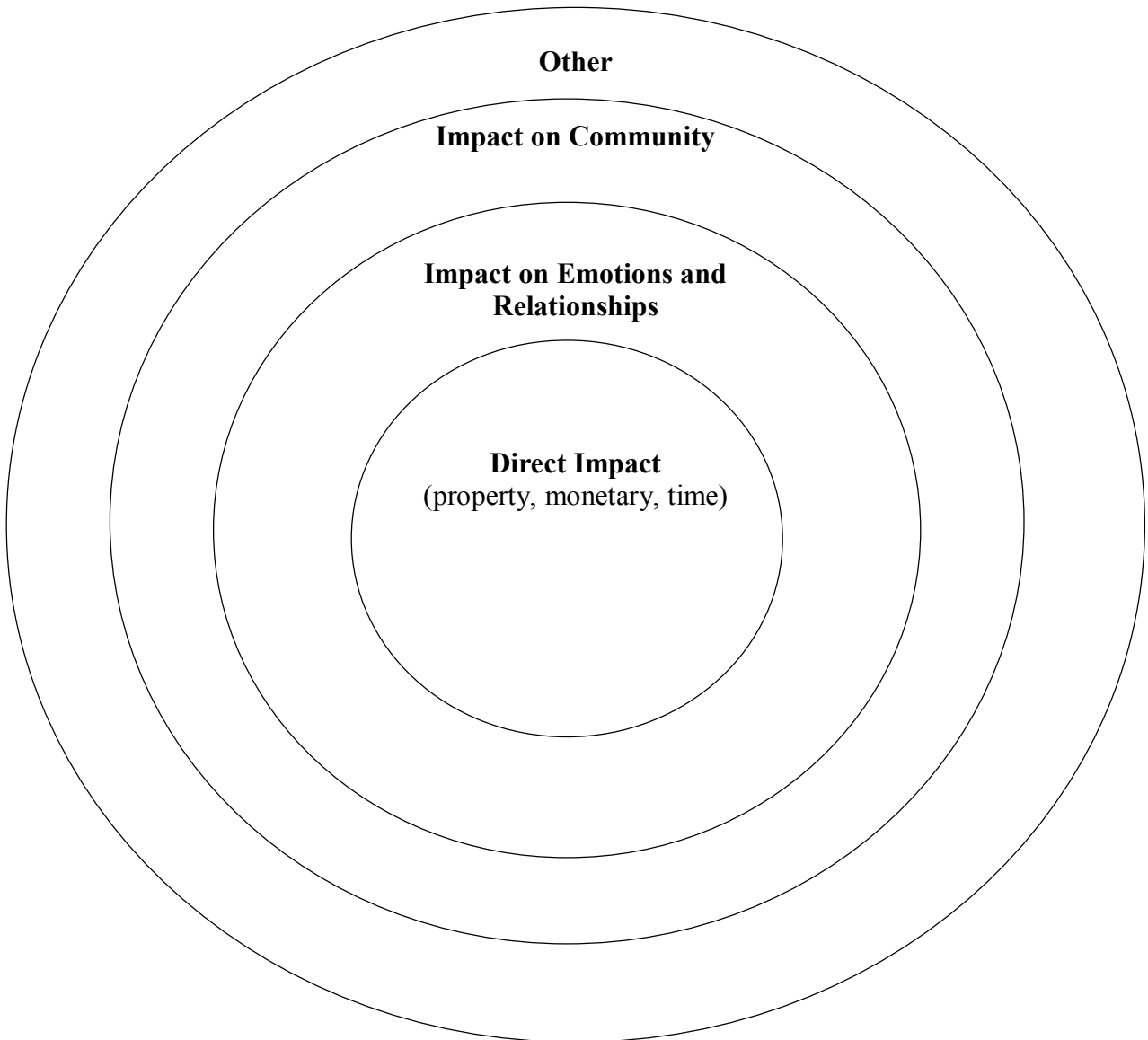
Give another example:

_____.

Victim Awareness Course (VAC)

The Impact of an Offense

Most victims are impacted beyond property damage and loss of money. Offenses often affect people in very personal ways. The inner circles below show how the main victims are impacted. However, the outer circles show how others are impacted as well. In what ways is the community affected by an offense?



The Physical, Property, or Monetary Losses of an Offense:

Physical losses include any bodily harm that was committed. In an assault or fight, there are often physical damages. These losses may include a black eye, a scratch, or broken bones and teeth.

List any physical losses experienced by the victim of your offense(s).

Property losses include any possessions or property of the victim that was stolen or damaged during an offense. Examples of property loss include a broken window, a stolen car, a shoplifted piece of jewelry, or broken glasses.

List any property losses experienced by the victim of your offense(s).

Monetary losses may occur when money is stolen. Another case of monetary loss is when a victim or insurance company has to pay for damaged or stolen items. Some victims have to pay increased insurance rates when their property has been damaged.

List any monetary losses experienced by the victim of your offense(s).

Impact on Victim Emotions, Thoughts, and Relationships

Victim Emotions: Victims often experience many strong emotions after an offense. Victims may continue to experience many emotions when thinking about the offense weeks, months, or even years later.

Directions: *Circle the feelings you think the victim of your offense experienced when the victim first learned of the offense.*

angry	bored
sadness	confused
frustrated	calm
happy	irritated
excited	numb (no feeling)
nervous	embarrassed
fear / frightened	nauseous / sick
guilty	tired
happy	alert
shocked	surprised
other: _____	other: _____

When did the victim learn about the offense? _____

Directions: *Make a check ✓ next to the feelings listed below that you think the victim experiences now when the victim thinks about the offense.*

anger	bored
sadness	confused
frustrated	calm
happy	irritated
excited	numb (no feeling)
nervous	embarrassed
fear	nauseous / sick
guilty	tired
happy	alert
shock	surprised
other: _____	other: _____

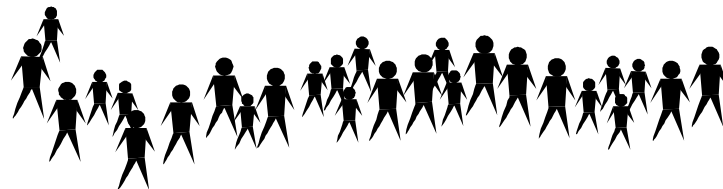
Impact on Relationships

Not only do offenses affect victims, but also the people who are close to them. List other people who might have been impacted by your actions.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Others: _____

How do you think your actions might have impacted others? If you aren't sure, guess.



Written Experiences of Victims

The following statements are the words of actual victims who live in our community. They reflect the many ways victims are impacted by offenses.

Narrative #1

“I lost a sense of security and trust when I’m out in town...”

I was in the store for only 20 minutes. When I came out of the store, I noticed that my hubcaps were stolen. Also, someone had broken into my car and taken several tapes and a pair of sunglasses. I was furious. I looked around the parking lot and didn’t see anyone. Why me? Why my car? All I knew is that I wanted these criminals to pay and pay big. I knew my insurance wouldn’t cover my losses and I would have to pay out over \$100 of my own money to recoup my losses. For weeks, I wouldn’t even go back to stores near the store where I was a victim. Each time I drive near that store, I think about what happened. This happened over one year ago. Now, when I’m in a parking lot, I worry my car isn’t safe. Though this happened awhile ago, I still get angry just thinking about it. Not only did I have to pay money out of my own pocket, I lost a sense of security and trust when I’m out in town.

Discussion Questions:

This person was a victim of larceny (theft).

1) List three ways this member of our community was impacted by the offense.

A. _____

B. _____

C. _____

2) Why do you think this person’s insurance wouldn’t pay for damages?

Victim Awareness Course/Narrative # 2**“Victim - I don’t even like the word.”****A letter written to course participants.**

VICTIM - I don’t even like the word. It is certainly not a word that I would have ever wanted to use in describing myself. I like to think of myself as a strong, independent woman. I have lived alone for many years and never felt afraid or uneasy about being alone. Unfortunately, all of that changed for me as a result of a crime committed by someone I didn’t even know.

Last year, I was almost asleep when I hear loud noises outside my bedroom window. Soon a police officer was at my door telling me that a man had been caught watching me. I later found out that this man had been watching me and some of my neighbors for quite some time. He had even stalked and harassed a couple of my neighbors. The police had been trying to catch him for a long time and now they had finally caught him in the act.

This man was sentenced and spent time in jail. He is now free. Unfortunately I am not. In spite of all my efforts and months of therapy, I have not been able to regain the feeling of safety in my own home. I continue to feel violated. I no longer feel comfortable in my home at night. I often have to take prescription sleeping pills in order to sleep through the night. I spent a lot of money (that I do not have) buying thick curtains that I do not like in order to feel that no one can peek through my blinds. You see, before this happened, I trusted people. It never occurred to me that anyone would go to the trouble of putting their face up against my window in order to be able to peek through the small slits in the blinds.

Whenever I saw someone walking through my neighborhood, I assumed that they had a legitimate reason to be there. Now each time I see an unfamiliar man in my neighborhood, I wonder what he’s up to. Although I know that his race had nothing to do with his crime, I have found that I am much more suspicious of men who share the same race as the offender. This is especially troubling to me because I want to judge people by how they are and not the color of their skin. But when something like this happens to you, it’s so easy to fall into the trap of suspicion and mistrust of others who may seem like the person who violated you.

Before this happened to me, I didn’t think of “peeping” as a serious crime. After all, this man never touched me. I was not physically hurt. Nothing tangible was taken from me. On the surface it may seem like no big deal. But the truth is –this has been a VERY big deal for me. I have been robbed of my sense of safety, security, and trust. My privacy was violated. I know that in time I will begin to regain my strength and independence, but I will never be the same.

I hope that as you read this, you will try to imagine what it would be like if these things had happened to your mother or your sister or your grandmother or your girlfriend.

I know that you would never want this, -- or any other criminal act to happen to someone you care about. Everyone who is victimized is a real person – someone who has family and friends who care about them.

Discussion Questions

1) Do you think the offender ever thought about how this offense might impact her? Why?

2) There are many different ways this person was impacted by this offense. List three different ways this person was impacted by the offense.

A. _____

B. _____

C. _____

4) How did her behavior change?

5) Why do you think this member of our community is nervous or suspicious of anyone that looks like the offender?

6) Do you think the person who is affected by this offense is reminded by the offense on a regular basis? _____

7) How often do you think she thinks about the offense?

Narrative #3
“I consider this the worst experience of my life.”

There were two incidents:

The first was when my car was broken into. I went out to my beloved Mustang to find a huge rock on my passenger seat and broken glass everywhere. I had some cleaning supplies that I had bought for my mother that were stolen. I assume the kids took them to sniff the vapors.

Additionally, all of my tapes were stolen. Many of the tapes were out of print and could not be replaced. Some of them were recorded by me and contained all of my favorite songs. And there was broken glass everywhere! It took months to get rid of it all. And I had to drive home that winter day with no window on my car and I really froze. Insurance did not cover it, and I did not get any money to replace my lost items or the car window.

The second incident was when I bought my home. I came home from work one day to find my neighbors in my yard. They told me there was a string of break-ins in the neighborhood and that I should check my doors and windows. I looked in my basement window to find muddy footprints all over the carpet. When I entered the house, the thieves had trashed the house. They went through all of my kitchen cabinets and my clothes. All of my belongings were dumped and left all over. When the police came to investigate, the fingerprint dust made an even bigger mess. The police said the thieves were kids because of the items that were stolen from my home and others in the neighborhood.

All of my jewelry was stolen. Precious items from previous boyfriends were missing, as well as my high school class ring. Insurance paid for some of it, but not all of it. Because my electronics were not stolen, the police warned that the burglars might return. For months I lived in fear that they would return with guns. I consider this the worst experience of my life.

Discussion Questions for Narrative #3:

1) In the first incident, this member of our community shared that there was damage to her car and items stolen from her car. Why do you think the insurance didn't pay for her losses?

2) Cars and car insurance are very expensive. When individuals work hard to pay for a car or other personal property, they often just don't think of the damage done. They are also reminded about how much work and saving it took to purchase the vehicle. This author referred to her vehicle as her "beloved Mustang." Think of a personal item that you saved for and bought. What feelings might you have if this property were destroyed, damaged, or stolen?

3) In the second incident, the author of this narrative explained that this was the "worst experience of my life." List five different ways you think she was impacted by this offense.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

4) How did this victim learn that the offenders would not come back to her home again?

Writing An Accountability Letter

Why is it called the Accountability Letter?

The purpose of the letter is to take personal responsibility for your actions and your actions only. One can take personal responsibility for actions in a variety of ways. One way is to verbally (by talking) explain what you did and take responsibility for all of your actions in the offense. Second, you can write about your offense and explain all your behaviors, without thinking errors, in committing the offense. Third, another way you can take responsibility is by working to repair the harm that was done. This may be done by paying restitution or meeting directly with the victim.

This is not an apology letter.

The accountability letter is not an apology letter. While some people may choose to apologize in the letter, that is not the main purpose of the letter. Many times people who an commit offense want to apologize and think that the apology has repaired the harm. Apologies may be appropriate if you were to harm someone else by accident. For example, if I accidentally stepped on your shoe, it would be appropriate to say “I’m sorry.” However, if I stomped on your foot on purpose, then an apology would not be appropriate. Instead, it may be more appropriate to explain how what you did was wrong. Many times young people attempt to apologize to get out of taking full responsibility for their behaviors.

Writing an Effective and Sensitive Accountability Letter

Do

- Address the victim in a respectful manner.
- Explain specifically what you did in committing the offense.
- Do explain if you think the offense was wrong and why.
- Do explain how you would feel if you were a victim of this offense.
- Do focus specifically on your behaviors (not friends, not the victim). The purpose of this letter is focus on what you did.
- Discuss what you have learned about your behavior since the offense.
- Print neatly or type the letter.

Don't

- Blame the victim.
- Blame others for your behavior.
- Use any “thinking errors” in discussing the offense.
- Focus on yourself throughout the letter. Instead, consider how the victim was impacted.
- Look for sympathy from the victim. This is manipulation.
(Example: Poor me. I was grounded and had to go to court.)

Accountability Letter Rough Draft
Victim Awareness Letter

Directions: *Write in complete sentences.*

Explain the purpose of the letter.

Explain exactly what you did in committing the offense. Be specific about what led up to the offense.

Were you thinking about how the victim would be impacted by your actions?

How would you feel if you were the victim of a similar offense?

What else would you like to write to the victim?

Review your responses.

Did you blame the victim?

Did you use any thinking errors in writing about the offense?

Suggestions from peers and instructor:

Poor Example of an “Accountability Letter”

Dear Ms. Smith:

March 6, 2004

I am sorry about stealing money from your purse. I couldn't help myself. I have a problem with stealing. I'm not the only one who is responsible for what I did. My friend dared me to do it. I know that it will never happen again. I have been in so much trouble and I have paid for my mistakes. I know all you wanted was your money back and that I have to pay it back for restitution.

I probably wouldn't have taken your money if you didn't leave your purse out. Next time, keep an eye on your purse. I won't do it again. I'm sorry.

Sincerely,

John

APPENDIX D

Informed Consent Form for Treatment Groups

North Carolina State University
INFORMED CONSENT FORM for RESEARCH

Title of Study: *Comparing different courses and effects on the decision-making and behavior of participants who committed an offense.*

Principal Investigator: Charlie Blackburn, M.Ed., LPC Faculty Sponsor (if applicable): Dr. Stanley Baker

ReEntry Administrator: Louise Davis

We are asking you to participate in a research study. The purpose of this study is look at how effective this course and other courses are in helping to prevent future offenses. Not only do we want to look at if there is a change in behavior, but also how young people think about committing offenses. This research may be very help in planning for future classes for youths who have committed an offense.

INFORMATION

For parents/guardians:

As the parent or guardian of the child participating in the Life Skills Course, Victim Awareness Course, or Teen Court, you will be asked to complete a four-page form on your child's behavior at the beginning of the course and at the end of the course. The information collected will be used in a way that protects you and your child's confidentiality and will help measure the effectiveness of this course. Your only requirement will be to complete the four-page form at the beginning of the class and again on the last day of the course. The form takes about 15 to 20 minutes to complete. Also, by signing this form, you give ReEntry permission to call your home with follow-up questions regarding your child's progress.

For youth participating in the course:

As part of the research, you will be asked to complete several forms that ask about your attitudes towards this class, how you think about offenses in general, and things that are important to you when you make decisions. These questionnaires will take about 45 minutes to complete on the first class and the last class.

RISKS

I understand that this project is not expected to involve any risks of harm any greater than general classes for teens or in daily life. Staff members at ReEntry are trained to teach courses for youth and ReEntry has established protocols for emergencies should they arise. Participants will not interact with victims of their specific offenses as a part of this course.

BENEFITS

There are many potential benefits from this research. The goals are to look at the research and help to develop the most effective courses for youth involved in the legal system. This, we believe will help teens from committing future offenses. Also, your participation could help shape future courses at ReEntry and other programs that serve young people. By participating in this class, we hope that participants will learn skills they can use to help them make better decisions.

CONFIDENTIALITY

The information in the study records will be kept strictly confidential. Data will be stored securely at ReEntry Youth Development and once the measures are completed, all names will be taken off the forms and a number will be assigned. Thus, your name and child's name will not be on the forms you complete. The results of this research will be coded in such a way that the parent's identity and child's identity will be protected (the parent/guardian and child's names will not be included in the final report).

CONTACT

If you have questions at any time about the study or the procedures, you may contact the researcher, Charlie Blackburn at 919.971.4814 and the Administrator of ReEntry, Louise Davis, at 856.7594 at this ReEntry site. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Matthew Zingraff, Chair of the NCSU IRB for the Use of Human Subjects in Research Committee, Box 7514, NCSU Campus (919/513-1834) or Mr. Matthew Ronning, Assistant Vice Chancellor, Research Administration, Box 7514, NCSU Campus (919/513-2148)

PARTICIPATION

Your participation in this study is voluntary; you may decline not to complete the assessments without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed at your request. **Also, if you refuse to participate in this study, it will NOT impact your legal standing, record, or sentence in anyway.**

CONSENT

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Youth's signature _____ Date _____

Parent/Guardian's signature _____ Date _____
Parent/Guardian's phone #: _____

Course facilitator's signature _____ Date _____