Juvenile Delinquency and Occupational Choice

(delinquency, occupational behavior, maturational process)

Cindy Patrice Paulson

In a utilitarian society, an individual's value is defined primarily by his or her economic productivity. This definition divides the population into those who are presently useful; those who are preparing for usefulness, or aiding others in their preparation; and those who are "useless." The resulting dilemma for such a society is how to deal with those members who are not useful (1).

Cindy Patrice Paulson, M.A., OTR, M.A.T., is presently involved in the development of a multidisciplinary team in Pasadena, California, for the evaluation and treatment of learning and developmentally disabled children.

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Society may foster and nurture its young members who have not yet accomplished the skills nor garnered sufficient experience to make a valid occupational choice and thereby be included in the mainstream of society's productive members. Juvenile delinquents, however, are classified by society as useless. While these young people may be highly skilled in street survival, expertise in these types of survival skills are considered to be maladaptive. Tolerance for their youth and lack of experience in preparation for productivity is outweighed by a negative response to the maladaptive behavior. Often, but not always, these youths are from families of unskilled and unemployed laborers, and current or former welfare recipients. Few or no historical role models for those behaviors a utilitarian society considers productive are available to these youths.

Historically, occupational therapy has served chronically ill and disabled individuals (2). The unskilled school dropout and welfare recipient share much in common with such persons—interrupted or inadequate skill acquisition and occupational choice process.

This article will review and discuss the literature in the areas of juvenile delinquency and occupational choice. The literature review was originally part of an exploratory study on the same subjects. From the review, a model conceptualizing the occupational choice process was proposed. Both the results of the literature review and the models were used to design and implement an occupational therapy program at a residential placement facility for male adolescent wards of the court. A description of that program follows the review of the literature.

Review of the Literature
The literature review was based on the following assumptions: that occupational therapy is concerned with the developmental process and the interruption of that process by disease and/or disability (2); that every individual experiences a series of life tasks whose successful mastery is prerequisite to future successes, and whose failure leads to subsequent difficulty (3, 4); and that competence, or the ability to adapt to the environment, depends on successful mastery of life tasks (5).

Maturational and Occupational Choice Process.
The ability to make valid and realistic occupational choices in adolescence, or at any later point in the life span, is greatly influenced by successful mastery of the life tasks of infancy and early and middle childhood. Erickson (3) and Havighurst (4) defined these tasks according to biological, psychological or cognitive, and sociocultural components.

During the period of infancy and early childhood—birth to 6 years—life tasks are primarily biological (e.g., eating solid foods, and locomotion). Soon they begin to encompass all three components: biological, psychological, and sociocultural (e.g., learning to talk, elimination of body wastes, and learning sexual modesty). As the child grows older, tasks become primarily social in nature as concepts of physical and social reality are learned; the child prepares to learn to read and to relate to others in socially acceptable ways (4).

During the period of middle childhood—6 to 12 years—the child attempts to master the crisis of industry versus inferiority (4). Through the educational system, the child learns to use the tools of culture. These include the skills of reading, writing, and calculation, as well as social roles and acceptable patterns of interaction with members of the society. The child learns to win acceptance and approval from adults by performing tasks well and in this way serves apprenticeship in the preparatory roles of adult technology. It is through the mastery and use of cultural tools that the child begins to operationalize the world view of his or her society. Industry involves task accomplishment in cooperation and collaboration with others, and the first awareness of a division of labor or technological ethos of the culture develops at this time. The danger at this stage is that the child may never gain the sense of enjoyment fostered through mastery of tasks, and preparatory to assuming a work role in adult life.

Adolescents—13 to 19 years—are primarily concerned with how others see them compared to how they view themselves. The support and encouragement of significant others is vital in the maturational/developmental process. At this time, the roles and skills learned at previous stages are integrated with the occupational roles of adult society (4). A danger in development of adolescents is role or identity confusion, which can shortcircuit the maturational and occupational choice processes.

Ginzberg's (6) theory of occupational choice is one of rational decision making and is based on the premise that occupational choice is a process rather than a single occurrence, one which first takes place during adolescence, but then can take place at any time throughout the individual's adult life. The three progressive periods in the occupational choice process are fantasy, tentative choice, and realistic choice. The primary characteristic of the fantasy stage is a distortion of the time perspective. There are no
temporal or reality-based restrictions on the child’s choice at this stage. Fantasy refers to the process by which choices are made, rather than to the actual choices themselves. In transition from fantasy to tentative choices, the child often looks to parents or other adults for guidance. When their suggestions do not prove completely satisfactory, the child begins to take the initiative for making his or her own choices.

During the tentative stage, choices are explored on the basis of their meaningfulness and potential for providing satisfaction. The stage, as designated, is tentative since most young people consider their choices provisional. Divisions of the tentative stage include: 1. the interest stage, when choices are based on personal likes and dislikes; 2. the capacity stage, when consideration of skills and their relationship to external factors enters into the process; 3. the value stage, when the search for a place within society occurs; and 4. the transitional stage to realistic choice when the young adolescent must determine what further training may be necessary to realize his or her own goal (6). When this time of transition is reached, the adolescent can assess past experience, skills, values, and future goals from the present vantage point, can objectively determine areas of knowledge and expertise, and can begin to make realistic occupational choices based on these factors (6).

Realistic choices encompass three levels: the exploratory level, when factors of the tentative period are assessed against realities of job opportunities, etc.; crystallization, when factors that may impinge on the choices are explored and choice is narrowed to an occupational field; and the final level of specification, when any specialization within the occupational category is selected (6). These three levels of occupational choice roughly correspond to the developmental levels as defined by Erikson and Havighurst. This correlation is conceptually diagrammed in Figure 1. The fantasy stage of occupational choice covers the period of time from infancy through early and middle childhood. Tentative choice occurs during middle childhood and early adolescence. By late adolescence, the individual should be capable of making valid occupational choices based on his or her areas of interest and expertise. When all goes well, the occupational choice process occurs simultaneously with the maturational process. However, factors can act to constrain rather than to support the process, and progression in both areas can be disrupted.

Supports and Constraints to the Maturational and Occupational Choice Processes. When positive factors support the maturational and occupational choice processes, competence is the outcome and is therefore defined as the core of the process of occupational choice. White (5) has defined competence as the ability to interact with the environment while maintaining one’s individuality and growth. Three opportunities must be present to support the acquisition of competence: exploration, activity, and manipulation of the environment. Further, in their primate studies, Suomi and Harlow (7) show that a strong mother-child bond is essential in the development of competence in the young. Therefore, environmental influences that foster the growth of competence are those that encourage exploration, activity, and manipulation of the environment and a strong mother-child bond (7), whereas environmental influences that impinge on exploration activity and manipulation and the mother-child bond are constraints.

These negative factors, investigated from a multidisciplinary view,
have been termed deprivation (8). Deprivation can include a myriad of factors such as poor maternal nutrition, lack of sensory stimulation to the child, and overabundance of sensory stimulation (9), and a lack of parenting behavior and appropriate role models for the child. Children of the poor often learn standards of behavior from older siblings and peers, rather than from parents or other significant adults (10). Prescott has proposed:

... behavioral pathologies associated with maternal-social deprivation which includes hyper-excitability, increased violence and aggression, impaired socialization, and heterosexual function, movement stereotypes and apathy with autistic forms of behavior; can be attributed specifically to neurostructural, neurochemical, and neuroelectrical deficits in the somatosensory system and allied central nervous system structures associated with mediation and regulation of affective-motor processes (10, p 297).

Deutsch (11) demonstrated that children from impoverished backgrounds are retarded in language development and elementary sensorimotor skills that are prerequisite to the development of higher level cognitive skills (12). When these children enter school to compete with children who have had such experiences and opportunities, they become quickly frustrated; and that frustration often fosters aggressive behavior (13):

In general, an impoverished environment, one with diminished heterogeneity and a reduced set of opportunities for manipulation and discrimination, produces an adult organism with reduced ability to discriminate, with stunted strategies for coping with roundabout solutions, with less taste for exploratory behavior, and with a notable reduced tendency to draw inferences that serve to cement disparate events of its environment (15, p 199).

Summary. Positive factors that facilitate the maturation and occupational choice processes have been defined in the literature as those that foster exploration and manipulation of the environment, and a strong mother-child bond. Any deprivational factors that impinge on those processes are considered to be constraints. Models were proposed from this review of the literature on the occupational choice processes, and those factors that support and constrain them. The purpose of the model construction was to illustrate graphically the relationship between maturation and occupational choice, to indicate diagrammatically the occupational choice process with its supports and constraints, and to provide a conceptual framework so that treatment intervention might be facilitated.

Proposed Models
General Systems Theory (GST) was chosen as the basis of the proposed models because it is an interdisciplinary approach, allowing for the integration of the literature from various fields; in this case, human development and maturation, occupational choice, and deprivation (15, 16).

The relationship between the maturation and occupational choice processes is best illustrated by an hierarchical model diagram—
med as a pyramid (17) in Figure 1. Hierarchical systems that describe sequential processes such as maturation and occupational choice comprise subsystems arranged progressively: for example, the fantasy, tentative, and realistic levels of occupational choice and their corresponding developmental levels. Each level of the hierarchy is a more inclusive clustering of information than the preceding level (21), and simpler levels evolve into newer and more complex levels. This processing from low to high, from simple to complex, is the function of the hierarchy (2). Hierarchies are prepotent: any disruption low in the hierarchy adversely affects successive levels: for example, the tasks of early childhood must be mastered so that the child can accomplish the tasks of middle childhood successfully.

The process of occupational choice with its supports and constraints is shown in the open system model of Figure 2 (18-20). An open system illustrates a process with its supports and constraints and functions through recurrent cycles of input, throughput, and output. Input into the process of occupational choice for the adolescent involves the successful mastery of life tasks at each of the preceding age levels. Throughput is the transformation of those mastered skills and areas of interest through the decision-making process. Output is an actual occupational choice, based on the individual's knowledge of his or her own skills and areas of interest. Feedback loops in the system provide internal and external information on the validity of choices. Open systems have boundaries that define them as separate from the environment and that filter positive and negative influences acting to support or constrain the process of occupational choice.

These two models serve to indicate the correspondence between the processes of maturation and development and occupational choice, and how positive and negative environmental factors can act as supports or constraints to that process. The literature review indicates that negative influences are often predominant in the occupational choice processes of delinquents, as well as in those of chronically ill and disabled persons. Reilly suggests that fabricated conditions for learning or re-learning roles and skills can be created in a clinic situation so that these people are afforded new opportunities for success (2). Later, in the implementation of a treatment program, these two models served as a conceptual framework for the organization of information gathered by observation and for the evaluation of the specific delinquent population. The goal of implementation was to create an environment in which the population could learn roles and skills prerequisite to making successful occupational choices. The following section describes that attempt.

**Occupational Therapy Program**

In 1972, the University of Southern California Department of Occupational Therapy (USC-OT) initiated the community assignment experience part of its curriculum (22). As a result of the USC-OT student involvement at the California Youth Home in Inglewood, California, that agency desired to implement a full-time occupational therapy service for its juvenile residents. Ninety percent of these young men were referred to residential care by probation departments throughout California, and the remainder by Departments of Public Social Services (DPSS). The agency's primary concern was to formulate a program that would address directly and concretely preparation of the young men for positive emancipation, which implied some type of productive and positive relationship in their local communities.

The agency had attempted to address the problem of positive emancipation by offering referral to a vocational training center. However, in the three years before implementing the occupational therapy program, less than 12 percent of the 80 young men who had enrolled in the vocational training program had received a certificate of proficiency, which required only 21 days of class attendance and listed the skills mastered in the specific training program (e.g., welding, autobody repair, accounting, drafting). Only two of those who had received certificates actually procured employment; no follow-up information was obtained during the three-year period of how long employment was sustained.

The literature review on the maturation and occupational choice processes led us to reason that the failure in vocational training resulted from the inability to arrive at a valid occupational choice. This inability, in turn, resulted from an unsuccessful mastery of previous life tasks caused by deprivational factors and constraints within the environment.

Over a two-year period, three major problem areas were observed in the general population of approximately 150 to 200 young men: 1. day-to-day living skills, such as budgeting, cooking, grooming, and self-care; 2. social skills and behaviors, such as an inability to get along with peers or supervisors; and 3. pre-vocational skills, such as knowledge of skills and interests, and work-related behaviors. Various levels of the first two areas are usu-
ally acquired by middle childhood and early adolescence, whereas the third area is more specific to adolescence. Although the agency had previously recognized these areas, they had neither been defined nor addressed in an organized way; therefore, the occupational therapy program needed to be designed to intervene in these specific areas.

Federal funding through the Comprehensive Employment Training Act (CETA) was sought to implement the program and was awarded in January 1975. Potential candidates for the occupational therapy program were assessed using selected instruments specific to the problem areas defined above (see Table 1). Approximately 85 to 90 percent of the 80 young men 16 years of age and older assessed by the occupational therapist were developmentally delayed; that is, many of them still functioned at the mid- to late-childhood levels. Their occupational choice processes were equally delayed; most of the young men were characterized at the early tentative stage, with some still in transition from the fantasy to tentative stage. This finding was consistent with the correspondence between the maturation and development process, and occupational choice as indicated in Figure 1.

Based on the literature review, it was assumed that these delays were caused by environmental constraints to normal development. Therefore, treatment intervention focused on removing those impinging factors: that is, on the creation of a safe environment that promoted exploration and manipulation of the environment, with direction and support from the therapist so that skills preparatory to actual occupational choices could be mastered. Individual treatment programs were designed to address the three specific areas of deficit mentioned above, and focused on goal-oriented tasks in those areas. Typical tasks in learning independent living skills included budgeting and shopping, cooking, apartment hunting (expenses, including rental fees and deposits, location and proximity to work and/or transportation, contracting for utilities), personal care skills (grooming, laundry, ironing, etc.), and basic knowledge about available health care and other community services (location of fire departments, athletic clubs, etc.).

Tasks designed to assist the young men in trainee and worker roles were those that supported interpersonal skills being developed in the various psychotherapy sessions. The occupational therapy setting provided the opportunity for these young men to practice roles of supervision as they taught skills to other residents, and allowed them the opportunity to accept assistance and direction from their peers in task-oriented situations.

Pre-vocational and occupational choice activities focused on increasing gross and fine motor skills, eye-hand coordination, following directions, sequencing of tasks, and problem-solving and decision-making skills. Individual skills and interests were explored in relation to occupational choices. The identification of those factors that either supported or constrained the occupational choice process provided reality testing to the residents before entering a specific area of vocational training. Residents received school credit for participation in both the occupational therapy and vocational training programs. In addition, they received a stipend based on the number of hours of participation in the occupational therapy program. In this way, incentive was provided for learning work-related behaviors such as promptness, responsibility, and care in workmanship.

After visiting classes at the training site, residents made a commitment to a particular choice or vocational training program. A contract was made with their team members (teacher, educational director, social worker, probation officer, and/or DPSS worker, and occupational therapist) to attend vocational classes regularly and begin training. Support of the participants was provided by the team, both on an individual basis and in group meetings, throughout the training process.

At the end of the first calendar year (8 months after implementation of the program), 80 percent of the 60 residents who had participated in the occupational therapy program were defined as "positively placed" according to the terminology and criteria delineated by CETA. Positive placement was de-
fined as: 1. graduation from the occupational therapy program and vocational training; or 2. graduation from the occupational therapy program and sustained participation in vocational training leading toward graduation; or 3. graduation from the agency and continuation of educational or vocational training in the community; or 4. graduation from the occupational therapy program and continuation of education in the agency school program. The 20 percent "negative" placements consisted of young men who had run away from the agency, who had been reincarcerated for new crimes committed, or those returned to juvenile hall because of behavior problems. None of the participants were expelled from the occupational therapy program. Occupational therapy criteria for termination included behavior inappropriate to a work setting (inability to get along with peers or supervisors, and/or destructive behavior), or failure to make progress despite various adaptations in the treatment program.

Conclusion

The program described here was merely the initial phase, designed to illustrate its feasibility and success based on the conclusions of the literature review of the maturational and occupational choice processes, and on the model's proposed. Final criteria for success of the participants in the program must be actual and sustained employment and incorporation into the community as productive members of society after graduation from the agency and the training program. Because of the length of time required for participation in the occupational therapy program (2 to 4 months average), and in vocational training (4 to 6 months or more), the participants involved had not yet graduated from the agency nor the vocational training program by the end of the first year of operation. Long-term sustained effects of the program have yet to be determined, although initial statistics would indicate a probable high level of success.

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