https://doi.org/ 10.33472/AFJBS.6.5.2024. 2419-2440

African Journal of Biological Sciences

Evaluate the effectiveness of cognitive behavioral therapy on reducing recidivism among juvenile delinquents (in case of Wolaita Ethiopia youth correction center)

Asketil Getachew[1] Rajendra Kumar Parmar[2]

[1]Asketil Getachew PhD scholar specialization in Counseling Psychology

[2] Assistant Professor from the Department of Psychology, Vadodara Gujrat, India. Parul University Faculty Of Arts, Vadodara Gujrat, India Contact :+919979302475 Email: Rajendrakumar.parmar90042@parulunveresity.ac.in

Correspondence: Asketil Getachew ,department of Counseling Psychology Parul University Faculty Of Arts, India. Contact: +251916055038 E-mail:asketilgetachew8@gmail.com or asketilgetachew9@gmail.com

Article History
Volume 6, Issue 5, Apr 2024
Received: 01 May 2024
Accepted: 09 May 2024
doi: ***10.33472/AFJBS.6.5.2024. 2419-2440***

Abstract

In today's world Juvenile delinquents are rapidly-rising as crime every country either developed or developing country, Ethiopia is one of the less developed countries of Africa also in world, which has certainly faced of the major problems of juvenile children. The objective of this study is to identify the causes among juvenile delinquents (in case of Wolaita Ethiopia Youth correction center). For this study, descriptive and explanatory research design and mixed research approach was employed. The present study was carried out in youth correction center Wolaita Ethiopiawith Sample of 150 included in the study.The sample size is determined based on the formula developed by Yemane (1967).Based on results of the multiple linear regressions there is a positive relationship between the predictors (family, economy, culture, communication, substance, and mortality education access and school attendance) and outcome (effectiveness of CBT) and also there is a negative relation between the predictors the value of beta (peer, broken family and parenting style).Therefore, the all concerned bodies should give due attention to major causes of juvenile delinquency by shouldering the intervention on each problems identified as causes of juvenile delinquency in study area.

Key words: - Juvenile delinquency, reducing recidivism, Causes, Cognitive, Therapy and correction center.

1. Introduction

Juvenile delinquency is one of the most serious problems that need to be addressed both in developed and developing countries ((Ehiemua, 2014)). Juvenile Delinquency by definition, juvenile delinquency also known as juvenile offending or youth crime that participation in illegal behavior particularly younger individuals than the statutory age of majority ((SisayZegeye Tesfay Advisor : MosisaKejela (M', 2016)). Majority of the world 's youth live in developing countries where development constrictions pose additional challenges to youth due to their limited access to resources to education and training health care employment and broader socio-economic development opportunities ((Greenberg et al., no date)). According to the World Youth Report ((Wangmo, 2017)), juveniles nowadays are subject to individual risks regardless of gender, social origin or country of residence. Though some of the different opportunities they are presented with are beneficial or others are harmful opportunities are making juveniles vulnerable to commit various offences like drug addictions, and violent act against others.

Impact of juvenile delinquency Youth arrests, referrals, petitions, and detentions generate significant financial costs to society at community and individual levels. There are costs that society incurs to prevent or control crime, costs that offenders impose on the victims, and costs that offenders incur (27037, 2013)).

Juvenile delinquency also imposes social, emotional and physical costs on juvenile offenders, victims, families, and communities. Juvenile offenders find themselves at an increased risk for repeated social occupational and academic failures and with repeated failures they are at risk to drop out of school develop mental illness and face unemployment all of which may lead them to develop weak bonds with the labor market to participate in adult crime and to end up in the adult criminal justice system ((Kosanke, 2019)).

Juvenile Delinquency is one of the serious problems where almost all the societies of the world are facing developed and developing Ethiopia is not an exception. The present research study in Ethiopia aims to explore the causes that lead youths to commit offenses and how as a community we can take preventive measures to help in curbing the rise of juvenile offenses.

Juvenile delinquents are the problem of almost every state either developed or developing countries. Ethiopia is one the less developed country of Africa also in world, which has certainly faced of the major problems of Juvenile children. Delinquencies are one of the social problems that exist in all society especially in rural, semi- urban and urban areas.Now a day the problems are exhibited in rural, semi urban and urbanized part of the

country. Wolaita Ethiopia is one of the combinations of in rural, semi urban and fully urbanized in Ethiopia the country south state with the problem of juvenile delinquency highly observed in industrial and trade route settlements (Radda, 1996).Recently, serious and violent crimes are being committed by juveniles in an alarming rate in developing countries. In addition to their involvement in violent person and property crime, juveniles are committing increasing number of alcohol and narcotic or drug related offences. Economic deterioration and poverty have absolutely aggravated the problem.

Ethiopia is one the less developed country in the world, which has certainly faced of the major problems of youngster's Juvenile delinquents. Delinquencies are one of the social problems that exist in all society especially in urban area. Now a day the problems are exhibited in an urbanized part of the country. Wolaita Sodo is one of the most urbanized cities in the country the problem of juvenile delinquency highly observed in industrial and trade route settlements.

The development of both accepted and unaccepted behavior of juveniles can be influenced by various external factors. These factors may include the characteristics of the family such as family structure, family size, parental occupational status and parental level of education. The reason stated above and other factors motivated the researcher to assess the major causes of juvenile delinquency in order to reduce recidivism rate among juvenile delinquency through CBT in youth Correction center Wolaita, Ethiopia.

Therefore, this study was conducted to evaluate the effectiveness of cognitive behavioral therapy on reducing recidivism among juvenile delinquents (in case of Wolaita Ethiopia youth correction center)

OBJECTIVE OF THE STUDY

1. To analyze the effectiveness of Cognitive Behavioral Therapy on Youth correction center in case of Wolaita, Ethiopia
2. To suggest possible recommendations based on the result of the findings which may help to deal with the problem of juvenile delinquency recidivism in the future.

2. METHODOLOGY

2.1 Description of the Study Area

Wolaita zone is located in the Southern Nation, Nationalities and People Regional State of Ethiopia(SNNPR) south state part of the country. Woliata Zone is bordered on the south by Gamo Gofa

Zone, on the west by the Omo River which separates it from Dawro, on the northwest by Kembata Tembaro, on the north by Hadiya, on the northeast by the Oromia Region, on the eastby the Bilate River which separates it from Sidama, and on the south east by the Lake Abaya whichseparates it from Oromia Region.

2.2. Study population

The target populations of the study were correction at Wolaita Ethiopia youth correction center . The total target population of the study is 500, among 325 are male while 175 of them are female sample size of 150 (Wolaita Ethiopia youth correction center).

2.3. Sampling technique and Sample Size determination

In order to identify appropriate sample, stratified sampling techniques was employed. At the firststage prisoners was grouped on the bases of their sex. At the second stage, simple random samplewill be used to select actual sample. In this study about 500 youth juvenile delinquents used as a source of primary data (Wolaita Sodo prison bureau). The sample was selected from each selected group from proportion to their total size. The sample size is determined based on the formula developed by Yamane (1967). Accordingly, the sample size "n" is determined as follows:

Where,

n= Designates the sample size.

N= the total number of =500

e= 0.09 was taken as margin error.

$$n\frac{N}{1+Ne2} \qquad \frac{500}{1+500*0.09*0.09} = 150$$

2.4 Source of Data

Both primary and secondary data was used as sources of data. The primary data was gathered through Questionnaire, interview and Observation. Secondary data was gathered from different published and unpublished documents such as books, researches reports, websites …etc.

2.5. Data collection Instruments

In order to gather data and measure the rate of juvenile delinquency among prisoner, standardized scales was adapted and used. For measuring juvenile delinquency, international standard juvenile delinquency was used.

2.6. Method of Data analysis

Upon completion of the fieldwork, the juvenile delinquency youth data was coded, entered into SPSS software Version 2023 and cleaned and verified. Inferential statistics-Multiple

Linear Regression, ANOVA was used to compare the mean difference between the treatment and control group existed on pre-test and post-test measures. Descriptive statistics such as average mean, mean, standard deviation were also used. In this study, to determine whether the mean difference was statistically significant or not, 0.05 levels of significance was used.

Qualitative data was analyzed by transcribing informants' ideas and views through narrative and descriptive approaches to help capture the aspects of the research that could not be done through the quantitative method and to relate research findings derived from the literature reviews and primary sources.

2.7 **. Ethical Consideration**

During this study, first official letter was obtained from Parul University, Gujarat India that signifies the legality of the study and asks the research participants to cooperate during data collection. Secondly, the Wolaita Ethiopia youth correction centers administration and correction center write a letter of support for the researcher and data collectors to collect the necessary information from the target population. Thirdly, the sample juvenile delinquency youths were informed before responding to the questions, their responses would be kept secret and used only for the objectives of the study. They are also informed that they have full right not to participate in the study at all or not respond to any question. Thus, selected voluntary prisoners have been participated in the study and the questionnaire was asked by enumerators based on their verbal consent.

3. RESULT AND DISCUSSION

3.1. Socio-Demographic Profile of Respondents

The first part of the questionnaire consists of the demographic information of the respondents. It contains a limited amount of information related to demographic characteristics of the respondents.

3.3 Sex of Respondents

According to the following figure presented under below, sex of respondents, 84% of respondentswere participated from male young delinquents and the remaining 16% were participated from thefemale delinquents. The finding indicates that majority of respondents were male compared with female who engagedin juvenile delinquency at the correction center.

3.4 Age of Respondents

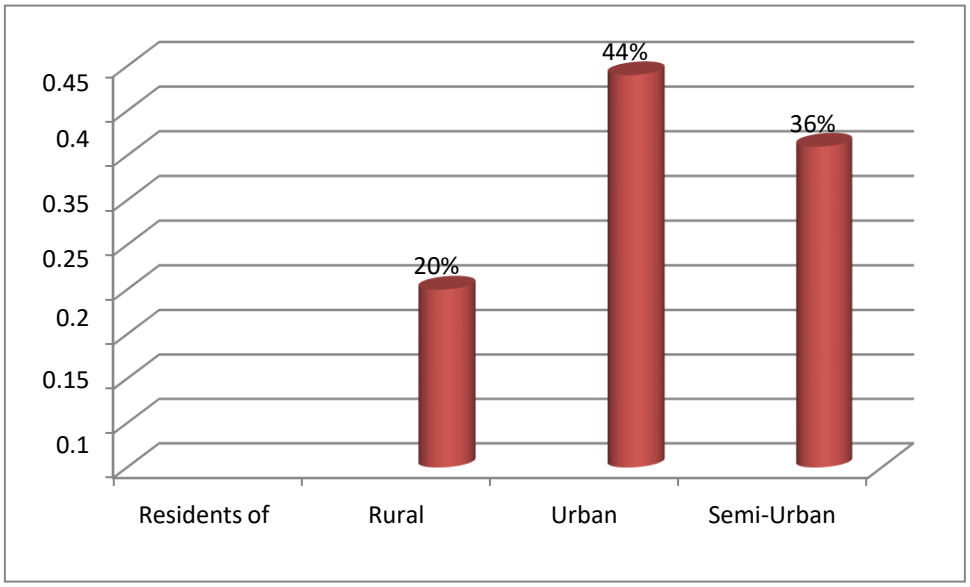
According to the following table, age category of participants at youth correction center of Wolaitasodo correction center, 43.3% were age category between 9 up to 12 years, 27.3% were age category between 13 up to 15 years, 24.0% were age category below 8 years and the remaining 2.7% were participated from the age category of 18- years under age. The finding indicates that majority of respondents age category was between 9 up to 18 below. It indicates that the youth of correction centers were more teenage age and they are considered as productive.

3.5 Educational Status of respondents

As indicating from the figure below, Educational Status of the Respondents 34% of Youths who are staying at correction center of Wolaita sodo town were diploma holders, 28% were participatedtheir elementary schools, 22.67% were illiterate or who have no education back grounds, 14% were completed their high school class and the remaining 1.33% were completed their degree in Ethiopian contexts. The finding indicates that majority of respondents were participated their elementary class up to diploma and above. However, some youths have no educational backgrounds and it may lead them for juvenile cases. It is possible to conclude that youth at correction center were both illiterate and some elementary up to diploma holders.

table o1 Type of Residences Participants Were participated

As the question rose to the participants based on the question as “the residences/dwellings you were lived in past 5 years” and the respondents responded as 44% of respondents were reported that before entered to the youth correction center, they were lived in the urban center, 36% were reported that they were lived in semi-urban area which is near to the town but not formally designed as town and most of the youths were playing and staying with in it. The remaining 20%of the respondents were lived in rural areas. From this study finding presented in the figure below,most of respondents or youths who now found in correction centers were come from semi-urban and urban areas. Therefore, the researcher can conclude that most of juvenile delinquent youths were from urban and semi-urban areas.



Source: field survey, 2022

Figure 1: Residents of the respondents

Marital Status of Respondents

According to the below table, marital status of respondent's majority of respondents around 58.67% were single, 31.33% were married, 2.67% divorced and the remaining 7.33% were widowed. The result of this data indicated that majority of respondents were single. It means thatyouths who entered to the youth correction center of Wolaita sodo town were single.

table 02 Stays of Respondents at Correction Centers

According to the following figure presented below, stays of youth at correction center, 43.33% ofrespondents were stayed from 3 up to 5 years at the correction centers, 24% were stayed below 1years, 18.67% were stayed from above 5 years and the remaining 14% were stayed 1 up to 2 years at the correction centers.

From the above finding, we can indicate that majority of respondents were stayed more than 1 years in their correction centers.

Variables	Category	Frequency	Percentage
Time in Prison	first time	88	58.67
	once previously	28	18.67
	3-5 times	18	12.00
	6-9 times	11	7.33
	Above 9	5	3.33
	Total	150	100.0

Table 1. **Stays of Respondents at Correction Centers**

Based on their responses we found theta 88(58.67%) were first time prisoners, 28(18.67%) were once they were in prison for once, 18(12.00%) were in prison for 3-5 times, 11(7.33%) of the respondents were for 6-9 times replied they were in prison and very few 5(3.33%) of them were above 9 times.

As indicated in the above table most of the respondents replied that they were in prison for the firsttime in their life. The remaining respondents were diversified in their prison time.

3.6. Effectiveness of Cognitive Behavioral Therapy (CBT)

Effectiveness of Cognitive Behavioral Therapy (CBT) in reducing recidivism Prevalence among juvenile delinquency in case Woalita Ethiopia youth and correction center, Where earlier behavior therapies had focused almost exclusively on associations, reinforcements, and punishments to modify behavior, the cognitive approach addresses how thoughts and feelingsaffect behaviors. Today, cognitive behavioral therapy is one of the well-studied forms of treatment. It has been shown to be effective in the treatment of a range of mental conditions, including anxiety, depression, eating disorders, insomnia, obsessive-compulsive disorder, panic disorder, post- traumatic stress disorder, and substance use disorder.

Cognitive behavioral therapy has a high level of empirical support for the treatment of , helping people with these juvenile delinquents improve self-control, avoid its behavior

and develop coping mechanisms for daily life will be better.

Providing effective cognitive behavioral therapy interventions to young serious violent offenders, often in residential care, is a prioritized task for legal and social service authorities worldwide. However, placing antisocial youth in specialized residential treatment centers may have adverse effects, for example increased reoffending risk (Aizer A, Doyle JJ. Juvenile incarceration, human capital, and future crime: evidence from randomly assigned judges. Q J Econ. (2015)) and impairedadult physical and mental health (Barnert ES, Dudovitz R, Nelson BB, Coker TR, Biely C, Li N, et al. (2017).

For instance, through attention and encouragement from peers when exhibiting oppositional or aggressive behaviors toward staff. Such negative influences or contagion effects suggest a need for individualized interventions to complement the more common group-based interventions in juvenile forensic institutions.

Although treatment effects tend to be small, systematic reviews have suggested promising treatments to reduce criminal recidivism. Regarding young offenders, Armelius and Andreassen systematically reviewed 12 randomized controlled trials (RCTs) and non-randomized controlled trials of interventions based on cognitive behavioral therapy (CBT) targeting 12 to 22-year-old incarcerated young offenders.

Cognitive behavioral therapy-based interventions were associated with a small recidivism risk reduction (10% on average) in any new crime at 12-month follow-up compared to controls. In contrast, no significant treatment effects were found at 6 and 24 months, nor did data suggest differences across different CBT interventions. Morales et al. (4) conducted a systematic review of 31 randomized or quasi-experimental studies of 12 to 21-year-old offenders incarcerated for serious or repeated violent or non-violent offending.

Their findings suggested marginal reductions of violent and general recidivism (odds ratio = 1.27,p = 0.005) for cognitive behavioral and multimodal interventions. Compared to control groups, Koehler et al. (17) found CBT interventions to be more effective (mean reduction 13%) in reducingreoffending than non-CBT interventions (mean reduction 6%) in a systematic review of treatmentprograms in Europe for offenders.

Contemporary CBT, then, is an integration of the key components of behavioral and cognitive therapy. It is common to see cognitive restructuring as the cognitive part of CBT and social skillstraining as the behavioral component of CBT.

Cognitive behavior therapy (CBT) is a structured, goal-oriented therapy with a strong rationale forits use with children, (Knell, 2009). The focus of CBT is deficits or distortions

in thinking, whichare postulated to interfere with appropriate social skills.

Increasingly, CBT interventions are being adapted for delivery to groups of children and adolescents in the school setting (Flanagan, Allen, & Henry, 2010). CBT used with children and adolescents in the group setting can have beneficial effects such as peer modeling, interpersonal learning, or group cohesiveness (Yalom, 2005). Several global goals exist for CBT interventions in relation to social skills. These goals may include increasing the student's ability to express feelings, decreasing maladaptive thoughts and perceptions, increasing adaptive and realistic assessment of relationships, increasing positive self-talk, and increasing appropriate use of problem-solving skills (Kottman, 2011).

CBPT incorporates cognitive and behavioral interventions within a play therapy pattern. CBPT integrates ideas from behavior therapy, cognitive therapy, and cognitive behavioral therapy, whichwas the impetus for formulating the concepts and theoretical basis for CBT play activities and verbal and nonverbal forms of communication are used to resolve problems. The general goal forthe youth is to increase the ability to cope with problem situations and stressors, master difficult tasks, decrease faulty thinking patterns, and/or assist in achieving developmental milestones that have been delayed for some reason. CBPT places a very strong emphasis on the youth's involvement in the process of developing appropriate social skills.

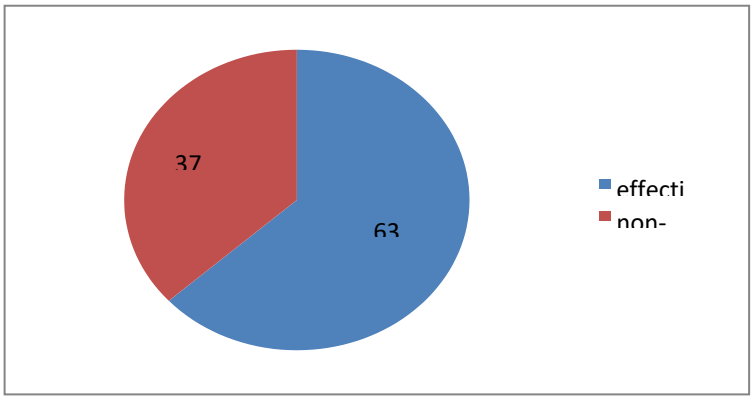
Cognitive behavior therapy work signifies using thoughts-feelings-behaviors, to target emotion. There exists a mountain of evidence to suggest that cognitive behavioral therapy works very wellfor many people in many situations.

Cognitive behavioral therapy helps sufferers recognize and modify thought and behavior models that move dangerous or weak, following them by more detailed observations and functional behaviors. It takes frequently includes training new skills in real-life interpersonal therapy, whichmeans used to help patients. Cognitive behavioral therapy remains psychotherapy methods that can help people learn to manage life's problems by modifying their patterns of thinking and behaving. The theory implies that by changing the way you think and behave, your mood will alsochange the way people think and behave.

Therefore, as the questions raise to participants as how did you evaluate the effectiveness of cognitive behavioral therapy for your suspect of juvenile delinquency and the youths who stated with in the correction center of Wolaita sodo town were responded that the

therapy, CBT is effective in their past 2 up to 5 years stayed in the correction center. And the finding of the descriptive statistics was presented in the following figure by indicating that 63.30% were reportedthat the therapy is effective and the remaining 36.70% were reported that the therapy is not effective.

Figure 7: Effectiveness of Cognitive behavioral therapy



Source: survey, 2022

Table 01 question on effectiveness for Cognitive Behavioral Therapy

Variables	Response Option		Pre training		Post training	
		Response mean range	Frequency	Percentage	Frequency	Percentage
You are satisfied withyour counseling service given from professionals in your correction centers	Strongly disagree	1 to 1.80	45	30	5	3.33
	Disagree	1.8 to 2.6	55	36.66	5	3.33
	Neutral	2.6 to 3.4	25	16.67	5	3.34
	Agreed	3.4 to4.20	15	10	60	40
	Strongly agreed	4.20 to5.00	10	6.67	75	50
	Total		150	100	150	100

Source: survey, 2022

The table above depicted the respondents' different response frequency and percentage on the satisfaction conditions to services provided by professional in their correction centers. On the basisof youths response they gave different response during pertaining and post training sessions. The responses during pre-training session showed as 45(30%) respondents replied they strongly disagree whereas in the post training session it was 5(3.33%) in that they came to decrease their disagreement their satisfaction increased due to the training given for them. In the same manner 55(36.66%) disagree in the pre training period where as 5(33.3%) disagree in the prost training session that their satisfaction level increases because of the training given them in their correctioncenters. Respondents who were neutral in their response in pre training session were 25(16.67%) decreased to 5(3.34. %) after they took training in the post training session. On the contrary those respondents who agree in the pertaining period were 15(10%) however after the training given they increase to 60(40%) which was very high compared to the pertaining period. Similarly the responses rates of respondents' increased from 10(6.67%) to 75(50%) for those who strongly agreein the pre training to post training session for respondents satisfaction increased after they took training by professional to change their existing problems related to Juvenile delinquency.

To summarize based on the above two different categories of responses given so far it observed that the Juvenile delinquency of youths in correction center changed if professional who assignedto give the required training which helps the them to bring change of behavior is given it may helpthem to change gradually for not committing unveil activities in their residence and everywhere else. It was this situation obtained in their responses above.

Table 02 question on effectiveness for Cognitive Behavioral Therapy

Variables	Response Option		Pre training		Post training	
		Response mean range	Frequency	Percentage	Frequency	Percentage
The cognitive behavioral therapy provided for your correction in last **2 years were changed** your way of thinking behaving compared with your last behavior	Strongly disagree	1 to 1.80	50	33.33	5	3.33
	Disagree	1.8 to 2.6	55	36.67	10	6.67
	Neutral	2.6 to 3.4	20	13.33	5	3.33
	Agreed	3.4 to4.20	15	10	55	36.67
	Strongly agreed	4.20 to5.00	10	6.67	75	50
	Total		150	100	150	100

Source: survey, 2022

The table above depicted the cognitive behavioral therapy provided in the last two years in sodo correction center for those who found jail. The respondents response showed that before the training was given 50(33.33%) of respondents strongly disagree that their way of thinking was notchanged compared to their previous behavior in the prison whereas after the training was given (inpost training) session their responses showed 5(3.33%).In the same manner those who replied as disagree was decreased from 55(26.67%) in pre training period to 5(3.33%) in post training period.

The respondents who were neutral in their response were 20(13.33%) before training and 5(3.33%)after they took training to correct their previous behavior. On the contrary the number of respondents' who agreed that in the last two years cognitive behavioral therapy provided for themchanged their behavior was responded as before training and 15(10%) to 55(36.67%) after trainingwhich showed the increasing of their agreement and those who strongly agree 10(6.67%) before the training to 75(50%) after the training there was an increasing number of respondents.

To sum, there was change of behavior on individuals before and after the training compared to theimprovement of youth's behavior in their correction center as their response revealed which for the last two years.

Table 03 question on effectiveness for Cognitive Behavioral Therapy

Variables			Pre training		Post training	
	Response Option	Response mean range	Frequency	Percentage	Frequency	Percentage
You have get more than 10 session of **psycho-social counseling from both legal andcounselor professions** In your correction centers	Strongly disagree	1 to 1.80	50	33.33	5	3.33
	Disagree	1.8 to 2.6	55	36.67	5	3.33
	Neutral	2.6 to 3.4	20	13.33	5	3.34
	Agreed	3.4 to4.20	15	10	60	40
	Strongly agreed	4.20 to5.00	10	6.67	75	50
	Total		150	100	150	100

Source: survey, 2022

In the above table the respondents' response revealed that ten sessions of psychological counselingboth from legal and professional counselors in the correction centers. Based on the respondents response above before training was given the respondents 50(33.33%) of them strongly disagree whereas 5(3.33%) of were strongly disagree after they took training. This showed that the increment of counseling services either by legal and professionals improve the behavior of Juvenileyouths in the correction centers. Those who replied as disagree also decreased from 55(36.67%) to 5(3.33%) which was similar in that of those strongly disagree. On the other hand, the respondents who were neutral in their response constituted 20(13.33%) before training and 5(3.34%) after training anyway there was change of situations with consecutive provision of psychosocial counseling from both legal and counselor professions.

Table 04 question on effectiveness for Cognitive Behavioral Therapy

Variables	Response Option		Pre training		Post training	
		Response mean range	Frequency	Percentage	Frequency	Percentage
You are well equipped with new innovative entrepreneurship intention in your correction centers	Strongly disagree	1 to 1.80	35	23.33	5	3.33
	Disagree	1.8 to 2.6	65	43.33	10	6.67
	Neutral	2.6 to 3.4	25	16.67	10	6.67
	Agreed	3.4 to4.20	15	10	60	40
	Strongly agreed	4.20 to5.00	10	6.67	65	43.33
	Total		150	100	150	100

Source: survey, 2022

In the table above when Juvenile delinquent prisoners equipping strategies before and after provision of training in the correction center varied. According to the responses of obtained beforetraining respondents replied strongly disagree constituted 35(23.33%) whereas after training (posttraining) session those who disagree10 (6.67%).Those who were neutral in their response before training (pre training) 25(16.67%).On the other hand the respondents who agreed on their well- equipped practice of innovative entrepreneurship while they stayed in the correction center were before training 15(10%) agreed and after 60(40%) also agreed that showed the increasing of their agreement regarding the innovative entrepreneurship practice being provided for them. The rest ofrespondents who strongly agree were also increasing from 10(6.67%) to 65(43.33%) consecutively.

To summarize the above result it was found that in the correction center of the youth who were under prison were confirmed that there was the practice of providing innovative entrepreneurshiptraining and awareness creation that shape their life.

Table 05 question on effectiveness for Cognitive Behavioral Therapy

Variables	Response Option		Pre training		Post training	
		Response mean range	Frequency	Percentage	Frequency	Percentage
The cognitive behavioral therapy you received was become effective in last 2 years stay at correction center	Strongly disagree	1 to 1.80	55	36.66	5	3.33
	Disagree	1.8 to 2.6	45	30	10	6.67
	Neutral	2.6 to 3.4	25	16.67	10	6.67
	Agreed	3.4 to4.20	15	10	55	36.66
	Strongly agreed	4.20 to5.00	10	6.67	70	46.67
	Total		150	100	150	100

Source: survey, 2022

In the table above when Juvenile delinquent prisoners equipping strategies before and after provision of training in the correction center varied. According to the responses of obtained beforetraining respondents replied strongly disagree constituted 55(36.66%) whereas after training (posttraining) session those who disagree5 (3.33%).Those who disagree 45(30%) before the training was given and after training 10(6.67%) which showed their disagreement decrease and they knewthat it came into consensus on the issue. Those who were neutral in their response before training(pre training) 25(16.67%).On the other hand the respondents who agreed on their well-equipped practice of innovative entrepreneurship while they stayed in the correction center were before training 15(10%) agreed and after 70(46.67%) also agreed that showed the increasing of their agreement regarding the innovative entrepreneurship practice being provided for them. The rest ofrespondents who strongly agree were also increasing from 10(6.67%) to 70(46.67%) consecutively.

4. Conclusion and Recommendation for Future Research

4.1. Conclusion

Some research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effectivethan, other forms of psychological therapy or psychiatric medications. CBT ultimately aims to teach patients to be their own therapist, by helping them to understand their current ways of thinking and behaving, and by equipping them with the

tools to change their maladaptive cognitiveand behavioral patterns.

The finding of the study revealed that juvenile delinquents found in live with single parents, step mother & biological father, step fatherbiological mother and others it includes

Regarding to finding of participants' mother and father occupational status the study found that there was a variance in showing delinquent behavior among juveniles regarding their mother's occupational and this variance was not significant.

. Therapists and clients collaborate equally in executing effective techniques through assignments which challenge a client's thinking and, consequentially, acting in daily life.

Cognitive behavioral approaches employ a shared frame work for teaching skills related to managing emotions, challenging negative thoughts and problem-solving. This approach has the strongest evidence of effectiveness for preventing and reducing substance use disorders, reducingadolescent aggression and preventing adolescent delinquency. In a meta-analytic review of substance use treatment programs for adolescents, Vaughn & Howard rated cognitive behavioral therapy groups in the highest category for evidence (effect sizes greater than 0.20 in highly controlled designs).

In conclusion, I would like to recommend that governmental efforts be more collaborative and based on the needs of our youth, and the capabilities of a borderless world. Prevention efforts must reach a wider spectrum of the population. Rehabilitation must include strengthening the "inner" characteristics of the juvenile apart from provision of vocational skills more desirable to our contemporary youth.

4.2. Recommendation

Cognitive Behavioral therapy has successfully been used to treat a large number of conditions.

This study provides several recommendations to people who are involved in dealing with cognitivebehavioral therapy and juvenile delinquents matters. Firstly, correctional institutes should providecounseling sessions and awareness programmers to their who need helps in terms of emotional instability, family issues and other related issues and awareness programmer like ant bullying prevention programmers, role of social Medias, etc. are needed to be inculcating in their curricularactivities. Secondly, the government needs to build more protection homes for the street children so that they won't have to take the wrong path for their living. Thirdly, there is a need to train moreofficers who are dealing with juvenile delinquents and proper parental guidance programmers should be inculcated in the

community. Finally, there should be more counselors, social workers and others who are willing to spread awareness on matters dealing with delinquency in the society.

Therefore, the following recommendations would be implemented to overcome the increased occurrence of juvenile delinquency in study area as well as other places: -

- The all concerned bodies should give due attention to the major causes of juvenile delinquency by shouldering the intervention on each problem. Culture, parenting style, education and school attendances are more affecting the causes and more attention should give from schools, parents and community organizations.
- Education need be promoted to help families understand the consequence of family structure and parenting styles on delinquency.
- Parents or guardians with large family sizes should give attention and monitor the activities of their children. In doing so, they can be close with their children and being aware of about their child's behavior which contributes to minimize the probability of delinquent behavior exhibited by their children.
- Concerned bodies (i.e., rehabilitation centers, public universities(psychology department) parents, teachers, religious leaders, Medias, policies, courts, government and non-government bodies) need to promote family education related to child rearing skills at home and in community
- Another study should be conducted by employing large number of sample size and expansion of youth center to outreach ways.
- Youth center building should expand with required equipment's and should separate from the prison centers
- Youth Correction Center should employ counselors and guidance from psychologists, lawyers, and Community Health's
- Regular Training and life skill training should be applied to the centers who found on correction centers
- Technology should provide to learn lesson and adaptation or remodification of required behaviors.

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- ✓ John D. & Catherine T. MacArthur Foundation. Available online at: http://www. nysap.us/Risk%20Guidebook.pdf
- ✓ Dr. Guy's primary research interests relate to the assessment and management of risk for crime and violence among juveniles and adults. She conducts research on different approaches to assessing risk for violence and variables that are related to risk, such as mental disorder, and the effectiveness of interventions for decreasing risk and preventing reoffending. She has obtained funding from the John D. & Catherine
- ✓ T. MacArthur Foundation, Office of Juvenile Justice and Delinquency Prevention, Department of Justice, and Social Sciences and Humanities Research Council of Canada.

- ✓ Dr. Guy has written or co-authored approximately 45 journal articles, book chapters, and technical reports, and more than 70 conference presentations on these topics. www.facebook.com/APPAinfo http://twitter.com/APPAinfo Follow us.
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ACRONYM

APA ---------- American Psychological Association
CBPT----------Cognitive Behavioral Play Therapy
CBT ---------- Cognitive Behavioral Therapy
CBT ---------- Cognitive Behavioral Therapy
CRC ---------- Convention Rights of the Child
CYD---------- Community Youth Development
FFT ---------- Functional Family Therapy
RCT ----------rehabilitation center therapy
FGD ---------- Focus Group Discussion
SPSS----------Statistical Package for the Social Sciences
REBT ----------Rational Emotive Behavior Therapy
ANOVA ---------- Analysis of Variance