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Family Strengthening in Preventing Delinquency

A Literature Review

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Family Strengthening in Preventing Delinquency: A Literature Review

Karol L. Kumpfer, Ph.D.

Background

The social, personal, and economic costs of delinquency are high. Youth under 18 years of age commit more than 40 percent of major crimes, and public fear of victimization by juveniles is rising. With increasing numbers of children living in poverty and in single-parent families, we are creating an underclass of children at high risk of criminal involvement.

Strengthening the ability of high-risk and dysfunctional families to raise successful children is emerging as a critical social issue. In our frenzied push to attain the good life by material wealth, the quality of family life has deteriorated. The image of the ideal American family has been tarnished by physical and sexual abuse of children, child neglect, and parental alcoholism and drug abuse.

Our children are our future. Investments made in raising children are reaped in later years. This means delaying gratification in favor of developing a long-range view. Have American parents decided to spend today and let their children pay tomorrow? Or does the problem stem from the inability of Americans to live within their means and plan for the future?

American society is increasingly becoming oriented to fast, immediate—but ultimately short-lived—solutions to complex problems. According to drug researcher, Dr. Michael Newcomb, families set the stage for drug use in children by teaching them that the quick fix to problems is acceptable.

Noted pediatrician T. Berry Brazelton believes that the most dangerous crisis America will face is the deterioration of the family's ability to raise nondelinquent children. He attributes the increase in "little terrorists" to the "me generation" of the seventies. Children living in nonnurturing families or in families unable to provide adequate supervision are more prone to becoming antisocial. If parents do not model caring, nurturing, and being helpful, how will children learn to respect others? If parents or other adults are not available to supervise and socialize youth, young people will develop their own norms and standards of behavior. For many latch-key children, the ultimate standard against which they judge what they should do is what they want to do.

This increased emphasis on self-gratification affected more than a single cohort of youth raised in the 1970's. Some of the seventies' "me generation" are drug-abusing parents with teenagers they cannot control. Their parents—the grandparents—are now retiring and deciding to forget family obligations in favor of fun. Extended family ties have decreased. Grandmothers are rarely willing to provide extended day care for working parents as in the past or even to provide occasional respite babysitting. Sunday dinners with the family, family picnics, and outings have disappeared in most American families. Celebrations of birthdays and holidays are also in jeopardy as the extended family dissolves.

The American family is not entirely to blame for this situation. The events of the last two decades have created an environment that is not conducive to strong, supportive families. Federal legislation concerning public assistance helped to reduce the numbers of fathers in low-income families. The number of American children raised without fathers and in poverty doubled from 1960 to 1979. One in five American children grow up in poverty-level families headed by women (Levy, 1987). According to Garfinkel and McLanahan (1986), "families headed by women with children are the poorest of all major demographic groups regardless of how poverty is measured" (p.11). The vast majority of these families remain poor for extended periods because they have low education levels and earning capacity. They lack sufficient child support from absent fathers and receive low levels of public aid (Garfinkel and McLanahan, 1986).

Poverty increased among single-parent families and became centralized in large urban housing projects. The number of metropolitan poor increased 62 percent from 1969 to 1982 and an urban black underclass emerged during this period (Wilson, 1987). In the United States, the rich have been getting richer and the poor poorer since the early 1970's according to public policy analysts. Before 1970, family income distribution was moving toward equality, but since then, the gap between upper and lower family incomes has widened. Those living in poverty include increasing numbers of single-parent mothers, inner-city residents, and minorities.

It is estimated that one in four children living with two parents, single parents, or remarried parents live in poverty. More than half of these children are members of ethnic minorities. Forty-six percent of black children lived in poverty in 1987, as did 40 percent of Hispanic children (Rauch, 1989). At the same time, the extended family support system eroded. Between 1979 and 1983, the number of children being cared for by extended family members dropped by half.

The burden on parents of socializing their children has increased as other supports and role models have decreased. Hamburg and Takanishi (1989) of the Carnegie Corporation wrote: "Throughout most of human history, small communities provided durable networks, familiar human relationships, and cultural guidance for young people, offering support in time of stress and skills necessary for coping and adaptation. In contemporary societies, these social supports have eroded considerably through extensive geographical

mobility, scattering of extended families, and the rise of single-parent families, especially those involving very young, very poor, and socially isolated mothers" (p. 825).

A 1989 report by the Bureau of Justice Statistics found a linkage between poor family environment and delinquency. A study of 18,226 juveniles in long-term, State-operated institutions during 1987 found that 72 percent had not grown up living with both parents. About half the juveniles in the study said they had lived primarily with their single-parent mothers. Many of the family services programs visited by the project staff reported similar rates. The Homebuilders Program in the Bronx, New York, reported that 72 percent of children referred to their program because of severe family dysfunction are from single-parent families. Fifty percent of these youth came from families with incomes below $10,000 per year (Haapala, 1988).

Many research studies have found that children raised by socially deprived families are at higher risk of chronic, severe delinquency and drug use (Blumstein, Farrington, and Moitra, 1985; Farrington, 1985). While children from families with higher income and occupational status engage in nonchronic delinquency and occasional alcohol use and marijuana experimentation (Simcha-Fagan and Gersten, 1986), Hawkins and his associates (Hawkins et al., 1987) have pointed out that "persistent serious crime and the regular use of illicit drugs appear more prevalent among those raised in conditions of extreme social and economic deprivation" (p.92).

Poor family dynamics is the primary mediator between family factors and delinquency. However, economic deprivation has been found to have a high correlation with a large number of factors that could influence poor family dynamics. Sampson (1987) found that family disruption is the largest factor in black violence and that unemployment and economic deprivations are strongly linked to family disruption.

Public policy concerned with strengthening American families has been slow to evolve. Possibly the Nation needs to realize that there is a serious problem with American families before it could consider changing pubic policy. In addition, Americans need to believe that effective strategies exist to strengthen families. Lisbeth Schorr's monumental *Within Our Reach: Breaking the Cycle of Disadvantage* (1988) reviews a number of promising family programs and concludes with the statement:

> We know how to intervene to reduce the rotten outcomes of adolescence and to help break the cycle that reaches into succeeding generations. Unshackled from the myth that nothing works, we can mobilize the political will to reduce the number of children hurt by cruel beginnings. By improving the prospects for the least of us, we can assure a more productive, just, and civil nation for all of us (p.294).

In a recent *Atlantic Monthly* article, "Kids As Capital," Rauch states: "Political pressure is mounting to socialize more of the costs of raising kids—that is, to spread the burden of child-rearing. In Washington you can hardly turn around these days without hearing about children's and family issues" (1989, p. 59). A 1986 Louis Harris poll found that three-quarters of the American public is interested in supporting programs to help children, and particularly children living in poverty, even if it means increased taxes. Harris warned: "Politicians who ignore these pleadings from the American people do so at their own peril. It is a plaintive and poignant demand that simply will not go away."

Knowledge gleaned from this national search for promising programs to strengthen the family's ability to raise successful and nondelinquent children will help us meet that demand.

Introduction

The importance of involving the family in delinquency prevention efforts is increasingly being recognized. Although community and school-based approaches to the prevention of delinquency remain popular, most specialists working in this field agree that the involvement of the family is crucial to success. Because of the enduring influence of the family environment on the child's prosocial development, strengthening the family's role in decreasing conduct disorders, whether overt or covert, will increase the effectiveness of any delinquency prevention approach.

As discussed in more detail in the Research Report #2: Literature Review chapters on theories and etiology of delinquency, there are many reasons why youth may engage in delinquent acts. Increasingly the focus of the causes of delinquency is shifting from individual variables in the youth to the environmental context, including the community, school, and family. Because of this theoretical shift from assuming that the youth is the primary problem to considering the environmental context in which the youth develops, more delinquency specialists are looking for ways to strengthen the family's ability to successfully socialize and control the youth.

Definition of Family

If family factors are important in the development of prosocial behaviors and avoidance of delinquent behaviors, what does it mean for children in atypical families—for example, single-parent, blended, adopted, foster, and extended families? Because of the breakdown in the nuclear family, and in many cases the extended family, many children in America live without one or both parents.

For high-risk children and youth, a nontraditional family arrangement is particularly prevalent. For instance, black youth under 18 years of age committed 69 percent of apprehended rapes, 57 percent of murders, and 55 percent of aggravated assaults in 1983 although they made up only 15 percent of the juvenile population. At about the same

time, according to the Children's Defense Fund (1985), only 40 percent of black children lived with both of their parents, while 20 percent of white children lived without one or both parents.

Those children who live without both parents still live in some type of "family." This review will consider the family to be whatever constellation of adults or siblings are caring for the child. Family factors include the adult caretakers, siblings, and other relatives or friends living with the child. Examples of nontraditional family arrangements include single-parent families, divorced families with joint custody of the child, children living with extended family members, adopted children, children living in protective custody, such as temporary or permanent foster homes, group homes or institutions, and children living with stepparents, sometimes in blended families with children from two or more prior marriages.

These family types tend to be associated with a continuum of risk for delinquency and problem behaviors. Children who have lost a parent due to divorce or death often do not appear to be significantly damaged by the event as long as the remaining family is supportive and well managed. The family labeled as structurally different does not always mean a high-risk family. The implications for the relationships within the family and the amount of support and guidance provided to the child are the most important variables in the prediction of delinquency. Research bearing on the impact of structural family factors versus functional family factors is reviewed in the chapter on "Impact of Structural Factors on Family Functioning" (Kumpfer, Whiteside, and Jenson, 1989).

Some children live in multiple family arrangements, as with homeless or foster care children, and others in poverty. In these cases, it is more difficult to determine the total family environment and the impact on the child because of the shifting and complex nature of the multiple families on the child. Few studies have been conducted on the impact of shifting family environments, such as homelessness, on children.

Child Versus Family-Focused Interventions

In the delinquency and substance abuse prevention and intervention fields, most programs work solely with problem youth. Historical reasons for this focus include the fact that earlier approaches to rehabilitation and therapy assumed that the youth had the problem, not the family. In addition, it was much easier to work with children and youth than to work with parents or other family members, because after all, they are not the ones with the problem. Parents who bring their children to therapists often have a "you fix my kid" attitude. Additionally, children and adolescents are generally more accessible through schools or community groups for participation in delinquency prevention activities than are families.

Although these efforts need to be continued, research evidence has increasingly demonstrated that strengthening the family has more enduring impact on the child. In a review of both family and child-focused approaches to the reduction of conduct disorders, McMahon (1987) concludes that child "skills training approaches have failed to demonstrate a favorable outcome or evidence of generalization in more naturalistic settings" (p. 149). Family-focused approaches have demonstrated positive outcomes that last.

A more promising approach is to employ child skills training as an adjunct to family-based interventions, such as is done in the Strengthening Families Program (Kumpfer and DeMarsh, 1983) and Kazdin and his associates' (Kazdin et al., 1987) Problem Solving Skills Training intervention. These approaches combine a behavioral parent training program with a modification of Spivack and Shure's Interpersonal Problem Solving Skills Training children's groups. McMahon (1987) reports that the social problem solving skills training approach is one of the few child-focused prevention approaches that provide evidence of lasting effects of positive impacts on reductions of problems in children with conduct disorders.

Impact of Families on Youth

Family dysfunction and poor parent supervision and socialization are major influences on a child's subsequent development of delinquency and substance abuse. Community environmental factors, such as poor schools and neighborhoods and other correlates of poverty, are not as powerful predictors of delinquency as family dysfunction. The family environment can serve as a protective or risk factor. The impact of family factors on delinquency has only recently been acknowledged and researched. As more studies are conducted, the delinquency field will have a better picture of the indirect and direct influence of families on youth crime.

One example in the unfolding story of parental negligence is the role parents play in juvenile drug abuse. The Parent's Resource Institute for Drug Education (PRIDE) conducted a 24-State survey that found that most youth use drug in their homes, in the homes of their friends, and in cars—not in schools. Parents are simply not monitoring and supervising their children adequately. Since few surveys ask whether youth were given their first alcohol or drugs at home, less is known about direct parental pressure to use alcohol or drugs.

Research Evidence

There are several prominent sociological and historical evidence for the shift from viewing delinquency as a moral or character flaw in the individual to seeing it in the broader context of the family and community environment: (1) epidemiological data; (2) etiological studies; (3) empirical theories of delinquency that include family factors;

(4) empirical studies of family protective and risk factors; and (5) the success of family-focused treatments or prevention efforts.

Epidemiological Survey Studies

One of the most interesting results of the large-scale national surveys conducted by the Federal Government in the 1970's and early 1980's was the empirical confirmation of the notion of delinquency as a "family disease." Large sample surveys, such as the Epidemiological Catchment Area Studies (Robins, 1980), supported the assumption that indeed antisocial personality runs in certain families. It is not only antisocial personality but a complete syndrome of mental disorders that is prevalent in these families. The researchers found that chemical dependency and Briquet's Syndrome (psychosomatic problems of the women studied) were found with increasing probability. Because the researchers who discovered this syndrome are in St. Louis, it is sometimes called the St. Louisian Triad (Kumpfer, 1987).

One possible mechanism that could tie these three mental disorders together is a unique brand of depression combined with the "rapid tempo" often found in children of alcoholics (Tarter et al., 1984, 1985; Tarter, 1986). The depression syndrome includes anger and irritability, paranoia, and misperceptions of reality in which the depressed person sees people negatively, including his or her children and himself or herself. These are the most likely aspects of depression for an individual who normally has rapid tempo. Thrill-seeking youth who are hypomanic are more likely to get into trouble with the law, particularly if they are easily angered. A poor family environment can make a substantial contribution to a youth's anger at the world. But biochemical imbalances in neurotransmitters that render a youth more prone to negativity and irritability (for example, serotonin and dopamine) likely interact with the poor home environment. These youth are most often diagnosed as conduct disordered (CD), psychopathic deviants (PD), attention deficit disordered (ADD), or attention deficit disordered with conduct disorder (ADD-CD).

Parents manifesting this neurological syndrome of "negativity with energy" or depressive hypomania often receive a number of diagnoses depending on the symptoms at the time and the training and experience of the therapist. A few of the most popular diagnoses are psychopathic deviancy, alcohol dependency, bipolar affective disorder, cyclothymic depressive disorder, and paranoia.

Such parents tend to excessively punish their children and rarely ever praise them, because the parents tend to see their children not behaving as well as they should be. Kumpfer and DeMarsh (1985) verified this hypothesis when they found that drug-abusing parents held unrealistic notions of what constitutes good behavior in their children. Other studies have found that depressed parents rate their children's behaviors more negatively than nondepressed, objective raters (teachers, clinicians, and research staff).

Maternal depression biases the mother's perception of the child's behavior so she thinks the child is behaving worse than is actually the case. Research suggests that depressed or stressed mothers are more likely to overreport negative children's behaviors than depressed or stressed fathers (Webster-Stratton, 1989). She speculates this could occur because mothers are more emotionally invested in their children's behaviors as a reflection of their parental adequacy. On the other hand, it is also possible that children behave differently around fathers and internal raters than around mothers. Concealed videotaping could help to resolve this question.

Depression also decreases the caretaker's parenting ability (Forehand et al., 1986; Patterson, 1982). The bahaviors of normal active children irritate them excessively. With parents who are also alcohol or drug abusers, biochemical imbalances exacerbate this negativity and irritability and can lead to child abuse.

Etiological Research Studies

Why such families should produce a higher number of delinquents is an important question, one whose answer is critical to our understanding of how to prevent children in high-risk families from becoming delinquents and substance abusers. Research from longitudinal and cross-sectional studies suggests that family risk factors are biological and environmental.

Biological and genetic vulnerabilities have been implicated by a number of adoption studies (Bohman, Sigvardsson, and Cloninger, 1981; Cloninger et al., 1981, 1982). These studies have found that even when children whose fathers have criminal records are raised by noncriminal, adoptive parents, the children still have a higher risk of becoming criminals. Hutchings and Mednick (1975) found in an adoption study that the percentage of sons who become delinquent is higher if both the adoptive and biologic fathers (36 percent) were criminals than if only the biological father (21 percent) or the adoptive father (10 percent) were. This nonadditive gene-environment interaction is supported by Cloninger et al. (1982). In a study that better controlled for the influence of alcoholism, these researchers also found that 40 percent of the sons of both adoptive and biological criminal fathers became delinquent, though only 6.7 percent of the youth with an adoptive father and 12.1 percent of those with a biological father who engaged in criminal acts subsequently developed a criminal record.

This study suggests an interaction effect of genetics and environment, although the researchers were not able to verify a nonadditive model, possibly because of the small cell size (N = 10) for those youth with both an adoptive and biological criminal father. Of the explained variance (23. percent), 59 percent was due to genetic factors and 19 percent to postnatal environment. The researchers found that 14 percent of the variance due to a gene-environment interaction and 7 percent to a gene-environment correlation, possibly a result of nonrandom placement. They estimated the upper limits of polygenetic heritability of liability to petty criminality to be 74 percent with a standard

error of 10 percent. The ratio of paternal to maternal impact was 40:1, suggesting that in a study with alcohol abuse controlled, the effect of the maternal intrauterine environment is negligible.

If the majority of explained variance in delinquency is actually as high as 74 percent for genetic factors, the impact of environmental or family delinquency prevention programs could be minimal. However, 76 percent of the total variance has yet to be explained. As more sophisticated and complete family studies are undertaken, we will have a better understanding of the family environment's contribution to children becoming delinquent. Cloninger writes: "We would expect to see an even greater importance of sociocultural variation in a heterogeneous society like the United States than has been observed in Sweden" (p. 1247).

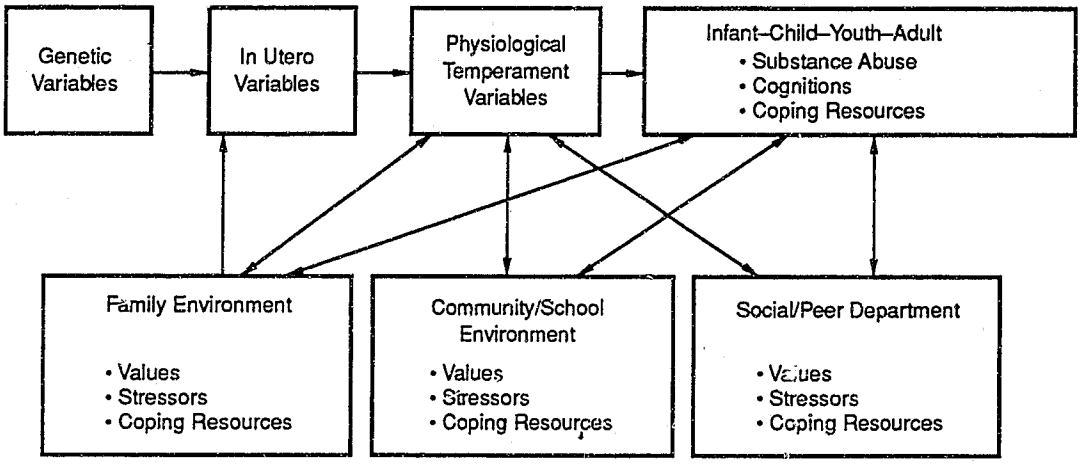
The study also found that most criminality in this population was due to alcoholism—a finding that has implications for prevention programming. "Any major reduction of criminality in similar populations must include prevention of alcohol abuse," wrote researchers (p. 1247). Here, "similar populations" appears to refer to Northern Europeans because most of these adoptive studies were conducted in Northern Europe. No studies have demonstrated strong heritability of antisocial behavior or alcoholism in any other ethnic group. Vaillant and Milofsky (1982a, 1982b), in a longitudinal study in Boston, found genetic heritability in Northern Europeans but not in the Southern Europeans in their sample. Hence, community and family environments may play a more important role in delinquency among blacks, Hispanics, and other non-Northern European populations.

This heritability factor is especially high for boys whose fathers began drinking before 15 years of age and also manifested antisocial tendencies (male-limited alcoholism). Having an alcoholic mother or two alcoholic parents appears to raise the probability of girls or boys becoming chemically dependent (Bohman, Sigvardsson, and Cloninger, 1981; Cloninger, Bohman, and Sigvardsson, 1981).

About a decade ago, several researchers (Mednick and Christiansen, 1977; Hare and Schalling, 1978) proposed that a variety of interesting genetic, biochemical, physiological, and social environmental risk factors contributed to criminality. Studies of alcoholism suggest similar factors. Most children of alcoholic parents or grandparents become chemically dependent because of the interaction of genetic vulnerabilities with environmental provocations, or stressors. The author has developed a biopsychosocial model of substance abuse (Figure 1) that helps to organize the many environmental factors (family, school, peers, community) into a conceptual framework (Kumpfer, 1987). The more biological and environmental risk factors are not balanced by protective coping factors, the more likely a youth is to develop drug abuse. The author (Kumpfer, 1987) has completed a thorough review of biological and environmental factors for the National Institute on Drug Abuse's (NIDA) monograph *Youth at High-risk for Substance Abuse* (Brown and Mills, 1987).

Figure 1

Biopsychosocial Vulnerability Model



Development of an Etiological Framework of Family Risk and Protective Factors for Delinquency

The first step in the development of an etiological model of family factors contributing to delinquency is the elaboration of the most significant family correlates of delinquency. This is no small task as considerable literature exists on family correlates of problem behaviors and delinquency in youth, including drug abuse. Much of the literature on the influence of the family on youth's behavior is derived from longitudinal and cross-sectional research to study the causal factors in juvenile delinquency. Some studies of etiological factors predicting substance abuse will be included in this review as well, while researchers often include drug abuse as one major category of delinquency.

Although there has been a number of noteworthy longitudinal studies of factors influencing delinquency, many of these studies did not start with children before the age of nine and, accordingly, early childhood factors are missing. Moreover, these studies often failed to collect much data on the family.

This review proposes a multidimensional, complex family process that involves the interaction of structural and functional family factors, biological and environmental family factors, protective and risk factors, and environmental stressors and coping skills (Kumpfer, 1987).

The following interactive processes of risk and protective factors have been considered in the development of the theoretical model:

1. Importance of considering the interaction of family factors with other institutional **domains** of risk factors, such as school, peer, and community.

2. How **structural** family factors (that is, poverty, minority status, unemployment, parental absence, and ghetto residency) interact with **functional** family factors.

3. How **biological** and genetic risk factors such as parental criminality or antisocial personality and temperament or cognitive problems interact with family **environmental** factors.

4. How **protective factors** interact with **risk factors**.

Multiple Risk Factors in High-Risk Youth and Families

Studies conducted on family factors for delinquency find that the probability of a child becoming a delinquent increases rapidly as the number of family problems or risk factors increases (Rutter, 1978). Children and youth generally appear to be able to withstand the stress of one or two family problems in their lives. However, when they are continually bombarded by family problems and hassles, their normal development is impeded.

Unfortunately, family risk factors often tend to cluster together in multiple-problem families. For example, children of poverty often must contend with other problems as well—parental absence because of working parents or fathers who have left their families because they could not support them, irritable and depressed parents or caretakers, lack of money for social or educational opportunities, and in severe cases, homelessness combined with lack of food, clothing, and medical care.

Family Factors in Theories of Delinquency

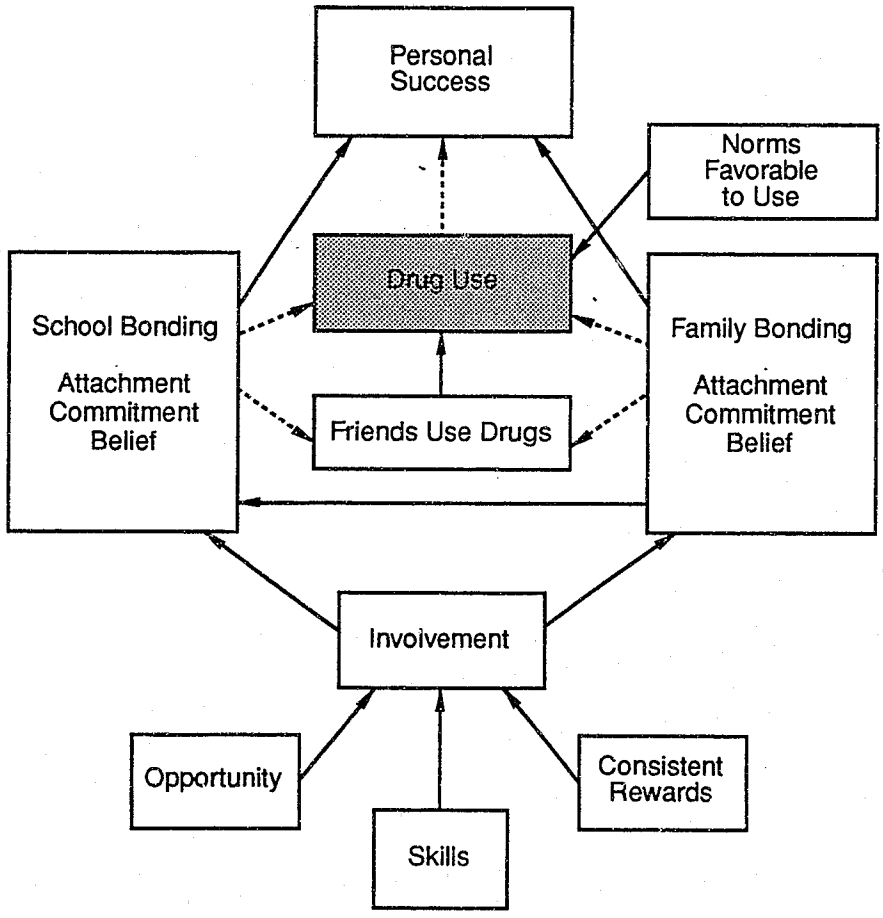
The causes of delinquency are complex and rooted in many aspects of the environment. The new, more comprehensive theories of delinquency (Hawkins and Weis, 1985; Elliot, Huizinga, and Ageton, 1985; Thornberry, 1987) recognize the primary influence of the family in shaping the future of the child. Elliott and his associates (1985) proposed a social psychological model of delinquency that include the family influence in a cluster variable called effective early socialization and bonding in the primary environments. If

youth develop strong conventional bonds and are effectively socialized by their family, they are hypothesized to be at lower risk for delinquency.

Hawkins and his associates (1985) have developed a social development model that contains similar constructs and stems from similar social control and social opportunity theories. This first version of the social development model did not highlight the importance of the family. A recent model (see Figure 2) submitted to OJJDP includes a cluster variable tor family bonding (Hawkins, 1989). This variable includes attachment, commitment, and belief.

Figure 2

Social Development Model

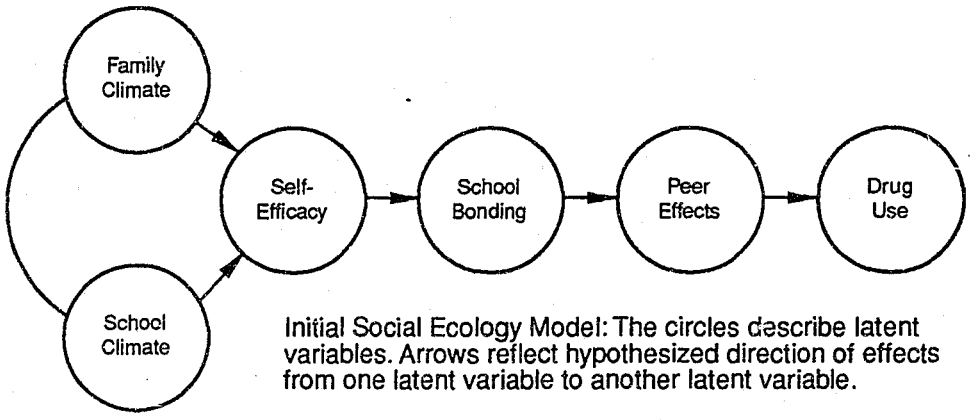


Because this theory does not stress the social context of the youth or the family, Kumpfer and Turner (1989) have expanded this model to include the family, school, and community climate from which the youth came. In addition, a major individual psychological cluster variable of self-efficacy was added to mediate between the social climate and successful bonding.

This theory was tested using structural equations modeling (LISREL) on a data set of about 1,373 sophomore and junior high school students. The assessment questionnaire consisted of a number of standardized instruments: the Effective Schools Battery (Gottfredson, 1984), the Coopersmith self-esteem, substance use measures (Johnston et al., 1986), the Jessor Problem Behavior Scale, and other instruments used in the Utah K-12 State assessment battery. Several versions of the model were tested. The best fit was obtained by a four-factor model that collapsed self-efficacy variables and school bonding because of the extremely high correlation between these two factors. Family climate was found to have a strong relationship to self-efficacy. This theory is currently being tested with longitudinal data. Although the relationships proposed in the graph are not necessarily causal, the sequential dependencies were suggestive of a Markov chain. The resulting Social Ecology Model is presented in Figure 3.

Figure 3

Kumpfer and Turner Social Ecology Model



Initial Social Ecology Model: The circles describe latent variables. Arrows reflect hypothesized direction of effects from one latent variable to another latent variable.

The relationships presented here are for alcohol and drug use; however, the factor structure has been tested for problem behaviors on the Jessor scale and other problem behavior scales on the Gottfredson. Approximately the same relationships were found. The model was tested in reverse to determine whether an interactional relationship occurs as predicted by Thornberry's Interactional model (1987) and there was evidence of this occurring (Turner, personal communication, 1989). Substance use affects peer relationships and peer relationships impact on school bonding.

Differences were found between males and females. The males more closely fit the linear model described, whereas the females were more influenced directly in their drug use and delinquency by the family. This study supported prior studies that found that the final common pathway to delinquency is association with delinquent peers. Association with delinquent peers or positive peers is associated with self-efficacy and school bonding. This model stresses the early importance of the family in the development of self-efficacy and self-esteem. Without self-efficacy, youth do not bond as well to school and develop positive peers. Self-efficacy is a complex construct and may be highly related to the youth's perceptions of their coping skills, including social, academic, and problem-solving skills.

These empirical studies suggest that family factors are the primary early determinants of delinquency and substance abuse and the most enduring influence on the child. The family unit, and primarily the parents, are the major socializers of children. Children learn how to organize their lives and social relationships from their parents. They learn respect for others and their property, as well as other humanistic values, from their parents.

If parents are unable to fulfill their parenting roles because of mental dysfunctions (for example, substance abuse, depression, anxiety disorders, narcissism), separation from the child of either a voluntary or imposed nature, family conflict, and inabilities to discipline or supervise the child effectively, the child has a higher risk of developing a host of problems. If a close bond is not developed with parents, the child may never identify with them, develop the capacity for intimacy, or trust others. Major theories of juvenile delinquency and substance abuse, such as the social development model (Hawkins and Weis, 1985), point to the importance of the social bond with the family in normal development.

Protective Family Factors

Most reviews of the etiology of delinquency have primarily included risk factors rather than protective factors. It is possible that protective factors are as important or more important than risk factors. Garmezy and his associates (Garmezy, 1985; Masten and Garmezy, 1985) contributed significantly to the prevention field with their studies of stress-resistant, or resilient, children as well as vulnerable children. One of the major

findings in studies of children whose parents are mentally disordered was that high intelligence was protective.

Michael Rutter (1987) recently published works on the concept of psychosocial resilience. From his own longitudinal research, he has concluded that protective mechanisms operate at key junctures in youth's lives and that they must be given special attention. The major protective factors discussed are:

1. Skills for reducing the risk impact.

2. Skills in reducing negative chain reactions.

3. Skills in establishing and maintaining self-esteem and self-efficacy.

4. Skills in developing opportunities for rewards.

Resilient children and youth are better able to deal with stressors in their lives because they have these coping skills. They minimize negative influences and impacts and focus on maintaining their self-esteem and gaining access to opportunities so as to develop self-efficacy.

Having a dream for oneself, engaging in long-range planning, and having the ability to delay gratification were found to be important among resilient youth. In a longitudinal study of institutionally reared women, Rutter and Quinton (1984) found that women with the most successful life adjustments and marriages were those who exercised planning in their life choices (for example, marriage, career, children). Girls who planned had better marriages to less deviant husbands, had much more positive school experiences, and had significantly lower teenage pregnancy rates (19 percent versus 48 percent). The ability to develop long-range goals appears to be critical in protecting youth from disastrous life decisions.

A positive interpersonal relationship with at least one person in a youth's life is also a major protective factor. The presence of a good parent-child relationship significantly reduces psychiatric risk associated with family discord (Rutter, 1978). Positive marital relationships have been found to exercise a similar protective influence (Rutter and Quinton, 1984). The ability to develop a close, trusting relationship with another person may comprise the resiliency factor. Most integrated etiological theories of delinquency stress the importance of family and school bonding. This ability to bond is highly correlated with positive outcomes, according to many empirical studies of delinquency (Hawkins and Weis, 1985; Kumpfer and Turner, 1989; Thornberry, 1987).

Other protective factors that can be influenced by the family are the right degree of risk in life experiences to allow youth the opportunities to develop coping skills and self-confidence (Rutter, 1987); family religious involvement; family routines and rituals

(Wolin, Bennett, and Noonan, 1979); support with life skills development; family values education; help in selecting positive peers; and a host of other factors.

Families can help a child by teaching positive life skills, such as social skills and ways to cope with stressors. Such skills protect a child against life stressors that might push a person into using alcohol or drugs to cope with depression or stress. Families can help youth make good decisions that will influence their lives for some time, such as educational or vocational training, job selection, choice of a mate, social groups to join, travel, and other major decisions.

Longitudinal studies by Rutter and others have found that making right choices at such critical life junctures can have a major impact on future problems (Rutter and Quinton, 1986). A supportive family with years of accumulated wisdom from elder members can help advise youth with such critical life decisions. Additionally, supportive families discuss family values and attitudes about the world, including alcohol and drug use. They can also help youth learn to delay gratification and consider what they want to be and do someday. Without a dream for themselves, they are more prone to making unwise choices that would jeopardize their future.

Family Risk Factors and Delinquency

Families can have a negative impact on a child's healthy development in a number of ways, as determined by the functioning of the family. Loeber and Stouthammer-Loeber (1986) extensively reviewed functional family factors related to delinquency, conducting a meta-analysis of a large number of research studies using a Relative Improvement Over Chance (RIOC) index and found in longitudinal studies that socialization factors—that is, lack of supervision, parental rejection of the child and rejection of the parent by the child, and lack of parent/child involvement—were the strongest predictors of delinquency. Parental dysfunction, such as criminality and poor marital relations, were midlevel predictors, and parental health and absence were weak predictors.

However, in concurrent **comparative** studies, the strongest correlates of problem behaviors in children and youth are the child's rejection of the parents and the parent's rejection of the child. The importance of effective parental discipline was higher in these studies than in the longitudinal studies. The effect of these risk factors appear to be the same for boys and girls.

Based on this and other major reviews, as well as other primary sources, the following family correlates of delinquency will be discussed:

1. **Poor Socialization Practices**, including parents modeling antisocial values and behaviors, child neglect in teaching life, social, and academic skills, and failure to monitor the child's activities.

2. **Poor Disciplinary Skills**, including unrealistic expectations not appropriate for the developmental level of the child, which leads to a failure syndrome, excessive demands, and physical punishment.

3. **Poor Parent/Child Relationships**, including rejection by the parents of the child or the child of the parents and lack of involvement.

4. **Excessive Family Conflict and Marital Discord** with verbal and physical abuse.

5. **Family Chaos and Stress** often due to poor family management skills or life skills.

6. **Poor Parental Mental Health**, including depression and irritability that influence a negative perceptual set concerning the child's behaviors.

7. **Family Isolation** and lack of use of community resources for support.

<u>Socialization Variables</u>

Lack of Parental or Adult Supervision. One of the major factors appearing in the research literature on the prevention of delinquency concerns the socialization variable of careful monitoring and supervision of the child. A parent who does not or cannot spend enough time with a child or who does not ensure that the child is sufficiently supervised by another adult may be unaware of the child's activities, choice of friends, and problem behaviors. With many parents out working and fewer relatives stepping in to help, more children than before are left unsupervised. This Summerhill approach may look humanitarian or progressive; however, failing to monitor a child's activities can severely curtail effective discipline for inappropriate behaviors.

One finding of importance to agencies working with high-risk families in disadvantaged neighborhoods is the need for stricter supervision as opportunities for temptation increase. Wilson (1974) found that in poor, inner-city neighborhoods, extremely strict supervision was more important than warm and stable homes in preventing problem behaviors, though both is better.

With more working parents and a lack of child care facilities, children are more often left to fend for themselves. Because of the increasing dangers in inner-city housing projects, where police often conduct armed stakeouts of drug dealers and children play unsupervised outside, teaching children basic safety rules may be one of the most important prevention interventions needed.

Extended Family or Alternate Caretaker Supervision. In many high-risk families, the single parent or both parents must work full time. Often arrangements with a family member or a friend will be made to care for the child, either for pay or for free, when the child is not in preschool or school. Extended family members, particularly grandmothers, have traditionally filled this role in families where the mother must work. If the grandmother is physically or mentally unable to care for the child or if travel is inconvenient, other relatives (sisters or brothers) or close friends with children are often asked to help out. Even in today's wealthy two-income families, children are often cared for by paid (nannies or in-home or day care workers) or unpaid (friends or neighbors) caregivers.

Despite this functional adaptation to the work demands of the parents, the quality of relative or alternative caretaker supervision is often inadequate for the child. In addition, having multiple caretakers without any strong primary attachment or bond during early childhood can be detrimental for the child's prosocial development. If the child does not feel that any of the caretakers truly care for him or her and can be trusted to provide for his or her needs, the child may not develop the basic trust and love needed for a healthy development (Erikson, 1959).

One positive side of this multiple caretaker arrangement may be that the child and parents may become less isolated and the child may have more adult models for socialization. Hence, the most critical variable may be the parent's communication with the alternate caretakers concerning the child's behavior. The parent must determine whether the caretaker's level of supervision and monitoring is acceptable, and he or she must also be informed by the caregiver about the child's behaviors.

Consistent, long-term relationships with alternate caregivers is also important. A child who has many child care arrangements and different babysitters may start to believe that no one stays long in his or her life.

The white middle class value of women's liberation has sifted down to many families with low socioeconomic status, and particularly black and Hispanic families. In these families, grandmothers, who were often teenage mothers themselves and are now only 30 years old, are increasingly unwilling to care for the children of their teenage daughters (Smith and Smith, 1986). This change is statistically apparent in black families. Between 1979 and 1983, the percentage of black children living in a relative's home without a parent present dropped dramatically by 67 percent from 11.3 percent to 4.9 percent (Children's Defense Fund, 1985).

Sibling Supervision. Families with large numbers of children often delegate the raising of younger children to their older siblings, who are often not capable of skillful parenting, particularly for a special needs child (Bronfenbrenner, 1970; Wilson, 1974). Large families are also more likely to involve overcrowding, poverty, and illegitimacy (Fisher, 1984). Larger families also increase the risk of exposure of a child to older delinquent

siblings. A number of researchers (Steinmetz and Straus, 1974) are hypothesizing that unsupervised "early and persistent sibling conflict may provide an intense training ground for aggression" (Loeber and Stouthamer-Loeber, 1986, p. 102). Loeber and Weismann (1982) found that mothers of children referred for treatment ignore sibling conflict more than do mothers of nonreferred children. Frequent sibling conflict tends to lead to more serious coercive behaviors, such as threats, thefts, and fights. Though it has received little attention, Steinmetz (1978) believes that physical abuse by siblings is probably more prevalent than parental physical abuse.

Time With the Child. Patterson and Dishion (1985) found that increased rates of antisocial behavior covary with increased unsupervised time outside the home. This risk factor should be addressed in family programs for high-risk children because a number of studies have found that criminally involved parents spend significantly less time with their children than do matched families (Sowder and Burt, 1978a, 1978b; Kumpfer and DeMarsh, 1986). The author found that heroin-abusing parents averaged only 5 to 10 hours per week in the presence of, but not necessarily interacting with, their children, which was about half the amount of time spent with children in the matched homes. This finding supports Dishion, Patterson, and Reid's (1985) report that heavy drinking by parents correlated significantly with inept monitoring and less parental involvement.

Covert Versus Overt Conduct Disorders. One reason for this concern with lack of monitoring and supervision is that covert behaviors, such as stealing and lying often precede delinquency. This connection between covert problem behaviors and delinquency has been proposed by a number of researchers (Patterson, 1982; Loeber and Schmaling, 1985; Loeber and Stouthamer-Loeber, 1986; Edelbrock, 1985). Children from conflict-ridden homes are hypothesized to develop overt aggressive, noncompliant behaviors, while children from neglectful, unsupervised homes are hypothesized to develop covert behavioral problems (that is, stealing, lying, vandalism, truancy, and drug abuse). Patterson (1982) reports that parents of children who steal tend to be more distant and disengaged with their children than other parents. Kumpfer and DeMarsh (1985) also found this family dynamic with drug-using parents. Using the Circumflex Model of Olsen, parents were found to be disengaged from their children but enmeshed in their own dyad.

Unfortunately, little research has focused on covert behavior problems and most behavioral parenting programs are developed for overt conduct disorders, such as acting out, hitting, noncompliance, and tantrums. Behavioral parenting principles can be applied to covert behaviors as well; however, the parents or caretakers would have to find ways to discover the occurrence of such behaviors. Covert behaviors that do become recognized are often only the proverbial "tip of the iceberg." Immediacy of the discipline procedures are often hampered by the parent having to check with other people to confirm that the child did lie or steal.

Few existing parenting programs deal with ways to help parents better supervise and monitor their children's behaviors to prevent lying, stealing, or drug use. However, Stouthamer-Loeber (1986) has suggested some steps parents can take—for example, having them check with other parents to verify their children's stories and requesting receipts for purchased items. Some of these supervision techniques have been incorporated into parent support groups and Toughlove programs, but unfortunately are focused on adolescents who are quite far along in delinquent behavior. Such children often become alienated from their parents (Bronfenbrenner, 1974).

Discipline

Discipline connotes different meanings and has been associated in many high-risk families with physical punishment and scolding. By discipline, behavioral psychologists mean the consistency with which parents apply appropriate consequences for inappropriate and appropriate behaviors. Reward is more important than punishment in changing children's behaviors, a fact often neglected by parents, particularly high-risk parents.

Lax or Inconsistent Discipline. High-risk families often lack appropriate disciplinary skills. For example, researchers have found that high-risk parents tend to have decreased knowledge of appropriate disciplinary or parenting skills, as well as manifest decreased appropriate techniques in discipline (Kumpfer and DeMarsh, 1986). Baumrind (1983) found that parents of delinquents tend to be inconsistent or lax in discipline, which likely relates to the fluctuations in their drug and mood state as well as their neglect of consistently supervising their children (Braucht et al., 1973; Blum, Henry, and Sanford, 1972). Children of alcoholics often report being able to get away with inappropriate behaviors one day and being chastised for the same acts the next day when parents are not intoxicated (black, 1982). These children learn to modify their behaviors to their parents' state of intoxication. One study found that drug abusers characterized their home environments as cool and hostile with weak parent-child relationships and inconsistent parental discipline (Chein, 1966).

Physical Punishment. Physical punishment and child abuse are frequently associated with conduct problems and subsequent delinquency among children (Brown, 1984). Children learn to be physically aggressive and abusive with their siblings, other children, and adults by modeling the behaviors of their physically abusive parents. Steinmetz (1979) has found a positive relationship between physical punishment and aggression in children up to age 12, but Loeber and Stouthamer-Loeber (1986) did not find it to be a strong relationship in the studies they reviewed.

Nagging and Scolding. The majority of studies of delinquency found that nagging or scolding, also called "nattering" by Patterson, is associated with conduct-disordered kids. Hautzinger (1985) found this belittling style of communication to be substantially related to problem behaviors in children.

Fairness of Discipline. A majority of studies looking at the relationship between a child's perceptions of the fairness of their parent's punishment found a significant relationship between perceived unfair punishment and delinquency. Two other disciplinary styles were not to found have a strong relationship to aggression or delinquency: lack of reasoning and withdrawal of love.

Decreased Positive Reward. High-risk families also tend to neglect the positive reward aspects of disciplinary skills. Kumpfer and DeMarsh (1986) and Kumpfer (1987) found that substance-abusing parents had fewer positive responses and reinforcements than other parents for behavior that should be encouraged in children.

In white, middle class families, researchers have found little differences in the frequency of positive rewards given to children by parents who have children in need of treatment, though these parents do differ in their increased frequency of commanding and critical behaviors (see Rogers, Forehand, and Griest, 1981, for a review of the data). Because the meta-analysis of concurrent studies of family correlates of conduct disordered children revealed that lack of discipline was a strong correlate, these high-risk parents or caretakers need to be trained in discipline.

Unrealistic Developmental Expectations

Another finding of researchers in this field is that drug-abusing parents tend to have unrealistically high expectations for the development of their children. A failure syndrome is possible if parents always expect perfection from their children to the point that they think their children should be able to dress themselves, feed the cat regularly, wash dishes, and do other tasks 1 or 2 years before they are supposed to. These parents tend to reinforce less those good behaviors and skills newly learned by their children. They feel that they are not good parents and their children are not great. This situation could damage both the parent and child's sense of self-esteem and self-worth.

Parent-Child Relations

Rejections. Researchers have found that rejection of the child by the parent or parents, as well as rejection of the parents by the child to be strongly related to problem behaviors during adolescence. Rejection by either the mother or the father appears to be equally devastating, though some studies have occasionally reported finding that a lack of affection by either parent had an increased effect (McCord, 1984).

The child's rejection of his or her parent as acceptable role models may be adaptive in some high-risk families which have dysfunctional parents. Lefkowitz et al. (1977) found that children strongly identifying with parents was a predictor for later aggression, particularly if it is a daughter strongly identifying with the father. This variable may depend on whether the parents are antisocial and aggressive. However, most studies have found that rejection of parents by children is related to delinquency.

Emotional neglect and rejection have often been reported among substance-abusing families. The Booz-Allen and Hamilton (1974) study reported that emotional neglect most frequently differentiated abusing and nonabusing families. Kumpfer and DeMarsh (1985) found that substance-abusing parents tend to be enmeshed in their drug problems or codependency and are likely to neglect their children or even reject them. These children may prove a fiscal and emotional drain on already overwhelmed parents.

Parental Involvement. Hendin et al. (1981) have found that marijuana abuse is often preceded by estrangement from parents due to unrealistic expectations or withdrawal of love by the parents. Whether the child was already involved in behavioral problems that encourage parents to withdraw love is not answered. Lack of parent-child bonding can leave a child vulnerable to peer and situational inducements to use drugs or engage in delinquent behaviors (Briar and Piliavin, 1965). Parent-oriented youth have been found to use marijuana less than peer-oriented youth. Other studies have found that alcohol- or drug-abusing youth often report feeling isolated from their families and less involved in family activities (Brennan, Elliott, and Knowles, 1981). Vaillant and Milofsky (1982) found in their important longitudinal study of alcoholism that lack of paternal attachment was associated with increased risk of future alcoholism. Kumpfer and DeMarsh (1985) have found that substance-abusing parents are less involved with their children in a number of family activities. Lack of quality time together is indicative of poor parent-child relationships and has been found to correlate with adolescent drug abuse (Blum, Henry, and Sanford, 1981).

Samenow (1984) believes that this lack of parental involvement in some genetically or temperamentally difficult children is due to normal parents giving up on their "bad seed". As he describes it, "the parents' interminable struggle to cope with this wayward youngster saps their energy" (p. 26) and they give up responsible parenting to achieve superficial peace and quiet. It is likely that this is the case with some parents and that both processes occur with some high-risk families. In some families, children rule the family and have a sense of superiority over their parents and an unwillingness to accept their guidance (Silberman, 1980). Some parents may also come to dislike the problem child so much that they wish he or she would leave the family home permanently (Robins, 1966). Interviews with parents of hyperactive children referred to a clinic revealed that 34 percent had children who threatened to kill them and 40 percent had seriously thought of sending their children to an institution, military school, or boarding school.

Family Conflict

High levels of family conflict among all possible combinations of family members (parent-parent, parent-child, child-child, child-parent) have been described by clinicians and researchers working with families who have conduct-disordered children. The most significant factor in the Kumpfer and DeMarsh's (1985) multivariate study on substance-abusing families was the high level of family conflict. Families in which the parents abuse

substances had an even higher level of conflict on the Moos Family Environment Scale than did the national norms for distressed families. The main manifestation of family conflict appears to be verbal abuse and negative communications—threats, chastisements, belittlements, and criticisms as reported in other studies on the family (Reilly, 1979; Booz-Allen and Hamilton, 1974).

Children learn inappropriate social interactions in these families. Politeness and helpfulness are not taught or reinforced by the parents. Lack of these social skills, as well as aggressive conflictual interpersonal styles does not prepare the children in these families to develop rewarding relationships. Inappropriate conflict and anger management styles or behaviors are difficult to change later as an adult because they tend to be more under emotional control than cognitive control. Such children are more likely to have difficulty controlling their temper, more likely to fight at school, and to be vindictive (Sowder and Burt, 1978a, 1978b). Inappropriate conflict resolution skills learned at home tend to get these children in trouble with their teachers, neighbors, and law enforcement officers.

Poor Family Organization or Management Skills

Lack of family management skills is beginning to be identified by child development specialists as the root problem in behavioral and emotional problems in children (Patterson, 1986). According to Patterson (1986), good family management skills consist of effective monitoring and discipline of the children. However, a broader definition of family management might include home management skills (for example, household organizational skills, rules, predictable schedules and routines) and organization of the children's learning and social environment. Home management problems have been reported in the homes of high-risk families (Wolin and Bennett, 1979; Kumpfer and DeMarsh, 1986).

Other researchers, like Wolin and Bennett (1979), include the importance of predictable family rituals and routines. Children need predictability in their lives, which is often missing in multiple-problem families in which other problems such as transportation, housing, financial, and interpersonal troubles often disrupt routines. Substance-abusing families in the final stages of alcoholism often miss family holidays so important to children.

Family Stressors

Increased family strains or stressors according to the author's theoretical model, can lead to reduced positive family dynamics. Families with low socioeconomic status tend to have more stressors and fewer financial resources to cope with them than do other families. Malosky (1982) has found that high-risk, black, single parents report a mean of 13.5 stressful life events per year compared with only 2 per year in other families.

Family stress indicators as measured by family life stress instruments, such as the FILE (Family Inventory of Life Events), have shown increased sources of stress among high-risk families (Kumpfer, 1987). Family stressors include work problems, illnesses, losses, transitions, and family and marital strain, and financial strain (Kumpfer and DeMarsh, 1986) and low income (El-Guebaly and Offord, 1977). Frequent family moves increase stress and the likelihood of conduct problems among children and alcohol abuse (Vaillant and Milofsky, 1982). The most commonly reported stressors among single-parent, dysfunctional families are behavior problems with a child; legal problems; physical, emotional, and behavioral problems; unplanned pregnancies; decreased personal habits in children; family conflicts with boyfriends, ex-spouses, in-laws, and so on; and decreased coping abilities.

Family stressors by themselves do not appear to be related to decreased parenting abilities unless the family or parents have reduced coping abilities. In the Kumpfer and DeMarsh (1985) VASC theory of substance abuse, family stress is the result of a family having more stressors than coping abilities or resources, combined with cognitions that support the use of alcohol or drugs as a coping mechanism. Jean Rhodes (1988) recently proposed a similar stress-coping model of substance abuse called the Social Stress Model of Substance Abuse. This model is based on Albee's (1982) model of psychopathology, in which the risk of psychopathology is conceived of as a function of internal and external stressors and their relation to offsetting coping skills, competencies, and social support.

Research suggests that the family's interpretation of life events seems to be more important in generating stress than mere frequency (Lindblad-Goldberg et al., 1988), since no significant differences were found between functional and dysfunctional families in the frequency of negative events in this study.

Researchers have identified five categories of stressors: major life events, daily hassles, enduring life strains, induced transition, and developmental transitions (Tolan, Miller, and Thomas, in press; Tolan and Thomas, 1987; Wills and Shiffman, 1985) that can impact on families. The first type of stressors has traditionally been measured by stress instruments, such as the FILE, the life event scale, and other stress tests. These tests tend to measure only major changes, both positive and negative, in one's life, such as deaths of relatives, purchase of a new house, marriage, automobile accidents, and loss of a job. Stress research has shown that the more major life changes a person experiences, the more likely they will become ill.

Though they do not seem as important compared to major negative life events, the second type of stressors—daily hassles—has been shown to be more related to the problem behaviors of adolescents (Swearington and Cohen, 1985). This second type of stressor consists of everyday problems, such as family arguments about choices of television programs, bedtime, dress code, hair length, and "borrowing" of other family members' possessions (DeLongis et al., 1982).

Enduring family life strains (Pearlin and Schooler, 1978) consist of the third category of stressors. Examples include long-term relationship problems or difficulties between family members or between the family and friends, the school, or community. These life strains are not easily resolved and usually persist over time. Often they are related to low socioeconomic status, such as poor housing, inadequate schools, dangerous neighborhoods, insufficient employment, and missing recreational opportunities. Since this type of stressor is related to social opportunity, research suggests that life strains are related to delinquency and other problem behaviors in youth.

The fourth type of stressors that could be influenced by the family includes life transitions that require adaptation over time, such as moving to a new community or school (Jason and Bogat, 1983). A fifth type of stressor includes normal developmental changes (for example, puberty, graduation, dating) and changes in the family's expectations for a child (for example, increasing responsibility for family chores and supporting the family financially).

Family members can help teach children effective coping strategies for dealing with these stressors, such as communication and problem-solving skills, or they can increase the stressors by modeling or suggesting poor or illegal coping strategies or magnifying the degree of the problem.

Longitudinal studies are beginning to suggest the importance of the family in helping youth make appropriate choices at critical life junctures or transitions. Some examples of these choices are whom to choose as a best friend, whom to marry, whether to drop out of school or continue, and whether to complete probation or drop out. In a study of institutionalized women in England, Rutter and Quinton (1984) found that women with supportive families were less likely to become involved with deviant or dysfunctional husbands. Rutter (1987) says, "Parents probably helped them to avoid a seriously bad marriage, even if the girls seemed likely to drift into one" (p. 323).

The family or extended family can help to buffer some of life's stressors by providing needed resources or supporting the child or youth. However, it can also be a source of additional stress as these relatives may have problems and need attention and assistance. Increased stress was reported by Lindblad-Goldberg (1988) among women who gave more than they received from family and relatives.

Mental Health and Depression

A number of studies have found that parental depression, particularly maternal depression, is related to reported problem behaviors in children. Unfortunately, it is not known to what degree the negative filter of the depressed mother is causing this perception of the child's behavior. McMahon (1989) reports that maternal depression decreases the mother's parenting ability (Forehand et al., 1986; Patterson, 1982). Depressed mothers are likely to have less energy for positive activities with their

children. They tend to be irritable and more likely to berate (what Patterson calls "nattering") or punish their children in circumstances where other, less depressed mothers would not. Maternal depression biases the mother's perception of reality so that she may believe that her child is behaving worse than is actually the case.

The extent a mother, father, or caregiver's depression affects his or her parenting ability has yet to be thoroughly researched. This mental health indicator may be one of the major variables contributing to healthy parenting and positive family dynamics. It is encouraging researchers to include depression assessment instruments as part of any outcome evaluation battery. This variable should be used not only as an outcome indicator as many parents who participate in parent or family training programs become less depressed but also as a covariate. As has been found in some studies by Patterson, the children's behaviors may not have improved, but the mother's depression and concomitant negative appraisal of her children's behaviors have.

Depression can serve as a major mediator in reducing parenting ability to cope with daily stresses as well as the stresses of child rearing. In one study, Makosky (1982) found that even with equal amounts of stressors, a group of more adaptive black, single women with healthier family dynamics tended to highlight positive events and decrease focus on negative events. Depressed mothers find it difficult to focus on positive events.

Other studies with low-income, black mothers by Lindblad and associates support the hypothesis that depression can serve as a mediator between life stressors, parenting coping skills, and children's behaviors. These researchers found that in families with delinquent adolescents there were no substantial differences in family stressors, but there were differences in increased perceptions of stressful life events (Lindblad et al., 1988). They also found that the longer unemployed black mothers remained on public assistance, the fewer life events they rated as positive, which could be due to depression. In an earlier study, Lindblad and Dukes (1985) found that black, low-income, single parents with a problem child reported less satisfaction with jobs and income though no real differences existed in these factors between parents with functional or dysfunctional children.

The National Institute of Mental Health is aware of the reduced parenting abilities of depressed mothers and has funded a 10-year longitudinal study by Donna Gelfand of the University of Utah's Psychology Department to develop in-home parenting interventions with depressed mothers.

Family Enmeshment With Community Isolation

Maternal insularity, which by definition is a likely correlate of depression, is also related to oppositional child behavior and negative parental behaviors (Wahler and Dumas, 1984; Wahler, 1980; Dumas and Wahler, 1985). In addition, Wahler and his associates have concluded that family isolation from community supports is a predictor of poor

maintenance of parent training effects, particularly if combined with socioeconomic disadvantage (Wahler, 1980; Dumas and Wahler, 1983).

In general, families who do not receive support from the community and their friends suffer increased stress and loss of support that can buffer stressors. In some cultural groups, such as Hispanics or blacks, much family support is derived from the extended family. If the extended family is dysfunctional or overburdened by poverty and stress, it may be unable to fulfill this supportive function. A study by Keefe, Padilla, and Carlos (1979) showed that Hispanic families in California with dysfunctional extended families had poorer mental health than those isolated from family relatives.

While family support is generally a good thing, enmeshment and isolation from the community are not good. Lindblad et al. (1988) found that high levels of stress were reported by mothers who had increased involvement with extended family members and by those who felt they gave more instrumentally than they received. These mothers had more contact with relatives and more intense emotions about relatives compared with mothers who were less involved with extended family members.

Black families who spend more time with extended family members tend to have fewer friends in the community and if they do, spend less time with them. They fit the profile of the isolated, insular mothers discussed by Wahler, Leske, and Rogers (1979), except that they do have family support—a big advantage if the family is functional and truly supportive. However, the lack of networking with other community friends and agencies that can help and support does hinder the insular family's development and coping ability.

In a study of family dynamics related to delinquency, Lindblad-Goldberg and Dukes (1985) found that those families with delinquent children tend to seek help from children rather than from friends and coworkers, which could have a negative effect on children's separation—individuation process and lead to parent/child role reversal. The mothers in dysfunctional families listed more deceased persons and boyfriends as important support network persons. They tended to give more emotionally and instrumentally to other family members than they received.

Structural Versus Functional Family Factors

The cited literature in this review of functional family variables supports the idea that family dynamics can have a profound impact on children's development and risk factors for juvenile delinquency and other problem behaviors. In high-risk families, sociological factors, such as poverty, lack of health care, poor schools, and lack of community cohesion and support, help create problems in family functioning. These demographic or structural factors and the ways they interact create problems in family or parental functioning and are discussed in greater detail in the chapter on structural family factors.

Although high-risk families are often structurally different from mainstream American families, the most important factors are the ways that these structural differences impact on family functioning. Jones and DeMaree (1975), in their research on high-risk families, concluded that structural or demographic variables such as race, socioeconomic status, poverty, frequent family relocations, low educational level, and unemployment are intricately interrelated with family functioning. These structural factors, often out of the control of family members, may contribute to family disruption or dysfunction as a result of inadequate income, resources, overcrowding and stress, depression, and other interrelated factors.

Aponte (1986) writes that "the family's poverty means not enough money for daily needs, a paucity of work opportunities, limited access to medical care, poor housing in dangerous neighborhoods, and inadequate schools." In short, the family suffers from a lack of financial and community resources needed to take care of each other and raise healthy children.

External structural or sociological factors often influence the psychological functional family factors. Reviews of family factors and the researchers conducting this current literature search concur that the final pathway in which family factors influence delinquency in the child is the way that the family functions rather than external demographic variables. However, many structural factors tend to be correlated with family dysfunction. Structural factors include:

1. **Poverty.** The lack of financial resources impacts on many of the other structural and functional factors. Parents who are poor do not have the money to provide the same opportunities for their children as others do. Many working single-parent mothers cannot afford adequate child care and supervision for their children.

2. **Neighborhood Disorganization.** This factor is related to increased crime. It may be that youth are not bonded to the neighbors and informal monitoring of youth in the neighborhoods is inadequate.

3. **High-Density Housing.** This factor is related to juvenile crime and family dysfunction. Families are often socially isolated in public housing projects and live under a great deal of stress.

4. **Reduced Educational, Cultural, and Job Opportunities.** The economic robustness of a neighborhood often determines the quality of the schools, access to community cultural resources, and the number of jobs available for youth.

Poverty, discrimination, low education, and lack of supportive ties with the community often make it difficult for parents and families to support and aid children in their social,

emotional, and mental development. If a parent or both parents are absent due to divorce, separation, job demands, or other reasons, the child often has fewer adults helping with his or her needs. Frequent family moves and dense residential housing such as those in housing projects are also risk factors for future substance abuse and delinquent behavior. However, most family studies have found that these structural risk factors are highly correlated with family dysfunction and family dysfunction is the most predictive variable of a youth's later problems in life.

Review of Family Strengthening Approaches

Another historical force that stresses the importance of including the family in finding a solution to delinquency has come from the psychotherapy field. Coleman and Stanton (1978, p. 479) wrote, "It is an understatement to say that family approaches to psychotherapy have increased in popularity and breadth during recent years". Family systems theory and family therapy techniques are widely taught in training programs for therapists.

The increased success of treatment when the family becomes involved is widely acknowledged by therapists and documented in the research literature (Gurman and Kniskern, 1978; Stanton and Todd, 1982). Most therapists are acutely aware of the damage to a client's therapeutic progress if the family is not supportive of the treatment goals or unaware of its impact on the client. Substance abuse counselors frequently recount stories about family members picking up a discharged client from a resident or inpatient treatment facility with a bottle to celebrate on the way home. More often, less obvious incidents occur when family members attempt to regain the family's former balance and dynamic.

A number of delinquency prevention researchers (Loeber and Stouthamer-Loeber, 1986; Fraser et al., in press; McMahon, 1987), as well as substance abuse treatment researchers strongly support family-focused prevention interventions as the most effective intervention strategy for delinquency and substance abuse (Kaufman and Kaufman, 1983; Stanton and Todd, 1982). Most residential and inpatient hospital programs include family therapy or education.

The family (however it is defined) has tremendous force in shaping a child's behaviors. The history of training parents has followed a similar course from focusing on the individual child's problems to focusing on the parent's problems in parenting, to a more comprehensive focus on the family environment and function (Kumpfer, 1988). Therapists working with both children and adolescents who manifest early behavioral problems are convinced that working with the family is the most effective way to change the child's behavior or affective problems.

Importance of Tailoring Prevention Interventions to Known Family Factors

Improving our knowledge of the causes of delinquency is critical to the design of effective prevention programs. Prevention interventions designed to reduce or prevent juvenile delinquency must focus on the known causes of delinquency to be effective (Hawkins et al., 1980). Hence, this critical review of family risk factors is the first step in determining the selection criteria for the most effective family strengthening programs to prevent delinquency.

Another important issue is that the most salient predictors of delinquency change at different developmental stages. In addition, the major domains of risk factors (biological, family, school, community, and peer) interact in complex ways. According to a number of advocates for delinquency prevention (Hawkins and Weis, 1985), prevention efforts should be targeted at the risk factors as they emerge during a child's life.

The major model advocated by this group of researchers is a modified social development model, called the Social Ecology Model (Kumpfer and Turner, 1989). This model implies that different etiological domains (for example, family, schools, peers, or community) are "appropriate objects for intervention, depending on the developmental stages of the child" (Hawkins and Weis, 1985).

Timing of Family Strengthening Intervention. Family strengthening approaches designed to support the child's prosocial development and **social bonding** to the family should begin early in the child's life. Almost all family prevention specialists recommend improving the parent's child-caring skills as soon as possible. Ideally, it would mean providing parent training and family strengthening services while the child was still **in utero.**

Infancy and Early Childhood Parenting Programs. Parenting programs for pregnant teens or pregnant women at high-risk, such as drug abusers, are currently receiving high priority in congressional funding. The Office of Substance Abuse in ADAMHA has just received $15 million, which were set aside in the new 1988 Omnibus Anti-Drug Abuse bill for prevention programs for pregnant drug-abusing mothers. Unfortunately, because many high-risk mothers do not perceive that they have any problem with parenting until the child is a toddler, when a battle of wills occurs, recruiting and training parents from the conception of their child to when the child is 3 three years old is difficult.

According to Hawkins and Weis (1985) family strengthening interventions are appropriate from early childhood through early adolescence. However, our modified social development model predicts that children who are not well bonded to their parents will have a harder time bonding to other prosocial institutions of society, such as schools, churches, and community youth groups. Hence, waiting too long to strengthen

the family's care for the child could weaken the child's bonding to other traditional socializing institutions in society.

Another issue, however, is identifying at-risk children for family strengthening programs from other children. This issue is only a concern if the prevention resources are limited and the program is invasive. If all children or parents could profit from the family training and if it is conducted in the most natural learning settings with no or few negative effects, then the issue of including children not at risk is not a concern.

Middle Childhood Family Programs. Given that prevention resources are in fact scarce, family strengthening programs are generally targeted at youth already manifesting behavioral or emotional problems. For some children, caring and attentive parents or teachersmay notice middle childhood problems and the child and family may receive some type of mental health services. The children may enter a structured children's therapy and educational group for part or all day. The parents may be referred for parent training as well.

Early Adolescent Family Programs. Most high-risk children from low-income and minority families are generally not referred for family services until the last stages of the dysfunctional family syndrome—early delinquency. For these families, about all that can be done to strengthen the families ability to handle the child or adolescent are family services broadly termed **Family Crisis Intervention Services.** These family services are generally mandated by the courts or recommended by probation officers for youth already in custody for status offenses, minor delinquency or arrests early in their criminal careers, or other family problems that have come to the attention of the courts. Such family crisis intervention services will be discussed in detail in the chapter on Family Strengthening Interventions and family programs with proven efficacy, such as functional family therapy (Alexander and Parsons, 1973; Klein, Alexander, and Parsons, 1977), family case management and referral, family skills training programs (Guerney, 1964; L'Abate, 1977), family preservation programs with intensive crisis services (Haapala and Kinney, 1979) to name a few.

Family Strengthening/Prevention Models

Most people who think about methods for strengthening families to prevent delinquency or substance abuse focus on one or two basic types of interventions—family therapy or parent training and education. A national search to find the best methods for strengthening the family's ability to prevent delinquency in adolescents or risk factors for delinquency in children conducted for the Office of Juvenile Justice and Delinquency Prevention concluded that at least 25 major intervention strategies, as well as 75 applications to different stages of parenting and level of family dysfunction, are used nationally and these do not exhaust all the possibilities.

Such a wide diversity of family strengthening programs exists because different family interventions tailored to meet the needs of the family with the resources of the service agency are required. As shown in Table 1, major factors to consider in the selection of the most appropriate family program is the age of the target child and the level of the identified dysfunction in the family. A number of family prevention models are included in this matrix of family dysfunction by age of the child.

In the top left are the earliest interventions possible, such as family or parent education in schools. Family education to prepare youth for future family responsibilities can begin as early as elementary school up to senior high school. With teen pregnancy on the rise in this country, beginning such pre-parenting courses in junior high school seems a good idea. At the other extreme are programs for families in crisis who have youth on probation for criminal involvement. Several States, like Arizona, are training their probation officers to conduct in-home family interventions to strengthen the family's ability to better control youth.

Not all of the different intervention strategies included in Table 1 will be reviewed here, only the most popular. One major dichotomy of the intervention strategies are those that involve the parents or caretakers only, which are called **parenting approaches** and those that involve the parents with at least the target child, which are often called **family approaches**. Some basic variants of each of these two major approaches are discussed below, including several model programs.

Parenting Approaches

The major parenting approaches discussed here include parent education, behavioral parent training, humanistic parent training, parent support groups, in-home parent education or parent aid, and parent involvement in youth groups. Each is discussed below.

1. **Parent Education Programs** generally involve teaching parents ways to improve their parenting or family relationships. Sometimes it involves awareness of community resources to help the family or child. Parent education for delinquency may include appropriate behavioral expectations, ways to better supervise and discipline children, tips for how to improve moral and ethical thinking in children, and advice on how to discuss family values and monitor stealing and lying. Parent education programs on substance abuse often include information about the risks of alcohol and drug use, early warning signs of use, other behavioral or family risk factors, the family disease concept, and ways to talk with kids about alcohol and drug abuse.

Table 1

Family Strengthening Programs Matrix of Program Type by Age and Severity of Family or Child Problems

	General Population Programs	High-Risk Family Programs	In-Crisis Family Programs
Preparent Programs	• High school parent education. • Parent/teen sex education. • Teen pregnancy prevention—peer education.	• Preparenting. • High school preparenting. • Pregnancy prevention/ sex education.	• Preparenting education for foster care youth. • Preparenting for delinquents in custody.
Prenatal Pregnancy Programs	• Infant parenting and health care. • Parent education.	• Prenatal substance abuse prevention program. • Infant mortality case management.	• Teen pregnancy case manager. • Substance abuse treatment. • Pregnant teen school.
Infancy/Toddler Programs	• Parent education (TV, video). • Parent support.	• In-home parent education (PHS nurse, social worker). • Parent aid. • Parent training. • Case work. • Family services.	• Protective services. • Nurturing program for child abuse/neglect. • Foster parents. • Teen parent support services. • Young parents' school.

Table 1 (Continued)

General Population Programs	High-Risk Family Programs	In-Crisis Family Programs
Childhood Programs		
• Parent education. • School-based home/school achievement programs. • Media-based prevention.	• Preschool parent training. • School and treatment agency. • Parent training. • Parent aid. • Family skills training. • Surrogate parent training. • Parent support. • Parent involvement.	• Family services. • Family skills training. • Foster parent training. • Protective services. • Family preservation. • Family reunification. • Family treatment. • Residential shelter. • Day treatment. • Parent aid. • Parent training.
Preteen and Adolescent Programs		
• Parent education. • Family education. • Family meetings and activities. • Sex education.	• Family communication and relationship enhancement. • Parent support groups. • Family volunteers. • Parent involvement in youth groups. • Surrogate parent training. • Parent/School/Treatment—truancy. • Juvenile diversion/gang prevention. • Parent education. • Parent skills training. • Dropout education prevention.	• Family therapy. • Family services. • Parent or family support. • Protective services. • Family preservation. • Intensive probation. • Teaching family model. • Drug treatment/school. • Foster parents program. • Residential treatment. • Family skills training.

Parent education programs are distinguished here from parent training programs in that parent education generally involves fewer sessions and parents do not practice skills in groups or do assigned homework. Parent education programs range from a single motivational lecture at a school or agency to a series of lectures that may involve experiential exercises and self-ratings.

Parent education can be conducted in many ways. High-risk families may not have time to attend parenting classes, but most watch television. Popkin's Active Parenting Program has been shown on PBS in the State of Washington. Hawkin's Preparing for the Drug (free) Years Program was implemented in schools and community agencies statewide in Oregon, with recruitment through television advertising. Some parenting programs are available on audiotapes or videotapes for review at home. Magazines often carry feature or serial articles on improving parenting and family relations. Some businesses are offering parenting classes during lunch hours, which is an excellent way to attract fathers. Some alcohol and drug prevention programs in schools include homework assignments that involve parents and discuss family rules and values concerning alcohol or tobacco use and ways to improve family communications.

Some parent education classes involve teaching parents about risk factors for drug or alcohol abuse. The Parents' Resource Institute for Drug Education (PRIDE), National Federation for Drug Free Youth, and other school or community drug education programs use these types of classes. Some teach parents how to talk to their children about alcohol or drugs, such as the National Council on Alcoholism's "Talking With Your Kids About Alcohol" program, developed by the Prevention Research Institute.

Hawkins and Catalano have developed a risk factor-based parent education program, called Preparing for the Drug-free Years, that can be implemented in five sessions with the support of videotapes. The program works well for statewide dissemination through schools and community agencies. Currently, the program is not tailored for high-risk families, but the program developers are planning modifications for different ethnic groups.

2. **Behavioral Parent Training Programs** include parenting programs that generally teach the parents of an identified problem child how to discipline the child more effectively and get the overt conduct disorders under control. There are many variations of behavioral parent training programs, but most are variants of the parenting model developed by Patterson and his associates at the Oregon Social Learning Center. Patterson's book *Families: Applications of Social Learning to Family Life* (1975) explains this type of parent training. In addition, copies of another book, *Living With Children* (1976) are given to family members to read prior to starting a behavioral parent training group. Another widely used parenting resource book is Becker's *Parents Are Teachers: A Child Management Program* (1971).

These programs are highly structured, and trainers use programmed instructional aids, manuals with special topics, and exercises with weekly homework assignments. A class typically lasts from 8 to 14 sessions with a session lasting about 1 to 2 hours a week. Skills typically taught include rewarding, reinforcing, "attending for" wanted behaviors, and ignoring unwanted behaviors. Parents are first taught how to catch their children being good and to reward them. This approach helps children improve their self-esteem and develop a more positive relationship with his or her parents. Once parents learn to pay attention to the good things their children do, they are taught to decrease inappropriate or unwanted behaviors by not attending to them or using mild punishments, such as timeouts, natural consequences, and loss of privileges.

Behavioral Parent Training for High-Risk Families. Patterson's basic behavioral parent-training program requires parents to be motivated, organized, and capable of reading the programmed tests and completing homework assignments. Little time is programmed in the course to deal with parental crises and problems, which are frequent among high-risk families. Despite this lack of course material or specific topics on parental problems, Patterson and Chamberlain (1988) estimate that approximately 30 percent of the course time is spent dealing with such parental problems.

Kazdin (1988) recently stated that only about 25 percent of parents who have conduct disordered children are capable of participating in the basic behavioral parent training program. Though the original parent training programs generally require fairly motivated and educated parents, adaptations have been made recently to reach parents who have low socioeconomic status or are dysfunctional (Fleischman and Szykula, 1980; Sachs, 1986; Stanton and Todd, 1982).

DeMarsh in this monograph and DeMarsh and Kumpfer (1985) summarize many of the suggestions on recruiting and keeping high-risk families with low socioeconomic status in family programs. A more complete review of possible reasons for recruitment and attrition problems and tips on how to decrease the problems were presented by Kumpfer and DeMarsh (1988) to the Second National Office of Substance Abuse Prevention (OSAP) Learning Community Conference in Washington, D.C.

Other adaptations are needed to attract poor and single parents. Hawkins et al. (1987) have also designed a behavioral management program for parents of high-risk children in grades 1-3. The first seven sessions involve basic behavioral training, but the last four sessions are unique in that they teach parents how to help their children with math and reading and thereby also improve parent-child communication and relationship.

Parent Dysfunction Issue. Parents who report more psychopathological symptoms (Dumas and Albin, 1986), more isolation from social supports (Dumas and Wahler, 1983), and more negative life events (Webster-Stratton, 1985), and who were more coercive (McMahon, et al., 1981), punishing, and inconsistent (Dumas, 1984) at the

beginning of parent training are less likely to have positive outcomes than other parents at the end of treatment.

Most structural family variables (e.g., single-parent versus two-parent status and socioeconomic status level) have not been found in most research studies to predict outcomes in parent training, neither have a number of parental characteristics such as parental personality traits (e.g., locus of control) and parental self-efficacy and parenting self-esteem, marital satisfaction (McMahon, in press).

Maintenance of positive changes in the child have been found to be related to lack of insularity (Wahler, 1980; Wahler and Afton, 1980) particularly if combined with higher socioeconomic status (Dumas and Wahler, 1983), marital satisfaction (Dadds, Schwartz, and Sanders, 1987), and decreases in blaming attributions and global summary descriptions of the child (Wahler and Afton, 1980). Could this be reduced paranoid and irritability/depression?

Other maternal factors related to failure to participate consistently or drop out of the program include maternal depression (McMahon et al., 1981), single-parent status (Oltmanns et al., 1977), low socioeconomic status and authoritarian or coercive parenting styles (McMahon et al., 1981). One study by Scott and Stradling, (1987) found a decreased dropout rate among single mothers. Obviously, well-designed programs that appeal to single mothers can attract and maintain such participants.

In a casual modeling procedure; a composite index of maternal and paternal psychopathology, family violence, and socioeconomic status disadvantage was found by Dumas (1986) to be most predictive of successful outcomes in parent training.

Dose or Therapeutic Intensity Issue. Although length of prevention intervention or total number of contact hours has been rarely evaluated, Kazdin (1987) suggests that parent training programs of less than 10 hours in duration are unlikely to be successful. In their study, Kumpfer and DeMarsh (1985) have observed that some high-risk and lower education level parents could have used more than the 14 sessions in their Strengthening Families Program, particularly if they missed a number of sessions and were having difficulty implementing the concepts at home. Fleishman and Syzkula (1980) have also successfully developed longer term parent training programs for low socioeconomic status, Aid to Families with Dependent Children (AFDC) recipients.

Cultural Adaptation Issues. One major adaptation is to make the programs culturally relevant to major ethnic populations. Alvy and his associates (1980) at the Center for the Improvement of Child Caring (CICC) in Ventura, California have developed the Confident Parenting program for black parents and another for Hispanic parents. Kumpfer, DeMarsh, and Child (1988) have developed parent training programs for black, low socioeconomic status, substance-abusing parents as part of their Strengthening Families Program.

Cost-Effective Dissemination. While some of these programs have developed video, audio, and film materials to be used within the structured training course, none have put the entire program on video, except Webster-Stratton's Videotape Modeling Group.

Discussion Program (VMGD). The VMGD program consists of commercially available therapist manuals and 10 videotape programs, which contain 250 2-minute vignettes and demonstrate appropriate and inappropriate ways of interacting with children Webster-Stratton, 1987). A group of parents view the vignettes and then the therapist leads a discussion. Because the children do not attend the group, the parents are given homework to practice assigned parenting skills with their children.

Since it is risky to have high-risk or dysfunctional parents work with their children without a therapist's supervision, an excellent modification to this program would be to have both the children and the parents observe the tapes and discuss the ways both should behave. The author has tried this with her 7-year-old daughter and found it to be very effective in enlisting the cooperation of the child as well.

Evaluations of VMGD—Video Parenting Program. The three outcome evaluations of the VMGD Program show among nonreferred mothers, a high level of satisfaction with the program. Improvements in both mother and child behaviors are maintained until the 1-year followup compared with the control group, but decreases in confidence in parenting skill and perceived ability control the child's behavior problems. In one of the studies (Webster-Stratton, 1984), no difference was found between a comparable program of individual parent training that included the child and VMGD even until the 1-year followup. Given that VMGD costs one-fifth the amount of the standard individual parent training program (Forehand-type program), this appears to be a cost-effective alternative for higher functioning families with young conduct-disordered children.

Another way to make this program even more cost-effective would be to omit the therapist and have parents view the tapes in their own homes or in parent support groups. Another variation would be to have program staff (Public Health Service nurses, Parent Aids, social workers, teachers) distribute the tapes to parents and discuss their reaction by telephone, at in-home visits, and at clinic visits. Recently, Webster-Stratton and her associates have tested the efficacy of self-administered videotapes (with no therapist feedback or group discussion), the VMGD groups, a discussion group only, and a wait-list control group (Webster-Stratton, Kolpacoff, and Hollingsworth, in press). Result of this research study revealed that the complete VMGD Program was somewhat more effective in producing changes in the child's behaviors, though the self-administered videotape program did produce positive changes in the parent's attitudes and behaviors and children's behaviors in interactions with their fathers but not with their mothers.

3. **Humanistic Parenting Programs** are based on principles of clinical psychology on improving the whole person. Dinkmeyer and McKay's (1976) Systematic Training for Effective Parenting (STEP) is based on the theoretical teachings of Alfred Adler. This

program involves local groups of parents in 8 to 12 weekly 2-hour sessions covering parenting topics, such as understanding the child's behavior and emotions, using encouragement, listening and communicating more effectively, disciplining by using natural and logical consequences rather than punishment, establishing family meetings, and developing confidence as a parent. This program teaches parents how to relate better with the child to improve the child's dignity and self-concept.

The popular Parent Effectiveness Training (PET) program developed by Gordon (1970) is based on the self theory of Rogers. The primary focus of this parenting program is to enhance the family's communication, problem-solving, and mediation skills. Parents are taught to use active and reflective listening skills, ask open-ended questions, and consult on children's problems, while leaving the child to make his or her own choices. In addition to communication skills, parents learn about parental power and the problems of being overly permissive or authoritarian.

Another popular program that stresses communication is Glenn's (1984) Developing Capable Young People Program. This 10-session program also focuses on the parent's important role in socializing children in prosocial ways to develop capabilities. He links substance abuse to feelings of unimportance and lack of ways to contribute to society. The historical increase in drug abuse is related to a rapid decrease of adult or older youth involvement with children. In the 1950's when the baby-boomers hit the school system, class sizes increased, curriculums were standardized, and the amount of time children had to spend with older children decreased. Recently, with both parents working and isolated families living without extended family support, children are left even more with their peers. Segregation of children into peer groups is increasing with the predictable result that peer influence is also increasing. Glenn emphasized that children cannot learn to be capable and mature individuals unless they interact with more capable and mature individuals in ways that foster their development of capabilities.

4. **Parent Support Groups** generally include community grassroots organizations of parents who provide support and education for members, such as The National Federation of Parents for Drug Free Youth, Toughlove groups, Pride groups, The Cottage's Families in Focus, Families in Action groups, and other parent support groups. These national parent organizations can provide parenting and alcohol and drug education materials and their local chapters often provide parent support groups. In these groups parents can share their concerns and solve problems with the group. Some of these groups, like the Toughlove groups, involve parents providing temporary respite care for other parents who have problems with their adolescents. Some parent organizations like STRAIT provide residential treatment for delinquent youth followed by several months of living with other parents in the support group.

5. **Parent Aid or In-Home Parent Education**, which includes education programs for parents who find it difficult to come to group meetings, such as the Teen Moms programs. Professional Public Health Nurses and social workers often deliver in-home

parent education and occasionally parent training to new mothers. The CEDEN Program in Austin, Texas, has developed a model in-home parent training and infant stimulation program delivered by professionals for developmentally delayed, low-income infants and toddlers. If paid professionals are not available, Parent Aids are sometimes used to deliver these services. Parent Aids are highly trained volunteers willing to work in homes to teach parents to improve their care of the infant.

6. **Parent Involvement in Youth Groups** involves a variety of ways to get busy or distrustful parents to gradually become more involved with their child through the children's participation in a preschool, school, church, or agency children's group or activity. High-risk parents, who would not volunteer for a parent training group, can become gradually involved in the children's groups and eventually taught improved parenting skills by their involvement in watching teachers or trainers work with children. For example, City Lights in Washington, D.C., gradually gains the trust and interest of inner-city, low socioeconomic status parents by notifying them about their child's achievements in their youth activities program. After a period of increasing contact, some parents volunteer to help with the youth activities or join a parenting group.

Headstart and preschool programs have for some time taught parenting skills informally by involving parents in preschool activities. The positive results of the Perry Preschool Project may be mainly due to this direct modeling of appropriate ways to discipline, support, and help children. The parents learn by watching the teachers and actually working with their child and other children. In San Antonio, the Los Ninos Project is measuring three levels of parent involvement in the children's groups, ranging from no involvement, helping with food and materials for the groups, and finally to helping with the children's activities.

Family Prevention Approaches

Several major family interventions that have been used to help prevent delinquency, substance abuse, and other teen problems include Family Education Programs, Family Skills Training Programs, Family Therapy, Family Services, and In-Home Family Crisis Services or Family Preservation Programs. Each is discussed below with some examples.

1. **Family Education Programs**, include the family in lectures or educational sessions on family values, responsibility to society and to others, law-related education, family communications, alcohol and drug use, relationship enhancement techniques, and other family strengthening strategies. This approach has been used as either a single or a series of lectures or experiential sessions conducted in schools, churches, community centers, or juvenile courts, youth rehabilitation center, adolescent group homes, alcohol and drug treatment centers, and public agencies. Workbooks are also available for families to conduct family discussions at home, such as the Family Home Evening manuals of different churches—most notably the Church of Jesus Christ of Latter-day Saints.

2. **Family Skills Training Programs**, often called behavioral family therapy or behavioral parent training (if it also includes the child in the sessions), involve specific, structured family training sessions. A number of behavioral family therapy programs have been reviewed by McMahon (1987), including Forehand and McMahon's Parent Training Program, their revised Parent Enhancement Therapy, Behavioral Family Therapy of Griest and Wells (1983), Problem Solving Communication Training of Bry (1986), and Patterson's behavioral family therapy approach for youth with covert conduct disorders (Patterson et al., 1975; Reid et al., 1980). Some programs combine adapted behavioral parent training programs with children's social skills training programs and family relationship enhancement programs, such as the Kumpfer, DeMarsh, and Child's (1988) Strengthening Families Program and Bavolek and his associate's (1983) Nurturing Program. Each of these will be discussed below.

Forehand and McMahon's Individual Parent/Child Therapy Approach. One of the earliest versions of behavioral family therapy is Forehand and McMahon's parent training program as explained in their book *Helping the Non-Compliant Child* (1981) that involves the therapist working with both the parent and the child individually in a clinical playroom. The techniques used to train the parents look remarkably similar to those used to train graduate students to conduct play therapy. The play rooms are equipped with one-way mirrors, sound systems, and bug-in-the-ear equipment, so the therapist can unobtrusively observe and communicate with the parents.

One advantage of this approach over group parent training for high-risk families is that the therapist has the opportunity to directly observe the interaction of the parent with the child. Teaching antisocial, drug abusing, irritable parents control procedures can sometimes have negative effects in the way they are put into practice by dysfunctional parents. The therapist can also model appropriate behaviors and provide direct reinforcement for parents when they improve their interactions with the child.

In the first phase of treatment, called the Child's Game, the parent learns to attend to the child's behaviors, describe those behaviors objectively, and socially reward any behavior that they want to increase. In the second phase, called Parent's Game, the parents finally get what they want—to be able to tell the child to do something. They learn how to make appropriate commands and initiate timeout procedures if the child does not comply. Parents do not progress in treatment unless they meet behavioral criteria, often videotaped and scored.

The original behavioral parent with child training program was developed by Hanf (Hanf; 1969, 1970; Hanf and Kling, 1973). However, this program was modified, evaluated, and disseminated by Forehand and his colleagues as well as several other independent groups of researchers, including Wolfe and his associates (1981) for use with abusive parents, Eyberg and Robinson (1982), Kumpfer and DeMarsh (1983a & 1983b) for use with substance abusers, and Webster-Stratton (1984).

These clinician/researchers have also developed a modified variation that involves both separate parent training and the family training sessions where the parents can demonstrate their new play, empathy, and compliance training skills with the child. Adding the prior group sessions in didactic parent training principles (as is done in Patterson's behavioral parent training), has been found to enhance the positive results of the individual sessions with the parent and child (McMahon, Forehand, and Grist, 1981).

A multimodal treatment program, called **Parent Enhancement Therapy,** has also been developed that includes additional parental adjuncts to the basic Forehand and McMahon program (Griest et al., 1982). To meet the emerging need of providing support for parents during problems and crises, Parent Enhancement Therapy includes topics on parental personal adjustment, marital or extrafamilial relations, and parental perceptions of the child's behavior. Studies have demonstrated the increased efficacy of including these parental adjustment components to the basic program.

Other variations of the original Forehand and McMahon parenting program have been developed that add additional components. One notable example is the author's Strengthening Families Program (Kumpfer and DeMarsh, 1983a & 1983b, 1985), Griest and Wells (1983) Behavioral Family Therapy, and Wolfe's Child Management Program for Abusive Parents (Wolfe et al., 1981).

The Strengthening Families Program. This 14-week program developed by Kumpfer and associates includes three separate courses conducted within a 2-3 hour weekly session, a Parent Training course, a Children's Social Skills Training course, and a Family Relationship Improvement course. This program was designed for children of substance abusers and their parents in treatment (primarily methadone-maintenance patients). Given the very difficult, high-risk parents and children, the authors felt it necessary to work separately with the parents and children before working with the whole family. Families arrive at the community center or clinic and are separated into their own groups for the first hour. The families are reunited in the second hour either with individual therapists or in small family groups. Many special incentives are built into the program to assure attendance and completion of homework assignments.

The program is completely standardized in five trainer manuals and a parent workbook with films and videos available for training. The 14-session Strengthening Families Program is now available in both a regular socioeconomic status version (Kumpfer and DeMarsh, 1983) and a low socioeconomic status version modified for a second-grade reading level that is being evaluated with rural, southern black substance-abusing parents (Kumpfer, DeMarsh, and Child, 1988). This second version contains adaptations of the Bavolek Nurturing Program for the children's groups and contains separate programs for preschoolers, elementary-age children, and older children.

The first Strengthening Families Program was evaluated on a NIDA research grant and found to be effective in improving the child's behavior, improving family functioning, and

decreasing risk factors of substance abuse, as well as decreasing existing alcohol and tobacco use (Kumpfer, 1986, final report to NIDA).

Family Effectiveness Training. Another family skills training program tailored for high-risk families is Family Effectiveness Training (FET) developed by Szapocznik and his associates at the Spanish Family Guidance Center of the University of Miami. FET was designed for Cuban-American high-risk families with 6- to 12-year-olds. The program covers three major topics—family development and parenting skills, bicultural issues, and substance abuse information—in 13 weekly group sessions with the whole family.

Family Communication/Relationship Programs. Other family skills training programs include those that focus primarily on improving family communications and are most appropriate for older children, such as Bernard Guerney's Family Relationship Enhancement Program (1977). Streit (1973) has also developed the Family Communication Workshop program that contains six, 2-hour sessions implemented in nonclinical community settings with parents of adolescents. The workshop is designed to be a substance abuse prevention program by attempting to increase family supportiveness, cohesion, and appropriate perceptions and level of control.

Another more behavioral family skills training program that focuses on enhancing communications within families in which adolescents use drugs is Bry and her associates (1986) Problem-Solving Communication Training Program. This program, evaluated in a 15-month single subject design with three middle-class drug-using adolescents, was found to produce decreases in marijuana use and school failure, the targeted behaviors.

Patterson's Behavioral Parent (or Family) Training Program for Covert Behaviors. Patterson and his colleagues at the Oregon Social Learning Center have been struggling with methods to train parents of children who manifest primarily covert conduct disorders. They have developed a variation of their basic parent training program which primarily stresses overt behavior problems that the parent is aware of and can easily monitor, by adding components to train parents to define and agree on a definition of stealing or lying and then to monitor the covert behaviors. In this 32-hour training program, parents learn to check on the accuracy of their children's stories by talking with or calling others who could verify them. Mild consequences in the form of chores are instituted as inaccurate accusations will occur from time to time.

An evaluation (Reid et al., 1980) of this program revealed significant reductions in parent-reported stealing and other problem behaviors in 28 stealing referred children (5-14 years) at a 6-month followup test.

Structured Enrichment Program. Some family skills training programs are designed to be tailored to each family's needs as determined by a family needs assessment. In L'Abate's (1977) Structured Enrichment Program, family sessions on communication, decisionmaking, problemsolving, and about 100 topics are selected to match the family's

results on the clinical assessment. Because of the tailored nature of the sessions selected, the program is delivered to families individually.

3. **Family Therapy Programs** include a number of clinical approaches to the family, such as structural family therapy (Minuchin, 1974), functional family therapy (Alexander and Parsons, 1973, 1982), strategic family therapy (Haley, 1980), and structural-strategic family therapy (Stanton and Todd, 1982), as well as other family therapy approaches. These family intervention approaches are less often structured into a certain number of sessions with a standardized trainer handbook, but consist mainly of training family therapists in a therapeutic process that includes specific family techniques and possible experiential exercises. Much more discretion or responsibility is placed on the intervenor (the therapist) to determine by their "art" the appropriate timing of interventions.

Structural family therapy has been successfully applied to prevent substance abuse in high-risk families, such as Hispanic families with low socioeconomic status. The Coalition of Spanish Mental Health Organizations (COSMHO) has endorsed the structural family therapy model of Jose Szapocznik and his associates and is implementing it in a number of Hispanic mental health centers as part of its national Projecto Esperanza, or Project HOPE. This project is funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to apply a successful family-strengthening model developed to prevent substance abuse to the prevention of delinquency. The model was developed by a National Institute on Drug Abuse (NIDA). This family therapy model is unique in that it is often implemented in the homes of youth already manifesting behavior or drug abuse problems. Being sensitive to the position of the fathers in these families, therapists invite the fathers to be involved in the therapy and ask them for permission to conduct the family sessions.

Functional Family Therapy (FFT). This program is a unique blend of family systems theory and social learning theory developed by James Alexander and his colleagues at the University of Utah. This program is conducted by family therapists with each family in a clinic. As with many programs that have been evaluated and used for several years, FFT has several versions. In its most recent form, FFT contains five phases of family therapy: the introduction/impression phase, the assessment phase, the induction/therapy phase, the behavior change/education phase, and the generalization/termination phase.

This program is one of the few family-focused programs that was tested and found to be effective with adolescent status offenders. Two outcome studies on a single sample of 86 status delinquents (Alexander and Parsons, 1973, 1982), compared families assigned to FFT with those assigned to client-centered counseling or psychodynamic counseling or with those not undergoing treatment. The studies found improved family communication and significantly reduced official record recidivism rates (29 percent versus 50 percent). Another interesting finding was that families assigned to the psychodynamic condition did worse than the families without treatment (75 percent versus 50 percent recidivism). In addition, they found that poorer outcomes on the family communication measures

were correlated by higher recidivism. Finally, Klein and her associates (1977) reported in a 2 1/2 to 3 1/2 year followup that younger siblings in the FFT condition were significantly less likely to have court contact (20 percent) versus those without treatment (40 percent), those who underwent client-centered treatment (59 percent), and those under psychodynamic therapy (63 percent).

A variation of FFT has been developed by Alexander and his associates (Barton, et al., 1985) for use with multiple-offending delinquents who have been incarcerated. This program combines FFT with remedial education and job training. In the evaluation of this program, youth who participated had a recidivism rate of 60 percent compared with 93 percent for youth in group home conditions.

Another model of FFT has been developed by Gordon and associates (1984, 1986) for delinquent adolescents as reported in Gordon and Arbuthnot (1987). This version, conducted in the high-risk family's homes rather than in clinics, has been lengthened in family therapy time and also the training of the therapists. A cost-effectiveness study reported that at a 2 1/2 year followup, only 11 percent of the adolescents in the FFT group recidivated compared with 67 percent in a probation-only group. In addition, there were positive effects on the younger siblings as reported by Klein et al. (1977).

Family-Ecological Systems (FES) Program. This family therapy program developed by Henggeler (1982) stresses the interactional influences on the adolescent of the family, community, school and peer group. Therapists act more like case managers and intervene in a number of settings with family therapy, school consultation, marital therapy, or individual therapy. In a recent evaluation, Henggeler and associates (1986) report that 57 inner-city, repeat offender delinquents who participated in FES had fewer behavior problems on the Behavior Problem Checklist than 23 adolescents in a mental health services condition or 44 adolescents in a normal control condition. Recidivism measures need to be evaluated as well as the outcomes as compared to the types of interventions employed with each youth.

4. **Family Services Model**, which includes a number of onsite or brokered family services for high-risk or families in crisis. This model is the traditional family services model in which a large number of needed services are brokered by a caseworker or a casemanager. High-risk families often need more than family therapy or skills training. They often need basic services, such as food, clothing, medical, and housing assistance, to survive. Only after these emergency services are obtained can the family begin to consider parenting and family enhancement program involvement.

5. **In-Home Family Crisis Services (Homebuilder's Program)**. This services model includes a number of in-home crisis services that are often used for the preservation of the family when outplacement of a child is imminent. The model prototype program, called Homebuilders was developed by Haapala and Kinney in Washington State. This model has been so successful in reducing placement of youth in State custody and

institutions or group homes, that it is being replicated in a number of States. In this model, a team of highly trained family service workers arrive at the family's home and provide the needed in-home services. The intervention is very much like that delivered by the old social worker model but is much more intensive and short term. This model is currently being tested with very hard-core, inner-city poverty families, like those in New York City.

Surrogate Family Approaches. If the biological parents are not interested or available for parent or family prevention programs, extended family members or other adult parent surrogates can be approached. Parenting and family programs have been developed for foster parents by Louise Guerney at Pennsylvania State University (1975), adoptive parents, blended families, group home parents, foster grandparents, Big Brothers or Big Sisters, and volunteer sponsors.

An application of behavioral parent training has been developed by Patterson and his associates for delinquent youth committed to State institutions. In this OSLC Specialized Foster Care Model, institutionalized delinquents or those to be institutionalized are each assigned to specially selected and trained foster care parents. The foster parents have daily contact with the OSLC staff and the youth's teacher as the youth moves through three levels of point systems. Since this program is relatively new, Chamberlain (1987) reports that of 39 male and female adolescents (mean age = 16 years), 90 percent of the 75 percent that completed the program have not recidivated and are living in the community.

One surrogate family program that has been well evaluated and developed is the Teaching Family Model (TFM) for married couples that run community-based residential programs for treating conduct-disordered adolescents. The model prototype of this type of surrogate family model is Achievement Place, which first opened in Kansas in 1967. There are now over 215 residential group homes employing this treatment model (Wolf, Braukmann, and Ramp, 1987). The teaching parents are rigorously trained in a 1-year training program that culminates in certification by the National Teaching-Family Association. Given that conduct disorders and substance abuse, particularly Type 2 or male-limited alcoholism, tends to run in families and be relatively stable over time, Wolf is not proposing a long-term supportive family treatment model similar to TFM but one for long-term foster parent programs.

Evidence for Effectiveness

Almost all these diverse service models have demonstrated their effectiveness in improving family functions. Not all, however, have been evaluated for their ability to change behavioral problems in youth or reduce substance abuse. Because of the cost of longitudinal studies, often the major evaluated impact of family strengthening programs is on the family risk or protective factors which are precursors to substance abuse and delinquency. A few family programs have been evaluated for their impact to reduce

substance use, notably Kumpfer and DeMarsh's strengthening families program, Szapocznik's family effectiveness training, and Alvy's confident parenting program.

Structural-Strategic Family Therapy. Several family therapy models have been evaluated using treatment or prevention outcome studies for the prevention of substance abuse. Szapocznik and his associates (1983;1986) have demonstrated reduced risk factors for substance abuse and improved family communication among high-risk Hispanic youth and their family members. This structural-strategic family therapy model has been disseminated to other Hispanic substance abuse treatment centers nationally with successful results in improving self-esteem and family communication and decreasing drug use (Maldanado, Courtney, and Kumpfer, 1983).

After a well-controlled study, Stanton and Todd (1982), who have many years of experience with young adult heroin users, found that their brand of structural-strategic family therapy not only improved family communication and conflict resolution skills, it also decreased drug use among the youth.

Functional Family Therapy. This structured family therapy approach was evaluated primarily for the prevention of delinquency among young status offenders by Alexander and Parsons (1973). They found reductions in recidivism and improvements in problem behaviors as well as a preventive impact on younger siblings (Klein et al., 1977). Because delinquent behaviors often precede drug abuse, this functional family therapy approach is considered to be efficacious for prevention of drug abuse.

Family Skills Training Programs. These family approaches have been evaluated rigorously by researchers and found to be effective in reducing a number of family, parent, and child risk factors for substance abuse. Kumpfer (1986) reports in the final report to NIDA that not only were they able with their Strengthening Families Program to reduce problem behaviors among youth and improve family functioning, they also found significant reductions in tobacco and alcohol use among the youth. Since these legal drugs are often precursors to illegal drug use, the program was considered more successful than ever imagined, as it was designed as a primary prevention program for 6- to 12-year-olds.

Teaching Family Model. This program has been evaluated by its originators Wolf and his associates (Kirigin et al., 1982), and by an independent evaluator (Weinrott et al., 1982). Both evaluations found significant reductions in official records of delinquent behaviors among youth in the TFM program compared with youth in other group homes. These reductions lasted for the time they were in the residential homes, but it did not last in the following year. A longer term followup may reflect later sleeper effects. Chamberlain (1987) reports that a similar approach to the foster parent TFM program developed by Patterson and colleagues has demonstrated an impact in reducing conduct disorders over time.

Parent Education and Parent Training Programs. Though the basic parent education and training programs have been well documented as effective in reducing problem behaviors among children, there is less evidence concerning the applicability of these to risk factors for delinquency as they are conducted with younger children. However, behavioral parent training programs (following the Patterson model) have demonstrated effectiveness for reducing overt conduct disorder problems in children and approximately 50 percent of all children diagnosed as CD develop delinquency in adolescence and the other 50 percent often show other social and developmental problems (Kazdin, 1988).

Summary of Effectiveness of Family-Focused Preventions

Overall, family-focused interventions have been shown to be superior to child-only interventions. McMahon (1987) discusses the relative failure of school-based children's programs for the reduction of conduct disorders and concludes that these skills training programs, though widely used, "have failed to demonstrate a favorable outcome or evidence of generalization in more naturalistic settings" (p.149). Three possible exceptions noted are Kazdin and associates' (1987) problem-solving skills training intervention, Kumpfer and DeMarsh's (1983c) children skills training program, and Lochman and associates' (1987) anger coping program. Both the Kazdin and Kumpfer programs are based on the Spivack and Shure interpersonal problem solving program (1979) and have demonstrated positive results when used in conjunction with parent training.

McMahon (1987) quite accurately summarizes the deficits in most children's skills training programs when he wrote: "It seems quite unrealistic to assume that altering a single skill deficit is likely to have a wide-ranging impact on youth with problems as pervasive as those typically seen in conduct disordered populations. A more clinically-defensible strategy would be the systematic evaluation of some of these interventions as adjuncts to family-based treatments, with particular attention being paid to the extent of the developmental progression of the conduct disordered behaviors and the identification of particular deficits for individual children" (p.149).

Although the evaluations of family programs differ in quality and some have not been replicated by researchers with other populations, as a whole these evaluations are suggestive of the strength of family-focused approaches. The family-focused approach that appears to be most promising is family skills training, which includes both the child and the parents or family in structured activities designed to modify their interaction patterns. This strategy is desirable for high-risk families where the therapist should monitor the changes in the parents and child interaction patterns throughout the training process. Many variations of family skills training have been developed and can be tailored to the specific needs of the family (e.g., conflict management, improved positive communication, problem-solving and equitable decisionmaking, enhancing play and family recreational activities, and family values).

A number of critical variables impact on the effectiveness of family-focused programs for the prevention of delinquency, some of the most salient being:

(1) the duration and intensity of the intervention and whether it matches the strength of the problem,

(2) whether the intervention matches the actual problems in the family or the child and whether these problems are actually related to later delinquency or life problems,

(3) whether the intervention is begun early enough to modify the child's problem behaviors,

(4) whether the intervention is culturally relevant and educationally appropriate for the family members so they will be motivated to learn and change behaviors,

(5) whether the parents actually attend and learn the principles taught in the program and change their behavior with their children, and

(6) whether the family and community environment help parents maintain their new behaviors with their child consistently enough over time to keep the child well behaved.

Recommendations To Improve Effectiveness of Family Interventions

The therapeutic intensity issue has been discussed earlier. In general the consensus of researchers and family practitioners is that high-risk families need more time and support before they are capable of making changes. Family service programs supported by the new OSAP demonstration grants are finding that they cannot even begin standardized parenting or family training programs until they spend a number of sessions getting to know the family's needs, locating support services, and developing trust. The more needy the family and parents, the more sessions this approach will take.

An accurate assessment of the family's problems is needed to tailor the family intervention to the appropriate issues. Family treatment programs are generally more advanced at individual family assessment and have more flexibility to tailor interventions to the family's needs. The best example of melding standardized treatment modules to the family's needs is provided in L'Abate's (1977) Family Enrichment Program. L'Abate has now developed a clinical assessment tool which specifies the module and the number of sessions needed, depending on the scores of different family factor scales on the test. This tailoring approach is recommended for high-risk families who have multiple problems.

Judgments concerning whether acting out behaviors in a child are likely to be predictive of later problems are also needed. It would not be cost-effective to intervene with all noncompliant young children as many of them grow out of this phase. The literature appears to suggest that children with a large number of risk factors for delinquency are those that do need prevention intervention as they are most at risk for delinquency.

Family interventions need to be timed so as to be appropriate to the developmental stage of the youth. Programs to teach parents to monitor their teenagers' stealing and lying are probably the proverbial "too little, too late." Such parental training programs are needed from the 2-5 grades at the latest.

Most parenting and family programs are not culturally relevant or adapted for different ethnic groups. This is not necessarily the fault of the program developers. It is more likely caused by the natural progression of program development. Generally, it is easier to develop and evaluate a prevention program for effectiveness with a broad general population before making special changes to make it effective for a host of different special populations. In the last few years, parent training programs have begun to be revised to be more culturally sensitive and appropriate. Reading and conceptual levels compose one area that requires close scrutiny, because many high-risk families have very low reading and educational levels.

Family intervention programs for high-risk families generally start with recruitment and high-attrition problems. Those that survive are the ones that modify their approach to make it attractive for family members to attend. Therapist have to change their attitudes about helping families to include promotion and recruitment. Many therapists are not trained to do recruitment and narrowly define their role as sitting in an office and "doing family therapy." Changes in attitudes through improved clinical training programs will be needed to train students to be successful therapists for high-risk families.

Clinical research is needed to constantly measure whether the family (including the parents and the child) actually made changes during and after the family intervention. The attitude among clinicians of not having the time to conduct clinical research to evaluate the effectiveness of their family interventions should be changed. Because public opinion and consumer awareness are not likely to become major forces in requests for examination of the therapist's effectiveness rate, public and insurance funding sources should tie continued funding to demonstrated effectiveness.

Followup studies are needed to track the longer-term effectiveness of promising programs. Funding from the beginning of the program should be earmarked for the followup evaluation.

Family interventions for the prevention of delinquency should be embedded in comprehensive family service agencies. It is nearly impossible to have much impact on high-risk families without spending considerable time providing a large range of other

supportive services to the family. Those who implement these family interventions need to be aware of the social environment of the family and strive to find ways to reduce stress and increase informal support networks for the family. Volunteer family sponsorship programs may be some of the most promising ways to reach out to the hardest to reach families, particularly if they involve successful parents from the same neighborhoods or social groups. At one time neighborhood churches supported this informal community support system. This major support system for high-risk families has been severely weakened in many areas of the country, because of the decrease in church involvement of many American families.

Barriers to Implementation of Family Programs

Despite almost universal theoretical agreement that involving family members in treatment or prevention interventions for high-risk youth is more efficacious, there are practical barriers for doing so. Primarily, it is difficult to get high-risk family members to attend family programs. Some of the reasons include transportation problems, child care for the other children, lack of time, and lack of a perceived need to improve their parenting skills or family relationship.

Recruitment and retention problems are associated with low socioeconomic status, poor educational attainment, single-parent status, social isolation, and frequent contact with welfare workers and the police (Wahler, 1980). These characteristics define many high-risk families. It is harder to recruit high-risk families before a crisis has occurred. After behavior problems in a youth have developed to the point of creating a crisis in the family, the family should be more inclined to seek help. However, even among these families in crisis, recruitment and attrition have posed serious problems (Griest and Wells, 1983). Patterson (1974) reported that of 35 families recruited for parent training, only 16 completed the program. Weathers and Lieberman (1975) report being able to recruit and train only 6 of 28 families who have chronically delinquent youth.

One hopeful note is that the dropout rate is reported in many studies to be reasonably low once the families are engaged in the program. Eyeberg and Johnson (1974) only had a 3-percent dropout rate during treatment after 42 percent rejected invitations or dropped out during the baseline assessment. Patterson (1974) also reported low dropout rates after involvement in parent training.

Involving parents in prevention approaches to strengthen the family before serious problems and conduct-disordered behaviors occur in children is a serious challenge to prevention staff. The recruitment staff must convince parents it is still possible to improve the child's behaviors. A number of studies have found that parents of younger children (mean age of 6.5 years) tend to complete parent training more than those of older children (mean age 9.1 years) (Fleischman, 1981). This finding suggests that targeting parents of early elementary age children would be best for retention of parents.

The sponsoring agency will also influence the willingness of families to become involved. Schools are often convenient but not entirely neutral ground as some high-risk parents associate schools with failure and negative experiences. Churches do have an interest in strengthening families, but few have structured parent training programs. Additionally, some high-risk families are not involved in churches. Businesses could also be a viable site with lunch-hour parenting courses or child care centers, but these would not reach all high-risk parents. Protective service agencies occasionally do refer, and sometimes mandate, parents to attend parent training courses in the community. Courts also require parents to attend parent education courses and family therapy programs as a condition to having their children returned to them from foster homes or institutions. To reach high-risk families, many different agencies will need to be involved in recruitment and delivery of programs that strengthen families.

Agency staff need to develop strategies for dealing with each barrier to recruitment and attrition. A self-assessment test has been developed for agency staff to determine if they are aware of the barriers to involving family members in prevention activities and whether they have tried to overcome these barriers (Kumpfer and DeMarsh, 1988). Meeting the overtly stated needs is often possible, but it is more difficult to determine the unstated barriers. Transportation problems can be met by arranging car pools, supplying bus tokens, or having a staff member or driver of a van pick up family members. Child care problems can be overcome by providing child care or even better, by running a structured children's skills training group during the time of the parenting class and ending with positive family time as the Strengthening Families Program does.

If lack of time is an issue, there are often ways to decrease the time investment cost by running the parenting group prior to a group that the parents regularly attend anyway, such as an Alcoholics Anonymous group, Adult Children of Alcoholics group, or therapy group. One way is to offer free child care during the time they are in their support group, if they attend a Parent Training group prior to their group. Other strategies are to offer parent training at work sites on lunch hours or show parenting videos while parents wait at general assistance offices or patient waiting rooms.

Basically, agency staff must become very creative in thinking of ways to get parents involved. The agency must discover and design strategies to overcome the unstated reasons parents will have not to get involved. Some of these unstated reasons include lack of ownership of the program, fear of the agency—and whether they will report them to protective services— perceived cultural or ethnic differences from the staff delivering the parenting services, to name a few covert, and possibly unconscious reasons. These are more difficult to overcome. In general, it is important to involve leaders from the group of parents the agency wants to have attend the family program: involve them in the design of the program, get them to help recruit the high-risk parents, make it their program. They should be involved in selection of the staff providing feedback on the relevancy of the topics covered. Enough personal sharing time should be included and good group support for members should be built. If the word gets around that the

trainers do not know anything about the real needs in raising children, it will be very hard to recruit parents.

Dissemination of Innovations

A wide gap exists between the development and research validation of family interventions and dissemination to a market of potential users. The result is a significant amount of re-inventing the wheel or worse, the implementation of less effective family strengthening interventions. Beyond the dissemination of whole programs, often copywritten or standardized, is the lack of publication of smaller program components or implementation strategies that work or do not work for different target populations. This information is critical to the informed selection, creation, or modification of promising models for high-risk youth and families.

Why does this problem exist? Several suggestions include:

1. Government-funded applied research or demonstration/evaluation projects are mainly awarded to university professors.

2. University researchers are often not in a position to effectively disseminate the program, except through research journals and research conferences and Federal agencies do not effectively disseminate the products of their Federal grants.

3. Federal funding for applied research has decreased substantially in the last 10 years.

4. Staff of family services agencies have chosen family interventions by word-of-mouth not by research literature.

Each of these points are discussed below.

Limited Dissemination Potential of University-Developed Programs

The first reason concerns the nature of government-funded program development. Well-designed and evaluated programs are often funded by Federal or State grants. Family strengthening programs funded by these sources are developed primarily by university professors as treatment or prevention interventions to reduce some type of family problem, such as child abuse, alcohol and drug abuse, school failure, and juvenile delinquency. University professors have primary responsibilities for teaching, research publications, and university administration. This time commitment rarely allows the program developer to devote adequate time to marketing their programs. While professors are encouraged to publish their research findings, they are not encouraged to set up businesses inside or outside the university to market their programs.

Federal agencies funding the development of family programs are not in a position to effectively disseminate the program products of their grants. Occasionally, a university researcher believes that the funding agency is interested in disseminating the model program, only to be told at the end of the research project that dissemination is primarily the responsibility of the program developer. This places the university developer in a strange ethical dilemma. If they set up an outside company to market the program and spend much time on conference presentations and consulting, they neglect their university responsibilities. If they leave the university to market the program full-time, they may fail because they do not know how to market. Additionally, they will have a more difficult time obtaining further Federal or State funding to modify, extend, or refine the program.

Several responses to this situation have occurred among university professors. Some have simply ignored the dissemination issue and stuck to their primary university mission of teaching and research. A higher number make some effort to disseminate the results of their family programs through consulting and conference presentations, as well as through the standard academic publications. Some have university clinics in which they can use their model programs and train clinical students to replicate the program. A smaller number take the big leap and set up their own private clinic or marketing firm outside the university, and an even smaller number completely leave the university to dedicate their work to program improvements and dissemination through their own company.

Unfortunately, effective program dissemination requires a major commitment of effort, which is hard to obtain without developing a separate company. Those programs disseminated most widely (such as Gordon's PET, Dinkmeyer and McKay's STEP, Popkin's Active Parenting, Bavolek's Nurturing Program, Hawkin's Preparing for the Drug-free Years) are those with private companies behind them. The necessary ingredients discussed by Dr. Stephen Bavolek in his chapter, "Effectively Disseminating Your Program" for Research Report #2: The Literature Review, are almost impossible without having a marketing director, layout and artistic consultants, conference and workshop consultant, field test manager, and scheduling director, as well as regular office staff including accountants, secretaries, receptionists, order fillers, supply clerks, data collectors, and researchers. The more effective the dissemination efforts, the more requests are generated for training, technical assistance, and program manuals.

Many university professors are not entrepreneurial enough to want to take the financial risks to develop their own company. However, their primary reason for not becoming major marketers is because they are not trained in business and would rather enjoy teaching and research. With small salaries in university teaching, some program developers could possibly be interested in disseminating their programs better, particularly if they were given some support from the government to do so. Technical assistance, workshops, and support would be helpful in encouraging these program developers to develop operations or training manuals, develop focus groups of agency

providers and clients, modify their programs for different high-risk audiences, field-test their results, and develop improved dissemination strategies for their promising programs.

If dissemination is so difficult, why not fund major businesses focusing on family program development? This proposal should be taken seriously, but the advantages and disadvantages must be considered carefully. Marketing family programs is becoming big business. In the past, companies specializing in product research and development, as well as marketing and dissemination of family strengthening programs, did not exist. Most of the money made in this field was through writing books, which doctors, clinicians, and university professors could do. Today companies are being developed by university-based researchers who are capable of developing excellent products.

The concern among funders and purchasers of family programs is that the company will sidestep evaluation research, in favor of getting products to market rapidly. Some companies that have developed family video programs without Federal research funding first have little or no evaluation research to support their claims of effectiveness. Companies motivated by profit may and sometimes do misrepresent the proven effectiveness of their programs.

Another way out of the dilemma is to fund researchers for program research and program marketing as well as followup research. This type of funding would require Federal research agencies to award a portion of their funds for serious dissemination of the products. Some researchers would not like to get into the business of marketing, but they could locate co-investigators who have this expertise. Most researchers would welcome longer term project funding, which this proposal would require.

Limited Applied Research Funding

Federal research funding in general to university social service departments has substantially decreased in the last 10 years in relation to inflation. Fewer professors have research grants to support family program development. Many of the basic family models, such as Patterson's behavioral parent training program, Alexander's functional family therapy, Szapocznik's Family Effectiveness Training, Kumpfer's Strengthening Families Program, Alvy's Effective Black Parenting Program, Bavolek's Nurturing Program, Dangel's Winning Program, Gurney's Relationship Enhancement Program, and others were supported by Alcohol Drug Abuse Mental Health Administration (ADAMHA) research grants prior to the current emphasis on basic research. Few new awards are being made for applied prevention research focusing on strengthening families.

In addition, Federal funding for applied intervention research or demonstration/ evaluation research has been drastically reduced in the past 10 years in favor of biomedical or basic research within several major Federal funding sources such as

ADAMHA. The creation of the Office of Substance Abuse Prevention (OSAP) was meant to increase developmental funding for new, innovative programs to strengthen high-risk youth and families. Unfortunately, the funding for their demonstration/ evaluation projects is still small compared to the funding levels of other ADAMHA agencies.

Even fewer research grants are awarded that compare the effectiveness of different popular approaches to strengthening families with the same population. Such studies are not neat and clean, experimental research. The same staff must be trained to implement all of the models with equal enthusiasm and expertise. The few good comparative studies that have been conducted have been quite informative. In lieu of comparative research on family programs, a few good reviews, some including meta-analyses of effect size, have been published. More easily understandable summaries of the effectiveness of the different types of family strengthening approaches should be disseminated widely to family service agencies.

Limited Information Basis for Program Selection

Because family practitioners rarely have the time to read extensively in obscure academic research journals to determine the most effective family interventions, they often make choices concerning programs to implement based on word of mouth and conference presentations. Fads concerning the most popular family interventions tend to sweep through the field, but these fads generally lag behind the research knowledge. Some fads or generally accepted practices are motivated by economics and political pressures rather than the most effective programs.

Family program disseminators must recognize that those persons in positions to decide which family programs to implement get most of their information from professional friends and consultants, conferences, workshops, and professional journals. Sometimes those in the field hear that a certain program is "hot", "great", or the "newest, effective approach" to the problem. Sometimes the program directors or the legislature wanted a cheaper and more effective program than the traditional alternative.

Bavolek discusses the important components of an effective marketing strategy:

1. Effective training workshops that include good advertising and brochures, reasonable workshop costs, skill building and fun workshops run by impressive presenters with content and methods determined by evaluation feedback from participants.

2. Professional conference presentations and program results published in research journals, clinical journals, and professional newsletters.

Other marketing strategies not mentioned in Bavolek's chapter on dissemination are:

1. Sending program advertising materials to a wide audience of practitioners.

2. Training and certifying people to become official program trainers or implementors.

3. Promoting name recognition of the program within the popular media, such as newspapers, magazines, radio, and television.

4. Getting endorsements from professional organizations such as the Child Welfare League of America, the Family Resource Coalition, or the American Psychological Association.

5. Participating in program searches and effectiveness reviews by Federal or national agencies, such as this OJJDP search for promising programs to strengthen families.

6. Establishing credibility and rapport with the field.

This last factor is quite important. The program developer must be perceived by the potential buyers as enthusiastic, dedicated, professional, and honest. They need to feel that the program disseminator understands their needs.

Other important factors in dissemination discussed by Bavolek are the following:

1. Usefulness of the program to the potential users in terms of program philosophy, uniqueness, cultural relevance, and the extent that training manuals can be easily used.

2. Validity of the program in terms of actually teaching participants and promoting the positive results promised as determined by evaluation research results.

3. Targeting the right audience by field-testing.

4. Appealing packaging of the materials in terms of having a positive program title and logo, interesting and fun looking manuals, and supplementary video and films all at reasonable costs.

Bavolek reminds program developers that effective dissemination requires time, commitment, energy, and conviction and that failing to follow through with the dissemination and marketing of their programs could be a major loss to the profession and families in need of their work.

Because many social problems today could be reduced by improved socialization of children, the dissemination of effective programs to strengthen families is becoming more critical.

Future of Family Programs

In this literature review, a number of different types of approaches for improving the ability of parents or surrogate parents to raise successful children have been covered. Hopefully, through this OJJDP initiative and others, family and parenting initiatives of other agencies (OSAP's Parenting As Prevention Project in particular), national, State, and local policymakers will begin to think in terms of programs that strengthen families.

Already, a number of foundations (Kaiser Family Foundation, the Edna McConnell Clark Foundation, the Carnegie Foundation to name a few) are becoming more interested in family programs. Hopefully, this interest by foundations will continue. As the businesses of America are beginning to realize that many of their employee problems stem from family stressors because of poor parenting abilities, some companies are implementing parenting classes in their facilities. According to Joyce Millman, who has developed such courses in businesses, this is one of the few ways to get fathers to attend parenting courses.

Additionally, businesses are beginning to become concerned about the quality of the future workforce. The growth in the labor force has slowed down and a third of the new entrants into the workforce at the turn of the century will be members of minority groups (Rauch, 1989). Almost half of these minority workers will have grown up in poverty. According to Rauch (1989), "On average, poor children grow up to make poor workers. Poor workers generate lower standards of living for society—and for their old parents" (p.57).

We need to improve the image of parenting in this country. The success of recruiting parents for parenting classes will depend on how parent training is viewed by society. If it is generally considered important and the sign of being a "good parent," and not the sign of having problems parenting, then more parents will participate. Hawkins and his associates (Hawkins, Catalano, Jones, and Fine, 1987) state: "If it [parent training] is viewed positively as a popular, useful, stress-reducing, responsible activity for parents, then recruitment will become easier" (p. 200).

Mass media could be used to heighten the public's awareness of the importance of good parenting. A popular parenting series on television made as interesting to parents as Sesame Street is to children, would be a good way to get basic parenting information out to parents. Most high-risk parents have difficulties getting to parenting classes but could watch programs on television and form discussion groups or complete exercises in a home workbook.

Reviews of public legislation from the perspective of whether the family is strengthened or weakened in their ability to raise successful children should be continued. Volunteer efforts should be heightened to improve parenting in high-risk families. Better incentives need to be developed to involve successful parents in teaching other parents with fewer skills. The personal one-on-one approach, when reduces social isolation and increases the parent's self-esteem, should be increased in parenting programs. High school child care centers could increase this Nation's capacity to provide low-cost child care as well as provide hands-on child care training to high school students. The benefits could be impressive in terms of increased pre-parenting skills among high school students, decreased teenage pregnancy as students learn the realities of child care, improved child care for children of high-risk parents, and improved parenting of high-risk parents. Other novel solutions must be sought are needed that recognize the need to meet many demands for improved child care in this country.

This review of family strengthening programs makes clear that there are many promising programs available for replication in this country. None by themselves address all of the risk or protective factors for juvenile delinquency, but when combined with comprehensive family services and modified for specific types of high-risk families, they could be very effective in improving this Nation's ability to produce successful young people. The challenge to this Nation is to disseminate these promising family programs and help high-risk families to better socialize their children.

Summary

This summary has reviewed a large number of family protective and risk factors related to delinquency and also reviewed different types of family strategies that can be used to strengthen family's abilities to raise youth who will not engage in delinquent activities. The risk and protective factors were used to develop the essential components of effective family programs and to rate the family programs.

A matrix (Table 1) has been presented to help organize this wide variety of parent and family programs according to the developmental level of the child and the level of functioning of the family. This conceptualization will be useful in helping agencies to determine the most appropriate family services for their target populations. There are subcategories of programs within each cell of the matrix that must be considered in the selection of the best program for an agency, namely culturally adapted or appropriate programs to match different peoples of color and low educational levels as well as approaches which are less costly (volunteer and standardized media programs).

The main purpose of this review is to demonstrate that there is no one best family strategy for the prevention of delinquency. Instead several continuums of types of parenting programs are needed; those best suited for parents of infants, children, or adolescents and those best suited for well-functioning families to the most dysfunctional families, who have been referred to family service agencies or the courts. There are

elements which make some family programs more effective, however. These factors appear to be the fit between the family's needs and the contents and duration of the course. Other major factors in the success of the program include implementation issues that will be covered later, such as successful recruitment and retention strategies and followup.

Kazdin (1988) suggests that we should not think in terms of single-shot family inoculation programs. Families with long-term problems are not likely to benefit from weak-dose, single-shot family programs. They need coordinated and longer term help. Ongoing support and booster sessions with coordinated family services is likely to be the most successful approach to working with high-risk families for the prevention of failures in parenting.

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