

A SYSTEMS APPROACH TO FAMILY
DIAGNOSIS IN A JUVENILE
COURT SETTING

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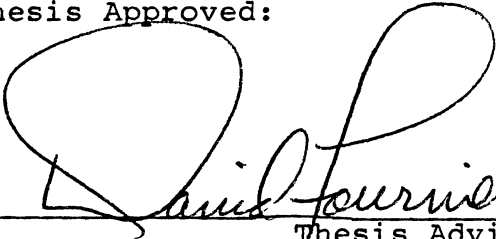
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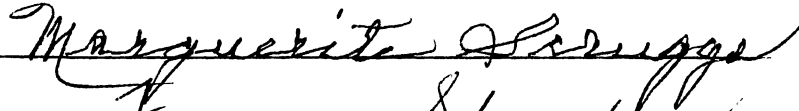
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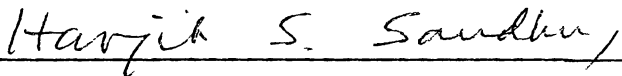
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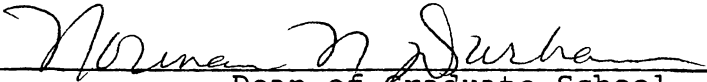


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CHAPTER I

THE PROBLEM

Introduction

The juvenile court was founded around the turn of the century as a result of the movement to remove young offenders and wayward children from the harsh treatment inflicted in the adult criminal justice system. The new juvenile court system was based on the concept of "parens patriae." This concept puts the State in place of the parent when it is deemed necessary for the best interests of the child. This concept has been taken literally over the years resulting in a common practice of the court removing juvenile offenders from their families. The premise supporting removal is that a state institution or facility can do a much better job of providing parental-like supervision and guidance than the parents.

Even when a young offender is placed on probation and allowed to remain in the home, the court supervisors spend the majority of time working with the child rather than the family. According to Rowan (1976), 90% of the State's efforts are being focused on the individual and

minimal attention is given to the family. Any attention the family receives usually occurs at the intake stage when a child is first referred, during a crisis or in a court hearing. In spite of this lack of involvement with families by juvenile justice professionals, over 95% of the juveniles removed from their homes eventually return. Unfortunately, there has been little change in the family system while the juvenile was away and any positive changes that the youth has undergone, are often negated in time.

In addition, institutional abuse has been widespread in this country and juveniles are often mistreated by agents of the state that are supposed to be protecting them. Juvenile training schools have also been labeled schools of crime by experts (Pisciotta, 1982; James 1970; Wooten, 1977). Studies suggest that children may enter training school as delinquents, but often come out as hard-core criminals. Joseph Rowan, former Director of the Florida Youth System, has suggested that the *Parens Patriae* concept is wrong and should be replaced by a parental supporter movement, which would focus intervention upon the entire family unit (Rowan, 1976).

Supporting Background

There is general agreement among experts in the various social science disciplines, that the family plays a

key role in the development and social well-being of a child. The family is regarded as the undisputed primary agent of socialization and the basic institution for the development of a child's physical, social, emotional, intellectual and moral potential. The social interaction between the child and those in his immediate environment contributes most significantly to the production of a healthy, normal young person. Through the process of socialization families provide their children the status that affects their relationship with the social system. Families also act as a buffer between children and their environment, while at the same time giving them the capacity to cope with the world. Until children have attained social and financial independence, their families are considered the single most important mechanism for exercising social control over their children (Edlefonso, 1983).

It would seem, therefore plausible that any youth reared in a household characterized by multiple problems, conflict, tension, and a lack of cohesiveness will be more susceptible to the delinquency promoting forces in the environment. Even children living in high risk delinquency areas should be better equipped to resist the negative influences if a warm, healthy family system is also present (Siegel & Senna, 1985). Negative family influences are believed to contribute to the delinquent behavior of children chiefly because the family is the primary unit involved in teaching values and attitudes. Consequently,

values and attitudes learned through the family govern the actions of the children throughout their lives (Siegel & Senna, 1985).

The Modern American Family

Contemporary family and social scientists agree that the traditional American family structure is undergoing rapid change. The form of the American family which prevailed during the colonial period changed only gradually until the end of the nineteenth century. It was essentially patriarchal and self sufficient, producing much of its own food and clothing. The family was generally the center of the member's religious, educational, and recreational activities and included many extended family members.

The solidarity and strength of this traditional extended family has largely been replaced by a more vulnerable nuclear family. Economic production has largely been transferred from the home to the factory. For the first time in many centuries the family is not held together by the cohesive bonds of a common economic enterprise. The large family unit then, composed of various relatives living close together, sometimes in a single house, and providing mutual aid, comfort, and protection, has largely vanished. In fact, many families

have only tenuous ties with relatives with grown children often living far from their parents, conducting their own affairs independently (Robertson, 1981). Father's employment, and with increasing frequency also mother's employment, keeps parents away from the home for many hours during the week. This often leaves their children unsupervised or in the care of baby-sitters or child-care agencies. These changes have logically placed greater stress on the modern American Family. Inglis (1978) describes the fragile, nuclear family as a "dangerous hothouse of emotion" because of the intensity of the close contact between parent and children, unbuffered by extended family members.

In addition, children are also growing up in a greater variety of family structures than ever before. The divorce rate has increased to a point where the ratio is currently about one divorce for every two new marriages and children are being reared in a variety of environments including: single-parent, step-parent, blended, and other family systems. Single parent households have become common place, along with tremendous economic hardships which often accompany disrupted families. According to Robertson (1981), an estimated two out of five white children and one of two black children live in poverty. One of three white children and three of four black youths can expect to live at least part of their lives in a single-parent household.

Cross-Cultural Comparisons

According to Hartjen and Priyadarsini (1984) and Sandhu (1983), juvenile delinquency, a major social problem in the United States, does not exist in India. Sandhu (1983) found that Indian youth committed only 3.4% of the total crime in their country, compared to American juveniles who were responsible for 50.8% of property crimes and 22.7% of violent crimes during the same year. The low rate of delinquency in India is attributed to the strong positive influence of the traditional Indian family structure. Indian youth are an integral part of the social system, not part of an adolescent subculture, as is often the case in the United States. This integration fosters a sense of belonging that facilitates informal mechanisms of social control. The delinquency which exists in the Indian family is handled by the family and community rather than as a problem for the courts and police. The higher American delinquency rates, on the other hand, are assumed to be an indication of significantly weaker and less positive family influences provided by the modern American family. Findings similar to those described in India have also been noted in other traditional cultures such as those found in Africa and Southeast Asia (Ly, 1981; Villacorta, 1981).

Statement of the Problem

In the face of the rapid changes within the modern American nuclear family, successful and unsuccessful coping has occurred. Some families seem able to adapt to change and continue functioning as healthy units, often in spite of overwhelming adversity. Others, unfortunately, disintegrate or experience dysfunction under stress which often results in emotional damage to the children (Siegel, Senna, 1985).

Such stress in the family also increases the likelihood that many parents will act destructively toward their children. As a result, abuse and neglect, both physical and emotional, have become widespread and serious problems in the United States. In consideration of these widespread and growing problems and the potential long range effects on youth, the National Advisory Commission on Criminal Justice Standards and Goals (1976) concluded in a report on juvenile justice and delinquency prevention that programs should be designed to insure that all children are raised in some situations beneficial to their growth. As a result, the prevention of juvenile delinquency became a national priority. The problem with many prevention programs however, has been their inability to cope with the maladjusted home situation before serious problems have begun to develop.

In 1967, the President's Commission on Law Enforcement and Administration of Justice determined that the nation's

juvenile justice system had not been successful in rehabilitating troubled youth or stemming the rising crime rates among juveniles. This task force also emphasized the importance of the family as a vital component of the delinquency problem. The Commission recommended that assistance be given to the family to enable it to function as a unit, rather than as a divergent collection of autonomous human beings. One of the major recommendations of the Commission was that counseling and therapy for the problem family be made easily available. The purpose of this study will be to study characteristics of families with delinquents and to evaluate a family diagnostic strategy that may aid juvenile justice practitioners in family intervention.

Theoretical Framework: Systems Theory

Juvenile Justice agencies have made little attempt to include the family in treatment of the juvenile offender until very recently. While family oriented programs are on the increase in the more progressive juvenile courts, little is being done to incorporate theoretical perspectives from family systems theory in promoting better understanding of juvenile delinquency and family process. One of the purposes of this study was to integrate the growing field of family based systems research, theory and practice with juvenile justice. Family systems programs seem to be

particularly suited to the juvenile justice field with the current movement toward prevention and finding alternatives to institutionalization.

The primary theoretical basis for this study was systems theory, as it applies to families (Bowen, 1974; Haley, 1962; Keeney, 1983; Speer, 1970; Von Bertalanffy, 1968). According to family systems theory, a family operates as a unit and symptoms and/or disruption in an individual family member affects the entire family unit. Therefore, analysis of an individual family member's behavior does little to explain the contextual, environmental, and familial issues which contribute to the problem. According to systems theory, little is accomplished by analyzing any person in isolation. In order to understand each person in a family, one must know each in relation to every other family member. From a theoretical viewpoint, every family member plays an important part in the dysfunction of the member that is experiencing problems or exhibiting symptomatic behavior. From a family systems' perspective, juvenile acting-out behavior is seen as a symptom of a dysfunctional family. Logically, to treat the symptom without treating the family system will only provide temporary symptomatic relief. This effect is much in evidence in juvenile corrections when the juvenile returns home and begins to exhibit acting-out behavior once again (Rowan, 1976). To be consistent with the Systems' perspective, it is important

also to recognize that just as the individual should be studied in the context of his or her family, the family is part of a suprasystem. As individuals within a family interface and interact, families and individuals also should be viewed as subsystems of a larger network of systems. Schools, peers, religious institutions, job and neighborhood relationships must also be considered in the context of their interactions with individuals and family systems (Bronfenbrenner, 1979).

According to family systems theory, when a person in a family has pain which is demonstrated by symptoms, all family members are feeling this pain in some way. A strained marital relationship for example, tends to provide dysfunctional parenting. The acting-out juvenile may be the family member who is most visibly affected by the marital strain and most subjected to dysfunctional parents (Bowen, 1974). Often the acting out behavior serves a purpose in the family system and such behavior might allow the family to divert attention from other issues such as the marital conflict.

In terms of the family's suprasystemic relations, a poor student-teacher relationship or peer relationship at school might be evidenced by skipped classes or truancy behavior. The dysfunctional child-school relationship then may be adversely affecting the family system resulting in parent-child conflict. Therefore, there exists a hierarchy of systems interacting with and affecting each other which

can often be understood only when viewed in terms of a larger sociocultural context.

Family Assessment and Diagnosis

When assessing family problems that might be contributing to a child's delinquent behavior, the focus should be on the type of family system rather than on the presenting symptom. Olson, Russell, and Sprenkle, (1979), emphasized the importance of a family systems diagnosis prior to intervention. As previously discussed, a given symptom may serve to perpetuate a family system pathology (e.g., scapegoating). Likewise, a reduction or elimination of a given symptom in one family member is often replaced by other symptoms. Often these replacement symptoms are as bad, or worse, and can occur in the same or other family members. Therefore, the type of family system, not the presenting symptom, should influence the type of intervention needed. Unfortunately, the presenting symptom has often been traditionally utilized in juvenile court and treatment programs (Killorin & Olson, 1984; Alexander & Barton, 1976; Minuchin, 1974).

Purpose of the Study

As stated previously, until recently there has been little attempt by juvenile justice agencies to work with the family system. A major hinderance for these agencies in

working with the family structure has been the lack of a family-based diagnostic assessment procedure which would enable juvenile agencies to collect appropriate information for family system intervention. Among family therapists, there is an obvious gap in consensus regarding the diagnostic process. In addition the literature also lacks information on the correlation between the diagnostic tools and units of assessment (Cromwell, Olson, & Fournier, 1976). For example, it seems to be common practice for a therapist who claims to deal only with family systems to use diagnostic instruments designed for intrapersonal assessment i.e., intrapsychic personality tests. The use of the individual assessment devices to diagnose interpersonal or systemic properties can be misleading and invalid. These assessment strategies focus on individual symptoms rather than family difficulties. A family systems approach to assessment that integrates systems theory and a multilevel (individual, interpersonal, total system) assessment is obviously needed. This comprehensive approach to family diagnosis has been lacking in the juvenile justice field and would be of enormous assistance to practitioners (Cromwell & Keeney, 1977; Fournier, 1984).

Any systems approach to family assessment must begin with an assessment of maladaptive patterns not only the family system but in all systems affecting the family. The counselor, caseworker, or probation officer must have adequate information about the total family for planning appropriate intervention strategies. A primary purpose of

this study was to develop a multiple dimension family diagnostic assesment tool which would be sensitive to the systemic nature of families. This model, labeled "systemic diagnosis" by family researchers (Cromwell & Keeney, 1977; Cromwell & Peterson, 1981; Fournier, 1984; Keeney, 1983), would provide juvenile justice professionals a comprehensive tri-level family profile to utilize in planning casework and treatment strategies. A goal of this assessment method would be to utilize a multilevel, multisystem approach to draw diagnostic information from various systems levels. The assessment method would be constructed by selecting and developing tools and techniques which were appropriately matched to particular system level. The various results could then be evaluated from a general systems' approach enabling the caseworker to obtain a comprehensive "systemic" view of the family situation.

Also considered in the development of this assesement strategy is the position of the adolescent in systems that extend beyond the family i.e., peers, schools and other community systems. These systems and the interactions between them have a significant impact upon adolescent behavior. Transactions within one system indirectly influence the individual's transactions within a different system. Attention was also given to how the adolescent's behavior may be affected by extra-familial system forces while recognizing the parent-child system as the most

important. The assessment strategy proposed in this study, while primarily focusing on the family system, also addressed these extra-familial system forces. The model was adapted from the evaluative framework proposed by Fournier (1984), and includes assessments of individuals, dyads, triads, whole families and larger systems such as school and peer group.

A secondary purpose of this study was to utilize the assessment strategy to describe characteristics and "systemic" patterns of families who have had a child referred to the juvenile court for a delinquent act. Of special concern were patterns of stress, conflict, cohesiveness.

The Circumplex Model

One of the more promising approaches to identifying types of family systems was developed by Olson, Russell and Sprenkle (1979). They proposed and developed a circumplex model based on general systems theory that was designed to bridge the gap between theory, research, and clinical practice (Olson, 1976). In developing the Circumplex model, over 50 family research and therapy constructs were conceptually clustered. Two significant dimensions of family behavior, cohesion and adaptability, were identified and postulated. Cohesion was defined as the emotional bonding family members have with one another and the degree

of individual autonomy a member experiences within the family system. Adaptability concerns the ability of the family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. Olson and his associates then placed these dimensions in a circumplex model which identifies 16 types of family systems. Olson proposed that moderate levels of both cohesion and adaptability are the most functional for family development. He maintained that there is a need for balance between too much closeness (enmeshed system) and too little closeness (disengaged system), and between too much change (chaotic system) and too little change (rigid system). Family typology is operationally defined using a self-report instrument called the Family Adaptability and Cohesion Evaluation Scales (FACES) (Olson et al., 1979). The FACES instrument and the Circumplex model of family classification appears to be a sound theory-based assessment model. The circumplex model is particularly suited to the goals of this study and provided the primary model for design of the assessment of differences in internal functioning of families with a juvenile offender.

FACES was utilized to define families according to the cohesion and adaptability dimensions. Other tools were utilized to further identify family characteristics such as stress, parent-child conflict and individual and family background information. The study attempted to describe

what families look like according to the circumplex model correlated with other key variables such as stress, conflict, economic factors, and family demographics.

Research Questions

The study attempted to answer the following questions:

1. Where do the majority of families with delinquent children fall according to the circumplex model? Are the families different from normed families? Do they tend to fall at the extreme level of functioning as postulated by Olson and colleagues?
2. What are the characteristics of the various types of families as identified by the circumplex model in terms of the other variables utilized in this study; that is, stress, conflict, background, economic status, education, etc.?
3. Is there a correlation between type of presenting problem (delinquent offense) and family functioning?
4. Is it possible to develop a "risk continuum" according to the proposed assessment strategy:
Low Risk = No need for further intervention
High Risk = Definite need for immediate intervention

Hypotheses

One hypothesis that Olson et al. (1980) derived from the

circumplex model was that healthy families will change their cohesion and adaptability levels to deal with situational stress and developmental changes across the family life cycle, while dysfunctional families will resist change. Minuchin (1974) indicates that stress often produces the need for family change and believes that many families in treatment are simply going through transitions and need help in adapting to the new situations. Families that resist change or increase their rigidity in the face of stress become more pathological. One of the hypotheses this study proposed was that there would be a high correlation between levels of family stress and families functioning at the extremes of the circumplex model. It was postulated that dysfunctional families would be experiencing higher levels of stress but exhibiting an inability to deal with the stress in an effective manner.

The general hypothesis of this study is that families of children referred to juvenile court will be less functional in terms of the circumplex model than families in the normal population and that there will be corresponding degrees of stress and conflict in these families according to their level of functioning. Operational hypotheses are contained in Chapter III and the conceptual hypotheses are listed below:

1. Delinquent families are different from the general population.
2. Families with different levels of functioning will

exhibit corresponding degrees of stress.

3. Families at different levels of functioning will exhibit corresponding degrees of conflict.

4. The type and seriousness of the delinquent act will correspond to the family's level of functioning.

5. Delinquent families with fewer socio-economic resources will be less functional than families with greater resources.

6. There will be positive relationships between stress, conflict, and family functioning in families with delinquents.

Definition of Terms

The following definitions of terms are used for the purpose of the study:

Family Systems Theory: A generic term that refers to a number of theoretical approaches that have applied general systems theory to families.

Family Adaptability: The ability of a marital or family system to change its power structure, role relationship and relationship rules in response to situational and developmental crises.

Family Cohesion: The emotional bonding that family members have toward one another.

Family Functioning: The family's level of function or dysfunction according to the adaptability and cohesion

dimensions and as identified on the Circumplex model. There are four levels or degrees of both adaptability and cohesion.

Extreme Families: Those families who have been defined by the circumplex model as the most dysfunctional. Families that are placed at the extreme high or low on both the cohesion and adaptability dimensions.

Mid Range Families: Those families who are extremely high or low on one of the dimensions and on the central level of the other dimension.

Balanced Families: Those families who are at the central levels of both the cohesion and adaptability dimensions.

Delinquent : A person under the age of 17 who violates a law or status offense and is referred to the intake office of the juvenile court.

Status Offense: A violation of the law that is only applicable to juveniles such as truancy, running away or being out of parental control.

Juvenile Court: A specialized court that deals specifically with juvenile matters such as delinquency and status offenses.

Family System: The family unit of significant others where the juvenile resides or has close contact. It may include any person such as a stepparent who operates within and influences the family system. In this study, the family system consisted of the juvenile referred for the delinquent act and one or both parents.

Juvenile Justice System: The various agencies involved with the processing and treatment of juvenile offenders. For this study, the juvenile justice system was defined as the intake office in a rural county in Southeast Missouri.

Organization and Scope of the Study

As mentioned earlier, one of the primary purposes of the study was to identify and test a battery of instruments specifically designed to assess family systems and to study variables associated with the sample families with a delinquent adolescent. One of the major goals was to evaluate the practical application of the assessment battery in identifying a "continuum of risk" associated with these families. The methods employed in this study involved collecting data from 40 families who had juvenile family members referred to the juvenile court. The data were collected, analyzed, and presented in terms of the questions and hypothesis described earlier.

Organization of the Study

This chapter has discussed the evolution of the family system to its present status, reviewed the role of the juvenile justice system with juvenile offenders and documented the need for the present study. The theoretical

framework of the study was reviewed and areas for investigation were presented.

Chapter II consists of a literature review on the subject of family systems, juvenile delinquency, and the various treatment approaches utilized in juvenile agencies and their effectiveness. Chapter III discusses the research instruments, methodology, population sample and procedures used in the study. It also presents the operational hypotheses to be investigated. Chapter IV discusses the research procedures as they relate to the specific hypotheses in detail, presents and interprets the findings, and draws certain conclusions based on the findings. Chapter V contains a brief summary of the study and the results and conclusions. Recommendations for further continued research in this area are also presented.

CHAPTER II

LITERATURE REVIEW

Overview

The review of the research literature on the subject of families and juvenile delinquency strongly supports the role of the family in influencing delinquent behavior. Since the development of the juvenile court, around the turn of the century, emphasis has been on individualized treatment that is intended for the best interests of the child. Often the best interests of the child included removing him from the family problems, rather than working with the family. Removal from the family occurred in spite of the fact that virtually all children eventually returned home.

The current chapter will present a review of research Literature linking juvenile delinquency to the family and also provide a general overview of the various family therapy models and respective outcome research. Studies are also presented that compare various family oriented treatment programs with traditional, individually focused methods. The circumplex model of family systems (Olson et al. 1979), typologies will also be discussed in the context of its importance to this study. The research review reveals

the need for a more family oriented approach to the delinquency problem. Family systems based diagnosis and treatment as it has developed over the past few years, may be a significant alternative to the problems encountered by the juvenile justice system.

Families and Delinquency:

General Relationships

The review of the literature on the subject of families and delinquency strongly supports the role of the family in delinquent behavior. Researchers, for example have found that youths who lack closeness with mothers and fathers are more likely to engage in delinquent acts. Robinson (1978), investigated child-rearing and disciplinary methods of the parents of behavior problemed adolescents. He found that parents of incorrigible juveniles were inconsistent rule-setters, were less likely to praise, showed little genuine interest in their children, and demonstrated high levels of hostile detachment. Similarly, Smith and Walters (1978) found that factors which distinguished a sample of non-delinquents from a sample of incarcerated youths were associated with lack of a warm, loving, supportive relationship with the father, along with minimal paternal involvement, high maternal involvement and broken homes. Aichorn (1935) found that in all the families with a delinquent child, some type of conflict or disturbance was

present in family relationships.

Parental Influences and Adult Criminality

Goldstein (1974) concluded, after considerable discussion with large groups of psychiatrists and psychologists, that the agreed upon predictors of adult violent crime were parent centered. Factors such as a childhood history of maternal deprivation, poor father identification, as well as abuse by one or more parents were all predictive of later criminality (Goldstein, 1974).

Reporting on a thirty year follow up study of 201 boys, McCord (1979) also found that negative parental influences were highly predictive of later serious criminal behavior. She found that 36% of the incidence of later violent criminality could be accounted for by childhood predictive factors. Boys who lacked supervision, or had been exposed to parental conflict and aggression, or whose mothers lacked self-confidence were likely to be convicted for serious personal crimes.

In one of the most famous studies of childhood correlates of later criminal behavior, Glueck and Glueck (1950) found that maternal supervision, discipline and cohesiveness of the family, were predictors of later crime in young adolescent boys. Farrington and West (1975) reported, based on sophisticated longitudinal study of crime and delinquency in England, strong correlations between

parental influence and crime. Their findings indicated that that delinquents tended to have parents who used harsh methods of of child rearing and the harsher the discipline, the more aggressive the delinquent acts.

Family Cohesiveness and Delinquency

Cohesiveness has been defined as the emotional bonding family members have with one another, and the degree of individual autonomy a member experiences within the family system (Olson et al., 1979). Several investigators have found family cohesiveness to be significantly related to delinquent conduct. Glueck and Glueck (1968), in their extensive research with delinquents, found that disruptive forces in families of delinquents greatly outweighed the cohesiveness factors. In comparing delinquent families to a control group, they found that only two in ten delinquent families evidenced strong and steady affectional ties and other cohesiveness factors as compared to six in ten of the non-delinquent control group (Glueck & Glueck, 1968). McCord, McCord, and Zola (1959) also found that cohesive homes provide few delinquents compared to homes filled with tension and hostility where delinquency flourishes. When a great deal of tension and hostility exist in the home, the child is often forced to find peace in groups outside the family environment. They found that quarrelsome, neglecting families actually had a higher crime rate than homes in

which a permanent separation had disrupted the family. In other words, conflict and lack of cohesiveness actually predispose a child to crime, more than a broken home which has often been strongly correlated with delinquency.

Research by Nye (1957) and Sterne (1964) agreed with the above findings concerning broken homes. Nye (1957) found that conflict between parents is a better predictor of delinquency than a broken home. Sterne (1964) also found that a broken home is not necessarily the strongest factor in delinquency. Rather, the tension that results from the turmoil preceding the breakup is the major contributing factor. Abrahamsen (1960) writes that the tension that exists in many intact families of delinquents results from hostility and greatly contributes to delinquent behavior. A tension filled family environment is obviously not conducive to making an adolescent feel secure and content. Long term tension reduces family cohesiveness and affects the parents' ability to provide an atmosphere conducive to satisfactory relationships.

Family violence

Family violence is a growing problem in a modern society with all the stress and pressure of daily living that can directly result in adolescent behavioral problems. Violence has been found to be related to family problems. Geller (1984) reports that at least 7 to 8 million American

households are the scenes of some form of abusive family violence each year and that residents of the United States are more likely to be murdered in their homes by members of their families than anywhere else. One of the theories developed in the seventies to explain intra-family violence was developed by Straus (1980) as it relates to general systems theory. In attempting to explain violence in the home Straus (1980) says that the family is a purposive, goal seeking, adaptive social system. Violence is viewed as a system product or output rather than individual pathology. This "systems" approach, which views the family as a whole entity with a number of interrelated parts that interact and are interdependent, is the theoretical basis for this study. Each family member is a subsystem of the family, and each subsystem has an impact on the whole family system. Thus, a family with problems must be "systemically" diagnosed if treatment is to be facilitated in its broadest context.

Stress

The impact of cumulative life changes upon the health of individuals has been a major topic of research in the past decades. The concepts of life stress and strain have received increased attention not only in research literature but in popular media.

Families function as a total unit and even a relatively minor event, such as a child beginning school or entering

puberty or a parent beginning work or changing jobs can trigger other changes in the family unit. Most of these changes are normal and likely to happen in a family unit over the life course. It is when families refuse to change in response to the stress that problems often occur (McCubbin and Patterson, 1982).

Family Conflict

Researchers have suggested that intrafamilial conflict is detrimental to the psychosocial functioning of individual family members (Farina, 1960; Minuchin, 1967). As might be expected, poverty increases frustration and stress and lower-class families might exhibit greater intrafamilial conflict. Studies have found greater marital conflict in lower class families than in middle-class families (Blood & Wolfe, 1969; Sears, Macoby & Levin, 1957).

Families with Multiple Problems

Delinquents tend to come from multiproblem homes where there is a great deal of family disorganization, tension and usually economic hardship. Glueck and Glueck (1968) found that a significantly large number of parents of delinquents had serious problems themselves and came from homes that had alcoholism, mental retardation, or emotional disturbance in the family. For example, studies by Wegscheider (1982) show

that children of alcoholics have significantly higher rates of foster care placement, juvenile delinquency, and suicide. Problem families are often the victims of their economic circumstances as much as of their own personal shortcomings. These shortcomings are, at least in part, usually a despair reaction to impossible demands. A large family living in poor and overcrowded conditions is often faced with exceptionally difficult problems as a result of poverty. It is not unusual to find mothers of delinquent children supporting six or more children on a welfare check of \$300 to \$400 per month. According to Wadsworth (1979), single mothers today represent one of the most economically hard pressed sectors of our community. West and Farrington (1972) found that families with a large number of children contribute a disproportionately large number of juvenile delinquents and that overcrowding together with low income contributes to delinquency. An objective of this study was to compare economic and related variables to the type of family system assessment for possible correlations.

Treatment Approaches to Juvenile Delinquency

Traditional juvenile delinquency involves over two million arrests of minors annually in the U.S. (Siegel & Senna, 1985). Society's responses to delinquency have included punishment and control through incarceration and the

through the adult probation model which focuses on external controls through basic supervision and/or casework services. These approaches, which provides opportunity for reinforcement of the juvenile's good behavior and negative sanctions for bad behavior, has often been criticized for its ineffectiveness (Presidents Commission, 1967). The President's Commission subsequently recommended the development of prevention and rehabilitative programs. This has stimulated increased interest in more innovative approaches to the problem and a variety of psychological treatment and rehabilitative attempts have evolved. Unfortunately, there has been little indication that these methods have been more effective than previous efforts.

Behavior Modification

Since the early 1960's behavior modification approaches have been reported as alternatives to traditional methods with indications of some success in such areas as academic achievement, social skills, and reduced aggressive behavior. The successes, for the most part, have occurred in institutional environments. However, there is little evidence that such improvements have any effect upon delinquent behavior itself (Graziano 1983). Any gains made by the juvenile in a behavioral based residential or institutional program have not lasted upon return to the real world and family situation. The most important

criticisms of the behavior modification approach are its failures to demonstrate improvement in delinquent behavior and failure to demonstrate a lasting improvement in the behavior of delinquent youth. The major limitation appears to be that of generalization of behavioral gains from the controlled setting to the real-life settings of the youth (Graziano, 1983).

Contingency Contracting

In attempting to solve the problem of generalization to natural environments, a number of researchers have attempted family based behavioral programs. Contingency contracting between parents and youth appears to be one of the more successful approaches attempted in a number of studies. While encouraging results have been reported in a study involving 102 preadolescents (Stuart, Jayaratne & Tripodi, 1976), the researchers urged caution in the application of contingency contracting alone. They indicated that contingency contracting alone is too narrow for effective intervention and recommended a more comprehensive family program that included contingency contracting and family therapy. Further discussions of family oriented behavioral will follow later in the chapter.

Juvenile Court Related Programs

In juvenile court related settings, a number of studies indicate strong support for family programs versus other types of counseling/casework. Johnson (1977) conducted a study which evaluated family counseling with repeat offenders under on-going court supervision. He found that family counseling was significantly more effective than the traditional services such as probation supervision. McPherson, McDonald, & Dyer (1983) also found that family counseling was considerably more effective than probation services in reducing the number of recidivists, as well as the amount of recidivism. The statistical evidence from the above study suggest that family counseling has a strong impact on reducing the number of children under court supervision who repeat offenses. McPherson et al. (1983) found that the impact is equally strong with regard to the amount and severity of subsequent delinquent behavior. During a three month follow-up after treatment, the group receiving family counseling was found to perform significantly better than those receiving traditional treatments.

Similar findings have been reported in the Sacramento, California Juvenile Court (Baron, Feeny, & Thorton, 1973) and in Florida (Whitt, 1979). Stringfield (1975) studied juveniles who had been part of a family counseling program in a residential treatment center and compared them to a

control group receiving traditional peer group counseling in the same center. He found that those involved in family therapy did significantly better in terms of recidivism at a one year follow-up than those who were in the peer oriented treatment group. Studies by the National Resource Center on Family Based Services have shown intensive, family based services are a cost-effective alternative to removing children from troubled homes (Hutchison, 1982).

Family Therapy Models

During the past two decades, family therapy has emerged as a significant and widely accepted treatment approach for a variety of symptoms. While traditional therapeutic approaches have emphasized intrapsychic processes as the source of psychosocial difficulties, there has been a growing awareness that maladaptive behavior occurs and is maintained within a social context. For the adolescent the primary socialization unit typically is the family. Thus, increasingly, professionals treating children are viewing adolescent symptomology as a function of deviant family relations rather than as a deviant individual's problem (Borduin, Henggeler, Hanson, & Harbin, 1982). As a result of this focus on the family, several schools of therapy developed during the 1970s.

Family therapy is the generic name for various clinical schools and theories that are concerned with family

dysfunction and treatment. These various models view symptomatic behavior as a product of family relationship problems rather than of deviant individuals. Therapeutic intervention, therefore, is directed at improving or modifying the family system rather than the individual. The family therapy models may differ in their approaches, but they share similar assumptions that changing the family system will result in changing individual behavior.

General Family Systems Therapy. Family systems therapy is generally attributed to the work of Bertalanffy (1968), Bowen (1974) Haley (1963) Minuchin (1974) and others who maintain that emotional problems manifested by one or more family members defines dysfunction in the family system. According to Bowen, Systems theory is concerned with the functional facts of relationships; what happened, how it happened, and when and where it happened. It minimizes man's natural inclination to be preoccupied with why it happened. The theory provides a way for conceptualizing the part that each member plays in the family system. The family behaves as if it were a unit and individual symptoms are merely indications of a malfunctioning unit.

Structural Family Therapy. One of the more prominent schools of family therapy was developed by Salvador Minuchin through his work with inner-city families in New York and at the Child Guidance Center in Philadelphia.

Minuchin and his colleagues developed this model while applying family therapy principals to low socio-economic black and Puerto Rican families (Minuchin, 1967). The approach that evolved was problem focused and change oriented, recognizing that identical presenting problems may represent radically different disturbances in family functioning. Long term behavior change was seen to occur only if the unhealthy family interaction patterns were changed. Within structural family therapy, juvenile acting-out behavior is viewed as the product of dysfunctional family structures. By changing the structure of the family system, individual behavior can be altered. The emphasis on structural change makes this type of therapy unique from other models. Minuchin's success with applying the systems approach to lower socioeconomic families also makes this a particularly promising model for juvenile justice.

Strategic Family Therapy. Strategic therapists such as Haley (1976) view the family as an interpersonal system that is analogous to other cybernetic systems. They suggest that dysfunctional families develop problems due to their inability to adjust to common life transitions, such the maturation of a child, marital conflict, or death of a grandparent. According to strategic therapists, presenting problems such as adolescent delinquency represent the family's inappropriate reactions to a developmental crisis, and the dysfunction and subsequent behavioral problems will continue unless the family system changes. The therapeutic

process in strategic therapy is usually brief and crisis-centered, with sessions ranging from one to approximately 30 depending upon the severity (Haley 1980). This approach seems to be very popular with juvenile justice and related agencies that work with families. According to Stanton (1981), results with juvenile offenders is often nothing short of miraculous.

Social Learning (Behavioral) Approaches. The social learning school is organized around the tenets of social learning theory. Behavioral approaches to family therapy typically utilize the contingency management of acting-out adolescent behavior. They also generally incorporate a social learning perspective that utilize parent training and educational procedures as primary therapeutic techniques. Therapy focuses on alleviating the adolescent's inappropriate behavior through directly modifying the parental response to this behavior. The most successful outcomes utilizing this approach incorporate behavioral and family systems (Olson, et al., 1979).

The Family-Ecological Model. This approach is the result of Bronfenbrenner's (1979) work on human ecological development. He says that the individual is embedded within a complex of interconnected systems. At the innermost level the "microsystem," the individual experiences and interacts with both the physical and interpersonal characteristics of a

given setting. For example, the child interacts with parents and siblings at home, with teachers at school, and with peers in the neighborhood. The "mesosystem," Bronfenbrenner says comprises the interrelations among two or more microsystems. The third level of the ecological environment, the "exosystem," refers to those microsystems that do not directly involve the individual child but can affect or be affected by the child, these include parent's social status or reputation in the community or older sibling's peer groups. The last level, the "macrosystem," is composed of the structural and ideological similarities of the other systems which together define a sociocultural context.

Supporting Bronfenbrenner's claim, Rodick and Henggeler (1980) demonstrated that parental encouragement dramatically improved the school-based achievement motivation, reading performance, and vocabulary skills of low-achieving inner city adolescents. A basic assumption of the family-ecological approach is that adolescent behavioral problems are affected by the systems in which the adolescent is embedded.

Therapy using the above approach is based on the relatively recent works of Henggeler and his colleagues (1982). In a four year outcome study, with appropriate control groups, approximately 100 court-referred delinquents adolescents and their families were treated. This model, while recognizing the primary importance of the family, views the family as only one of numerous interactional systems in

which the adolescent is involved. Thus, juvenile acting-out behavior might reflect an underlying disturbance within the family. However, such problems might also be the result of interactions in one or more extra-familial systems. In addition, individual attributes also may predispose the adolescent to certain difficulties. Therefore, utilizing this concept, the family system may not be the only system that requires intervention. A therapist would attempt to evaluate all relevant systems including family, neighborhood, peer, and school systems and assess the relations between the systems. Since peers are extremely influential in juvenile cases, the ecological approach would also perform a systemic analysis of the peer group. The family-ecological systems therapy focuses on the multiple roles of the individual, both within and outside the family system. This model is related to the family supra-system hierarchy discussed earlier and has definite application to the juvenile justice field.

Outcome Research

Systems Therapy

Garrigan and Bambrick (1975) in a series of studies, utilized a family systems approach with male adolescents who attended a day-school for emotionally and behaviorally disturbed children. The treatment focused upon teaching family members to effectively resolve conflicts that were

identified at the outset of each session. Compared to a matched group of untreated controls, the adolescents from the treated families reported significant improvements in various areas of family interactions. Significant treatment effects included more positive adolescent behavior in both the home and the school and improved marital and family interactions. Family systems therapy positively influenced family subsystems (i.e., parent-child, husband-wife relations), the total family system, and relevant systems outside the family (i.e., the school setting).

Beal and Druckro (1977) found that family systems interventions are also effective in the treatment of adolescent status offenders. Parents who had filed incorrigible behavior charges against their children were found to be more likely to drop the charges after receiving family therapy than those who did not receive any therapy.

Systems therapy has also been found to improve interactions such as warmth and empathy in the families of delinquents. The effects of family therapy were found to be superior to those produced by alternative treatments and a no-treatment control group (Ezzo, 1980). The systems approach has also been found to be very effective with emotionally disturbed adolescents in in-patient settings (Rothrock, Wellisch, & Schoolar, 1977). In a comparison of family systems therapy and individual therapy, the adolescents who received family systems therapy showed improved family communication, a lower rehospitalization,

rate after three months, and a faster return to school.

Family Crisis Therapy

Crisis therapy is designed to teach the client more adaptive coping skills and focuses on immediate problem and solutions, rather than on long-term change. Studies of the family crisis approach found it to be effective in reducing in-patient treatment resulting in significant savings in time and financial cost over the traditional individual approaches (Ewing, 1976; Langsley & Pittman, 1968). Although actual treatment effects were not significantly different, the family-crisis approach was equal in effectiveness and much more cost-effective than traditional methods.

Stratton (1975) did find significant treatment results with out-patient status offenders. In comparing control groups of status-offenders assigned to family-crisis intervention, and to traditional probation casework services, he found the treatment group performed much better during and following treatment. In a six-month follow-up study, the treatment group had been re-arrested less and had spent less time in detention than the control group.

Behavioral Family Therapy

Alexander and his associates (Alexander & Parsons, 1977) utilized a unique combination of behavioral and systems

treatment strategies in a series of interventions with delinquent adolescents. Generally, the goals of Alexander's program were to extinguish maladaptive interaction patterns and to increase problem-solving behavior in the interaction of the families. Alexander's family-oriented interventions with delinquent adolescents produced some very promising results under well-controlled conditions. Overall, their provided strong evidence that short-term behavioral intervention with delinquents and their families is a more effective approach than traditional client-centered or psychodynamic treatment. Of particular significance in the Alexander studies are the findings that the nontreated younger siblings of the targeted delinquent youth showed significantly less delinquent behavior, three and one half years after treatment. This suggests that the family intervention may have had a true primary prevention effect, that is, lowering the rate of new cases in the population (Klein, Alexander & Parsons, 1977). Klein, et al., also found that the families receiving the family oriented treatment communicated better and the juveniles had lower recidivism rates. Siddique and Darcy (1984) also found that systems based family therapy is effective with the delinquent population in improving the family system.

In a purely behavioral approach, Patterson and his associates (1974) conducted a series of studies with families of conduct-disordered male children and adolescents. His findings indicated that parent training methods significantly

reduced maladaptive child and adolescent behaviors in the home. Patterson (1974) also found that classroom interventions successfully reduced inappropriate behaviors in the school. Again, as with the Alexander study, the therapeutic effects were not limited to the identified problem child. Both involved and noninvolved siblings evidenced lowered rates of deviant behavior.

Other researchers, however, have failed to replicate such promising results with behavioral therapy and have concluded that contingency contracting procedures and packaged behavioral programs should be used with caution (Weathers and Libermen, 1975).

Family Assessment and Diagnosis

Most assessment techniques used in family therapy have been designed for diagnosing individual problems rather than family relationships. According to Olson et al, (1980), in a decade review of the family therapy field, the majority of therapists appear to make very subjective and unsystematic evaluations. He suggests that if the field of family therapy is to develop progressively, an understanding of which types of therapy are most successful with the different family systems is important. Family systems behave differently than individuals and require different methods of diagnosis. These differences must be recognized in order to select appropriate treatment strategies. One of the problems in

assessment has been that the tools that are available do not adequately tap the various levels of a family system. The family is a very complex mechanism and unless these complexities can be systematically assessed the tools are not clinically relevant.

Diagnosis is generally considered the starting place from which treatment decisions are made. Because many of the diagnostic instruments in common use deal with individual assessment data, even family-oriented therapists tend to utilize measures of individual assessment. In diagnosing a family a certain amount of individual assessment is necessary in order to attempt to understand the nature of a specific problem. Knowledge of conflict, stress and the orientation of the family to each individual is necessary. Also important is knowledge of the interaction of the individual and extra-family systems, such as peers and schools. For example, Poole and Reodi (1978) revealed that adolescents who reported less emotional support from their parents were more susceptible to the influence of delinquent associates than were adolescents reporting strong parental support. Siddique and Darcy (1984) also found that extra-familial influences affect the family system. They reported that adolescents who perceived their peer or school group to be stressful are more likely to manifest greater emotional distress in the family system.

Another major problem with many diagnostic techniques, as previously discussed, is that they are not only individually based, but symptom focused. Specific problems

are relatively easy to identify but may have little real relation to the underlying family dysfunctions which may be contributing to the problem. Some problem families encounter multiple symptoms and may be receiving treatment from several competing agencies, often without coordination. In multi-problem families it is not uncommon for as many as six to ten different agencies and/or individuals to be involved with one family. The following actual case from the author's juvenile case files will help illustrate.

Susan, age 14, was referred to the juvenile office for resentment toward her parents and was also having difficulty coping with an earlier abortion. The juvenile court intake office also had received referrals from the school attendance officer on her younger brother, age 12, for truancy. The juvenile office determined that Susan needed counseling and temporary placement out of the home, and she was placed on informal supervision by the intake officer. She was also referred to the welfare department for crisis placement. Along with these referrals, an appointment was made for her with the local mental health facility where she began weekly treatment sessions.

The mental health facility requested participation of the parents in an intake interview, but the father indicated he could not attend due to work, so mother appeared for the interview alone. The intake interview revealed that the mother was also experiencing extreme emotional distress, and she was placed with a counselor for regular

therapy. According to the mother, Susan was also seeing the local school counselor for help with social and academic problems and the family planning service for counseling and contraceptives, because she was sexually active. Then mother and Susan both reported that the father drank quite a bit and the parents had constant conflict.

Virtually every family member was experiencing pain in a different way. With the exception of the father, each had been receiving agency assistance on an individual basis. The girl was involved with a total of five different agencies and six different individuals, offering help, none of whom coordinated with each other. Some of the agencies had no knowledge of the others' involvement with the girl. Unfortunately, this situation is not unusual in welfare or juvenile court agencies. These agencies often work at cross-purposes with multi-problem families.

The family, not suprisingly, continued to be dysfunctional, and Susan was placed in a local girls' group home where she adjusted remarkably well. A requirement of the treatment program in the group home was family involvement because the maximum stay was eight months and the majority of the girls returned home following treatment. The family attended these sessions on a weekly basis, and the family system improved sufficiently to allow for Susan's return home. As this case illustrates, not until an agency intervened with the total family did family functioning improve and individual symptoms ease.

The need for systemic family assessment in the juvenile justice and welfare field is obvious. Approaches that focus on the adolescent's behavior as the problem are very limiting and narrow from a treatment perspective. Family-based therapies, particularly systems therapy, incorporates a broader theoretical perspective in assessing the adolescent's problem and provides for a much more comprehensive, effective approach than individual methods.

Systemic Diagnosis: The Circumplex Model

Olson et al., (1980) proposed that instead of focusing upon presenting symptoms, emphasis should be placed on understanding the type of family system. There may not be any relationship between the presenting problem and the type of family system and treatment technique. Treating the symptom without changing the family system will only provide temporary symptomatic relief.

In support of this contention, Killorin and Olson (1984) reported on four consecutive families that came for treatment with the presenting symptom being an alcoholic family member. Even though each family member had the same presenting complaint, all four family systems were found to be very different. In traditional, symptom-oriented programs, all families would have been treated generally in the same manner, when, in fact, the treatment of choice may have varied considerably with the type of family system.

One of the more promising attempts at the development of an approach to family assessment was proposed and tested by Olson et al., (1979). Based on a general systems theory orientation, these researchers proposed a circumplex model which was designed to bridge the gap between theory, research, and clinical practice. In developing this model, Olson et. al (1979) conceptually clustered over 50 family research and therapy constructs and postulated two significant dimensions of family behavior: cohesion and adaptability. Cohesion was defined as the emotional bonding family members have with one another and the degree of individual autonomy a member experiences within the family system. Adaptability was concerned with the ability of the family system to change its structure, role relationships, and relationship rules in response to situational and developmental stress. Olson and his associates have placed these dimensions in a circumplex model which identifies 16 types of family systems. Diagnosis is accomplished using a self-report instrument called the Family Adaptability and Cohesion Scale (FACES) (Olson et al, 1979). The authors assume that moderate levels of both cohesion and adaptability are the most functional for family development. They suggest the need for a balance between too much closeness (enmeshed system), and too little closeness (disengaged system), and between too little change (rigid system), and too much change (chaotic system).

Specifically, families in the four central or "open"

positions (flexibly connected, flexibly separated, structurally connected, structurally separated) are assumed to function most effectively. Studies of parent-adolescent interaction have shown that the most functional families possess moderate levels of cohesion and adaptability whereas low functioning families present extreme levels on both dimensions (Druckman, 1979). She also noted that adolescents from high cohesion families had the highest rates of recidivism. This type of family, for example, would be characterized by the extreme sensitivity of individual members to each other and to their primary subsystem.

According to Minuchin (1974) there is often little interpersonal distance, considerable blurring of subsystem boundaries, and inappropriately quick and strong responses to the activity of family members. The behavior of one member immediately affects the others, and stress in an individual member is felt strongly across the boundaries and is reflected in the other family members. The opposite type of family is the disengaged family where interpersonal distance is too great and boundaries between the individual subsystems are rigid. Family members are not noticeably aware of what is occurring with other family members. Glueck and Glueck (1962) reported a large number of these type of families (lack of cohesion) in the delinquent population they studied.

The MultiLevel--MultiMethod Approach

While it is true that many marriage and family therapists have been concerned with assessment for some time, the concern has not become as significant to practitioners in the field (Bodin, 1968; Cromwell, Olson, & Fournier, 1976; Filsinger & Lewis, 1981; Riskin & Faunce, 1972). In part this is due to the fact that suitable assessment techniques have not been fully developed or available on a wide spread basis. Techniques have appeared in research or other journals primarily for researchers, but these techniques have not been designed for the family therapist and certainly not for the juvenile justice professional. A major purpose of this study was to reduce this gap between techniques available in research and those available to juvenile justice practitioners.

In analyzing various available assessment techniques, Filsinger (1981), recommended the use of a multimethod approach. This approach, he says, gives a perspective of the family from a number of different vantage points. Cromwell and Peterson (1981) have suggested that assessment techniques should be chosen to represent each system of analysis. In other words, techniques should be chosen to represent each system level of analysis; the individual, the dyad and the family. They add that the assessment technique should suit that level of analysis. Personality tests of individual family members, for example, which do little to

assess the family situation, would be helpful in assessing the individual subsystem. Fournier (1984) developed a systematically based diagnostic battery for use with adolescents and their families. The focus of this study was to adapt the Fournier (1984) diagnostic battery for use by the juvenile justice practitioner and to evaluate its usefulness as a multisystem, multimethod family diagnostic strategy.

CHAPTER III

METHODOLOGY

Project Overview: Goals and Objectives

This study utilized a multi-level, multi-system diagnostic strategy developed by Fournier (1984) to study families in a juvenile justice setting. A primary purpose of the study was to describe the characteristics of the families in the sample according to the variables in the diagnostic strategy. A major goal was to evaluate the usefulness of the family diagnostic strategy with families who are involved with the juvenile court process. A critical need of juvenile court practitioners is a way to assess families according to a "continuum of risk." That is, to identify the characteristics most closely associated with families at the greatest risk of continued problems. It is anticipated that this study will lay the groundwork for the development of such a worthwhile endeavor that integrates theory and research with clinical relevance.

Research Design

This study is primarily exploratory and descriptive in its approach due to the emphasis on evaluating newly developed approaches in the field of family diagnosis and in its emphasis on an in-depth analysis of the population. Correlational methods were also utilized to investigate relationships between the major variables utilized in the assessment strategy. The major limitation of such a multiple design approach is in its lack of experimental controls which limits broad-based generalizations. However, since the primary purpose is to evaluate a new multi-method approach to family diagnosis and to lay the groundwork for further study the multi-approach design seemed most appropriate. At this point in the project, generalization is not a primary concern.

Specific demographic characteristics are presented as well as systemic variables such as cumulative stress among individual members, parent-child conflict, and level of family functioning according to the circumplex model. Relationship patterns between the major variables were of particular concern as well as how the study sample compared to normative data provided on the circumplex model. In addition to the stress and conflict variables, the study looked at relationships between socioeconomic status and type of juvenile offense according to level of family functioning on the circumplex model. The focus was to document trends of stress, conflict, type of offense,

and socio-economic status in the study sample in general and in the three levels of family functioning in particular. If significant trends and relationships were discovered, it was anticipated that the possibility would exist for the eventual development of a "continuum of risk."

Pilot Study

The instruments developed and compiled for this study were field tested on two families at two different family treatment agencies in Oklahoma, an inpatient facility for alcoholics and an out-patient program for problem youth and their families.

The primary purpose of the pilot study, was to determine the time frame for administering the various instruments, to reveal mistakes in the instruments, and to perform content analysis on the instruments with clinicians. Both therapists involved had Masters degrees in clinical psychology and had many years of experience in family therapy. The results of the pilot administration revealed some minor errors, and participants took approximately 45 minutes to complete the assessment. In reviewing the instruments developed for this project, the clinicians recommended re-structuring of several questions to make them more relevant for this population. The minor errors were corrected and the instruments were modified according the clinicians' recommendations in order to increase relevance. Content validity was then considered

by these two experts, to be very good.

Selection of the Subjects

The population for this sample included families referred to the intake unit of a Judicial Circuit Juvenile Court in a rural county in Southeast Missouri. This county is primarily an agricultural community with a population of approximately 25,000. The rural nature of the sample will hinder generalization to urban areas but should be very representative of rural delinquency, particularly throughout the central and midwestern parts of the United States.

The majority of the juveniles were referred for relatively minor, and for the most part, first offenses. Two of the referrals came from school officials, with the remainder coming from law enforcement agencies. These agencies filed a report with the juvenile intake office regarding the alleged delinquent behavior of the juvenile. The intake office upon receipt of the complaint, sent a letter to the parents and child requesting them to come to the intake office to discuss the matter at a specific time and date.

The sample included virtually all of the families referred during the two-month period of March and April, 1985. According to the Chief Juvenile Officer, the sample was very representative of those families typically

referred to the agency. An advantage of utilizing this first-offender sample was that with proper diagnosis and intervention at this stage, possibly more serious delinquency could be prevented.

Instrumentation

This study utilized the self-report instruments discussed in this section. Observational and interactional techniques, however, are recommended as an integral part of the assessment strategy even though insufficient data for analysis was obtained for this study. The complete battery included the FBIF, ABIF, JBIF, PAPC, PLEC, ALEC, FACES II, IPAC, and the KFST. A detailed discussion of each follows.

Family Background Information Form (FBIF):

This instrument provides the basic family demographic data such as age, sex and health of family members as well as race and family income income (see Appendix A).

Adult Background Information Form (ABIF):

This instrument was designed to provide background data on each adult as well as information on the individual's current family situation and family of origin. The form also includes several subscales that measure various sub-system

individual) characteristics. These variables include religiosity (item 9), violence in current family and family of origin (items 12,13), criminal history, (items 16-21), social isolation (items 28,35,39), locus of control (items 23,27,30,41,46,49), self esteem (items 24,32,38), authoritarianism (items 29,45), individuality (items 26,40, 48), impulsivity, (items 33,36,50), trust (items 34,37,42,44) and status (items 43,47) (see Appendix A).

Adolescent Background Information Form (JBIF):

This self report form was utilized to obtain demographic data from the juvenile. It also contains various interpersonal subscales providing for measures of: delinquency proneness (items 15-28), social desirability (items 33,39,44,49), respect for parents (items 31,37,42,47), respect for friends (items 30,36), respect for teachers (items 32,38,43,48), amorality (items 34,40,45,50), and perceived parental supervision (items 29,35,41,46,51) (see Appendix A).

Parent-Adolescent Problem Checklist (PAPC):

This is a new instrument developed by Fournier (1984) to isolate conflict issues and intensity as perceived each parent and the juvenile. The instrument was designed to determine not only areas and amounts of conflict but the specific

family members involved in each type of conflict. The PAPC offers three choices of response for the participant: no conflict, scored and coded as 0; some conflict, scored and coded as 1; and severe conflict, scored and coded as 2.

The instrument contains 35 items with possible scores ranging from 0-70. The highest score may be indicative of a highly conflicted home, especially if perceived as such by parent(s) and child. The PAPC also provides information on which family member is involved in each of the specific conflict issues. The scores for each individual range from 0-35 with the higher score indicative of high involvement in conflict, as perceived by the respondent. This instrument was completed by each parent and the juvenile referred for the delinquent act.

This instrument has not been tested on "normal" families or other populations since it was developed for the current study. The therapists who were involved in the pilot study felt this was a particularly relevant instrument for use with this population. Reliability will be assessed as part of the study (see Appendix A).

Parents Life Events Checklist (PLEC):

This form is also newly developed for this study and contains 49 items that describe stress related events that the parents may have experienced during the past twelve months. It also includes one open ended "other" item.

Based partially on the content of the social readjustment rating scale (Holmes & Rahe, 1967) each item is scored as follows.

Response	code/score
No, did not occur	0
Yes, but wasn't stressful	1
Yes, was stressful	2
Yes, was highly stressful	3

This checklist should be very helpful in determining not only specific stressful areas but also if the family dysfunction is related to temporary levels of high stress. Reliability was assessed as part of the study (see appendix A).

Adolescent Life Events Checklist (ALEC):

This new instrument was designed to measure the amounts of stress that the adolescent has experienced during the preceding twelve months (Fournier, 1984). The scale contains 37 potentially stressful events that the juvenile may have or is currently experiencing (see Appendix A). This scale was also perceived to have high clinical relevance by the therapists involved in the pilot. One of the therapists, for example, learned for the first time that the juvenile still considered his parents' divorce of five years before as stressful. Prior to completing the instrument the juvenile had not verbalized this. Reliability assessment will be

made as part of this study.

Family Adaptability and Cohesion

Evaluation Scales (FACES II):

A thirty item self-report scale developed by Olson et al. (1980), that provides an assessment of family cohesion and adaptability as perceived by each family member. The items assess nine concepts associated with cohesion and seven associated with adaptability. This scale is based on the Circumplex Model of Marital and Family Systems (Olson, et al., 1979) and enables the researcher to identify and describe 16 different types of marital and family systems. The authors indicate high levels of internal consistency for cohesion ($r = .87$) and adaptability ($r = .78$). Test-retest reliability is reported as .83 for cohesion, .80 for adaptability, and .84 overall. Face and content validity is also reported to be high. The theoretical basis for FACES is family systems as represented by the circumplex model. FACES is completed by both parents and child and once a score of cohesion and adaptability is computed for an individual, or family, the scores can be entered into the circumplex model identifying a family system type. Each of the 16 types falls within one of three levels of functioning: 1) balanced 2) mid-range 3) extreme. Normal families have been found in the balanced and mid-range categories while problem families tend to fall into extremes (see Appendix A).

The Inventory of Parent
Adolescent Conflict (IPAC):

This interactional instrument was utilized when time and circumstances permitted, to evaluate how the family handles conflict issues (Olson, Portner, & Bell, 1982). Ten issues from the original list of 18 from the standard IPAC form were selected on the basis of their relevance to this population. These issues provided interactional tasks in which the family evaluates hypothetical problem situations and decides upon a joint solution. From this task, the researcher can code indicators of family problem-solving, decision-making, communication, and conflict resolution techniques. Identification of these techniques can prove invaluable in identifying general and specific problem areas involving family communication and interaction. The following questions concerning patterns of dominance and leadership are addressed with this instrument: 1) tendency to initiate discussion, 2) tendency to read the questions to other family members, 3) tendency to dominate discussion and formulate answers, 4) tendency to interrupt others, and 5) ease with which family members express opinions.

Patterns of conflict and disagreement can be determined by the following indicators: 1) tendency to always agree with others, 2) tendency to always disagree with others, 3) use of irrelevant case building techniques, and 4) tendency to listen to all points of view.

observations: 1) tendency to be negative or critical of others, 2) tendency to be negative or critical of self, 3) emotional outbursts such as crying or yelling, 4) frustration or lack of tolerance with others, 5) tendency to be positive and supportive of others, and 6) amount of lightheartedness among family members such as laughter, and teasing.

Utilization of this instrument on a consistent basis was not possible in this study due to restrictions of the setting. However, the rich nature of the information possible with this instrument warrants including it in any comprehensive assessment strategy. The instrument might be best suitable in a follow-up session after the self-report data is obtained. Along with the sculpture technique discussed below the IPAC could also be utilized to begin the therapy/intervention process in addition to diagnosis (see Appendix A).

The Kvebaek Family Sculpture

Technique (KFST):

This behavioral/observational technique introduced by Kveback in 1974 and modified by Cromwell and Fournier (1979), allows researchers and clinicians to visually view family interrelationships. Individual family members complete both "real" and "ideal" sculptures of their family relationships utilizing figurines and a sculpture board. Each family member places his or her figurine on the board in relation to other family members, which the individual has also placed on

the board. Each individual is then asked to complete an "ideal" version of what they would like their family relationships to be. The family as a whole is then requested to reach a consensus on both "real" and "ideal" sculptures of their family relationships as indicated by their joint sculpture. This procedure allows the researcher to observe family interaction during the consensus session as well as to compare real and ideal profiles of each member. Utilization of the Kvebaek technique in this study was possible only on a very limited basis due to the restrictions and time constraints of the intake setting. However, its use is highly recommended as part of the overall assessment, possibly in follow-up sessions.

Field Procedures and Data Collection

As previously discussed, subjects involved in this study included juveniles and their families who were referred to an intake unit of the juvenile court for a delinquency offense. The families were asked to complete the various self-report instruments described above while waiting to discuss the offense with the intake officer. The researcher informed the families that completing the self-report was part of a research project and that any information would be kept strictly confidential. They were also informed that their names would not appear on any of the documents. All families voluntarily agreed to

participate in the study. Testing was accomplished in a private conference room adjacent to the intake office. Instructions were given for each instrument and the researcher remained in the room to answer any questions. One of the parents was initially asked to complete the family background form while the adolescent completed the Adolescent Background Information Form. The parents then completed their individual Adult Background Information forms. Upon completion of all background Forms, FACES II was administered to the family members, followed by the Parents and Adolescents Life Events Checklist Forms (ALEC & PLEC). When time permitted, the IPAC and the Kvebaek Sculpture techniques were administered but the number of families responding was too small to allow data analysis.

Limitations of the Study

The relatively small and non-random nature of the sample hinders generalization to other populations. The rural nature and geographical location may also strongly bias the sample toward similiar areas rather than for delinquents in general. The type of offenses for referral were also found to be to relatively minor and may not be indicative of the activities of more serious delinquents and their families. This could also be an asset, however, in that successful diagnosis of these types of families may provide a model for juvenile treatment which might

prevent more serious forms of delinquency. Other limitations are noted below.

1. In the majority of cases, only one parent (usually to the mother) and the juvenile appeared for the intake interview which restricts much of the data to mother-child dyads. It should be recognized, however, that this limitation reflects a reality in the field of juvenile corrections.

2. The sample was limited to all families available during a two month period, rather than to a random selection of families. Since randomness is one of the assumptions of analysis of variance which was used in analysis of the data, the predictive value of the results is limited.

3. The instruments were administered during a highly stressful time for the family (juvenile court intake session) possibly biasing the results. Many of the parents were initially suspicious in the data gathering sessions.

4. Agency time constraints limited the data collection to the self-report instruments even though the behavioral-observational instruments are considered an integral part of the proposed diagnostic process and a potential rich source of data.

Operational Hypotheses

Specific hypotheses were developed from the discussions

and research questions in Chapter I. Analysis of the results of these hypotheses are presented in Chapter 4. Operational summary of key variables used in hypothesis testing is presented in Table I. The following operational hypotheses concern the relationship of the sample of delinquent families in this study to the general population of families and comparisons of level of family functioning to stress, conflict, juvenile offense, and socioeconomic status.

- I. Families with delinquent children are more likely to have extreme scores on the Circumplex model than the general population.
- II. Delinquent families with high scores on individual stress scales (ALEC)(PLEC), will be less functional than delinquent families with low and moderate stress scores.
- III. Families with high parent-adolescent conflict scores will be more dysfunctional than families with low or moderate conflict scores.
- IV. Level of family functions as measured by FACES II scores will be related to the type of offense the juvenile commits.
- V. Families with the fewest resources in terms of socio-economic variables will be most dysfunctional.

Statistical Procedures

Data for statistical analysis were obtained from the instruments discussed earlier in the Methodology section. The hypotheses were analyzed by the SPSSX (1984) statistical

TABLE I
 OPERATIONAL SUMMARY OF KEY VARIABLES
 USED IN HYPOTHESIS TESTING

SCALE NAME	ITEMS	SOURCE	RANGE	MEASUREMENT LEVEL	CONCEPTUAL DEFINITION
Family Cohesion	1,3,5,7,9,11,13 15,17,19,21,23, 25,27,29,30	FACES II	16-80	Interval	Family emotional bonding
Family Adaptability	2,4,6,8,10,12 14,16,18,20,22 24,26,28	FACES II	14-70	Interval	Ability of family to change power structure
Parent-Adolescent Problem Checklist	1-35	PAPC	0-70	Interval	Conflictual issues and intensity of parent-child conflict
Parents Life Events Checklist	1-50	PLEC	0-150	Interval	Accumulated stressful events for adults for past 12 months
Adolescent Life Events Checklist	1-35	ALEC	0-105	Interval	Accumulated stressful events for juvenile during past 12 months.

program at Oklahoma State University and at Southeast Missouri State University and with the Daisy Statistical Package for the Apple Computer. SPSSX was used to obtain frequencies on all data, to obtain individual and family scores on the various scales, and to compute total scale scores and frequencies on the individual instruments. SPSSX was also used to analyze specific hypotheses and to determine reliability measures for the scales. A number of chi-square analysis and Pearson r correlations between variables and scales were computed with the Daisy Statistical Package on the Apple Computer.

The specific statistical procedures applied to the data included: descriptive statistics, one-way ANOVA, Chronbach's alpha, chi-square, and Pearson r correlations. The Frequencies procedure in SPSSX is a measure of reliability based on internal consistency. A Chronbach's alpha coefficient of .55 is considered minimum for research purposes. Analysis of Variance (ANOVA) is a statistical procedure designed to test whether or not the variability between two or more groups is large enough to conclude that they probably came from different populations. When significance of difference is found, further comparisons of the groups is warranted to isolate source of the difference (Isaac & Michael, 1982). The ANOVA procedure in the SPSSX package also provides a TUKEY HSD test to sort out the source of the significance.

Chi-square is a goodness-of-fit measure of a squared deviation between observed and theoretical numbers in terms

of frequencies in categories or cells of a table. Chi-square determines whether such deviations are due to sampling error or some interdependence or correlation among the frequencies. The greater the discrepancies between the expected and actual frequencies, the larger the Chi-square value becomes. It is essentially a test of statistical significance useful with categories of nominal and or ordinal data.

A correlational coefficient is basically a number indicating the degree of relationship between two variables. A correlation allows for a comparison of the strength and direction of association between pairs of variables. The correlation coefficient r is a measure of this strength and increases directly with the variability of the measurements. With all else being equal, the more variable the measurements, the higher the correlation coefficient. Correlations do not necessarily imply causation, just relationships (Hopkins & Glass, 1978).

CHAPTER IV

RESULTS

The primary purpose of this research was to describe the characteristics of families of juveniles referred to juvenile court for delinquency in terms of family systems functioning. Relationships between family variables such as stress, parent-adolescent conflict, selected demographic characteristics, and type of offense were of particular interest. The first part of this chapter describes the demographic characteristics of the sample. The remainder of the chapter presents an analysis of the research questions and hypotheses proposed earlier. Conclusions are also discussed.

Sample Characteristics

The sample consisted of 40 families with a total of 90 individuals residing in a medium-sized community in Southeast Missouri. The sample population was comprised of 40 juveniles and 50 parents of these juveniles. The ages of the youth in the study ranged from 10 to 16 years with the average of 13.9 years. Sixty-seven percent of the juveniles

were male (n=27) and 33 percent (n=13) were female. The mean age for the fathers in the sample was 42.3 years and for the mothers was 36.8 years. The majority of the families were Caucasian (72%) and the remainder of the families (28%) were black. The families were generally of a low socio-economic status, with almost half (48%) reporting a monthly take-home income of less than \$900.00. Less than half of the families (45%) owned their own home while the remainder (55%) rented their residence. One third (32%) of the families were headed by single-parent females, while 44% consisted of the child and both natural parents in the home. The remaining 24% represented a variety of blended, step-families. Almost all (96%) of the adults had grown up in relatively small communities (less than 25,000 population). Background characteristics of the total population are shown in Table II.

Types of Offenses

The families represented in this study were requested to appear at juvenile court intake for an alleged offense committed by the juvenile. The reported offenses primarily fell into 5 categories:

Theft and Shoplifting-38% (n=15)

Assaultive behavior-8% (n=3)

Liquor violation-12% (n=5)

Vandalism-12% (n=5)

Status offenses (truancy, incorrigibility)-18%, (n=7)

Table II
FAMILY DEMOGRAPHIC CHARACTERISTICS

Group	n	%
Parent's Educational Level		
8 years	10	26
8-11 years	9	22
12 years	11	31
12-13 years	3	6
13-15 years	4	7
16 years	3	6
Marital Status		
Single	12	26
Intact	17	43
Remarried	11	31
Parent's Employment		
Welfare	10	26
White Collar(degree)	3	7
White Collar(no degree)	2	5
Domestic Work	4	10
Clerical Work	3	7
Blue Collar(skilled)	5	13
Blue Collar (unskilled)	1	3
Bartender	2	5
Unemployed	9	23
Monthly Income		
\$600 or less	9	23
\$600 to 900	14	34
\$900 to 1500	7	17
\$2100 or greater	10	25
Race		
White	29	69
Black	11	31

Offense information was unavailable on 5 (12%) of the youth.

The Circumplex Model

Hypothesis I proposes that families with delinquent children will be more extreme and dysfunctional as defined by the circumplex model than normal families. The circumplex model and location of sample families according to level of functioning are shown in Figure 1.

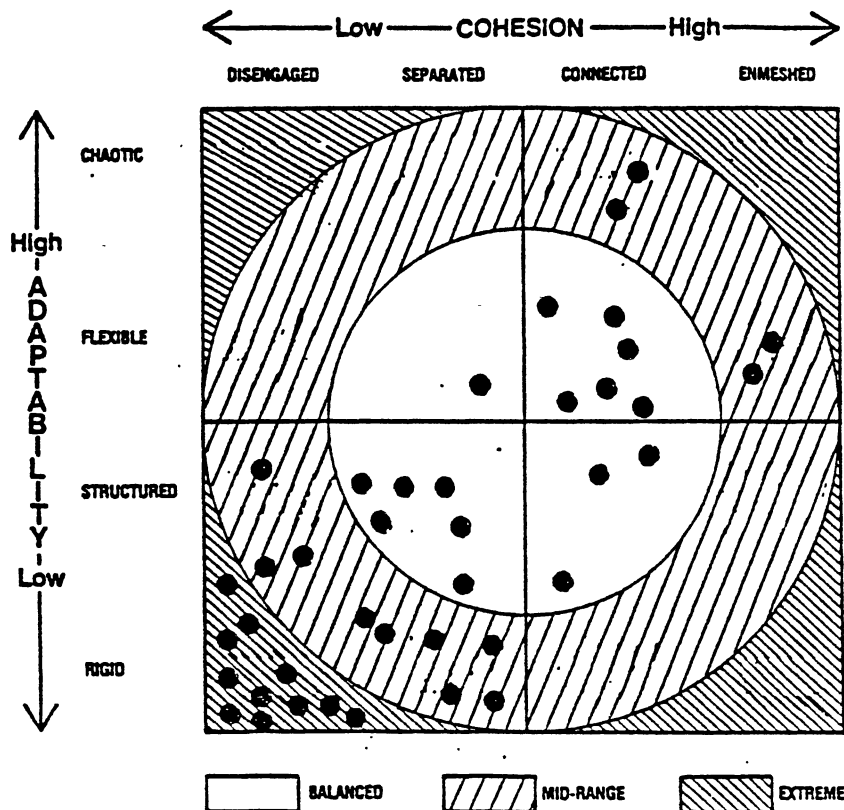


Figure 1. The Circumplex Model with location of sample families

As discussed in the previous chapter, the two dimensions that determine level of family functioning on the circumplex model are cohesion and adaptability. Family adaptability, as defined by Olson, Russell, and Sprenkle (1983) is the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress. The adaptability dimension has four levels or groups, low (rigid), low central (structured), high central (flexible), and high (chaotic). The most functional family systems, according to the circumplex model, are likely to be those in the central levels of the adaptability dimension, where there is a balance of stability and change. Family systems in the extreme ends of the dimensions for a prolonged period of time may experience problems and become "dysfunctional" as a family system. However, if all members concur with an extreme level of functioning or if it is the "norm" for a particular culture, group or family, the family may function well (Olson et al., 1980).

The cohesion variable of the circumplex model refers to the degree of emotional bonding family members have toward one another in the family system. Cohesion is also measured on the model at four levels ranging from disengaged (very low scores) to separated (low to moderate scores), to connected (moderate to high scores), to enmeshed (very high scores). According to Olson et al (1979) families operating on either extreme of the cohesion dimension are often less

functional. They can become too close, hampering individuation of family members, or too disengaged or isolated from one another. This isolation could result in high individual autonomy and limited commitment to the family. It is suggested that a "moderate" degree of family cohesion is more conducive to effective family functioning.

The two independent variables of cohesion and adaptability were combined to form three distinct family types, Extreme, Midrange and Balanced.

Reliability of Instruments

Reliability estimates for the scales and subscales utilized in data collection for the present study, follow in Appendix B.

Hypothesis I: Study Sample vs. Norms

The sample population was analyzed by frequencies to determine the number of individuals in each category of family functioning, Balanced, Mid-range, and Extreme. The results of the analysis of the study sample compared to national norms is depicted in Table III.

TABLE III

COMPARISON OF STUDY SAMPLE AND NATIONAL NORMS ACCORDING TO LEVEL OF FAMILY FUNCTIONING

LEVEL	Parents				Juveniles			
	Study sample (n=51)		Normative sample (n=2,030)		Study sample (n=40)		Normative sample (n=416)	
	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%	<u>n</u>	%
BAL	20	39.2	1076	53.5	11	28.2	192	46.6
MID	11	21.6	649	31.8	17	41.0	145	34.4
EXT	20	39.2	305	14.7	12	30.8	79	19.0

Note. Level of family functioning groups are: BAL=balanced, MID=midrange, EXT=extreme.

Family typology distributions of the sample from this study and the population data provided Olson (1983) indicated considerable differences in the proportions of the study sample to the normative sample, particularly in the extreme categories. Thirty-nine percent of the adults in this study were in the extreme group compared to only 14.7% of the normed sample of adults. Normative comparisons for the juvenile categories were similar but not as dramatic in that 30.8% of sample study of juveniles were located in the extreme category as opposed to 19% of the normative juveniles.

In the normal or balanced categories, 53.5% of the adults of and 46.6% of the juveniles were located compared to 39.2% the study sample adults and 28.2% of the juveniles.

The differences between the normative group and study

according to each of the four levels of adaptability and cohesion are summarized in Figures 2 and 3. The differences between the normative sample and the study sample on both the adaptability, $\chi^2(7, N = 90) = 45.87, p < .01$ and cohesion, $\chi^2(7, N = 90) = 40.87, p < .01$ dimensions were found to be statistically significant providing support for the hypothesis that families with delinquent children are different from normal families.

It is obvious that the major differences between the study sample and normative data are in the rigid categories of the adaptability dimension and in the disengaged categories of the cohesion dimension. In the study, 43.1% of the sample parents and 48.7% of the juveniles were located in the rigid (most dysfunctional) category while only 15.5% of the normative parents and 14.7% of the juveniles were found in this category. Large discrepancies were also found in the disengaged (most dysfunctional) category of the cohesion dimension. In the study, 45% of the sample parents and 35.9% of the juveniles were found to be disengaged while only 15.4% of parents and 17.6% of juveniles in the normed group were in this category. It should be reiterated that this is a non-random, relatively small sample in a primarily rural area and generalizations to larger populations are cautioned. The present study findings confirm other studies which have concluded that families of problem adolescents operate at the extremes of patterns of functioning and differ considerably in the type of family. The present study revealed that the

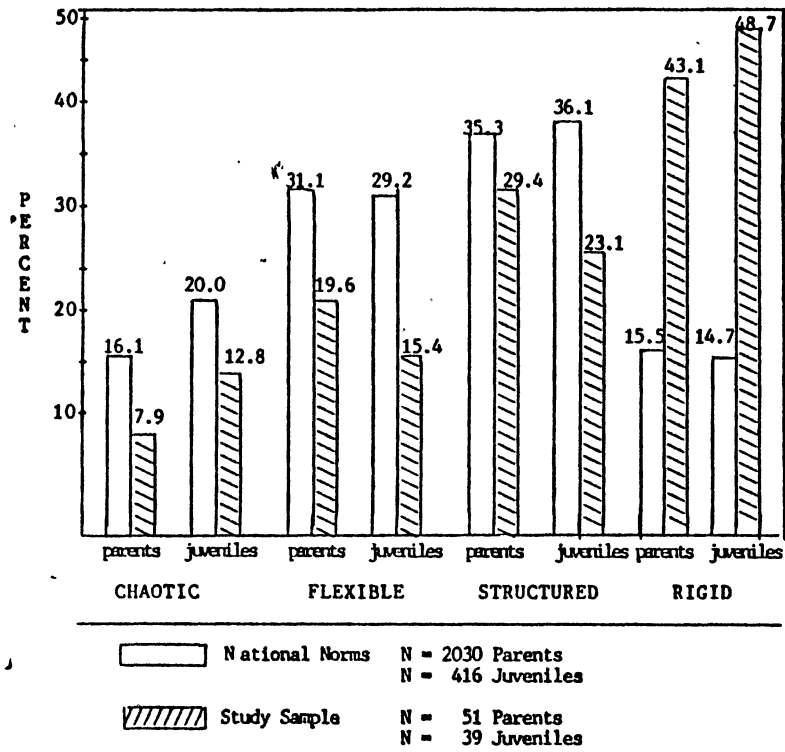


Figure 2. Adaptability
National Norms to Sample Comparison

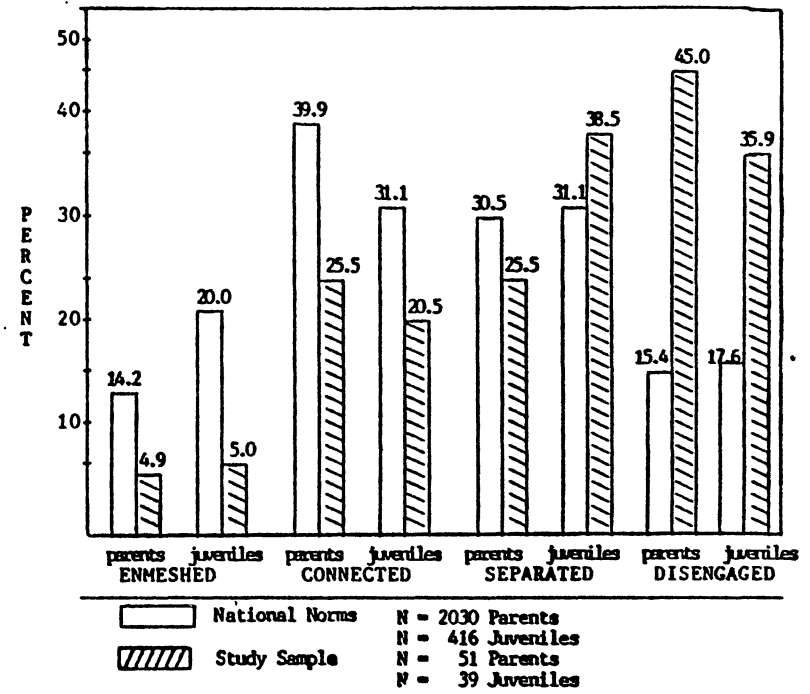


Figure 3. Cohesion
National Norms to Sample Comparison

majority of the families as dysfunctional were rigidly disengaged, while Garbarino, Sebes and Schellenbach (1984) found just the opposite. The majority of high risk families in their study were primarily of the chaotically enmeshed type. In Joyce Portner's (1981) study, the extreme families were of the chaotic-disengaged category.

Hypothesis II: Stress and Family Functioning

Hypothesis II predicts a relationship between individual parent and juvenile stress build-up and level of family functioning. This hypothesis was based on the circumplex model assumption that families who score at the extreme levels of the model will be less functional than mid-range or balanced families. It is postulated that families experiencing higher degrees of stress as measured by the PLEC and ALEC will be more dysfunctional therefore and more susceptible to symptomatic juvenile-acting out behavior.

Family stress has been defined as the accumulation of life events experienced by a family member during the previous 12 month period. It is expected that cumulative family life changes will be associated with a decline in family functioning and higher incidents of pathology among the individual members (Patterson and McCubbin, 1982). Since three distinct levels of family system functioning has been determined with the study population using the circumplex

model, statistical analysis was performed to investigate the relationship between individual member stress (ALEC)(PLEC) and family level functioning (FACES II).

Correlational coefficients were calculated between the adult stress scores (PLEC) and the juvenile stress scores (ALEC) and the adaptability and cohesion scores obtained on FACES II. Total correlations were computed as well as correlations for each group according to level of family functioning, balanced, mid-range and extreme (see Table IV). There were no strong relationships found between the two scales when analyzing total family scores or in the balanced or mid-range groups. A negative trend between parental stress and family cohesion was present in the group of balanced families ($r=-.40$) and between parental stress and juvenile adaptability in both balanced ($r=-.40$) and mid-range ($r=-.43$) families. These inverse relationships suggest that parental stress build-up is somewhat interrelated with family functioning on certain variables in the balanced and mid-range groups but this relationship is not strong. Further investigation of this trend is suggested. When looking at the relationships in the extreme family categories however much stronger relationships were found. Only among the families in this group was the relationship between parent-stress and juvenile-stress found to be positive, and it was very strong ($r=.80$). There was also a strong negative relationship between parental stress (PLEC) and juvenile cohesion (FACES II) ($r=-.63$). Strong

TABLE IV

CORRELATION COEFFICIENTS OF FAMILY VARIABLES
ACCORDING TO LEVEL OF FUNCTIONING

Instrument	Balanced	Mid-range	Extreme	Total
PLEC & ALEC	.10	.08	.80	.27
PLEC & PAPC(FAM)	-.10	.12	.68	.19
ALEC & PAPC(FAM)	.41	.09	.69	.33
COH(FAM) & PAPC(FAM)	-.18	-.73	-.40	-.41
ALEC & PAPC(J)	-.10	.24	.69	.28
PLEC & PAPC(A)	-.18	.13	.60	.18
PAPC(A) & PAPC(J)	.45	.81	.74	.54
ALEC & ADAPT(PAR)	-.44	.16	-.20	-.40
PLEC & COH(FAM)	-.40	-.37	-.07	-.24
PLEC & COH(J)	-.25	-.13	-.63	-.31
COH(J) & COH(A)	-.08	-.50	.26	.56
ADAPT(J) & ADAPT(A)	.18	.26	.58	.51
COH(J) & PAPC(J)	.04	.70	-.44	-.25

Note: These instruments and scales are fully described in the methods section.

LEGEND

- PLEC - PARENTS LIFE EVENTS CHECKLIST (stress scale)
- PAPC - PARENT-ADOLESCENT PROBLEM CHECKLIST (conflict scale)
- ALEC - ADOLESCENT LIFE EVENTS CHECKLIST
- COH - The cohesion dimension scale of the FACES II scale
- ADAPT - The adaptability dimension scale of the FACES II scale
- (J) - Juvenile sample scores on scale
- (A) - Individual adult scores on scale
- (PAR) - Combined parent scores on scale
- (FAM) - Combined family scores on scale

direct relationships were indicated between the amounts of stress that both parents and juveniles were experiencing in the extreme categories. This stress may have an influence on reduced family closeness. Direct causal relationships however are not presumed. It is not clear whether these families lack closeness because of the high stress levels of the individual members or if this disengagement fosters individual stress due to high individuation and potential lack of support available in the family system. The results do however give at least partial support for the hypothesis that stress is directly related to family dysfunction. This was found to be especially true in the extreme families.

Analysis of variance was conducted to investigate the relationship of stress to family functioning. The stress scores of each of the three levels of families were compared with each other to determine if they were significantly different. The juvenile stress scores were found to be significantly different between balanced and mid-range, $F(1,36) = 12.68$ $p < .001$ and between balanced and extreme $F(1,36) = 4.867$ $p < .05$ (see Table V). The differences between the mid-range families and extreme families were not found to be significantly different. The parental stress scores on the three groups were also determined to be significantly different between the balanced and extreme groups, $F(1,36) = 8.70$, $p < .01$, and between the balanced and mid-range groups, $F(1,36) = 4.4$, $p < .05$. As in the juvenile groups, no significant difference was found between the mid-range and

Table V

ANALYSIS OF VARIANCE OF STRESS, CONFLICT
AND FAMILY FUNCTIONING

Groups		Adolescent Stress (ALEC)		F-Score	Probability
Balanced & Mid-range		X= 19.06	X= 32.38	12.68	p=<.001
		n= 15	n= 16		
Balanced & Extreme		X= 19.06	X= 32.27	4.87	p=<.05
		n= 15	n= 11		
Mid-range & Extreme		X= 32.38	X= 32.37	1.33	N.S.
		n= 16	n= 11		

Groups		Parent Stress (PLEC)		F-Score	Probability
Balanced & Mid-range		X= 16.72	X= 24.75	4.4	p=<.05
		n= 18	n= 16		
Balanced & Extreme		X= 16.72	X= 27.6	8.70	p=<.01
		n= 18	n= 13		
Mid-range & Extreme		X= 24.75	X= 27.6	1.08	N.S.
		n= 16	n= 13		

Groups		Parent-Child Conflict (PAPC)		F-Score	Probability
Parents					
Balanced	X	N		.86	N.S.
	11.9	19			
Midrange	15.31	13			
Extreme	15.6	18			
Juveniles					
Balanced	X	N		.94	N.S.
	11.6	16			
Midrange	13.46	13			
Extreme	13.5	11			

extreme groups. These findings would seem to indicate that the mid-range families resemble the extreme groups more than the balanced groups in terms of stress. The finding that the balanced groups are significantly different than either mid-range or extreme families also supports the hypothesis that individual stress and family level of functioning are related.

Two levels of stress scores, high and low, were compared to three levels of family functioning, balanced, mid-range, and extreme, by chi square. Analysis of the juvenile scores ($2, N = 39$) = 15.4104, $p < .05$ revealed significant relationships between the highest stressed juveniles and extreme levels of family functioning. Fifty-six percent of the highly stressed juveniles came from the extreme families, while only 9% of the low stressed juveniles were found in the extreme group. Similar results were found when analyzing the parent scores. Forty-three percent of the high stressed adults were in the extreme family groups while only 13% of the low stressed families were in these categories, ($2, N = 49$) = 6.4237, $p < .05$. These findings lend strong support to the hypothesis that high stress is linked to family dysfunction.

Most Stressful Items

The ten most stressful items for adults and juveniles are listed in Tables VI and VII. The item that evoked the

Table VI

MOST STRESSFUL ITEMS
PARENTS

Item	Frequency	%
Change in behavior of children	27	53.0
Change in arguments with child	22	43.2
Death of relative or close friend	21	41.0
Major illness or accident of relative	19	37.3
Threats of marital separation	18	35.3
Actual separation	14	27.5
Major illness or accident of close relative	14	27.5
Increase of unpaid bills	13	25.5
Personal injury of illness	11	21.6
Change in living conditions	11	21.6

Table VII

MOST STRESSFUL ITEMS
JUVENILES

Item	Frequency	%
Police arrest	25	62.5
Problems with police	23	57.5
School problems/bad grades	18	44.5
Arguments with parents	17	42.5
Physical threats or hits	15	37.5
Parents' conflict or violence	15	37.5
Use of alcohol	14	37.0
Relationship with opposite sex	14	35.0
Family money problems	12	30.0
Threats of being "sent off"	11	27.5

greatest response in terms of stress on the parents' scale was "change in behavior of children" which was reported by 53% of the parents. "Change in arguments with child" was reported by 43.3% of the parents followed closely by "death of close friend or relative" (42.2%). Not surprisingly, the juveniles listed "police arrest" as the most stressful item (62.5%) followed closely by "problems with police" (57.5%) and "school problems" (44.5%). The two most frequently reported items by both juveniles and adults seemed to be linked with the crises that the juveniles' behavior had triggered within the family system. In some cases this may be very situational, and in others it may be the precipitating factor that has brought the potentially dysfunctional family to the attention of an outside agency. The ability to differentiate between situational problems in relatively normal families and problems which are reflecting extremely dysfunctional families is what is needed in juvenile justice agencies and was one of the goals of this research.

Hypothesis III: Parent Adolescent Conflict and Family Functioning

Hypothesis III stated that families with extreme scores on the circumplex model (FACES II) would have greater amounts of conflict between parents and adolescents. This hypothesis is also based on the circumplex model proposition that

families scoring on the extreme of the circumplex will be less functional than mid-range or balanced families. The relationship between parent-adolescent problems and family functioning was investigated with a chi-square analysis of families reporting high and low conflicts and level of functioning. Analysis of variance was conducted between the means of the groups according to level of functioning, and Pearson r correlational coefficients were computed to study the strength of relationships between the conflict scale (PAPC) and other variables utilized in the study.

Statistical analyses revealed no significant differences between any of the group conflict scores for either juveniles or adults. Descriptive frequencies of the group mean scores do reflect the predicted trend that the more extreme the family on the circumplex model the more conflict (Table VIII). Since the differences are not statistically significant however, further investigation is warranted.

Table VIII

PARENT-ADOLESCENT CONFLICT AND FAMILY FUNCTIONING

PAPC Response	Family Functioning			
	Balanced N = 34		Mid-R & Extreme N = 54	
	<u>n</u>	X	<u>n</u>	X
High Conflict	56	1.6	114	2.11
Some Conflict	276	8.7	641	11.87
Total Conflict	310	9.1	755	13.98

It was hypothesized that there would be high correlations between stress, conflict and extreme levels of family functioning. Correlation coefficients indicate support for this hypothesis on several variables. A strong relationship was noted between stress and conflict scores of both parents ($r=.68$) and juveniles ($r=.69$) within the extreme family group. Positive correlations were also noted between parent and juvenile scores on the total family sample ($r=.54$). An inverse relationship trend that was noted between conflict and cohesion also supported the hypothesis. This negative relationship existed throughout the total family scores ($r=-.41$) but was especially strong in families in the mid-range category ($r=-.73$) and to a lesser degree in the extreme families ($r=-.58$). These findings indicate that how close a

family feels to each other and conflict. Although the relationship was not found to be as strong, similar results were found between conflict and the adaptability dimension among the balanced parent category ($r=-.40$). This moderate relationship among the balanced group of adults may be indicative of the conservative (more rigid) nature of the families in this primarily rural area. It would be expected that any mis-behavior among the juveniles in these typically conservative families would produce higher conflict. There was no strong relationship between rigidity and conflict as might be expected in the extreme families total scores ($r=-.11$), but the relationship was strong among the mid-range families ($r=-.51$) and, to a lesser degree, in the normal or balanced families ($r=-.31$). The relationship between the adult rigidity and adult conflict scores in the balanced families was somewhat higher ($r=-.40$). The lack of relationship between rigidity and conflict among the extreme functioning families could possibly be due to disengagement among family members. There is much stress and conflict in these families but they may be so disengaged that the rigidity is not a strong factor. In the balanced and mid-range families, where the relationship between conflict and rigidity is stronger, families tend to be more cohesive and sensitive to the areas of conflict which may be caused by the adolescent life-stage.

In general, the relationship between cohesion, stress, and conflict were strongest and most consistent in the most

extreme families on the dimensions of the circumplex model. This tends to support the hypothesis that high stress, conflict and family dysfunction are related. Although many of the relationships are not very strong, there is much inconsistency among the findings. This suggests that more research is needed using the instruments with a variety of larger populations. Selected correlational coefficients according to level of family functioning were presented on Table III.

Hypothesis IV: Juvenile Offenses and Family Functioning

Frequencies of the offenses committed by the juveniles were grouped according to type and analyzed according to family type. Even though it is cautioned that the sample is small, non-random and geographically biased the results were interesting. The relatively minor offenses, often thought of as a phase of growing up (liquor violations, petty theft shoplifting, and vandalism) were concentrated in the balanced and mid-range sections. The offenses against persons (assault) and status offenses such as truancy and runaway tended to be more extreme (see Figure 4). Even though status offenses are viewed as less serious from society's perspective than the criminal type offense, they may be more may be more serious indicators of serious family dysfunction. A chi-square analysis of the offenses according to

TYPE OF DELINQUENT ACT

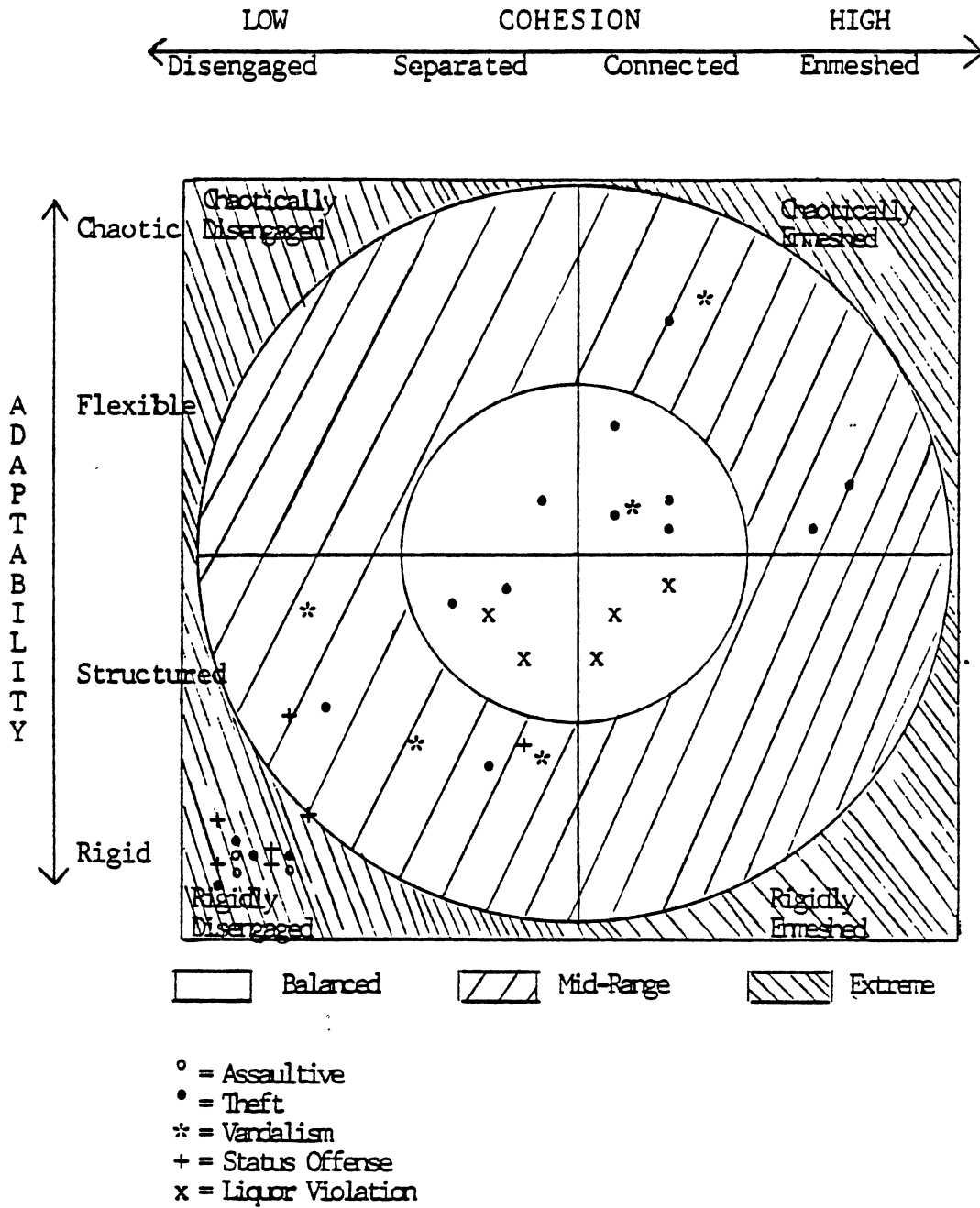


Figure 4. Type of Offense and Family Functioning

traditional types of delinquent behavior compared to the assaultive and status cases on the three levels of family functioning was found to be significant, $(2, N = 22) = 11.83, p < .01$. Results indicated that 70% of the status and assaultive offenders were in the extreme category compared to only 19% of the traditional offenders. All five of the liquor cases were found in the balanced category.

Hypothesis V: Socio-economic Variables and Family Functioning

Hypothesis V proposes that families' level of functioning will be influenced by socio-economic variables. Demographic data were analyzed and comparisons were made of key socio-economic variables according to level of functioning. The results are presented in Table IX.

Income

Among the extreme families 72% were found to have monthly take home income of under \$900, compared to only 31% families in the balanced group. Among the balanced group, 38% had incomes of over \$2100, per month while none of the extreme families had this level of income. On all levels the most dysfunctional families had significantly less monthly income than the balanced families, $\chi^2(2, N = 40) = 6.49, p < .05$. This conclusion was supported by the finding that the

Table IX

FAMILY SYSTEM CHARACTERISTICS
ACCORDING TO LEVEL OF FAMILY FUNCTIONING

Variable	Extreme		Mid-range		Balanced	
	n	%	n	%	n	%
Income						
Under \$900	8	72.7	7	54.0	5	31.0
\$900-\$1200	3	27.3	2	15.0	5	31.0
Over \$1200	0	---	4	31.0	6	38.0
Rent	10	91.0	6	46.0	6	38.0
Educational Level						
Non High School	8	72.7	5	38.4	7	44.0
High School Grad	3	27.3	6	46.2	3	19.0
Some College	0	---	2	15.4	4	25.0
Degree	0	---	0	---	2	12.0
Average Number of Children		3.4		2.9		2.6
Marital Status						
Single	6	55.0	3	23.0	3	18.8
Intact Family	3	27.0	6	46.0	8	50.0
Remarried	2	18.0	4	30.8	5	31.2
Race						
White	4	36.0	10	77.0	15	31.2
Black	7	64.0	3	23.0	1	6.0

vast majority of the extreme families (91%) rented their residence compared to only 46% of the mid-range families and 38% of the balanced families.

Education

A comparison of educational level revealed that only 27.3% of the extreme parents had finished high school compared to 62% of the mid-range group and 56% of the balanced group. None of the extreme families had any college education while 15.4% of the mid-range families had attended college as had 37% of the Balanced families.

Number of Children

Comparisons of average number of children in each category revealed a steady increase in the average from the balanced families to the extreme families. The balanced families were found to have an average of 2.6 children at home compared to 2.9 in the mid-range families and 3.4 in the extreme categories.

Marital Status

The majority of families in the extreme group were found to be headed by a single female (55%) while only 27% included the original intact family. About half of both the

mid-range families (46.2%) and the balanced families (50%) were original intact families. Among the extreme families, 45% had a husband and wife together in the home (original or remarriage) compared to over 80% in both the mid-range and balanced families. Chi square analysis, $(2, N = 40) = 3.76, p < .0525$, confirmed the significant differences between the married and single households according to family level of functioning.

Race

As reported earlier, 28% of the total sample were Black and 72% were White. A particularly revealing finding for this sample is that even though only 27% of the total population were Black, 64% of the families in the dysfunctional categories were Black compared to only 6% of the balanced families. Whites comprised 77% of the mid-range category and 94% of the balanced families. Significance of these differences was confirmed with a chi square analysis, $(2, N = 40) = 10.95, p < .01$.

It becomes apparent, when analyzing the socio-economic variables that the families with the fewest resources are the ones experiencing the greatest difficulties in family systemic functioning confirming Hypothesis V.

Summary

The results presented in this chapter was based on information obtained from 40 families of juveniles who had been referred to juvenile court intake in a primarily rural area of Southeastern Missouri. Conclusions should be limited to the sample population which may not be representative of families in general.

Generally, the findings support four of the five hypotheses that were proposed for the study. Significant differences were not found between conflict and level of family functioning, but conflict was found to correlate positively with stress in the extreme families. The circumplex model was found to significantly discriminate between three levels of family functioning among the study sample. It was determined that the sample differed significantly from the national norms. The study sample was found to be heavily skewed toward the extreme end of the circumplex as postulated with the extreme families all being much less cohesive and significantly more rigid than the normed group. The juveniles from the extreme families tended to commit more violent crimes (assault) or status offenses such as runaway, incorrigibility or truancy. The balanced and mid-range families were more likely to commit property crimes such as petty theft, minor vandalism or liquor related offenses such as buying beer with fake identification or under-age possession of alcoholic beverages.

When analyzing socio-economic variables it was found that even though over 70% of the sample population was White, a significant majority of the extreme population was comprised of Blacks. These most dysfunctional families were found to have significantly less income and tended to be headed by a single female, and had more children than the other two groups. It was concluded that among this sample, families with the fewest socio-economic resources were experiencing the greatest difficulty in functioning as a healthy family system. In these most extreme families, correlations revealed that there were direct relationships between lack of family cohesiveness, stress, and conflict. The relationship between family rigidity and conflict was not found to be as strong and it was proposed that the lack of cohesiveness or disengagement in the extreme families tended to negate the significance of the conflict due to their lack of closeness.

CHAPTER V
SUMMARY OF FINDINGS AND RECOMMENDATIONS
FOR FURTHER STUDY

Juvenile and family courts across the country deal with multi-problemmed families on a daily basis. They are in the unique position of being the primary screening agency for thousands of families who are experiencing problems with their juvenile court age children. Historically, juvenile courts have directed most of their resources in trying to solve the individual juvenile's problem rather than trying to help the entire family. Juvenile courts have generally not been successful because many of the juvenile's problems are the result of their family system and little is being done to help (Rowan, 1975). Some of the juvenile courts claim to be concerned with the family but in reality few have special programs or staff that emphasize true family involvement. The programs that do emphasize the family have been found to be significantly more successful than those who focus primarily on just the child. (Johnson, 1977; McDonald and Dyer, 1983; Whitt, 1979; Springfield, 1975).

A review of the literature also revealed that approaches based on family systems theory (Von Bertalanffy, 1968) have had very promising results with

juveniles in a variety of settings (Beal & Drucko, 1977; Ezzo, 1980; Alexander & Parsons, 1977). One of the problems however is that little has been done in the way of development of a total family systems assessment strategy (Cromwell & Keeney, 1979). One of the most promising instruments (FACES II) was developed by Olson (1983) to assess families according to type or level of functioning. Additional instruments were developed for this research project to use in conjunction with FACES II. These instruments included an adolescent life stress scale (ALEC), a parent life stress scale (PLEC), a parent-child conflict scale (PAPC) and family and individual background information forms (FBIF, ABIF, JBIF). The background forms were constructed to obtain basic demographic data from the individuals as well as certain interpersonal scores.

These instruments, used in conjunction with FACES II provided the basis for the family assessment strategy and method for gathering data. A total of 40 families which included the juvenile offender and at least one parent were administered the various instruments while waiting for a juvenile court intake session with a caseworker. These families all resided in a non-metropolitan area of Southeastern Missouri and included a total of 51 parents and 40 juveniles. The juveniles had been referred to the court intake session by a law enforcement agency for various offenses. These offenses included: Theft-shoplifting (43%), vandalism (14%), liquor violations (14%), assault

(9%) and various status offenses including runaway, chronic truancy, incorrigibility (20%).

Twenty-eight percent of the families were black and 72% were white. Generally the majority were from the lower to lower-middle class. The study sample was accidental and non-random and consisted of the majority of families referred during a nine-week period. Juvenile court caseworkers stated that the sample was representative of the typical case that is referred.

Results from statistical analysis of data obtained with the FACES II instrument revealed significant differences between the study sample and the national norms when balanced, mid-Range and extreme families were compared. It was also determined that the stress levels of these three groups also were significantly different from each other and corresponded with the level of family functioning. The balanced families scored lowest on the stress scales followed by the mid-range families and the extreme families had the highest accumulated stress scores. Correlations between level of family functioning (FACES II) and stress (ALEC & PLEC) were found to be strongest in the most dysfunctional families and an inverse relationship trend was noted between stress and family cohesiveness. The closer the families felt to each other, the lower stress scores tended to be.

Significance was not found between the three levels of family functioning on the conflict (PAPC) scores although

the trend was present. The extreme families had the highest conflict score means and total conflict responses although the results were not statistically significant.

Relationships were found between the parent-child conflict scores and both parent and juvenile stress scales in the extreme families suggesting strong interrelationships between these variables in the most dysfunctional families. As found in the stress scores, correlational trends were also found between parent-child conflict and cohesion. This was also a negative relationship indicating that lack of family closeness was related to family conflict. Generally, conclusions can be drawn from the data that cumulative family member stress, parent-child conflict and level of family functioning are positively related. The more dysfunctional families tend to be experiencing greater levels of stress and parent-child conflict and less family closeness.

A comparison of family type and juvenile offense also resulted in some interesting and significant findings. Assaultive offenses, generally considered to be more serious because they are crimes against persons, were all committed by juveniles in the extreme families. Status offenses, although not considered to be serious crimes against society but may be indicative of more turmoil in the family system (runaway, incorrigibility etc,) were also most highly represented in the extreme and mid-range functioning families. The property and liquor offenses, often thought of as more

normal and situational adolescent acting-out behaviors were more heavily represented in the normal or balanced group. These offenses typically included petty shoplifting, buying liquor with a phoney identification card and driving a three-wheeler across a neighbors yard. Statistical analysis of the assaultive-status offender group compared to the property-liquor group revealed that the differences were significant when compared to family functioning.

Analysis of the socio-economic variables gave strong support for the contention that the families with the fewest economic, educational and marital resources are the most functional. The majority of the most dysfunctional (extreme) families were headed by a single-parent, Black female with an income of less than \$900.00 per month. The balanced families were found to generally be better educated, have higher incomes and be headed by husband-wife dyads.

One of the questions most often asked by the juvenile court staff during the research was whether or not the battery of instruments would help determine which families needed the most help and which ones were basically normal. One of the purposes of this project was to develop such an assesment strategy that would have this type of practical significance. The results are promising and, at least for the sample population, the families at most risk were identified on several key variables. The circumplex model was found to be an excellent tool diagnosing levels of

family functioning and has great potential for widespread practical use in juvenile court settings. Utilizing FACES II in conjunction with other instruments seems to be particularly beneficial in the establishment of a much needed "continuum of risk" assessment strategy. Some directions and recommendations for continued research in this area include:

1. Incorporate a behavioral-observational diagnostic tool, such as the Kvebaek Family Sculpture technique into the assessment strategy to enable the reasearcher/clinician to observe the family interactional patterns.
2. Continue to refine the research instruments through factor analysis and other methods to increase their reliability and validity and clinical usefulness. The various insruments need to be condensed and consolidated as much as possible into one or at the most two instruments instead of the burdensome seven utilized in this study.
3. The sample population used in this study was relatively small and non-random and undoubtedly biased toward rural populations. Research should be expanded to larger and more diverse populations and norms should be established.
4. Scales should be incorporated that more fully assess supra-systemic influences such as work, peers, and school system influences.

5. Family profile summaries should be developed to assist practitioners in interpreting the data.

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APPENDIXES

APPENDIX A
INSTRUMENTS

FAMILY DIAGNOSTIC PROJECT

OKLAHOMA STATE UNIVERSITY

FORM AB ADULT BACKGROUND INFORMATION

ID _____

1. What is your age? _____ 2. Sex: Male _____ Female _____
3. What is your marital status? (Check ONE category and write in the number of years in that status.)
- | | |
|---|--|
| _____ Single (Never Married) | _____ Married (Separated) How Long? _____ |
| _____ Single (Divorced) How Long? _____ | _____ Married (Living Together) How Long _____ |
| _____ Single (Widowed) How Long? _____ | _____ Remarried - How Long? _____ |
| | [Number of times married? _____] |
4. Are you currently employed? _____ Yes _____ No
- If yes, what is your job title? _____
5. Check the highest level of education completed by yourself.
- | | |
|---|----------|
| Less than 8 years of school | a. _____ |
| Some High School | b. _____ |
| Finished high school | c. _____ |
| Vocational training (After high school) | d. _____ |
| Some college, did not finish | e. _____ |
| College degree completed | f. _____ |
| Graduate or professional training | g. _____ |
6. How many natural or adopted children do you have? _____
- Of these children, how many still live in your household? _____
- Please list the ages of your children _____; _____; _____; _____; _____; _____; _____.
7. Where did you live most of your childhood?
- | | |
|----------------------------------|--|
| _____ Farm | _____ Town, 2,500 to 25,000 people |
| _____ Rural area, but not a farm | _____ Small city, 25,000 to 100,000 people |
| _____ Town, less than 2,500 | _____ Large city, over 100,000 people |
8. What is your present living situation?
- | | |
|------------------------------|-----------------------------|
| _____ Living with own family | _____ Living with relatives |
| _____ Living with parents | _____ Living with friends |
| _____ Living alone | _____ Other |
9. How religious would you say the following people are?
- | | very | somewhat | not very |
|---------------|-------|----------|----------|
| Self | _____ | _____ | _____ |
| Your Spouse | _____ | _____ | _____ |
| Your Parents | _____ | _____ | _____ |
| Your Children | _____ | _____ | _____ |

10. How well do you get along with the following:

	Very Well	Fairly Well	Poorly	Does Not Apply
Your Spouse	_____	_____	_____	_____
Your Parents	_____	_____	_____	_____
Your In-laws	_____	_____	_____	_____
Your Brothers	_____	_____	_____	_____
Your Sisters	_____	_____	_____	_____
Your Employer	_____	_____	_____	_____
School Officials	_____	_____	_____	_____

11. While growing up, were you told by your parents to defend yourself if you were physically hit by another child? _____ Yes _____ No

12. Under what conditions does violence occur in your former or current home.

	Your Family While Growing Up	Your Current Family Situation
To get someone to do something you want For punishment	_____ Yes _____ No	_____ Yes _____ No
Only when someone uses physical or verbal violence first	_____ Yes _____ No	_____ Yes _____ No
When no other method for resolving a problem would work	_____ Yes _____ No	_____ Yes _____ No
Under no conditions whatever	_____ Yes _____ No	_____ Yes _____ No

13. Which of the following occurred in your former or current family?

	Your Family While Growing Up	Your Current Family Situation
Your father hit the children	_____ Yes _____ No	_____ Yes _____ No
Your mother hit the children	_____ Yes _____ No	_____ Yes _____ No
Brothers and sisters hit each other	_____ Yes _____ No	_____ Yes _____ No
Children hit either or both parents	_____ Yes _____ No	_____ Yes _____ No
Father hit mother	_____ Yes _____ No	_____ Yes _____ No
Mother hit father	_____ Yes _____ No	_____ Yes _____ No

14. When conflict has occurred in your family, did family members ever attempt to stop it by calling in: (Check all that apply.)

_____ Relatives _____ Friends
 _____ Neighbors _____ Police

15. Has your temper ever created a problem in your relationships? _____ Yes _____ No

16. Did you ever run away from home overnight before your 18th birthday?
 _____ Yes _____ No

17. Were you ever arrested or apprehended by the police before your 18th birthday?
 _____ Yes _____ No

18. Have you ever spent time in a juvenile detention center or institution before your 18th birthday? _____ Yes _____ No

19. As an adult, have you ever spent time in a jail or prison? _____ Yes _____ No

20. Did your drinking or drug use ever create problems for you before your 18th birthday?
 _____ Yes _____ No

21. As an adult, has your drinking or drug use ever create problems for you? _____ Yes _____ No

INSTRUCTIONS: The following statements contain topics which many people have differing opinions. Please read each statement and select the response which best fits your opinion.

1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
------------------------	------------	---------------	---------------------------

(Circle One)

- 1 2 3 4 22. These days a person does not really know whom he can count on.
- 1 2 3 4 23. It is impossible for me to believe that chance or luck plays an important role in my life.
- 1 2 3 4 24. I am able to do things as well as most other people.
- 1 2 3 4 25. Obedience and respect for authority are the most important things in character that children should learn.
- 1 2 3 4 26. We should all admire a man who starts out bravely on his own.
- 1 2 3 4 27. Who gets to be boss often depends on who was lucky enough to be in the right place first.
- 1 2 3 4 28. Nowadays a person has to live pretty much for today and let tomorrow take care of itself.
- 1 2 3 4 29. Young people sometimes get rebellious ideas but as they grow up they ought to get over them.
- 1 2 3 4 30. Many times I feel that I have little influence over the things that happen to me.
- 1 2 3 4 31. The raising of one's social position is one of the more important goals in life.
- 1 2 3 4 32. At times I think I am no good at all.
- 1 2 3 4 33. Do what you want to do that's fun and worry about the future later.
- 1 2 3 4 34. Most people can be trusted.
- 1 2 3 4 35. There is little use writing to school officials because they often are not really interested in the problems of the average person.
- 1 2 3 4 36. The solution to almost any human problem should be based on the situation at the time, not on some general idea of right or wrong.
- 1 2 3 4 37. No one is going to care much what happens to you, when you get right down to it.

1 STRONGLY AGREE	2 AGREE	3 DISAGREE	4 STRONGLY DISAGREE
------------------------	------------	---------------	---------------------------

(Circle One)

- 1 2 3 4 38. On the whole, I am satisfied with myself.
- 1 2 3 4 39. In spite of what people say, the lot of the average man is getting worse, not better.
- 1 2 3 4 40. One should not depend on other persons or things, the center of life should be found inside one's self.
- 1 2 3 4 41. Getting people to do the right thing depends upon ability, luck has little or nothing to do with it.
- 1 2 3 4 42. Most people tend to look out for their own interests first.
- 1 2 3 4 43. Ambition is the most important factor in determining success in life.
- 1 2 3 4 44. If you don't watch yourself, people will take advantage of you.
- 1 2 3 4 45. You have to respect authority and when you stop respecting authority, your situation isn't worth much.
- 1 2 3 4 46. Becoming a success is a matter of hard work, luck has little or nothing to do with it.
- 1 2 3 4 47. One should always try to live in a highly respectable residential area, even though it entails sacrifices.
- 1 2 3 4 48. In life, a person should for the most part, "go it alone", working on his own and trying to make his own life.
- 1 2 3 4 49. Getting a good job depends mainly on being in the right place at the right time.
- 1 2 3 4 50. Since no values last forever, the only real values are those that fit the needs of right now.

CONFIDENTIAL

INVENTORY OF PARENT-ADOLESCENT CONFLICT

SHORT FORM

DIRECTIONS: Read each item carefully before selecting the answers you think best fit the situations.

10. The Speeding Ticket - Modifying the Punishment

John was given a speeding ticket. His punishment was that he couldn't use the car for one month. Three weekends after the incident is the yearly homecoming game and dance for which John already has a date. Without the car, John won't be able to go. Should an exception be made for this weekend?

- a. Yes, John should be able to go to the game and dance.
- b. No, the punishment should be enforced without exception.

11. Name-calling When Disagreeing

When Jo and her mother disagree, Jo's mother usually becomes extremely angry and calls Jo ungrateful, whining, disrespectful, and so on. Jo reacts to this by storming out of the house. As a result, they never solve their problems.

- a. Jo's mother should not call Jo names.
- b. Jo should stay and settle things rather than running away.

12. Runaway--Choice of Where to Live

Stacey doesn't get along with her parents. She thinks they are unreasonable, and when things get really bad she leaves home. Since she is under age, the police usually pick her up, and after a lecture, take her home. Stacey wants to leave home for good, but her parents refuse to let her. They say she is their daughter and will live at home.

- a. Her parents are right in expecting her to stay until she is 18.
- b. Stacey should be able to live someplace else since she is so miserable at home.

13. Reluctance to Have Parents Meet Friends

Mary acts embarrassed about introducing her friends, particularly boys, to her parents because she thinks her parents are rather old fashioned. Mary should:

- a. Avoid situations where introductions are necessary.
- b. Suffer the discomfort in order to please her parents.

14. Uncommunicative -- Lack of Confiding

Nancy seemed much more willing to confide in her parents before adolescence than she does now. In fact, her parents feel somewhat cut-off from her. They aren't sure whether this is normal or whether it should be considered a problem for which they should seek outside help.

- a. This is normal. There is really nothing they can do.
- b. They should seek outside help.

15. Dating Behavior

Mr. and Mrs. Smith suspect that their son is getting too serious with his girlfriend. When he returns from a date, his clothing is messed up, the car windows are steamed up, and he can't account for large amounts of his time with her.

- a. This kind of behavior is natural, and there is no need to worry.
- b. Mr. and Mrs. Smith should be concerned about this leading to serious sexual involvement.

16. Teen-Ager's Choice of Friends

John has a group of friends that he spends most of his free time with. They have fun together and occasionally raise a little mischief. John's parents are fearful that they might get into real trouble. John thinks his parents nag him too much about his friends, and that he has a right to spend time with whomever he chooses.

- a. The parents' concern is justified.
- b. John should pick his friends as he wishes.

17. Uncovering Son's Magazines

While changing a sheet in her 15 year old son's room, Mrs. Jones discovered a pornographic magazine which included pictures of sexual intercourse. When she brought up the matter to her husband, he just smiled and said, "Boys will be boys." Mrs. Jones is concerned about the influence this material will have on her son, and is afraid the younger children might see it. Should Mr. & Mrs. Jones:

- a. Discuss the matter with their son.
- b. Ignore the matter.

18. Messy Bedroom

Mr. & Mrs. Jones have been having a running battle with their son, John, over his messy bedroom. The parents think it is important for John to develop neater personal habits. John feels that since it is his private room, his parents should stop bugging him about its condition.

- a. It is John's room, so the situation should be ignored.
- b. The situation should not be ignored; John's parents have a responsibility to help him develop good personal habits.



INVENTORY OF PARENT-ADOLESCENT CONFLICT

By
David H. Olson, Joyce Portner, Richard Bell

FORM A

ID _____


CASE DESCRIPTIONS	WHAT SHOULD THEY DO?	FAMILY CHOICES			HAS SOMETHING LIKE HAPPENED IN				WHO SHOULD HAVE THE FINAL SAY?		Item Number	JOINT DECISION What Should They Do?
		Adolescent	Father	Mother	Your Family		Other Fam. You Know?		Parent	Adolescent		
					YES	NO	YES	NO				
10. The Speeding Ticket – Modifying the Punishment	A. Yes, John should be able to go to the game and dance	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	10	(A)
	B. No, the punishment should be enforced without exception	(B)	(B)	(B)								(B)
11. Name-calling When Disagreeing	A. Jo's mother should not call Jo names	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	11	(A)
	B. Jo should stay and settle things rather than running away	(B)	(B)	(B)								(B)
12. Runaway – Choice of Where to Live	A. Her parents are right in expecting her to stay until she is 18	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	12	(A)
	B. Stacey should be able to live someplace else since she is so miserable at home	(B)	(B)	(B)								(B)
13. Reluctance to Have Parents Meet Friends	A. Avoid situations where introductions are necessary	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	13	(A)
	B. Suffer the discomfort in order to please her parents	(B)	(B)	(B)								(B)
14. Uncommunicative – Lack of Confiding	A. This is normal. There is really nothing they can do	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	14	(A)
	B. They should seek outside help	(B)	(B)	(B)								(B)
15. Dating Behavior	A. This kind of behavior is natural and there is no need to worry	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	15	(A)
	B. Mr. and Mrs. Smith should be concerned about this leading to serious sexual involvement	(B)	(B)	(B)								(B)
16. Teenager's Choice of Friends	A. The parents' concern is justified	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	16	(A)
	B. John should pick his friends as he wishes	(B)	(B)	(B)								(B)
17. Uncovering Son's Magazine	A. Discuss the matter with their son	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	17	(A)
	B. Ignore the matter	(B)	(B)	(B)								(B)
18. Messy Bedroom	A. It is John's room, so the situation should be ignored	(A)	(A)	(A)	Y	N	Y	N	(P)	(A)	18	(A)
	B. The situation should not be ignored. John's parents have a responsibility to help him develop good personal habits	(B)	(B)	(B)								(B)

STOP HERE

FACES II

ID _____

by
David H. Olson, Joyce Portner, and Richard Bell

 Family Social Science
University of Minnesota
290 McNeal Hall
St. Paul, Minnesota 55108

INSTRUCTIONS: Please answer all questions using the 1-5 scale. Write the number of your response on the line in front of each item.

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

- ___ 1. Family members are supportive of each other during difficult times.
- ___ 2. In our family, it is easy for everyone to express his/her opinion.
- ___ 3. It is easier to discuss problems with people outside the family than with other family members.
- ___ 4. Each family members has input in major family decisions.
- ___ 5. Our family gathers together in the same room.
- ___ 6. Children have a say in their discipline.
- ___ 7. Our family does things together.
- ___ 8. Family members discuss problems and feel good about the solutions.
- ___ 9. In our family, everyone goes his/her own way.
- ___ 10. We shift household responsibilities from person to person.
- ___ 11. Family members know each other's close friends.
- ___ 12. It is hard to know what the rules are in our family.
- ___ 13. Family members consult other family members on their decisions.
- ___ 14. Family members say what they want.
- ___ 15. We have difficulty thinking of things to do as a family.
- ___ 16. In solving problems, the children's suggestions are followed.
- ___ 17. Family members feel very close to each other.
- ___ 18. Discipline is fair in our family.
- ___ 19. Family members feel closer to people outside the family than to other family members.
- ___ 20. Our family tries new ways of dealing with problems.
- ___ 21. Family members go along with what the family decides to do.
- ___ 22. In our family, everyone shares responsibilities.
- ___ 23. Family members like to spend their free time with each other.
- ___ 24. It is difficult to get a rule changed in our family.
- ___ 25. Family membes avoid each other at home.
- ___ 26. When problems arise, we compromise.
- ___ 27. We approve of each other's friends.
- ___ 28. Family members are afraid to say what is on their minds.
- ___ 29. Family members pair up rather than do things as a total family.
- ___ 30. Family members share interests and hobbies with each other.

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PARENTS LIFE EVENTS CHECKLIST

INSTRUCTIONS: Many events occur during a given year that create a certain amount of stress in our lives. Please look at the list below and check those events which have occurred during the PAST YEAR (12 months) and rate the amount of stress experienced with each event.

ID _____

NO, life event did not occur
 YES, life event occurred but was not stressful
 YES, life event occurred and was stressful
 YES, life event occurred and was highly stressful

0 1 2 3

- 0 1 2 3 01. Your marriage or remarriage
 0 1 2 3 02. Threats of marital separation
 0 1 2 3 03. Marital separation
 0 1 2 3 04. Threats of divorce
 0 1 2 3 05. Marital reconciliation
 0 1 2 3 06. Pregnancy of wife or your child
 0 1 2 3 07. Miscarriage of wife or your child
 0 1 2 3 08. Abortion for wife or your child
 0 1 2 3 09. Change of birth control method
 0 1 2 3 10. Sex difficulties
 0 1 2 3 11. Change in living conditions
 0 1 2 3 12. Change in parent responsibility
 0 1 2 3 13. Change in personal habits
 0 1 2 3 14. Change in sleeping habits
 0 1 2 3 15. Change in eating habits
 0 1 2 3 16. Change in religious beliefs
 0 1 2 3 17. Death of relative or close friend
 0 1 2 3 18. Major illness/accident of any relative/friend
 0 1 2 3 19. Major illness/accident of close relative/friend
 0 1 2 3 20. Trouble with boss---at work
 0 1 2 3 21. Change in job or job responsibilities
 0 1 2 3 22. Change in work hours or conditions
 0 1 2 3 23. Fired at work---loss of job---strike
 0 1 2 3 24. Change in financial state
 0 1 2 3 25. Change to different line of work

NO, life event did not occur
 YES, life event occurred but was not stressful
 YES, life event occurred and was stressful
 YES, life event occurred and was highly stressful

0 1 2 3

- 0 1 2 3 26. Foreclosure of mortgage or loan
 0 1 2 3 27. Change in number of arguments with spouse
 0 1 2 3 28. Change in use of legal/illegal drugs
 0 1 2 3 29. Divorce or remarriage of parents
 0 1 2 3 30. Relative/friend moved in with you
 0 1 2 3 31. Trouble with in-laws
 0 1 2 3 32. Long vacation (over 2 weeks at one time)
 0 1 2 3 33. Change in social activities
 0 1 2 3 34. Change in recreation activities
 0 1 2 3 35. Change in number of arguments with child
 0 1 2 3 36. Change in behavior of children
 0 1 2 3 37. Personal injury or illness
 0 1 2 3 38. Spouse injury or illness
 0 1 2 3 39. Birth of a child or grandchild
 0 1 2 3 40. Death of a child or grandchild
 0 1 2 3 41. Husband/wife begins or stops work
 0 1 2 3 42. Husband/wife begins or stops school
 0 1 2 3 43. Change in place of residence
 0 1 2 3 44. Mortgage over \$30,000
 0 1 2 3 45. Physically abused by others
 0 1 2 3 46. Major personal legal problems
 0 1 2 3 47. Change in use of alcohol
 0 1 2 3 48. Major legal problem for a close relative
 0 1 2 3 49. Increase in unpaid debts
 0 1 2 3 50. Other _____

Form FB - Family Background Information Form

ID _____

Please use the following chart to describe the members of your household. Be sure to INCLUDE YOURSELF. Write in the age and approximate hours worked for each member and then CIRCLE sex and health status. Identify YOURSELF by circling your AGE.

OKLAHOMA STATE UNIVERSITY
FAMILY DIAGNOSTIC PROJECT

How many persons are in your current household? _____

Relationship	Father	Mother	1st Child	2nd Child	3rd Child	4th Child	Other (write in)	Other (write in)
SEX: (circle)	M F	M F	M F	M F	M F	M F	M F	M F
AGE (write in)								
HEALTH STATUS:	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent	Excellent
	Good	Good	Good	Good	Good	Good	Good	Good
	Fair	Fair	Fair	Fair	Fair	Fair	Fair	Fair
	Poor	Poor	Poor	Poor	Poor	Poor	Poor	Poor
Approx. Hrs. Per Wk. Work outside home (write in)	Avg. Hrs. ____	Avg. Hrs. ____	Avg. Hrs. ____	Avg. Hrs. ____	Avg. Hrs. ____	Avg. Hrs. ____	Avg. Hrs. ____	Avg. Hrs. ____

- What is your family's ethnic identification?
 Black Native American
 Caucasian Spanish Descent
 Asian/American Other
- What is the current living arrangement of your family?
 Own home Rent Apartment
 Rent home Other arrangement
- How many times has your family moved in the last 5 years? _____

- If you add the monthly take-home pay for everyone in your household which amount is closest to what the family receives?
 Less than \$300 \$900 to \$1500
 \$300 to \$600 \$1500 to \$2100
 \$600 to \$900 Over \$2100
- Does the family always receive the same amount of monthly income?
 Usually same Usually lower Usually higher
- Where do you currently live?
 Farm Town, 2,500 to 25,000 people
 Rural area, but not a farm Small city, 25,000 to 100,000 people
 Town, less than 2,500 Large city, over 100,000 people

ADOLESCENT LIFE EVENTS CHECKLIST

INSTRUCTIONS: Many events occur during a given year that create a certain amount of stress in our lives. Please look at the list below and check those events which have occurred during the PAST YEAR (12 months) and rate the amount of stress experienced with each event.

ID _____

				NO, life event did not occur
				YES, life event occurred but was not stressful
				YES, life event occurred and was stressful
				YES, life event occurred and was highly stressful
0	1	2	3	
0	1	2	3	01. Pregnancy of self or close friend
0	1	2	3	02. Miscarriage of self or close friend
0	1	2	3	03. Pregnancy of your mother
0	1	2	3	02. Miscarriage of your mother
0	1	2	3	03. Abortion for self or close friend
0	1	2	3	04. Change in relationship with people you know
0	1	2	3	05. Change in birth control method
0	1	2	3	06. Close relationship with opposite sex friend
0	1	2	3	07. Change in number of arguments with parents
0	1	2	3	08. Change in sleeping habits
0	1	2	3	09. Change in eating habits
0	1	2	3	10. Death of close friend or relative
0	1	2	3	11. Close friend or relative has major accident or illness
0	1	2	3	12. Employment (new job, seeking job or changes in job)
0	1	2	3	13. Use of drugs by you or someone in your family
0	1	2	3	14. Divorce or remarriage of parents
0	1	2	3	15. Relative or friend moves in with family
0	1	2	3	16. Change in relationship with school officials
0	1	2	3	17. Bad grades or problems at school
0	1	2	3	18. Transferred to another school
0	1	2	3	19. Problems with friends
0	1	2	3	20. Left home without permission
0	1	2	3	21. Personal injury or illness
0	1	2	3	22. Physically threatened or hit by others
0	1	2	3	23. Use of alcohol by you or a close member of the family
0	1	2	3	24. Your own or a close friends problem with the police
0	1	2	3	25. Conflicts with your brothers and/or sisters
0	1	2	3	26. Parents have arguments, conflicts or physical violence
0	1	2	3	27. Change in residence of parents
0	1	2	3	28. Change in responsibilities at home
0	1	2	3	29. Money problems experienced by the family
0	1	2	3	30. Family member moved out of home
0	1	2	3	31. Changes in parents job status
0	1	2	3	32. Picked up or arrested by the police
0	1	2	3	33. Touched by person who makes you sexually uncomfortable
0	1	2	3	34. Threatened to be sent away from home (shelter, center)
0	1	2	3	35. Problems in areas regarding sex.

APPENDIX B
RELIABILITY

EMPIRICAL SUMMARY OF SCALES WITH RELIABILITY ESTIMATES

Scale Name	Form	Mean	s.d.	Theoretical Range		Actual Range		Chronbachs Alpha
				Low	High	Low	High	
Cohesion	FACES	55.3	11.1	16	80	29	79	.88
Adaptability	FACES	41.7	9.5	14	70	19	63	.84
Life Stress-Adolescent	ALEC	25.5	14.8	0	105	5	65	.88
Life Stress-Parent	PLEC	21.6	17.19	0	150	0	80	.92
Parent-Adolescent Problem Checklist	PAPC	13.8	9.7	0	70	0	38	.90
Social Isolation	ABIF	10.9	2.3	4	16	6	16	.79
Locus of Control	ABIF	15.9	2.8	6	24	10.5	23	.64
Self Esteem	ABIF	8.9	1.6	3	12	4.5	12	.69
Authoritarianism	ABIF	9.3	1.7	3	12	5	12	.28
Impulsivity	ABIF	6.3	1.9	3	12	3	10.5	-.04
Trust	ABIF	6.6	1.6	4	16	3	9	.52
Status Concern	ABIF	7.7	2.0	3	12	4	12	.14
Individualism	ABIF	7.9	1.5	3	12	5	12	-.57
Delinquency Proneness	JBIF	19.6	4.1	14	56	14	31	.77
Respect For Parents	JBIF	11.9	3.1	4	16	4	16	.80
Respect For Father	JBIF	5.7	1.9	2	8	2	8	.70
Respect For Mother	JBIF	6.2	1.5	2	8	2	8	.56
Respect For Friends	JBIF	6.0	1.3	2	8	2	8	.32
Respect For Teachers	JBIF	12.0	2.8	4	16	5	16	.83
Parental Supervision	JBIF	16.0	3.0	5	20	9	20	.74
Amorality	JBIF	9.0	2.6	4	16	4	14	.64
Social Desirability	JBIF	10.7	2.1	4	16	5	15	.52

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VITA

Johnny Earl McGaha

Candidate for the Degree of

Doctor of Philosophy

Thesis: A SYSTEMS APPROACH TO FAMILY DIAGNOSIS IN A
JUVENILE COURT SETTING

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