The Effects of a Short-Term Intervention for Adolescents in Juvenile Justice and Their Families

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THE EFFECTS OF A SHORT-TERM INTERVENTION FOR

adolescents in juvenile justice and their families

By

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# TABLE OF CONTENTS

LIST OF TABLES .......................................................................................................................... vi

LIST OF FIGURES ..................................................................................................................... vii

ABSTRACT ................................................................................................................................. viii

1. INTRODUCTION .................................................................................................................... 1
   Need for the Study .................................................................................................................. 1
   Theoretical Framework ........................................................................................................... 2
       General Systems Theory .................................................................................................... 3
       Family Systems Theory .................................................................................................... 3
       Family Systems and Human Ecology .............................................................................. 4
       Systems Theory and Change ......................................................................................... 5
   Purpose .................................................................................................................................. 5
   The Intervention ................................................................................................................... 6
   Research Questions .............................................................................................................. 7
   Hypotheses ............................................................................................................................ 7
   Assumptions, Limitations, and Delimitations ....................................................................... 8
   Definitions .............................................................................................................................. 8

2. REVIEW OF LITERATURE ..................................................................................................... 9
   The Juvenile Justice System ................................................................................................. 9
       The Current System .......................................................................................................... 10
       Juvenile Detention in Florida ......................................................................................... 10
       National Statistics ........................................................................................................... 11
       Juvenile Crime in Florida – Statistics and Trends ......................................................... 11
   Adolescence .......................................................................................................................... 12
   The Adolescent At Risk ....................................................................................................... 12
   Delinquency and the Family ............................................................................................... 13
       Parenting and Delinquency ............................................................................................. 14
       Family Involvement with the “System” ......................................................................... 15
   Intervention .......................................................................................................................... 16
       Response Strategies ....................................................................................................... 16
       Programmatic Responses ............................................................................................... 17
   Intervention from a Family Perspective .............................................................................. 17
   Summary ............................................................................................................................... 18

3. METHODOLOGY ..................................................................................................................... 20
   Design ...................................................................................................................................... 20
LIST OF TABLES

Table 1: Data Collection for the PAC Success Program .................................................25

Table 2: Demographic Characteristics of Participants ..................................................29

Table 3: Repeated Measures Analysis of Variance for Parents/Caregivers
Perceptions of Their Children’s Behavior by Full Completers and Partial Completers ..........................................................30

Table 4: Repeated Measures Analysis of Variance for Parents/Caregivers
Perceptions About Children by Full Completers and Partial Completers ..........32

Table 5: Repeated Measures Analysis of Variance for Youth Perceptions of
Self by Full Completers and Partial Completers .........................................................34

Table 6: Repeated Measures Analysis of Variance for Youth Perceptions of
Their Parents/Caregivers by Full Completers and Partial Completers ..........36

Table 7: Recidivism Data at 1 Year .............................................................................38

Table 8: Recidivism Data at 4 Years .............................................................................38
LIST OF FIGURES

Figure 1: Estimated Marginal Means/Perceptions of their Children’s Behavior (Hypothesis 1) .................................................................31

Figure 2: Estimated Marginal Means/Perceptions about Children (Hypothesis 2) .................................................................33

Figure 3: Estimated Marginal Means/Youth Perceptions of Self (Hypothesis 3) .................................................................35

Figure 4: Estimated Marginal Means/Perceptions of Parents/Caregivers (Hypothesis 4) .................................................................37

Figure 5: Recidivism Rates of Full Completers and Partial Completers after One Year and Four Years (Hypotheses 5 and 6) ......................39
ABSTRACT

Delinquency is a disturbing issue confronting adolescents, parents, and teachers. Matherne (2001) indicated that one’s family environment is an important context in the development of delinquency, although the exact nature of the relationship between family environment and delinquency remains debatable. The goal of family educators within the juvenile justice system to use the unfortunate circumstances of being exposed to the prison program to change adolescent lives (National Center on Education, Disability and Juvenile Justice, 2006).

The overall purpose of the study was to determine the effects of a short-term intervention for youth and their families currently involved or at-risk for involvement in the juvenile justice system. The intervention was based on a pilot model, the PAC Success Family Literacy Initiative (Positive Action through Cooperation). The intervention is a 6-week, 12-session program designed to meet the needs of those families with adolescents previously identified (by the court, juvenile justice, law enforcement, or public schools) as potentially at-risk (Probationers’ Educational Growth [PEG], 1997).

A family systems framework was used to guide the study. This framework provides an understanding of family dynamics that may influence the behavior and functioning of youth, specifically addressing how the family of origin influences functioning (Connard, 1996). A systems perspective focuses on the way relationships within the family and between the family and its social environment influence individual development and family functioning (Connard).

The invited sample consisted of approximately 100 families purposively selected during 2002 from the following 7 Florida sites: Leon; Calhoun; Franklin; Holmes, Washington and Jackson; Taylor; Escambia; and Bay counties. Each referred “family” had at least 1 parent/caregiver and 1 adolescent identified as at risk. The final sample consisted of 76 participants (43 parents/caregivers and 33 youth).

Data were collected in 2002 by means of 5 instruments: Initial Referral Form, and Intake Assessment Form, Attendance Sheets, Parent-Caregiver/Child Pre and Post Survey, and Certificate of Completion. Of the 7 participating sites, only 4 maintained verifiable records, and the participating families differed according to whether they fully completed the program or missed more than 2 sessions which constituted partial completion of the program.

Using archived data and information from the Department of Juvenile Justice about current recidivism, the program was assessed. After the PAC Success intervention, there were significant changes in reported parental/caregiver perceptions regarding their children’s behaviors, such as arguing, being destructive, blaming others, and acting helpless, and also their perceptions of children pertaining to misbehavior, motivation, selfishness, and punishment. However, youth did not report significant changes in negative self attributes, such as stubbornness, blaming, lying, and helplessness or in perceptions of negative parental/caregiver attributes such as mistakes, competition, punishment, and lack of attention. Results did not differ for partial or full completers.
Regarding recidivism, differences between full completers and partial completers were not significant at both one and four years. This study provided insight into issues relevant to a short-term educational program with the population of youth at-risk and their families. The findings suggest that programmatic interventions can influence risk factors that are significant in delinquent youth returning to incarceration after being released.
CHAPTER 1
INTRODUCTION

A goal of family educators within the juvenile justice system is to use the unfortunate circumstances of being exposed to a prison program to change adolescent lives (National Center on Education, Disability and Juvenile Justice, 2006). Exposure to the juvenile justice system creates an opportunity for these adolescents to reflect and work on personal development in a safe and structured setting. An assumption of this research is that when children and adolescents feel safe, they are more likely to benefit from interventions. According to Garbarino (2000), children who commit unlawful acts need help to change and recover, and adolescence is a time when they can experience a readiness for change. In addition, juveniles are typically not hardened criminals; therefore, at this point interventions can help move youth back into the mainstream.

Garbarino (2000) stated, “The most effective treatments for delinquent and criminally violent youth emphasize changes in thinking coupled with opportunities to practice nonviolent behavior” (p. 212). Garbarino added,

Rejected children everywhere are at heightened risk for a host of psychological problems ranging from low self-esteem, to truncated moral development, to difficulty handling aggression and sexuality. This effect is so strong that rejection becomes ‘a psychological malignancy’ that spreads throughout a child’s emotional system wreaking havoc. (p. 67)

At a time when adolescents are at risk for juvenile justice involvement, they also face significant pressures in both their school and personal lives and are bombarded with media impressions, changing family and social structures often fail to provide needed support (The National Center on Education, Disability and Juvenile Justice, 2006). To be productive, contributing members of society, adolescents must possess knowledge, and be healthy, adaptable, and able to cope with life’s changing situations (National Center on Education, Disability and Juvenile Justice).

Building and enhancing competence in adolescents--most importantly those at risk for delinquency--is essential for their functioning in the environment. Competencies essential to everyday living develop in at least three domains: the family, the neighborhood, and the workplace/school. These competencies include the ability to carry out family functions effectively, to participate in community affairs as law-abiding citizens, and to perform successfully in the workplace/school (Molgaard, Spoth, & Redmond, 2000). Families need to be educated in how to enhance personal and social skills in an effort to meet these competencies (Molgaard et al.).

Need for the Study

Juvenile detention center settings primarily are holding facilities designed for incarceration pending future judicial proceedings (Florida Department of Juvenile Justice, 2004). This study explored the impact of a short-term educational program on adolescents and their families involved with juvenile detention centers in Florida. “Youth at risk” describes all
children in the system with varying degrees of criminal activity. Such youth can merit a length of stay in a detention center, home detention, probation, or a residential program.

Matherne (2001) indicated that one’s family environment is an important context in the development of delinquency, although the exact nature of the relationship between family environment and delinquency remains debatable. Matherne suggested that there are correlational and/or causal links between family environment and adolescent delinquency. In times of crises, timely intervention by an empathetic person who monitors and gently challenges personal responses and personal interpretations of the event can have a critical impact on a troubled youth’s future functioning (Moloney, 1994).

According to Florida Kids Count (2001), Florida Department of Juvenile Justice and the Florida Literacy Coalition (Florida’s adult and family literacy resource center), parenting has been identified as the single greatest predictor of academic success and social skills for youth. Parenting also has been identified as potentially the most important predictor of future employability, productivity, and career success.

Kvols (1998) suggests two of the most important things a parent can learn are to understand why a child acts out and misbehaves and how to use specific discipline methods to help that child become cooperative and confident with high self-esteem. It is important to discipline in a way that teaches responsibility by motivating children internally, building their self-esteem, and helping them feel loved. Kvols proposes that children who are disciplined in this way will not need to turn to gangs, drugs, or sex to feel powerful, belong, or end up in the justice system.

Educational programming can provide opportunities to empower youth to adapt positively to new or changing social, familial, and personal situations. Effective educational programming might result in youth being able to make wise personal, social, and economic decisions while recognizing and resisting negative interpersonal or media influences. An educational environment can be created for youth, providing programmatic opportunities that focus on skills to better enable them to live successful lives both personally and interpersonally.

This study examines the effects of a selected short-term educational program and service available at a crisis point in the lives of youth and their families involved or at risk of being involved in the juvenile justice system. In addition, this study explores the program’s impact on family and more successful functioning in terms of communication, mutual relationships, and socially acceptable behavior.

Theoretical Framework

Family systems framework was used to guide the study. This framework provides an understanding of family dynamics that may influence the behavior and functioning of youth, specifically addressing the effects of one’s family of origin (see Appendix A). Further, specifically the parent/caregiver and the adolescent, as each contributes to the parent-adolescent relationship (subsystem) within the family at-risk. Human ecology is also outlined as it addresses the social and external environment of which human beings are entrenched. For purposes here, the external environment includes the juvenile justice system.
General Systems Theory

General Systems Theory (GST) is interested in systems in general; family systems theory is a refinement of this theory (Connard, 1996). GST is used to explain the behavior of a variety of complex, organized systems, and as a worldview, it emphasizes interrelationships between objects. A core assumption is that a system must be understood as a whole. von Bertalanffy (1968) argued that a family, or any system, is greater than the sum of its parts. Elements of a system are influenced by other parts of the system. Applied to this study, the adolescent and the family members are influenced both by one another.

Rather than limiting focus to isolated relationships between isolated variables, systems theory focuses on complex networks of patterned interactions between definable units and their specific environmental contexts. Systems analysts consider how the system processes information coming in from its environment and how the system maintains itself as a definable, adaptive entity (Wedemeyer & Grotevant, 1982).

This study examined the adolescent and the parent/caregiver as the definable units. It considers how this dyad or subsystem interacts and also interacts with the environment of juvenile justice interventions (suprasystem). Because children are a product of their upbringing, they often function in society as they have been taught and as it has been modeled for them. The result is either socially acceptable or delinquent behavior, but other units such as juvenile justice assist the family system.

Family Systems Theory

Today most researchers approach the family from what could be loosely called a "systems perspective." A systems perspective focuses on the way relationships within the family and between the family and its social environment influence individual development and family functioning (Connard, 1996). Family systems theory takes a multigenerational approach as well as incorporating the concepts of communication and behavior as it relates to individuals and the family (Bowen Center for the Study of the Family, 2004; Henry, Sager, & Plunkett, 1996).

Whitchurch and Constantine (1993) described a family as a hierarchically organized family system, including the overall family, subsystems (or smaller units of interaction among two or more members, such as the spousal subsystem or parental subsystem), and qualities of each individual within the system or subsystem. Family systems are characterized by qualities that extend beyond the combination of individuals or dyadic relations within a family. Despite the emphasis upon interactions within family systems and subsystems, individuals within families develop individual qualities, such as their perception of themselves, perception of others, and communication skills, that play an integral role within the overall system and subsystems. Through familial interactions, individuals come to develop characteristics that either promote positive, socially acceptable behavior or behavior that leads to negative consequences and possible involvement with the juvenile justice system.

Because a family system is experienced differently by each individual in a family, it is important to clarify whether specific individuals, subsystems, or the overall family unit are of primary concern. Parental behaviors and communication within the parent-youth subsystems are associated with the development of social competence in adolescents. From a systems perspective, effective communication patterns between parents and adolescents also facilitate positive interactions among family members and social competence in youth (Henry, Sager, & Plunkett, 1996). By examining the parent and adolescent in the family system, there is potential for change in that subsystem and with individual adolescents (Henry et al.).
Family systems operate in environmental contexts of society. The environmental context provides the definitional framework for adaptation--family systems which are adaptive in one society may not be in another. Family systems theory is based on assumptions about how both individuals and the families function. There are several assumptions noted by Bristor (1990) which relate to this study.

First, people are not passive receivers of information and other environmental inputs but are actively involved in their surroundings. They receive and process information for adaptation, growth, and change. Hence, people can be proactive through their decision making and actions, not just reactive to their environment. A question is raised about whether the intervention program used by the juvenile justice system can help develop decision making skills in individuals which could lead to productive, law-abiding behavior.

Second, systems are dynamic; they are always changing. Thus, theoretically people can change. People in at-risk families often are influenced through negative means such as drugs and alcohol, anger management issues, and poverty; therefore, change is more likely to be negative. Because people change, it is the goal of educational programs to teach new skills that encourage more positive and productive lifestyles. This study examines data to identify whether this goal is met in one particular program.

The purpose of educational programming is to teach new behavior and strategies to assist families in managing their behavior. People do what they know how to do. If individuals are not taught new ways of handling situations, they resort to old ways of managing within their environment. If individual behavior changes, then the environment will change, leading to a new way in which to cope. Intervention programs have the potential of instilling new values and goals for adolescents at risk, and this study identifies any changes.

Third, a given element of a system cannot be changed without causing changes in the other parts of the system. In a parent/child relationship, the way each communicates is an integral part of how the relationship functions. Thus, an intervention program which includes both the adolescent and the parent/caregiver in an effort to change the relationship is likely to be more influential. This study examined the effects of short-term education on change among adolescents and parents connected with the juvenile justice system.

Finally, all systems have boundaries. These are the borders that regulate the flow of information and resources. This study hopes to identify whether education (flow of information into the family) can alter selected outcomes for families at-risk for or already in the state of dysfunction.

**Family Systems and Human Ecology**

From an ecological perspective, the most logical model of a family is a system. Bristor (1990) proposed,

In human ecology, the focus is on human beings. Human ecosystems are a particular kind of living system that has humans in interaction with their environment. These individuals, as part of family systems, are seen as integrated wholes within their environments and are parts of the patterning of interactions formed by their relationships within the environments in which they are embedded. Research has been providing insights into the necessity for viewing the interrelatedness and interdependence of individuals and family members, and the environments that impinge upon them. (p. 44)

In the ecological framework, the family is viewed holistically. In a parent/child relationship, the way each communicates is an integral part of how the relationship will function.
For this reason, an intervention program should strive to educate both the adolescent and the parent/caregiver in an effort to change the functioning of the relationship as it exists in its new environment. When we look at the profile of an at-risk youth, we often see the same behavior as part of his family history/background. A desired outcome of the intervention program being used is to develop healthier decision-making skills which better enables individuals to manage their own behavior; consequently creating a new way in which to cope within their environment.

Systems Theory and Change

Fortunately, systems are open to change, and individuals and families at risk can work to create possible changes. Hall (2003) stated:

A family system is a group of people who interact as a family and create, in the process, a whole entity. Specifically, family structure determines how family members interact. Systems theory predicts that behavioral interaction patterns can be known and traced and that when one family member changes, all the family members change if they are to incorporate or support the changed individual. (p. 33)

People solicit each other's attention, approval, and support and react to each other's needs, expectations, and distress (Bowen Center for the Study of the Family, 2004). The connectedness and reactivity make the functioning of family members interdependent. A change in one person's functioning is predictably followed by reciprocal changes in the functioning of others (Bowen Center for the Study of the Family). Behavioral changes are more likely to occur if people feel empowered (Mullis, 2001). It may be helpful to strive for small changes rather than drastic changes, and in doing so, people can see a difference in their lives, and behavior change can occur (Mullis).

The basic progression of adolescent development involves changing relations between each individual and the multiple levels of the contexts within which youth are entrenched (Lerner & Galambos, 1998). Research supports the idea that troublesome and delinquent behavior disrupts family control and climate, therein undermining precisely those parenting/caregiving processes that are important in managing challenging adolescents (Stern & Smith, 1999).

Because children are influenced by family, education for parents and youths might lead to a more positive outcome (McDonald, 2004). Adolescence allows for adaptation in behavior over a span of years. If there is to be a shift, educational programming must take place before youth become totally embedded in the juvenile justice system. McDonald asserted that by identifying, understanding, and ultimately strengthening the family involved with high-risk youth, delinquent behavior should be reduced.

Purpose

The purpose of the study was to determine the effects of an existing short-term intervention with at-risk youth and parents/caregivers. “Youth at risk” include those youth who have been or are prone to be detained in secure detention or home detention, sentenced to a residential program, or in probationary status. The intervention strategy was the PAC Success program, implemented in a juvenile justice setting. Specifically, the outcomes of interest included: parental/caregiver perceptions of their children’s behavior, parental/caregiver perceptions of children in general, youth perceptions of self, youth perceptions of
parents/caregivers, and recidivism rates. Another goal was to evaluate the program also in terms of implications for future short-term programmatic interventions. Granello and Hanna (2003) claimed that the at-risk population is sometimes difficult to work with. This research examined the data in terms of both partial completers and full completers of the intervention program, thereby allowing for participant dropout which may be problematic.

The Intervention

The PAC Success Academies program was developed by Probationers’ Educational Growth (PEG) in 1997 and funded by the Florida Department of Education, Division of Workforce Development and Adult Education. PAC Success was designed to meet the needs of those families with adolescents previously identified (by the court, juvenile justice, law enforcement, or public schools) as potentially at-risk. Characteristically, this target group is unmotivated, experiencing academic difficulty, and/or displaying inappropriate social skills or behavior (Probationers’ Educational Growth [PEG], 1997).

Positive Action through Cooperation (PAC), a comprehensive and intergenerational program, addresses the educational, social, and emotional needs of parents/caregivers and their at-risk children. An assessment of participants was intended to lead to a prescriptive plan for these families designed to strengthen cohesiveness and empower families. The comprehensive family-centered focus includes identifying individual strengths, capabilities, and needs from a family perspective. There was no cost to participants for this intervention program (Probationers’ Educational Growth [PEG], 1997).

One of the elements of PAC Success Academies was the utilization of Redirecting Children’s Behavior (RCB). RCB was a curriculum that enables the adolescent participants to modify their inappropriate beliefs and to shift attitudes and perceptions regarding themselves, their parent(s)/caregiver(s), children, siblings, peers, and school. Parent(s)/caregiver(s) participation is critical to increase knowledge of appropriate parenting/social skills. Parent(s)/caregiver(s) and adolescents participate both separately and interactively. Behavioral management components included but were not limited to: self-concept, communication, decision-making, parenting/family living skills (Probationers’ Educational Growth [PEG], 1997).

The curriculum was designed to help parent(s)/caregiver(s) raise self-motivated and responsible adolescents who are able to obtain the cooperation of others, create and maintain close relationships and work successfully as a team. A further goal was to permit the participant to learn how to take responsibility for his/her own actions and to be motivated from within and not by external circumstances (Probationers’ Educational Growth [PEG]).

RCB was an experiential learning approach to parenting which creates cooperation and mutual respect between parents and their adolescent children. RCB gave parents effective ways to become calmer and more confident, enabling them to raise their children to be responsible and cooperative. The curriculum taught positive parenting techniques which allow redirection of children’s behavior through loving guidance. Parents also learned tips on using logical consequences, setting limits, and achieving peaceful resolution of conflicts. Participants practiced hands-on techniques through role playing and group interaction. Every weekend throughout the 6-week, 12-session, program participants took home an assignment and practiced
a new technique (Probationers’ Educational Growth [PEG], 1997). The PAC Success Curriculum is described in greater detail in Chapter 3.

Research Questions

The following questions were of interest here:

1. What is the impact of a short-term intervention program on parental/caregiver perceptions of their children's behavior with respect to full completers and partial completers?
2. What is the impact of a short term intervention program on parental/caregiver perceptions of children with respect to full completers and partial completers?
3. What is the impact of a short term intervention program on youth perceptions of self with respect to full completers and partial completers?
4. What is the impact of a short term intervention program on youth perceptions of their parents/caregivers with respect to full completers and partial completers?
5. Are there differences between partial completers and full completers with respect to recidivism rate after (a) one year and (b) four years?

Hypotheses

The following hypotheses were tested:

Hypothesis #1 – Parents/Caregivers will perceive a reduction from pretest to posttest in behaviors such as arguing, being destructive, blaming others, and acting helpless for both full and partial completers.

Hypothesis #2 – Parents/Caregivers will perceive a reduction from pretest to posttest in perceptions pertaining to misbehavior, lack of motivation, selfishness, and punishment for both full and partial completers.

Hypothesis #3 – Youth will perceive a decrease from pretest to posttest in negative self attributes such as stubbornness, blaming, lying, and helplessness for both full and partial completers.

Hypothesis #4 – Youth will perceive a decrease from pretest to posttest in perceptions of negative parental/caregiver attributes such as mistakes, competition, punishment, and lack of attention for both full and partial completers.

Hypothesis #5 – Full program completers will demonstrate a lower recidivism rate than partial program completers after one year.

Hypothesis #6 – Full program completers will demonstrate a lower recidivism rate than partial program completers after four years.
Assumptions, Limitations, and Delimitations

Several assumptions were made in this study. Each project coordinator would complete and return the required data collection forms. All participants would complete the data collection forms fully and honestly. All teaching staff would be trained and assume their positions for implementation.

Limitations inherent in this study were: Participants come and go attending only selected sessions, receptivity may be limited; eligible participants might have a lack of interest in the program; the job of single parents/caregivers might interfere with attendance; the gender or role of the participating parents/caregivers was not known; the age span of both parents/caregivers and adolescents might impact knowledge being obtained; the researcher had no involvement with the actual implementation of the program or the training of personnel, so the program implementation (instruments, delivery, etc.) could not be altered; and the impact of the program would be limited by its scope.

The study was delimited in that seven Florida sites participated. Families were purposively selected to participate, and the program/curriculum was adjusted due to political circumstances and availability of resources.

Definitions

For the purposes of this study, the terms used were defined as follows:

A. Adolescent - The state of development between puberty and maturity. For the purposes of this research, adolescent refers to children between the ages of 10–17.

B. At-risk Youth – An individual who is under the age of 18 and exhibits characteristics that might be predictive of future involvement with the juvenile justice system.

C. Caregiver – An individual, such as a parent, foster parent, or head of a household, who attends to the needs of a child or dependent adult.

D. The Department of Juvenile Justice - A distinct, specialized organization working with individuals who are under an age fixed by law (18 years) at which he or she would be charged as an adult for a criminal act. The mission of the Department of Juvenile Justice is to provide strong prevention and early intervention services for at-risk youth and minor offenders.

E. Juvenile Detention - Youth (an individual under the age of 18) are detained pending adjudication, disposition, or placement in a commitment facility by various courts.

F. PAC Success – An acronym for Positive Action through Cooperation, the short-term intervention program used in this study.

G. Juvenile Justice Information System - A computer-based system that maintains the profiles and the records of each agency involved youth.

H. Recidivism – No adjudication (conviction) or adjudication withheld (it is believed the individual committed the crime, but he is still sanctioned) since the individual was last involved with the juvenile justice system.
CHAPTER 2

REVIEW OF LITERATURE

The review of literature examines the juvenile justice system particularly in the state of Florida. It also provides an overview of current research regarding educational programming in the juvenile detention setting.

The Juvenile Justice System

Juvenile delinquency is prevalent and damaging within American society (Griffin & Bozynski, 2003). Many efforts and interventions have been directed at preventing or reducing juvenile delinquency with varying degrees of success. Because family is an integral part of a child’s life, it is imperative to consider the family environment when studying the rehabilitation of delinquent youth.

The juvenile population has the likelihood of being exposed to many harmful factors such as physical and sexual violence, emotional and physical neglect, illicit drug use, and gang involvement. According to Granello and Hanna (2003), the link between behavioral and emotional problems and delinquency has been reported for decades. Incarcerated and legally involved adolescents frequently need treatment for depression and substance abuse issues. Incarcerated youth are often involved with gangs due to a desire for belonging. Furthermore, Granello and Hanna asserted that typical aspects of this high-risk adolescent population include lack of remorse and empathy, extreme anger with underlying hurt, declaration of blame, defiance and disobedience, desensitization, negative or irrational beliefs, and desire for freedom and autonomy.

Counselors and other human service professionals have attempted to provide treatment assistance to juveniles since the development of the juvenile justice courts. Cognitive-behavioral therapeutic approaches concerned with modifying the perceptions, expectations, and appraisals of angry and aggressive juvenile delinquents can be used with this population. In many cases, this approach takes the form of social skills training or problem-solving skills training, with cognitive restructuring as an intrinsic component. In terms of long-term effectiveness, the research is limited.

Multi-systemic counseling aims to intervene simultaneously with several systems surrounding the juvenile (peers, families, schools, and neighborhoods) and seems to be gaining some empirical support (Granello & Hanna, 2003). Counseling interventions with juvenile delinquents needs to be multi-systemic involving families and other social systems with which and in which the juvenile interacts. Sadly, however, most juveniles are receiving minimal counseling interventions on their behalf, and they are instead being increasingly jailed as adults in more secure facilities according to Granello and Hanna. Not only are individual, group, and family counseling needed, but links to the domains of the community, peers, schools, and neighborhoods should also be established. Unfortunately, the re-enforcers of aggression and crime in their environments remain powerful and often overwhelm any progress. The influence of crime and drugs in their neighborhoods and families seems to diminish the success of
therapeutic change. Working with this population is difficult and challenging and can be both deeply discouraging and highly satisfying (Granello & Hanna).

The Current System

America does not have one juvenile justice system. The State Juvenile Justice Profiles web site (profiles@ncjj.org) features information regarding each state’s system, its laws, policies, and practices. The State Profiles illustrate the uniqueness of the 51 separate systems (Griffin & Bozynski, 2003).

A single state executive department administers most services to delinquents in Florida. The Florida Department of Juvenile Justice is charged under Florida Statute (985.404 (1)) with developing and coordinating comprehensive services and programs statewide for the prevention, early intervention, control, and rehabilitative treatment of delinquent behavior. The Department of Juvenile Justice is organized in four program offices: Prevention and Victim Services, Detention, Probation and Community Corrections, and Residential and Correctional Facilities (National Center for Juvenile Justice, 2003). Thus, the focus of this study resides primarily in Detention Services.

Juvenile Detention in Florida

The Department of Juvenile Justice operates a range of detention services in Florida through its Detention Office, including secure, non-secure, and home detention services. Youth under age 18 arrested by law enforcement are evaluated immediately by the Florida Department of Juvenile Justice to see if they are in need of being detained. Detention screening is performed at Juvenile Assessment Centers or by juvenile probation staff using a standardized Detention Risk Assessment Instrument (Florida Department of Juvenile Justice, 2004).

Juvenile Detention is defined as “the temporary custody of juveniles who are accused of a delinquent offense and require a restricted or secure environment for their own or the community’s protection while awaiting a final court disposition” (National Center for Juvenile Justice, 2003, p. 2). They are also employed for punitive purposes of varying kinds. Juveniles in 32 states, including Florida, can be sent to a detention facility as a disposition following adjudication of delinquency--usually briefly, in cases calling for incarceration, but not necessarily in a state correctional facility. Likewise, a term in secure detention can be imposed as a sanction for violations of probation conditions in 33 states, including Florida. Only 14 states use secure detention solely for preliminary or pre-placement holding purposes (Griffin & Bozynski, 2003).

Youth placed in secure detention have been assessed as risks to public safety and must remain in a physically secure detention center while awaiting court proceedings. They appear before the court within 24 hours of placement, at which time the juvenile judge decides whether there is a need for continued detention. Generally there is a 21-day limit to secure detention, but those charged with serious offenses can be held up to 30 days. Serious juvenile offenders also can be held in secure detention while awaiting placement in a residential corrections facility (Florida Department of Juvenile Justice, 2004).

Home detention provides monitoring of youth within the community. Youth may be placed on electronic monitoring through the Radio Frequency system (anklets) or through a Voice Recognition System. The youth go home but their movements are restricted. Youth arrested for minor crimes who are not considered a risk to public safety may be released into the
custody of their parents or guardian for home detention (Florida Department of Juvenile Justice, 2004).

National Statistics

The number of delinquency cases handled by juvenile courts has increased. In 1988, juvenile courts handled 1.2 million delinquency cases. By 1997, this number had risen 48%, to nearly 1.8 million. This increase in the volume of cases entering the juvenile justice system resulted in a 35% increase in the number of delinquency cases that involved detention at some point between referral and case disposition (Cohn, 2001).

According to the 1999 National Report on juvenile offenders by the Office of Juvenile Justice and Delinquency Prevention, the overall juvenile arrest rate increased 22% between 1989 and 1997. In 1997, there were 9,200 arrests for every 100,000 persons ages 10-17 in the United States (Granello & Hanna, 2003).

Juvenile Crime in Florida – Statistics and Trends

Youth between the ages of 10 and 17 are considered the population at risk of becoming delinquent. During FY 2004-05, there were 1.83 million youth at risk. In this same year, 95,263 youth were referred to Department of Juvenile Justice for a delinquent offense. This represents a delinquency rate of 52.1 youth referred per 1,000 youth in the at-risk population. Between FY 2000-01 and FY 2004-05, the population at-risk grew by 9% while the number of youth referred to Department of Juvenile Justice decreased by 5%. This represents a drop in the delinquency rate from 58.4 to 52.1 youth referred per 1,000 youth at-risk in the population. Therefore, although the number of youth at-risk increased over the five-year period, the delinquency rate per 1,000 youth at-risk declined by 11% (Florida Department of Juvenile Justice, 2006).

A profile of the 95,263 youth referred to Department of Juvenile Justice during FY 2004-2005 is as follows. The majority of youth referred were male (70%), White (59%), and 52% were under 16 years of age at the time of their most serious referral (Florida Department of Juvenile Justice, 2006).

With regard to repeat offenders, 14% of juvenile offenders can be classified as chronic offenders. Chronic offenders typically had six or more delinquency referrals (similar to arrests in the adult system) over a 2-year period. The Florida Department of Juvenile Justice (2004) states that recidivism among juvenile offenders in Florida is down. The percentage of juveniles staying out of trouble for a year after release from a delinquency treatment program has improved from 54% in 1996 to 58% in 1998. Hence, 58% of juvenile delinquents never return a second time.

The high mobility of youth and families in Florida, who frequently change home neighborhoods and schools, is a risk factor that increases delinquency. Many young people do not feel that they have consistent positive community ties. Juvenile offenders in Florida whose crimes are serious enough to merit placement in residential programs typically come from single-parent/caregiver households and are truants, dropouts or are doing poorly in school. Three out of four juvenile offenders in delinquency treatment programs admit to problems with alcohol or drug use; 29% are emotionally disturbed; 20% percent have a diagnosed serious mental illness; 9% are sex offenders; and 5% have developmental disabilities (Department of Juvenile Justice, 2004).
Adolescence

Adolescence is the period in the life span when most biological, cognitive, psychological, and social characteristics are changing from what is typically considered child-like to what is considered adult-like (Lerner & Galambos, 1998). For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, family, and peer group. Adolescence is one of continual change and transition between individuals and their contexts. The most optimal adjustment occurs among adolescents who are encouraged by their parents to engage in age-appropriate autonomy while maintaining strong ties to their families. Lerner and Galambos claimed that adolescence is an opportune time in which to intervene in family processes when necessary.

Chamberlain and Rosicky (1995) declared that as children come into adolescence, parenting/caregiving becomes more complex. Conduct problems may emerge for the first time or existing problems may become more diverse and severe. Associations with peer groups play an increasingly important role in an adolescent’s life as direct parental/caregiver supervision diminishes because of greater autonomy. Conduct problems in childhood and early adolescence can initiate a developmental sequence that results in a multitude of problems, including drug use, delinquency, and an array of negative adult outcomes.

According to Lerner and Galambos (1998), the role of social science is to identify the sets of individual and contextual variables that, when combined, can increase the likelihood that youth will not submit to the risks they may face. It is imperative to find the factors that protect youth from adversity and promote positive development. In turn, the issue for application is to convert this knowledge into programs that engage much of the scope and resources of the system of influences affecting a youth’s life, and to design activities that will effectively enable him or her to move ahead in a healthy manner.

Of all the problems confronting contemporary youth, no set of issues has attracted as much public concern and public fear as youth delinquency and violent crimes (Lerner & Galambos, 1998). The societal and economic costs of such behaviors are excessive. Both individual and contextual variables combine to influence youth participation in delinquency, crime, and violence. Individual influences on the adolescent include variables linked to his or her thoughts, behavior characteristics, sense of self, and biological maturation. In turn, peer and family influences are quite salient contextual influences (Lerner & Galambos).

The Adolescent At Risk

Behavioral risk factors of adolescents today involve drug, alcohol, and substance use and abuse; unsafe sex, teenage pregnancy, and teenage parenting; school underachievement, failure, and dropout; and delinquency, crime, and violence. Poverty among youth exacerbates these risks (Lerner & Galambos, 1998). A survey of adolescent behavior in many industrialized and developing nations found that problem behaviors such as delinquency and drug abuse have increased around the world (Hurrelmann, 1994). There are approximately 28 million youth between the ages of 10 and 17 years living in the United States (Lerner & Galambos, 1998). About 50% of them engage in two or more risky behaviors.
In a study of “survival in the community,” Tollet and Benda (1999) identified risk factors that led to the return of delinquent youth to incarceration after release. The factors included neglect or abuse by parents; being with peers at the time of the offense; poor parental/caregiver relationships; not living with two parents, either biological or stepparents. Poor parental/caregiver relationships and abuse by parents/caregivers were identified as significant risk factors.

Crime statistics indicate that levels of academic achievement, school attendance, and graduation rates play a vital role in the involvement of youth in the criminal justice system. Research consistently illustrates that poor academic achievement is a major factor in crime and delinquency (Winters, 1997). Youth success or lack of success in school might affect their subsequent involvement in juvenile delinquency. According to Winters, failure in school is a result of poor school attendance for many students.

The Pittsburgh Longitudinal Study (Kelley, Loeber, Keenan, & DeLamantre, 1997) found that specific disabilities (e.g., attention deficit hyperactive disorder, learning disabilities, and emotional and behavioral disorders) significantly increased the risk for delinquent behavior. Studies of incarcerated juvenile populations consistently report high rates of educational disabilities (Kelley et al.).

Youth who exhibit antisocial behavior or who have been involved with the juvenile justice system represent a unique population of students who are at an elevated risk of school and life-long failure. Researchers (National Institute on Alcohol Abuse and Alcoholism, 2003; Scaramella, Conger, Spoth & Simons, 2002; Stern & Smith, 1999) have identified a number of demographic and behavioral characteristics in youth that contribute to their risk of involvement with the juvenile justice systems. These include ethnic minority status, aggressive and antisocial behavior, difficulties in school, and school failure (including educational disabilities). Family stressors play a large role including: single parent/caregiver home; inadequate parental/caregiver supervision and lax or inconsistent parental/caregiver discipline; coercive family interactions; and criminal or delinquent relatives or peers.

All of these factors were not included in the present study. However, these risk factors are common denominators in the backgrounds of youth that are being studied theoretically and who require a variety of human services, such as special education and mental health interventions, in addition to intervention by juvenile courts. If there is one characteristic that separates chronically antisocial and delinquent youth from other children who exhibit problematic or challenging behavior, it is the extraordinarily poor prognosis of successful rehabilitation, particularly if they have been incarcerated (Winters, 1997).

**Delinquency and the Family**

Antisocial behavior in adolescence is expected to reach new heights in terms of its injurious consequences to individuals and families, particularly when behavior invokes a juvenile justice response (Stern & Smith, 1999). Stern and Smith noted that research has led to an enhanced understanding of the dynamics of family systems of antisocial youth and of the reciprocal effects between parent/caregiver and adolescent behavior.
Parenting and Delinquency

Evidence exists that parents play a critical role in the development of delinquent behavior (Chamberlain & Rosicky, 1995). Family-focused interventions for antisocial youth are not easy to implement, as practitioners find parents/caregivers of delinquents difficult to engage and work with. According to Chamberlain and Rosicky, parents/caregivers report that intervention is stressful, and they feel blamed by professionals. Resistance to participation in family treatment is a significant barrier to delivering effective rehabilitation. Multi-stressed families decrease their resistance in family treatment, and family therapists argue that many child and adolescent problems necessitate treating the family as a whole as opposed to treating the identified client with individual or group methods (Chamberlain & Rosicky).

Family interventions are responsive to family risk factors for delinquency. However, they are inclined to focus on parenting/caregiving influences in regards to the adolescent and may underestimate the impact of the antisocial adolescent on the family (Stern & Smith, 1999). The influence of parents/caregivers on child behavior depends somewhat on the characteristics and behaviors of the child (Stern & Smith). The principal contributor to adolescent antisocial behavior is childhood conduct problems. Regardless of how it began and the primacy of the parents/caregivers in the cycle, once conduct problems are eminent, even in children as young as three years of age, they show considerable continuity (Stern & Smith). Stern and Smith proposed that parenting/caregiving likely mediates the effect of early conduct problems on later antisocial behavior. That is, parents/caregivers who have strong or ameliorable parenting/caregiving skills may interrupt early difficulties, and this is the primary focus of early parent training programs.

Research and theory suggest that parenting/caregiving is an important determinant of delinquent behavior among adolescents in most cases (National Institute on Alcohol Abuse and Alcoholism, 2003). Poor parental/caregiving supervision and monitoring, harsh and/or inconsistent disciplinary practices, infrequent parent/caregiver-adolescent communication, and poor parent/caregiver-adolescent relations are associated with higher levels of delinquency and aggression among adolescents overall (National Institute on Alcohol Abuse and Alcoholism). Prior evidence suggested that parent education programs promote closer parental monitoring and improve parenting skills, parental competence, and knowledge about child development (Baer, 1999). Moreover, recent evidence suggests that parent education programs may be most effective with families in disadvantaged and highly stressed environments (Baer). Wide-ranging adolescent samples suggest that an authoritative style of parenting deters delinquent behaviors among adolescents. Still, additional research is needed to better understand the effects of different aspects of parenting/caregiving on delinquent behavior among adolescents overall (National Institute on Alcohol Abuse and Alcoholism, 2003).

Problem behavior theory (Jessor & Jessor, 1977) and accompanying models of adolescent delinquency propose that peer affiliation mediates the relationship between parenting/caregiving and delinquent behavior. Although adolescent delinquent behavior remains a significant social and developmental problem in the United States, debate continues regarding the causes of juvenile crime. In an effort to improve understanding of problem behaviors, Scaramella et al. (2002) empirically examined three theoretical approaches designed to predict risk for delinquency during adolescence: an individual differences perspective, a social interactional model, and a social contextual approach. Results from a series of structural equation models indicated that a social contextual approach provides the best fit with the data across samples and genders. Research indicated that a lack of nurturing and involved parenting indirectly predicted delinquency by increasing children’s earlier antisocial behavior and developing relationships;
child antisocial behavior also predicted similar decreases in nurturant parenting over time. Both child antisocial behavior and deviant affiliations predicted delinquency one year later.

Family Involvement with the “System”

Families of delinquents are likely to have a history of problematic interactions with social service agencies and with agents of the juvenile justice system. By the time youth are involved in the juvenile justice system, the probability of earlier outpatient intervention attempts is comparatively high (Stern & Smith, 1999). Challenging adolescent behavior affects parents/caregivers, partnerships, siblings, friends, and relatives, as well as the overall family climate. According to Stern and Smith, coordinated services that are family centered can have a demonstrative impact on both youth problems and family functioning. In addition, they suggested that professionals must believe in the capacity of families to generate solutions and in the usefulness of their perspective and special relationship with their child, no matter how stressful that relationship currently appears.

Another study (Bank, Marlowe, Reid, & Patterson, 1991) evaluated 55 families of chronically offending delinquents who were randomly assigned to “parent training treatment” or to service traditionally provided by the juvenile court and the community (control condition). Offense rates, institution time for the youths, and prevalence rates for police contact were compared for the two groups. Results indicated that the “parent training treatment” families exerted quick and effective control over their sons’ official delinquency rates. Relative to the controls, treatment families were able to establish control with significantly less reliance on incarceration. Thus, results support the viability of a “parent training treatment” strategy when working with chronic adolescent delinquents. Although “parent training treatment” was effective for intervention with families of delinquents, clinical work with these families was extraordinarily difficult (Bank, et al.).

As genuine parental/caregiver involvement and empowerment represents a shift from a traditional treatment or rehabilitative approach, implications exist for training parents/caregivers, social workers, and other professionals concerning the centrality of parent/caregiver participation (Stern & Smith, 1999). Parent/caregiver training interventions decrease coercive family interactions, which support antisocial behavior, and reduce offending and incarceration for adolescents. Communication and problem-solving training can help families of adolescents manage conflict and increase positive influence and mutual support. Family-based anger-control interventions can further enhance family members’ abilities to prevent or interrupt an escalating coercive cycle. When adolescent antisocial behavior abates, parent and teens can negotiate a developmentally appropriate relationship that gives youth responsible independence and autonomy while receiving parental/caregiver guidance and support (Stern & Smith). The intervention used for this research study addresses the issues of family interaction as well as individual responsibility.

Andrews, Soberman and Dishion (1995) studied the Adolescent Transitions Project (ATP), a middle-school prevention program designed to work with parents to reduce problem behavior in high-risk teens. The program goal was to produce changes in microsocial behavior, particularly negative engagement. One hundred and forty three 10-14 year olds and their parents completed the ATP intervention and were evaluated on participant engagement, satisfaction with the program, acquisition of knowledge, and behavior change. Intervention conditions were well received by both parents and teens and were relatively well attended. Samples in both the teen
and parent intervention conditions demonstrated evidence of social learning as applied to contrived situations and the effectiveness of the intervention in reducing family coercion.

Woolfenden, Williams, and Peat (2003) used meta-analysis of eight randomized controlled trials to determine whether family and parenting interventions benefit families and adolescents with conduct disorder and delinquency. Criminality, academic performance, future employment, past behavior, family functioning, parental mental health, and peer relations were evaluated. Family and parenting interventions significantly reduced the time spent by juvenile delinquents in institutions and the risk of being rearrested. The findings suggest that family and parenting interventions with juvenile delinquents and their families have beneficial effects on reducing the time spent in institutions and their criminal activity. In addition to the obvious benefits to the participant and their family, reduced time in institutions might result in cost savings for society.

**Intervention**

As a means of preventing the most predictable problems, early intervention should be provided for those who seem destined to fail (Winters, 1997). Based upon this review of the literature, there appears to be few documented short-term interventions with delinquent adolescents. Most of the existing research relates to longitudinal studies or practices in general.

**Response Strategies**

Scott and associates (2002) stated:

According to the Center on Crime, Communities, and Culture (1997) a quality education is one of the most effective forms of crime prevention and the most cost-effective strategy. For example, this report cited research demonstrating that teaching reading skills to juveniles is more effective than boot camps in reducing crime rates. The report concluded that prevention is more cost effective than building additional prisons and that education interventions are the most desirable and economical programs for forestalling delinquency. One should focus on facilitating student success during each and every teaching opportunity. (p. 5-6)

They further suggested the importance of developing strategies that are calculated for success in a particular culture and climate. However, specific strategies are shown to be effective in reducing antisocial and violent behavior in schools include: conflict resolution and social instruction, systematic classroom management, parent/caregiver involvement, early warning and screening, school and district wide data systems, crisis and security planning, school-wide discipline and behavioral planning, functional assessment, and individual behavior plans. Collaboration between families, schools, and community agencies might be the only effective means to address the most complex problems of youth. Only through collaboration, can needs be addressed through intervention plans that involve the necessary consistency and scope. The coordination of intervention efforts among school, family, and community providers is critical. The sooner at risk or adjudicated youth are identified, the better the chance of intervening and helping them to realize success. Early intervention requires that necessary services be viewed as prevention rather than reaction--a perspective that is different from the manner in which the current system works today (Scott et al.).
The Cops Who Care program was developed as a pilot project by the National Black Police Association to test a program strategy that would address the growing needs of young adolescent males involved in the criminal justice system (U.S. Department of Justice, 1998). The original intent of the program was to target adjudicated youth referred by the District of Columbia Superior Court. The goal was to reduce and prevent delinquency, crime, and violence among first-time offenders in the District of Columbia. During the course of the program, several challenges required adjustments in the implementation plan. The most persistent challenge was a high no-show rate among program participants. It was quickly determined that unless program participation was mandated as part of the youth’s court/sentence disposition, the program would have limited attendance. Although the program recruited and oriented 12 youth referred by the court, only two youth consistently participated in the program. Active parental/caregiver involvement was evident in both instances. Referrals from group homes resulted in 15 additional youth being introduced to the program. Despite program difficulties and participant risk factors, most youth demonstrated a need for caring, nurturing adults to provide guidance and support (U.S. Department of Justice). This program illuminates issues that are characteristic of families at risk which require attention when servicing this population.

Programmatic Responses

Programs that endeavor to strengthen the child in coordination with the family can be promising. The early version of the Iowa Strengthening Families Program 10-14 has been scientifically tested in a randomized, controlled study of 446 families through Project Family at the Institute for Social and Behavioral Research at Iowa State University. A multi-method, multi-informant longitudinal study showed that this program which focuses on strengthening the child in coordination with the family is effective in reducing adolescent substance abuse and other problems, improving parent-child relationships, and building parenting skills (Molgaard, Spoth, & Redmond, 2000).

Intervention from a Family Perspective

The following section summarizes studies regarding education for families who are at risk for members being involved in criminal activity. Two studies evaluated a behavioral group training program in which 7 social skills and 1 problem-solving skill were taught to families of court-adjudicated 13-18 year olds. Families were divided into experimental \((n = 6)\) and comparison \((n = 6)\) groups. Youth in both groups and parents in experimental families received training in social skills. After the training of each skill to a mastery criterion, participants in the experimental group were taught to use their newly acquired skills while engaging in parent/caregiver-adolescent dyadic interactions. Findings showed overall improvement after training for the parents/caregivers and youth in the experimental group and for the youth in the comparison groups. A 10-month follow-up showed maintenance of post-training skill levels by family members in the experimental group, but not by the comparison group. Judges’ ratings of parent-adolescent interactions and relationships were higher for the experimental group than for the comparison group (Serna, Schumaker, Hazel, & Sheldon, 1986). Given that shifts in parental/caregiver bonds and the seeking of greater autonomy are salient aspects of adolescent development, changes in parenting/caregiving behavior and patterns
of communication within the family are notably involved. It is precisely at this sort of developmental juncture that family clinicians should intervene to modify those aspects of a family system that interfere with the life tasks of the family’s members. Because there is a prevalence of deviant behaviors that emerge during adolescence, and when parent-adolescent relationships are changing, it is important to identify the ways in which family processes are involved. Of particular importance are patterns of communication, cohesion, and parenting behavior that may either impede or promote adolescents’ developmental challenges. This question of how families change to meet the altering needs of their children has received little attention in the literature (Baer, 1999).

The family system is experienced differently by each individual in the family. When examining dynamics within a family system, it is important to clarify whether the perceptions of specific individuals, subsystems, or the overall family unit are of primary concern. Henry, Sager and Plunkett (1996) studied adolescents’ perceptions of variables at three levels (overall family, parent-adolescent dyadic relationship, and adolescent qualities) of the family system and examined them in relation to four dimensions of adolescent empathy using self-report questionnaire data from 149 adolescents. Gender, family cohesion, parental support, self-esteem, and communicative responsiveness were related to empathic concern; age, gender, parental support, and self-esteem were related to personal distress; age, parental induction, and communicative responsiveness were related to perspective taking; and gender and communicative responsiveness were related to fantasy. Findings indicated that adolescents who see their families as more cohesive also reported greater empathic concern for others.

Based on prior family interaction studies and a systems conceptualization of deviant behavior, a specific, short-term behaviorally oriented family intervention program was designed to increase family reciprocity, clarity of communication, and contingency contracting and tested with 128 families of 13-16 year old juvenile delinquents. Families receiving the program demonstrated significant changes in three family interaction measures at the end of therapy and also significantly reduced recidivism rates at follow-up when compared to families receiving alternate forms of family therapy or no professional treatment (Alexander & Parsons, 1973).

Numerous treatment approaches are based on the assumption that there are multiple causes and correlates of delinquency and that youth antisocial behavior is related to important processes occurring in multiple settings, including their families, peer systems, schools, and communities. Interventions are simultaneously conducted in these multiple settings, and promoting behavior change in the youth’s natural environment is emphasized. Family interventions are viewed as central to amelioration of the adolescent’s conduct problems because they focus on increasing skills and empowering individuals with resources to sustain positive changes made during treatment (Chamberlain & Rosicky, 1995).

Summary

Juvenile delinquency is prevalent and damaging within American society. Many efforts and interventions have been directed at preventing or reducing juvenile delinquency with varying degrees of success. In a review of treatment research, Kazdin (1987) identified family interventions relative to other treatment approaches as the most promising method for the treatment of child and adolescent conduct disorders. Recent meta-analyses (e.g., Hazelrigg,
Cooper, & Borduin, 1987) and reviews (e.g., Loeber & Hay, 1994; Tolan, Cromwell, & Brasswell, 1986) emphasized the role of the family in the development and maintenance of conduct disorders and delinquency and endorse the use of family therapy as a valid treatment approach. Treatment approaches are based on the assumption that there are multiple causes and correlates of delinquency and that youth antisocial behavior is related to important processes occurring in multiple settings, including their families. Family interventions are viewed as central to amelioration of adolescent conduct problems. Those that focus on increasing parenting/caregiving skills and empowering parents/caregivers with resources sustain positive changes made during treatment (Chamberlain & Rosicky, 1995).

According to Zigler, Taussig, and Black (1992), programs to reduce or prevent juvenile delinquency have been generally unsuccessful. Apparently the risk factors that make a child prone to delinquency are complex. Research in the area of programming once youth are exposed to a detention oriented juvenile justice setting is extremely limited. This study attempted to empirically test the effect of a pilot project for reducing poor child outcomes.
CHAPTER 3

METHODOLOGY

The purpose of the study was to determine the effects of an existing short-term intervention with at-risk youth and parents/caregivers. Specifically, the outcomes of interest include: parental/caregiver perceptions of their children’s behavior, parental/caregiver perceptions of children, youth perceptions of self, youth perceptions of parents/caregivers, and recidivism rates. It is believed that programs in the detention setting should have a balanced approach in treatment, responsive through educational means and fitting a family systems perspective (Florida Department of Juvenile Justice, 2006). A strength of the balanced treatment approach is that there is a range of effective short-term treatments that can be utilized. This study was based on a pilot model, the PAC Success Family Literacy Initiative. The program was used with some modification by the Florida Department of Juvenile Justice. Another goal of the study was to evaluate the program effects in terms of implications for future short-term programmatic interventions. The research design was a formative evaluation (utilizing practitioner-oriented applied field evaluation). A summative approach was applied to recidivism rates at both one and four years following program participation.

Design

Formative evaluation is conducted with a small group of people to "test run" various aspects of instructional materials and techniques (Weston, McAlpine, & Bordonaro, 1995). Weston, McAlpine, and Bordonaro suggested that the purpose of formative evaluation is to validate or ensure that the goals of the instruction are being achieved and to improve the instruction, if necessary, by means of identification and subsequent remediation of problematic aspects. Scriven (1991) noted that formative evaluation is typically conducted during the development of a program or product and is conducted, often more than once, for in-house staff of the program with the intent to improve it. The reports normally remain in-house, but elaborate formative evaluation may be done by an internal or an external evaluator or preferably a combination. Many program staff are, in an informal sense, constantly doing formative evaluation.

Summative evaluation provides information on the program’s efficacy (its ability to do what it was designed to do). For example, did the learners learn what they were supposed to after using the instructional module? In a sense, it lets learners know "how they did." More importantly, it can be determined whether the program teaches what it intended (Scriven 1991).

For this study, seven site locations had an internal contact person responsible for evaluating the program using consistent instruments created by the developers of the PAC Success program, Probationers’ Educational Growth. At the conclusion of the 6-week program, data from all site locations were collected by an external evaluator hired through a grant. This formative data had not been statistically examined for educational value prior to this study. The summative evaluation was conducted using data from the Department of Juvenile Justice Division of Data and Research; participants of the program were examined for recidivism.
The Intervention Program

PAC Success Academies sought to address both academic and social issues. This program provided an opportunity for change using a family-oriented approach. This study had the external limits of using the program as it exists. I was bound to use the program as had been approved by means of a contractual agreement.

The PAC Success Academies program was developed by Probationers’ Educational Growth (PEG) in 1997 and funded by the Florida Department of Education, Division of Workforce Development and Adult Education. However, the program is now no longer being funded. PAC Success was designed to meet the needs of those families with adolescents previously identified (either by the court, juvenile justice, law enforcement, or public schools) as potentially at-risk. Characteristically, this target group is unmotivated, experiencing academic difficulty, and/or displaying inappropriate social skills or behavior (Probationers’ Educational Growth [PEG], 1997). The PAC Success program was designed for adolescents who show evidence of one or more of the criteria below.

- High risk of entering the juvenile justice system
- Truancy and/or dropout school issues
- Negative environment and peer pressure
- Economically disadvantaged
- History of family: substance abuse, domestic violence, child abuse
- Diagnosed learning disabilities
- Single parent/caregiver provider

However, the program was not considered appropriate for adolescents currently undergoing substance abuse treatment and/or who have been prescribed but not taking medications.

The program goal for the family was as follows:
A. Improve social and parenting skills;
B. Redirect anti-social thinking, attitudes and behavior;
C. Promote familial communication, affection, and prosocial activities;
D. Reduce anti-social/delinquent peer associations;
E. Provide community services resources to address social and economic needs;
F. Increase self-control, self-management, and problem solving;
G. Demonstrate non-criminal alternatives to shift costs of criminal behavior;
H. Commit increasing levels of academic achievement and behavior; and
I. Educate individuals for career success in future employability and productivity.

PAC Success Academies curriculum utilized Redirecting Children’s Behavior (RCB), which was an experiential approach to re-directing individual behavior that enables the participants to modify their inappropriate beliefs and to shift attitudes and perceptions regarding themselves, their parents/caregivers, children, siblings, peers and school. Parent/Caregiver participation is critical to increase knowledge of appropriate parenting/social skills. Parents/Caregivers and adolescents participated separately and interactively (Probationers’ Educational Growth [PEG], 1997). The parents/caregivers of youth at risk received training in parenting techniques. While parents were in session, youth received education in skills to help empower them to become productive, law-abiding, contributing members of their community. Behavioral management components included but were not limited to self-concept,
The curriculum was designed to help parents/caregivers raise self-motivated and responsible adolescents who are able to win another’s cooperation, create and maintain close inter-personal relationships and work successfully as a team. A further goal was to permit the participant to learn how to take responsibility for personal actions and to be motivated from within and not by external circumstances (Probationers’ Educational Growth [PEG], 1997).

Redirecting Children’s Behavior (RCB) was an experiential learning approach to parenting based on principles of cooperation and mutual respect between parents and their adolescent children. Participants practiced hands-on techniques through role playing and group interaction. Every weekend throughout the program, each participant took home an assignment and practices a new technique. Empowering families to recognize their common ground and not continue in the cycle of negative focusing provides opportunities that benefit all family members (Probationers’ Educational Growth [PEG], 1997).

Delivered in 2 separate tracks (adolescent and parent/caregiver), each session consisted of a minimum of 36 hours of classroom instruction delivered twice weekly for 3 hours over a period of 6 weeks. Parents/Caregivers and adolescents participated separately and then interactively in sessions. Sessions addressed behavioral management skills including: communication, decision making, family living skills, anger management and conflict resolution. There was a focus on keeping adolescents out of the criminal justice system by working on strengthening the family. The Redirecting Children’s Behavior portion was taught over 5 weeks (Probationers’ Educational Growth [PEG], 1997). The sessions for both the parent/caregiver group and the adolescent group are outlined as follows:

- Session 1 – Preventing Sibling and Peer Rivalry, Replace Fighting with Negotiation and Cooperation, Teach Children to Resolve their own Conflicts, Understand a Child’s Behavior and How it Relates to Birth Order
- Session 2 – Teach Children Respect and Responsibility, Discover Ways to Create a Self-Motivated Child, Explore how Parenting Methods affect Children, Offer Choices so that your Child can Make Healthy Decisions
- Session 3 – Understand why a Child Misbehaves, Learn Specific Techniques that work for each Goal of Misbehavior, Find out how to Build a Child’s Self-Confidence
- Session 4 – Teach Self-Control, Find ways to Hold Children Accountable for their Actions, Application of Natural and Logical Consequences to Behavior
- Session 5 – How to win the other Parent’s Cooperation, Planning for Family Meetings, Opening Communications between all Family Members

The Ropes Initiative Course was a new component, a new addition to the program curriculum. Using simple props and equipment, the parent/adolescent dyads learned to work together to achieve a common goal. This was a one-day, outdoor Saturday session that taught all family members how to develop teamwork, problem-solving, goal setting, self-confidence, and communication skills which allow them to develop mutual trust. After each exercise, trained staff members helped participants apply the skills they had learned to challenges that they face (Probationers’ Educational Growth [PEG], 1997).

In addition, families also received instruction in use of library and Internet resources. Literacy skills building was targeted by means of family members learning about local libraries and each getting a library card. The Department of Juvenile Justice also made provision for a nutrition segment to be included as outlined in the grant.
Contractual certified PAC Academy instructors taught the 6-week sessions at each of the 7 sites. Instructors were selected from each site and required to attend a general two-day training session. Two instructors, one for the parents/caregivers and a second for the youth taught the same concepts and themes utilizing age appropriate methods. Certified Ropes instructors conducted a Ropes course for the PAC Academy. A clinical nutritionist worked with project personnel to develop the skills necessary for the nutrition component.

According to the Probationers’ Educational Growth (PEG) (1997), developers of the PAC Success program desired the following outcomes.
Outcomes for the Parents:
A. Understand developmental issues and learn how not to take them as a personal attack on you.
B. Learn about detachment and how to problem-solve issues in a way that teaches you to be more objective.
C. Practice listening skills that promote closeness with and respect for your children and others.
D. Understand the mistaken goals of behavior so you can redirect these goals into positive directions.
E. Learn to create cooperative relationships.
F. Create a positive, encouraging atmosphere that promotes self-esteem, self-sufficiency, and self confidence.
G. Learn strategies and practice resolving conflicts without power struggles.

Outcomes for the Adolescent:
A. Understand the physical and emotional changes that are normal and necessary to become an adult.
B. Understand how developmental issues affect relationships with family and peers.
C. Learn and practice communications tools that promote respect and cooperation with parents, siblings, and friends.
D. Learn how to get what you want without struggling with parents and friends.
E. Learn how to handle stress, anger and pressure without hurting yourself or others.
F. Learn how to ask for what you want, how to say “no” in a confident, empowering way.

Sample

The invited sample consisted of approximately 100 families from 7 different site locations to include surrounding counties. Each “family” consisted of at least 1 parent/caregiver and 1 adolescent identified as at risk. The PAC Success program used here was funded by the Florida Department of Education. In agreement with the funding agency, the sample was selected during 2002 from the following 7 Florida sites: Leon; Calhoun; Franklin; Holmes, Washington and Jackson; Taylor; Escambia; and Bay counties. Families were purposively selected from each county through an identification and referral process. The identification and referral process was conducted by the following partners: Department of Juvenile Justice, North Florida Detention Services, caregivers of at-risk youth identified through adult education programs, Family Network on Disabilities parent educators, SED Network personnel, and other appropriate referral sources. Program coordinators contacted the identified families and obtained
their commitment to participate in the PAC Success program. Detailed information regarding demographic characteristics, family history, and personal data was collected for each participating family utilizing the PAC Success referral form (see Appendix B1) and intake assessment form (see Appendix B2).

The key determinant to admission was the willingness of both the parents/caregivers and their son/daughter to accept responsibility and commitment to fully participate in this program. There was no cost to participants in this early intervention program. For the purposes of this study, eligibility criteria for participation in the program were adapted to meet specific needs of the Department of Juvenile Justice and its detention population. Community agencies referred at-risk families. Parents/caregivers were screened for their cooperation, willingness and ability to follow through with program criteria. A “Family Contract” was signed by the parents/caregivers, adolescents, and PAC Success Academies.

**Instrumentation**

Data were collected by means of five instruments (see Appendix B): Initial Referral Form, and Intake Assessment Form, Attendance Sheets, Parent-Caregiver/Child Pre and Post Survey, and Certificate of Completion.

- **Initial Referral Form** – A form that was completed by the referral source. The form identified who is referring the child, the child’s pertinent information, and the parent/caregiver residing in the home of the referred adolescent. This form also included a release of information form authorizing PAC success access to personal records (Appendix B1).

- **Intake Assessment Form** – A form was completed in the presence of the family to gather information regarding the involved family including family data, presenting problems, risk screening, and PAC eligibility. The form included a family contract indicating commitment to participate in the PAC Success Academies six or twelve (whichever appropriate) week program of study (Appendix B2).

- **Attendance Sheets** – Participating families were to attend 10 out of 12 PAC workshop sessions as evidenced by attendance records. Attendance was taken at every session (Appendix B3).

- **Parent-Caregiver/Youth Pre and Post Survey** – This pre- and post-survey looked at curriculum concepts based on experiential learning styles and measures social abilities, strengths and needs according to the individual and his/her family experiences. The parent survey consisted of 35 items related to parental/caregiver perceptions of their children’s behavior and children in general. The items were the same on both the pre- and post-survey. However, these exact same items were mixed indiscriminately from pre- to post. The child survey consisted of 27 items related to youth perceptions of self and of their parents/caregivers. The items were the same on both the pre- and post-survey. However, these same items were scrambled and numbered differently from pre- to post. A 1-5 point Likert-type scale was used to depict the participant’s level of agreement regarding each item with 1 = *strongly disagree* and 5 = *don’t know.* (Appendix B4)

- **Certificate of Completion** – The certificate indicates that all core measurements of the grant funded, PAC Success program had been met (Appendix B5).
Data Collection

A parent educator, contracted through the Department of Juvenile Justice, assisted with the coordination of PAC Academies and conducted outreach to families. Data were collected by each of the individual counties participating in the program. Each county site had a program coordinator responsible for collecting information, reporting participant outcomes, and maintaining program records. Program coordinators and PAC instructors gathered all personal and demographic information using the PAC Success Intake Assessment Form and the Initial Referral Form. These forms were completed by all guardian participants prior to or at the first class session. Attendance sheets were also maintained by the program coordinators and PAC instructors at each class session. The Parent-Caregiver/Child Pre- and Post-Survey was completed by all participants in the first and last class session. The Certificates of Completion were awarded at the last class session. I had accessed the archived data gathered by means of the PAC Success program and analyzed it based upon the purpose of the study.

In table 1, I summarize the data as it relates to this study. Of the 7 participating sites, 4 maintained verifiable records and 3 did not report outcomes. Of the four participating sites, families differed according to whether they fully completed the program or missed more than two sessions which constituted partial completion of the program.

Table 1

Data Collection for the PAC Success Program

<table>
<thead>
<tr>
<th>Parents / Caregivers &amp; Adolescents</th>
<th>Pretest Survey</th>
<th>Posttest Survey</th>
<th>Partial Completion</th>
<th>Full Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site 1 – Leon</td>
<td>P/C A 17 0</td>
<td>P/C A 14 0</td>
<td>P/C&amp;A 10</td>
<td>P/C&amp;A 4</td>
</tr>
<tr>
<td>Site 2 – Calhoun</td>
<td>P/C A 8 12</td>
<td>P/C A 8 9</td>
<td>P/C&amp;A 1</td>
<td>P/C&amp;A 14</td>
</tr>
<tr>
<td>Site 3 – Franklin</td>
<td>P/C A 10 10</td>
<td>P/C A 10 10</td>
<td>P/C&amp;A 2</td>
<td>P/C&amp;A 18</td>
</tr>
<tr>
<td>Site 4 - Holmes, Washington, Jackson</td>
<td>P/C A 8 11</td>
<td>P/C A 6 11</td>
<td>P/C&amp;A 16</td>
<td>P/C&amp;A 0</td>
</tr>
<tr>
<td>TOTALS</td>
<td>P/C A 43 33</td>
<td>P/C A 38 30</td>
<td>P/C&amp;A 29 Usable</td>
<td>P/C&amp;A 36 Usable</td>
</tr>
</tbody>
</table>

In addition to analysis of the archived data gathered in counties, I worked with the necessary parties to obtain current and relevant recidivism data as it pertained to PAC Success participants. The recidivism information was obtained through the assistance of the Institutional Review Board of the Florida Department of Juvenile Justice Data and Research Division as well as utilizing program Certificates of Completion and the Attendance Sheets mentioned above.

I fulfilled the requirements to gain human subjects approval from both the Florida State University Institutional Review Board (see Appendix C) and the Department of Juvenile Justice.
Institutional Review Board (see Appendix C). Necessary approval was granted to gain access to and analyze relevant data.

**Validity and Reliability**

The PAC Success program was developed by a privately owned company. The information regarding instrumentation is based upon what I was told by the owner of the company in a telephone conversation (B. Glass, personal communication, August 16, 2004). The owner stated that the company had contracted with an individual to design the instruments that were being used and that the instruments had not undergone reliability testing. However, the stakeholders in the program had assessed the instruments useful due to outcome evaluations from various locations that have used the current program and funding sources were continuing to be provided based upon these successful measures.

The instruments used in this program possess face validity, measuring what it is supposed to measure (Gay, 1992). According to the company that developed the PAC Success program, all instruments were designed based upon knowledge of the population for whom it was intended. Thus, the instruments were deemed to have content validity for the population of youth at risk and their parents/caregivers. Pre- and post-measures are intended to show change.

I accessed the archived data gathered by means of the PAC Success program and analyzed it based upon the research questions. I then consulted with the Department of Juvenile Justice about current data regarding recidivism. By using a valid and reliable computer information system (JJIS) designed by the Department of Juvenile Justice, I obtained information as to whether the participants of the program had been involved or had contact with the juvenile justice system in one and/or four years following program participation.

Cronbach’s alpha is an estimate of internal consistency. The parent/caregiver survey consisted of 35 items. For the parent/caregiver pretest, 25 items were intended to measure the perceptions of their children’s behavior with a coefficient alpha of .884. For the posttest of these 25 items, the coefficient alpha was .842. The parent/caregiver pretest also consisted of 10 items intended to measure the parent/caregiver perceptions of children, having a coefficient alpha of .740. For the posttest of these 10 items, the coefficient alpha was .677. These are both deemed sufficiently reliable to test the hypotheses.

The youth survey consisted of 27 items. For the youth pretest, 21 items were intended to measure youth perceptions of self. The coefficient alpha for these items was .820. For the youth posttest, these 21 items had a coefficient alpha of .843. This scale is deemed sufficiently reliable to test the hypotheses. The youth pretest also consisted of 6 items intended to measure youth perceptions of their parents/caregivers. These 6 items had a coefficient alpha of .490. For the youth posttest of these 6 items, the coefficient alpha = .286. These coefficient alphas indicate that this scale should not be used to test the hypotheses due to the unreliability of the measure, risking Type II errors. However, because archived data was being used, the researcher had no control over instrumentation. The instruments that were designed by the PAC Success program had already been used to collect the data which was to be analyzed.

The Likert scales being used in this instrument specifies that the lower the score, the better the perception. A one-tail test was used for prediction of a direction. The alternative hypothesis (H1), one-tailed test, was denoted significant at the .05 level. The Cronbach alpha
assumes a uni-dimensional scale. The small size of the sample prohibited an exploration of the factor structure of the respective scales.

Data Analysis

Descriptive statistics were compiled using frequencies and percentages to describe the sample. For hypotheses 1-4, a dependent measures t-test was conducted following a repeated-measures ANOVA procedure. The repeated-measures ANOVA contrasted pretest-posttest differences between groups (with main effects [group and time] and interaction), whereas the dependent measures t-test contrasted pretest and posttest differences within a single group. A repeated-measures ANOVA was employed to control for correlated errors when using the same measure twice. A significant ANOVA was needed as an omnibus test to control for Type I error prior to using an individual t-test to test the hypothesis (Gay, 1992). For hypotheses 5-6, a chi-square test was used to ascertain whether the recidivism rate of partial program completers was lower than full program completers (Gay) (see Appendix D).

Research Questions

1. What is the impact of a short term intervention program on parental/caregiver perceptions of their children's behavior with respect to full completers and partial completers?
2. What is the impact of a short term intervention program on parental/caregiver perceptions of children with respect to full completers and partial completers?
3. What is the impact of a short term intervention program on youth perceptions of self with respect to full completers and partial completers?
4. What is the impact of a short term intervention program on youth perceptions of their parents/caregivers with respect to full completers and partial completers?
5. Are there differences between partial completers and full completers with respect to recidivism rate after (a) one year and (b) four years?

Hypotheses Testing

For testing Hypothesis #1 through Hypothesis #4, a repeated-measures ANOVA was conducted. A dependent samples t-test was used to test differences in mean perception scores between pretreatment and posttreatment times as measured by the Parent-Caregiver/Child Survey.

For Hypothesis #5 and Hypothesis #6, a chi-square test was used to ascertain whether the recidivism rate of the full program completers is lower than the partial program completers as measured by the Certificates of Completion and the Florida Department of Juvenile Justice Juvenile Justice Information System utilized by Data and Research Division.
CHAPTER 4

RESULTS

The overall purpose of the study was to determine the effects of a short-term intervention with at-risk youth and parents/caregivers. The intervention strategy was based on a pilot model, the PAC Success Family Literacy Initiative. The program was used with some modification by the Florida Department of Juvenile Justice. Specifically, the outcomes of interest were: (a) parental/caregiver perceptions of their children’s behavior, (b) parental/caregiver perceptions of children, (c) youth perceptions of self, (d) youth perceptions of parents/caregivers, and (e) recidivism rates. Another goal was to evaluate the program in terms of implications for future short-term programmatic interventions.

Participants

The final sample consisted of 76 participants (43 parents/caregivers and 33 youth). Of the 33 youth participants, 54% were female and 46% were male. The mean age was 12.6 with a standard deviation of 2.3. Regarding race, 83% were White and 17% were Black. Fifty percent of the youth were at the 5th grade level or less. There were 28 usable youth surveys with both pre- and post-data located in the following counties: 37% in Calhoun, 34% in Holmes, Jackson, or Washington, and 29% in Franklin. The assumption was made that the missing data (lacked 5 out of 33) would not significantly alter the findings. The PAC Success program was fully completed by 51% and partially completed by 49% of the youth participants. Full completion was defined as having attended 10 out of the 12 scheduled sessions, and partial completion was defined as attending 9 or fewer of these sessions.

Of the 43 parent/caregiver participants, 86% were female and 14% were male. The mean age was 37.3 with a standard deviation of 16.4. Regarding race, 57% were White, 34% were Black, 2% were Hispanic, and 7% were “other.” The marital status consisted of 61% were married, 23% single, 7% divorced, and 9% classified as “other.” The education levels of the parent/caregiver participants were: 27% less than a high school degree, 34% completed a high school degree or GED, 18% completed a two-year college degree, 5% completed a four-year college degree, 2% completed a master’s degree, and 14% wrote in “other”. There were 37 usable surveys with both pre- and post-data. These reported surveys were located in the following counties: 39% in Leon, 23% in Franklin, 20% in Calhoun, and 18% in Holmes, Jackson, or Washington. The assumption was made that the missing data (lacked 6 out of 43) would not significantly alter the findings. The PAC Success program was fully completed by 45% and partially completed by 55% of the parent/caregiver participants.

The participant and demographic characteristics are presented in Table 2.
Table 2

Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>PAC Success Program</th>
<th>Youth Participants (n=33)</th>
<th>Parent / Caregiver Participants (n=43)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>54%</td>
<td>Female</td>
</tr>
<tr>
<td>Male</td>
<td>46%</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>17%</td>
<td>Black</td>
</tr>
<tr>
<td>White</td>
<td>83%</td>
<td>White</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hispanic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>Mean = 12.6 SD = 2.3</td>
<td>Mean = 37.3 SD = 16.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td>N/A</td>
<td>Married</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Divorced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Education Level</strong></td>
<td>Less than or equal to 5th grade level 50%</td>
<td>Less than a high school degree 27%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High school degree or GED 34%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Two-year college degree 18%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Four-year college degree 5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Masters degree 2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other 14%</td>
</tr>
</tbody>
</table>

Research Questions and Hypotheses

Parental/Caregiver Perceptions

The first research question was, “What is the impact of a short-term intervention program on parental/caregiver perceptions of their children's behavior with respect to full completers and partial completers?” Behaviors such as arguing, being destructive, blaming others, and acting helpless were indicated by the pretest and posttest used. The associated hypothesis was:

Parents/Caregivers will perceive a reduction from pretest to posttest in behaviors, such as arguing, being destructive, blaming others, and acting helpless for both full and partial completers. A repeated-measures ANOVA was conducted to ascertain whether there were
significant differences in parental/caregiver perceptions of their children’s behavior between pretest and posttest as a function of full completers and partial completers. The results of the analysis are presented in Table 3.

Table 3

Repeated Measures Analysis of Variance for Parents/Caregivers Perceptions of Their Children’s Behavior by Full Completers and Partial Completers

<table>
<thead>
<tr>
<th>Test/Group</th>
<th>Pretest M</th>
<th>Pretest SD</th>
<th>Posttest M</th>
<th>Posttest SD</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full completers</td>
<td>2.72</td>
<td>.39</td>
<td>2.58</td>
<td>.33</td>
<td>1.88*</td>
</tr>
<tr>
<td>(n=19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial completers</td>
<td>2.59</td>
<td>.42</td>
<td>2.29</td>
<td>.30</td>
<td>3.75**</td>
</tr>
<tr>
<td>(n=18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.66</td>
<td>.40</td>
<td>2.44</td>
<td>.32</td>
<td></td>
</tr>
</tbody>
</table>

Source

<table>
<thead>
<tr>
<th>Effect</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>1</td>
<td>.114</td>
<td>1.92</td>
<td>.174</td>
</tr>
<tr>
<td>Test (pre-post)</td>
<td>1</td>
<td>.908</td>
<td>15.35</td>
<td>.000</td>
</tr>
<tr>
<td>Group x Test</td>
<td>1</td>
<td>.414</td>
<td>4.35</td>
<td>.004</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01.

A repeated-measures ANOVA indicated there was a significant (p < .05) main effect pretest and posttest F(1,35) = 15.35, p = .001, but there was no significant main effect for Group F(1,35) = 1.92, p = .174. Therefore, the conclusion was that the program had a significant impact on parent/caregiver perceptions of their children’s behavior for both full t(19) = 1.88, p < .05 and partial completers t(18) = 3.57, p < .01. The results are portrayed in Figure 1.

There was also a Group X Test interaction F(1,35) = 4.35, p < .044 indicating the effect of the intervention was not the same for both groups. The program appeared to have a greater impact on partial completers than full completers (see Figure 1).
The second research question was, “What is the impact of a short-term intervention program on parental/caregiver perceptions of children with respect to full completers and partial completers?” Perceptions pertaining to misbehavior, lack of motivation, selfishness, and punishment were indicated by the pretest and posttest used in the study. The associated hypothesis was: Parents/Caregivers will perceive a reduction from pretest to posttest in perceptions pertaining to misbehavior, lack of motivation, selfishness, and punishment for both full and partial completers. A repeated-measures ANOVA was conducted to ascertain whether there were significant differences in parent/caregiver perceptions about children between pretest and posttest as a function of full completers and partial completers. The results of the analysis are presented in Table 4.
Table 4

Repeated Measures Analysis of Variance for Parents/Caregivers Perceptions About Children by Full Completers and Partial Completers

<table>
<thead>
<tr>
<th>Test/Group</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full completers</td>
<td>2.59</td>
<td>.55</td>
<td>2.33</td>
<td>.36</td>
<td>1.745*</td>
</tr>
<tr>
<td>(n=19)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial completers</td>
<td>2.60</td>
<td>.53</td>
<td>2.28</td>
<td>.38</td>
<td>1.998*</td>
</tr>
<tr>
<td>(n=18)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.59</td>
<td>.54</td>
<td>2.31</td>
<td>.37</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>1</td>
<td>0.02</td>
<td>.074</td>
<td>.788</td>
</tr>
<tr>
<td>Test (pre-post)</td>
<td>1</td>
<td>1.53</td>
<td>7.05</td>
<td>.012</td>
</tr>
<tr>
<td>Group x Test</td>
<td>1</td>
<td>15.15</td>
<td>.030</td>
<td>.863</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01.

A repeated-measures ANOVA indicated there was a significant (p < .05) main effect pretest and posttest F(1,35) = 7.05, p = .012, but there was no significant main effect for Group F(1,35) = .074, p = .788. Therefore, the conclusion was that the program had a significant impact on parent/caregiver perceptions of children for both full completers t(19) = 1.745, p < .05 and partial completers t(18) = 1.998, p < .05. The results are portrayed in Figure 2.

There was, however, no Group X Test interaction F(1,35) = .030, p = .863 indicating there was no differential effect from the intervention for either group (see Figure 2).
Youth Perceptions

The third research question was, “What is the impact of a short term intervention program on youth perceptions of self with respect to full completers and partial completers? Negative self attributes such as stubbornness, blaming, lying, and helplessness were indicated by the pretest and posttest used in the study. The associated hypothesis was: Youth will perceive a decrease from pretest to posttest in negative self attributes such as stubbornness, blaming, lying, and helplessness for both full and partial completers. A repeated-measures ANOVA was conducted to ascertain whether there were significant differences in youth perceptions of self between pretest and posttest as a function of full completers and partial completers. The results of the analysis are presented in Table 5.
Table 5

Repeated Measures Analysis of Variance for Youth Perceptions of Self by Full Completers and Partial Completers

<table>
<thead>
<tr>
<th>Test/Group</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Full completers</td>
<td>2.53</td>
<td>.51</td>
<td>2.31</td>
</tr>
<tr>
<td>(n=17)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial completers</td>
<td>2.22</td>
<td>.41</td>
<td>2.00</td>
</tr>
<tr>
<td>(n=11)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.41</td>
<td>.50</td>
<td>2.19</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effect</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>1</td>
<td>.000</td>
<td>.001</td>
<td>.972</td>
</tr>
<tr>
<td>Test (pre-post)</td>
<td>1</td>
<td>.648</td>
<td>4.15</td>
<td>.052</td>
</tr>
<tr>
<td>Group X Test</td>
<td>1</td>
<td>.621</td>
<td>4.18</td>
<td>.051</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01.

A repeated-measures ANOVA indicated there was no significant ($p < .05$) effect by Group, Test, or Group X Test interaction. Even though the means are significantly different $t(17) = 2.35, p < .05$ for the full completers, they are considered an artifact of the data. Therefore, the conclusion was that the program did not have a significant impact on youth perceptions of themselves by either full or partial completion (see Figure 3).
Figure 3: Estimated Marginal Means/Youth Perceptions of Self (Hypothesis 3)

The fourth research question was, “What is the impact of a short term intervention program on youth perceptions of their parents/caregivers with respect to full completers and partial completers? Negative parental/caregiver attributes pertaining to mistakes, competition, punishment, and lack of attention were indicated by the pretest and posttest used in the study. The associated hypothesis was: Youth will perceive a decrease from pretest to posttest in perceptions of negative parental/caregiver attributes such as mistakes, competition, punishment, and lack of attention for both full and partial completers. A repeated-measures ANOVA was conducted to ascertain whether there were significant differences in youth perceptions of their parents/caregivers between pretest and posttest as a function of full completers and partial completers. The results of the analysis are presented in Table 6.
### Table 6

Repeated Measures Analysis of Variance for Youth Perceptions of Their Parents/Caregivers by Full Completers and Partial Completers

<table>
<thead>
<tr>
<th>Test/Group</th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Full completers</td>
<td>3.00</td>
<td>.75</td>
</tr>
<tr>
<td>(n=17)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partial completers</td>
<td>2.64</td>
<td>.73</td>
</tr>
<tr>
<td>(n=11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2.86</td>
<td>.75</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Source</th>
<th>Effect</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group</td>
<td>1</td>
<td>0.084</td>
<td>0.21</td>
<td>.653</td>
</tr>
<tr>
<td></td>
<td>Test (pre-post)</td>
<td>1</td>
<td>1.32</td>
<td>3.25</td>
<td>.083</td>
</tr>
<tr>
<td></td>
<td>Group x Test</td>
<td>1</td>
<td>1.31</td>
<td>4.93</td>
<td>.035*</td>
</tr>
</tbody>
</table>

* p < .05. ** p < .01.

A repeated-measures ANOVA indicated there was not a significant \( p < .05 \) main effect by Group or by Test. However, there was a significant \( p < .05 \) Group X Test interaction. Although there was a significant interaction effect, the ANOVA suggests there may be significant differences. Post-hoc dependent \( t \)-tests revealed no significant differences between pretest and posttest for both full and partial completers. Therefore, the conclusion was that the program had no significant impact on youth perceptions of parents/caregivers by either full or partial completion (see Figure 4).
Recidivism Rates

The fifth research question was, “Are there differences between partial completers and full completers with respect to recidivism rate after (a) one year and (b) four years?” The first associated hypothesis was: Full program completers will demonstrate a lower recidivism rate than partial program completers after one year. A chi-square test was conducted to ascertain whether there were significant differences in recidivism rates after one year as a function of partial completers and full completers. The results are portrayed in Table 7.
Table 7
Recidivism Data at 1 Year

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Completers</td>
<td>4 (4.67)</td>
<td>10 (9.33)</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>(28.6%)</td>
<td>(71.4%)</td>
<td></td>
</tr>
<tr>
<td>Partial Completers</td>
<td>8 (7.33)</td>
<td>14 (14.6)</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>(36.4%)</td>
<td>(63.6%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>12 (53.3%)</td>
<td>24</td>
<td>36</td>
</tr>
</tbody>
</table>

*a Expected Frequency
χ²(1, N = 36) = 1.466, p > .05

A chi-square test showed that of the 36 youth found in the Juvenile Justice Information System, there was no significant difference in recidivism at one year χ²(1, N = 36) = 1.466, p < .05. There was no significant (p < .05) relationship between partial program completers and full program completers. The hypothesis is rejected. Therefore, the conclusion is that the numbers could have randomly occurred (see Figure 5).

The second associated hypothesis was: Full program completers will demonstrate a lower recidivism rate than partial program completers after four years. A chi-square test was conducted to ascertain whether there were significant differences in recidivism rates after four years as a function of partial program completers and full program completers. The results are portrayed in Table 8.

Table 8
Recidivism Data at 4 Years

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Completers</td>
<td>8 (9.33)</td>
<td>6 (4.67)</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>(57.1%)</td>
<td>(42.9%)</td>
<td></td>
</tr>
<tr>
<td>Partial Completers</td>
<td>16 (14.6)</td>
<td>6 (7.3)</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>(72.7%)</td>
<td>(27.3%)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>24 (66.7%)</td>
<td>12</td>
<td>36</td>
</tr>
</tbody>
</table>

*a Expected Frequency
χ²(1, N = 36) = .930, p > .05

A chi-square test indicated that of the 36 youth found in the Juvenile Justice Information System, there was no significant difference in recidivism at four years χ²(1, N = 36) = .930, p <
There was no significant \( p < .05 \) relationship between partial program completers and full program completers. The hypothesis is rejected. Therefore, the conclusion is that while the data is compelling and in the direction indicating positive impact, these are considered chance differences (see Figure 5).

![Figure 5: Recidivism Rates of Full Completers and Partial Completers after One Year and Four Years (Hypotheses 5 and 6)](image)

Summary

The overall purpose of the study was to determine the effects of a short-term intervention with at-risk youth and parents/caregivers. The outcomes of interest were: (a) parental/caregiver perceptions of their children’s behavior, (b) parental/caregiver perceptions of children, (c) youth perceptions of self, (d) youth perceptions of parents/caregivers, and (e) recidivism rates. The key findings were:

1. The program had a significant impact on parent/caregiver perceptions of their children’s behavior for both full t(19) = 1.88, \( p < .05 \) and partial completers t(18) = 3.57, \( p < .01 \). The program appeared to have a greater impact on partial completers than full completers.

2. The program had a significant impact on parent/caregiver perceptions of children for both full completers t(19) = 1.745, \( p < .05 \) and partial completers t(18) = 1.998, \( p < .05 \). There was no differential effect from the intervention for either group.

3. The program did not have a significant impact on youth perceptions of themselves by either full or partial completion.
4. The program had no significant impact on youth perceptions of parents/caregivers by either full or partial completion.

5. In regard to recidivism, differences between full completers and partial completers were not significant at both one and four years.
CHAPTER 5

DISCUSSION AND CONCLUSIONS

Delinquency is a disturbing issue confronting adolescents, parents, and teachers. Matherne (2001) indicated that one’s family environment is an important context in the development of delinquency, although the exact nature of the relationship between family environment and delinquency is debatable.

Family educators within the juvenile justice system use the unfortunate circumstances of youth being exposed to the prison program to change adolescent lives (The National Center on Education, Disability and Juvenile Justice, 2006). This situation creates an opportunity for these adolescents and parents/caregivers to reflect and work on personal development in a safe and structured setting.

Building and enhancing competence in adolescents—perhaps most importantly those at risk for delinquency—are essential for their functioning in the environment. Competencies essential to everyday living develop in at least three domains: the family, the neighborhood, and the workplace/school. These competencies include the ability to carry out family functions effectively, to participate in community affairs as law-abiding citizens, and to perform successfully in the workplace/school (Molgaard, et al., 2000). Families need to be educated in how to develop personal skills as well as social skills in an effort to meet these competencies (Molgaard et al.).

This research was conducted because of the limited information regarding short-term interventions for adolescents in juvenile justice and their families. The study examined the effects of a selected short-term educational program on youth and their families to help the family system to become a more successful functioning unit.

Overview of the Study

Purpose

The overall purpose of the study was to determine the effects of a short-term intervention with at-risk youth and parents/caregivers. The intervention strategy was the PAC Success program. Specifically, the outcomes of interest were: parental/caregiver perceptions of their children’s behavior, parental/caregiver perceptions of children in general, youth perceptions of self, youth perceptions of parents/caregivers, and recidivism rates. A second goal of the study was to evaluate the program in terms of implications for future short-term programmatic interventions. The following sections of this chapter address these goals.

The Intervention

The PAC Success Academies program was designed to meet the needs of those families with adolescents previously identified (by the court, juvenile justice, law enforcement, or public schools) as potentially at-risk. Characteristically, this target group is unmotivated, experiencing academic difficulty, and/or displaying inappropriate social skills or behavior (Probationers’ Educational Growth [PEG], 1997). The sample in this study displayed these characteristics, as
49% were partial completers. In addition, the demographic data showed academic difficulties as many age/grade matches did not align with the normal population.

A key unexpected finding was this research on differences between partial and full program completion. For the parents, partial completers showed a greater impact than the full completers. It is worth speculating that small increments of change may result in more lasting improvements. It is quite possible that given information in smaller increments, one might be able to process it more effectively and, therefore, incorporate these positive changes into the everyday lifestyle. The PACS program could benefit from these findings. To address the issues of completion, it may benefit the program to change the schedule from two times a week for six weeks to one time a week for twelve weeks, giving more time to assimilate the information and integrate it into personal lifestyle.

Concurrent with the goals of the PAC Success program, this study concluded that parents/caregivers reported significant changes in their perceptions regarding their own children in behaviors such as arguing, being destructive, blaming others, and acting helpless. This impact was greater for the partial completers than for the full completers. It is possible that the partial completers had less knowledge initially than full completers, hence any educational attainment showed more significant improvements for this group. It could be helpful to see if any patterns emerged for the partial completers in regard to certain topics or common weeks being missed. According to Bristor’s (1990) theoretical insights one change in a system can affect other aspects of the system. Even one change or acquisition of knowledge practiced by a parent might have an impact regardless of how many sessions were attended. Concurrent with the goals of the PAC Success program, this study concluded that parents/caregivers had significant changes in their perceptions regarding children in general in perceptions pertaining to misbehavior, lack of motivation, selfishness, and punishment. The impact was the same for both partial and full completers. Once again, the knowledge base is considered. It is quite possible that participants lacked knowledge in the area of parenting techniques, received the educational intervention, resulting in significant changes in perceptions.

However, it was concluded that youth did not show significant changes in negative self attributes such as stubbornness, blaming, lying, and helplessness or in perceptions of negative parental/caregiver attributes such as mistakes, competition, punishment, and lack of attention. These results did not differ by partial or full completers. Even though there were differences in pre-test scores, these could have occurred by chance. In addition, there were no significant differences in recidivism rates after one and four years.

It is interesting to note that the parent reports were impacted more than the youth. The reason for this could be that parents are at a point of desperation and more willing to accept help in an effort to change for the positive. Adolescents are naturally more self-centered and may not be able to see the long term consequences of their behavior. They are often less empathetic, only being interested in the immediate gratification and attention, positive or negative, that their socially inept behavior brings (Nielson, 1991). It is difficult to measure what actually goes on when family members interact since the information has to come from the family members themselves and there can be distortions of reality depending on personal needs (Nielson). According to Nielson the adolescents’ view can sometimes be distorted, hence the cause for no significant changes in negative self attributes or in perceptions of negative parental/caregiver attributes. Another reason for the lack of change may be that the intervention program is deficient in the personalized instruction and the cooperative learning strategies that are beneficial for at-risk youth (Nielson).
According to Mullis (2001), most children develop their values, beliefs about self and others, and typical patterns of behavior within their family system. In a family, the “behaviors of its individual members are highly interdependent” and the change in one person’s behavior will have an effect on other family members. Behavioral changes are more likely to occur if people feel empowered. It may be helpful to strive for small changes rather than drastic changes, and in doing so people can see a difference in their lives and behavior change can occur (Mullis). It may be that if parents change through a program, their children may change later over time as parents continue to treat them more positively or implement newly learned skills.

For the youth, results were no significant changes regardless of partial or full completion. Therefore, the relationship between attendance and impact remains an open question. The PACS program could benefit from these findings. In understanding the dynamics of motivation, the program could offer incentives to attract youth. It would be of primary concern to discern what might appeal to these youth so as to develop programmatic changes that have a greater probability of impacting this adolescent population.

Theoretical Framework

A family systems framework was used to guide the study. This framework provides an understanding of family dynamics that may influence the behavior and functioning of youth, specifically addressing how the family of origin influences functioning. The family systems framework highlights the structure and function of families, as well as family issues of under-functioning and over-functioning (Connard, 1996).

This study examined the adolescent and the parent/caregiver as the definable units. It considered how this dyad interacts and also with the environment. Because children are a product of their upbringing, they often function in society as they have been taught and as it has been modeled for them (Henry, Sager, & Plunkett, 1996). The result is either socially acceptable or delinquent behavior. The PAC Success program attempted to teach family members behavioral management skills including: communication, decision making, family living skills, anger management and conflict resolution. Changes were evident with the parents/caregivers, but not the youth. It is worth mentioning that survey research uses group averages and, therefore, overlooks individual change so individuals may have experienced change undetected in this study.

Despite the emphasis upon interactions within family systems and subsystems, individuals within families develop individual qualities such as their perception of themselves, perception of others, and communication skills that play an integral role within the overall system and subsystems. Through familial interactions, individuals come to develop characteristics that either promote positive, socially acceptable behavior or behavior that leads to negative consequences and possible involvement with the juvenile justice system.

From a systems perspective, effective communication patterns between parents and adolescents also facilitate positive interactions among family members and social competence in youth (Henry, et al., 1996). By examining the parent and adolescent in the family system, there is potential for change in the parent-adolescent subsystem and with individual adolescents (Henry et al.). This study attempted to identify the perceptions of parents and adolescents regarding negative behaviors such as arguing, being destructive, and acting helpless and negative self attributes such as stubbornness, blaming, and lying. There seems to be something different in the parent that enabled significantly greater positive change than in their adolescent. Perhaps the reasoning is linked to an assertion by Granello and Hanna (2003) in that typical aspects of this
high-risk adolescent population include lack of remorse and empathy, extreme anger and underlying hurt, declaration of blame, defiance and disobedience, desensitization, negative or irrational beliefs, and desire for freedom and autonomy. It is quite possible that these adolescents must come to terms with underlying issues and beliefs prior to being able to make steps in a positive direction.

Family systems theory is based on assumptions about how both individuals and the families function. Bristor (1990) first proposes that systems are dynamic, meaning they are always changing. For this reason, it can be assumed that people can change for the positive. Because people change, it is the goal of educational programs to teach new skills that will encourage more positive and productive lifestyles. This study gives supporting data to this assumption in that parents/caregivers perceived a reduction from pretest to posttest in negative behaviors such as arguing, being destructive, blaming others, and acting helpless as well as perceiving a reduction from pretest to posttest in perceptions pertaining to misbehavior, lack of motivation, selfishness, and punishment.

Secondly, any given element of a system cannot be changed without causing changes in the other parts. Theoretically, an intervention program should include goals to educate both the adolescent and the parent/caregiver in an effort to change the functioning of the relationship. It is for this reason that changes occurring first in the parents/caregivers might lead to later changes in the youth over time.

Troublesome and delinquent behavior disrupts family control and family climate, therein undermining precisely those parenting/caregiving processes that are important in managing challenging adolescents (Stern & Smith, 1999). Programs can provide opportunities for development and change. This study sought to determine the perceptions of parents/caregivers and youth, to educate them, and to subsequently test for change. Additionally, the study looked at the effects of this particular programmatic opportunity on the recidivism of participants.

The present study supports and adds to the theoretical knowledge in that it indicated change in the parent component. This was evidenced as the PAC Success program undoubtedly had a significant impact on parent/caregiver perceptions. One must mention that it did not have a significant impact on youth perceptions and recidivism. The conditions for delivery of the program were contingent upon personalization by each site location. It is important to keep in mind that this program was administered as a pilot project. Thus, it is possible that with programmatic advancements such as a focus on removing boundaries that interfere with parent/youth communication or boundaries of trust, more widespread affects can be obtained.

Researchers (National Institute on Alcohol Abuse and Alcoholism, 2003; Scaramella, et al., 2002; Stern & Smith, 1999) have identified a number of demographic and behavioral characteristics of youth that contribute to their risk of involvement with the juvenile justice system. These include ethnic minority status, aggressive and antisocial behavior, and difficulties in school and school failure (including educational disabilities). Family stresses play a large role including: single parent/caregiver home; inadequate parental/caregiver supervision, and lax or inconsistent parental/caregiver discipline; coercive family interactions; and criminal or delinquent relatives or peers. All of these factors were not included in the present study. However, interventions should be coordinated with other social systems and programs designed to address these stresses and risk factors as theory suggests.
Recommendations in View of Research Findings

**Parental/Caregiver perceptions.** The program had a significant impact on parent/caregiver perceptions of their children’s behavior for both full and partial completers. The program had a greater impact on partial completers than full completers.

The pertinent findings in this study provide support to the family systems theory and the power of the parenting/caregiving influence because biological and environmental pressures combine to affect adolescent well-being. According to Berk (1993), one of the most consistent findings about delinquent youth is that their family environments are low in warmth, high in conflict, and characterized by lax and inconsistent discipline. It is critical that the parent/caregiver and youth both be involved in programmatic interventions in an effort for the family as a system to adapt to more warmth, cooperation and consistency. Hence, strengthening the parent-adolescent subsystem and the environment by which it is affected.

The program had a significant impact on parent/caregiver perceptions of children for both full completers and partial completers. There was no differential effect from the intervention for either group.

Kvols (1998) suggests one of the most important things a parent can learn is the ability to understand why a child acts out and misbehaves, and to use specific discipline methods to help that child become cooperative and confident with high self-esteem. It is important to discipline in a way that teaches responsibility by motivating children internally, building their self-esteem, and helping them feel loved. Kvols proposes that children who are disciplined in this way will not need to turn to gangs, drugs, or sex to feel powerful, belong, or end up in the justice system. The issues PAC Success found important to address in its program support Kvols, because improvements were made in parental/caregiver perceptions of children in general pertaining to misbehavior, motivation, selfishness, and punishment, as well as their perceptions of their children's behaviors, such as arguing, being destructive, blaming others, and acting helpless.

The family system is experienced differently by each individual in the family. When examining dynamics within the family system, it is important to clarify whether the perceptions of specific individuals, subsystems, or the overall family unit are of primary concern. Parental behaviors and communication within the parent-youth dyadic subsystems are associated with the development of social competence in adolescents. From a systems perspective, effective communication patterns within families facilitate interactions among family members through open communication and are associated with social competence in youth. By examining multiple levels of the family system, there is potential for intervention within the overall family system, parent-adolescent dyadic subsystems, and with individual adolescents (Henry, et al., 1996). The PAC Success intervention program used in this study addresses issues from a systems perspective and certainly targets issues relevant to family functioning.

**Youth perceptions.** The program did not have a significant effect on youth perceptions of themselves by either full or partial completion. Thus, youth might need more personalized education and more extensive education because they are still working on self-discovery and identity (Scott et al., 2002). Peer involvement in programs could also be beneficial, given the importance of peer influence on adolescent behavior (Scott et al.). Perhaps adding positive activities in which youth are additionally connected with positive peer partners could be an addition to support parental practices.

The program had no significant impact on youth perceptions of parents/caregivers by either full or partial completion. Programs could certainly benefit by taking this into
consideration when developing instructional material. Educational resources need to be relevant and appropriate for the population for which it is intended.

Prior research continuously documents the importance of the parent/child relationship. It is expected that had the conditions of the program delivery and administration been different, more positive outcomes certainly may have been apparent. The program seemed to lack consistency, ample parent/child instruction, and sufficient rewards and reinforcements.

**Recidivism rates.** The fifth research question was, “Are there differences between partial completers and full completers with respect to recidivism rate after (a) one year and (b) four years?” No differences resulted in this study.

In a study of “survival in the community,” Tollet and Benda (1999) identified risk factors that led to the return of delinquent youth to incarceration after being released. The factors included neglect or abuse by parents; being with peers at the time of the offense; poor parental/caregiver relationships; not living with two parents, either biological or stepparents. Poor parental/caregiver relationships and abuse by parents/caregivers were identified as significant risk factors. This study showed significant changes in parental/caregiver perceptions regarding their children’s behaviors such as arguing, being destructive, blaming others, and acting helpless and also their perceptions of children pertaining to misbehavior, motivation, selfishness, and punishment. It is apparent that programmatic interventions can have an influence on the risk factors that are significant in delinquent youth returning to incarceration after being released, therefore resulting in lower recidivism rates.

Strong evidence exists that parental factors have a critical role in the development of delinquent behavior. It is known that family-focused interventions for antisocial youth are not easy to implement. According to Zigler, Taussig, and Black (1992) programs to reduce or prevent juvenile delinquency have been generally unsuccessful. Apparently the risk factors that make a child prone to delinquency are complex.

Although not significant, the findings regarding recidivism were compelling and in the direction we had hoped to see. It is believed that had the archived data provided better demographic records for participants, the results may have been quite different. A reliable tracking system must be integrated into any intervention program if its relationship to recidivism is to be documented.

**Limitations of the Study**

The study had significant limitations. The archived data did not contain the information that was expected according to grant requirements. Each project coordinator did not complete and return the required data collection forms, consequently resulting in a small sample population. All participants did not fully complete the data collection forms which meant that some surveys had to be discarded as there was not a pre-test and post-test match. In addition, the quality of the measures affected reliability as the instruments did not undergo reliability testing. When the archived data was analyzed, the coefficient alphas deemed all scales sufficiently reliable to test the hypotheses with the exception of six items on the youth survey intended to measure youth perceptions of their parents/caregivers. The precoefficient alphas and postcoefficient alphas for these items indicated that this scale should not be used to test the
hypotheses due to the unreliability of the measure, risking Type II errors. It is not certain that the instrument measured what it was supposed to measure. The statements were not equally stated in the positive and negative form. Due to how the statements were made, the participants could be put in a frame of mind leading them to certain responses. This is known as testing effects.

The collection of all records including attendance, demographics, instruments, and events was not provided. More effective staff training might have helped to ensure program requirements were adhered to. PAC Success program staff administered a two-day training for staff who would deliver the intervention program. However, staff returned to their respective sites with no administrative staff to oversee proper and standard delivery of the program. These problems brought threats to internal validity.

Based upon experiential knowledge of the sample being studied as well as the outcome data, the following limitations were also identified. Participants came and went, attending only selected sessions which results in mortality (dropouts), receptivity was limited, eligible participants had a lack of interest in the program, the job of single parents/caregivers interfered with attendance, the gender or role of the participating parents/caregivers was not known, the age span of both parents/caregivers and adolescents impacted knowledge being obtained, the researcher had no involvement with the actual implementation of the program or the training of personnel, and the impact of the program was limited by its scope. There was only input and output data, no process data. These outcome indicators did not provide a thorough description of the actual program implementation to ensure standard delivery across sites (i.e., did each session start on time, was each objective addressed, and how were the pre-test and post-test administered).

Seven Florida sites participated in the study five years ago, possibly affecting external validity; families were purposively selected to participate; the program/curriculum was adjusted due to political circumstances and availability of resources in that a nutrition segment was added; some sites offered additional educational components while others did not adhere to what was intended to be included; and the program was administered in the field so the researcher cannot be certain that standard conditions were enforced at each site.

**Implications for Practice**

This study provides insight into issues relevant to short-term educational programming with the population of youth at-risk and their families. Quality differences were shown in the parents/caregivers as well as illuminating issues involving program completion. A primary contribution of this study is in the area of practice and evaluation. Because this research was based on archived data, modifications made in program implementation might have made a measurable difference in the findings. Modifications might include better training regarding the importance of consistency in delivery, more reliable record keeping, and improved incentives to encourage participation. However, there is still pertinent information that can be added to the body of knowledge regarding short-term educational programming with the population of youth at-risk and their families.

Some innovative and promising programs may be overlooked because they have not been evaluated. The lack of available, comprehensive, formal program evaluation that substantiates a program’s claims of success is a major problem underlying assessment of many programs. It is
recommended that all programs be empirically evaluated in terms of collecting information, analyzing information, reporting, budgeting, contracting, managing, and staffing an evaluation (The Joint Committee on Standards for Educational Evaluation, 1994). Treatment validity is a critical concern. Programs should be looked at closely to ensure the delivery of what has been promised. Detailed observation of what is going on, what concepts are being used, what participants are receiving each week would be extremely helpful in evaluating intervention programs.

The intervention program itself as well as how it was administered carried both strengths and weaknesses. I had no control over these issues given that archived data was used for the study. It is important to employ a full and complete evaluation model. Educational program evaluation standards should address: utility, feasibility, propriety, and accuracy. Each of these attributes is defined below and briefly related to the current study.

Utility standards guide evaluations so they will be informative, timely, and influential. This includes being acquainted with the audience, ascertaining the information needs of the audience, and reporting relevant information clearly. I was not able to know the instructors, which were different at each of the seven sites. Also, the researcher was not familiar with the environment, facilities, or supplies that were used. In the future, utility of similar programs would be improved by acquainting oneself with the primary people, making sure that informational needs are being met, and reporting relevant information clearly.

Feasibility standards recognize that evaluations usually are conducted in a natural setting and consume valuable resources. To ensure better results, I need to be on site to gather qualitative data and anecdotal evidence. This would have been helpful to have in the appendix as resource information to better understand the exact process of program delivery as well as aiding in replication of this type of study to further research this content area. Being on site would allow the researcher to verify the collection of all necessary quantitative data. To improve feasibility, programs should ensure ample funding so as to not jeopardize the quality and effectiveness of the program itself.

Propriety standards reflect the fact that evaluations affect many people in a variety of ways. The rights of all individuals involved were respected, adhering to strict confidentiality. A Human Subjects Committee approved all activity related to the implementation of the program as well as the analysis of all data to ensure the protection of human subjects.

Accuracy standards determine whether an evaluation has produced sound information. The archived data used here was not technically adequate as some was lacking. Due to poor record keeping, I only had access to a partial data set. Partial demographic information was collected. Demographic response forms failed to include items such as household composition, employment status of parent/caregiver. Context information was also limited. In terms of the actual data that could be analyzed, the researcher had access to some attendance data, product data (pretests and posttests), and one piece of process data (partial and full completers). Three of the seven sites did not turn in the required deliverables at the end of the study which affected the number of surveys available for analysis. However, the pretests and posttests that were used were fair indicators of output data for those who completed them. These tests were deemed fair in reliability and content validity. Content and strategies of the PACS program should be more carefully documented. Also, the quality of the content and skills taught should be research based.

I added a longitudinal dimension to the study by looking at recidivism at both one year and four years after the program had actually been tested. Examining the outcome data in terms of recidivism proved difficult, as some of the subjects were lost and could not be located in the
system utilized by the Department of Juvenile Justice because of the insufficient demographic records. Gathering data and maintaining records is imperative. This study might have had more reliable and valid outcomes given improved accuracy in record keeping. In addition, the findings of the study could be generalized to a larger population with greater certainty.

Based on the analysis of data here, attention should be given to several issues in regards to the PAC Success program in an effort to make it more effective. First, the invited sample could be much larger. Given the knowledge of mortality for this population, more participants could be selected; thus, when drop out takes place, the existing data base would be substantive. Second, the intervention program should have an organizational plan and written policies addressing processes and procedures that are readily adhered to. The administration of the program should be consistent among every site so that replication and adaptation of services can be facilitated. Better external validity would benefit the researcher in generalizing the findings. Third, program leaders should improve the scales and measurements for validity and reliability purposes. Fourth, leaders should ensure the collection of all records including attendance, demographics, instruments, and events. More effective staff training could help ensure that program requirements are adhered to. Fifth, programs should provide incentives that are stimulating to both parents and youth to help keep participants in the program. This is of importance because many surveys had to be discarded due to the lack of either a pre or post match. Finally, administrators should make certain to obtain process data that allows improvement to the program. Each time the program is administered, findings can be gathered that would be beneficial in making modifications so as to increase the impact.

I believe that had there been a responsible program administrator who strictly adhered to fulfilling the deliverables required in the grant, a superior amount of data would have been available. Although the limitations of validity and reliability of the instruments were a pertinent issue, much greater insight might have been achieved with improved formative and summative data. In an effort to improve the recidivism component of this study, better maintenance, management and preservation of client records would have been extremely beneficial. This could have been achieved by making certain all demographic information was requested and provided by youth participants, as well as ensuring the archival of all relevant program material completed by these participants.

Collaboration between families, schools, and community agencies may be the only effective means to address the most complex problems of youth. Only through collaboration, will needs be addressed through intervention plans that involve the necessary consistency and scope. The coordination of intervention efforts among school, family, and community providers is critical. The sooner at risk or adjudicated youth are identified, the better the chance of intervening and helping them to realize success. Early intervention requires that necessary services be viewed as prevention rather than reaction (Scott, et al., 2002). This study emphasizes the importance of the parent-adolescent subsystem and demonstrates the potential for assisting community agencies by decreasing the population of at-risk youth by means of family intervention.

At-risk programs should be focused on working with families as early as possible. Parents/Caregivers need to be taught appropriate methods regarding parenting issues. These issues include communication techniques, disciplinary styles empirically documented as effective, and supportive involvement in the lives of their adolescents. Youth need to have instruction regarding value-laden issues, decision-making, social skills, and coping with anxiety. Parents/Caregivers and youth then need to develop a rapport and work together in behavior
techniques, building self-esteem, resolving personal problems, reaching goals, and resisting peer pressure. The biggest influence for program effectiveness is continuous education. Programs need to include refresher courses periodically. Teachers of such programs need to have a rapport with the participants and have a commitment to the program to ensure its success (Nielson, 1991). The findings showed significant differences in the parents/caregivers. Programs, such as the one used here, should be evaluated and improved using research-based program effectiveness strategies. Upon program improvement, theory and research identified here support the idea of the potential for successful change.

**Implications for Further Research**

Implications for future short-term programmatic interventions can be derived from this study. Suggested research includes finding proven and effective interventions to modify behaviors for families at risk. Further research emanating from this study might include a range of effective treatments such as art therapies, tutoring/volunteer initiatives, sports therapies, musical education, among many others worthy of being examined. It would be of interest to take two aforementioned treatments and administer each of them in a similar setting. This would give comparative samples in which to determine the effectiveness of the treatment, thereby ascertaining if one programmatic intervention is more effective than another.

Designing valid and reliable assessment instruments to measure the impact of participation in short-term educational programs would be an area for contributing research. The survey instrument used in this study could have been improved by having better content and construct validity. Questions should be equally framed in the positive and the negative voice. The instrument should be described in terms of purpose and content. In addition, there should be evidence that indicates that the instrument is appropriate for the program for which it is being used. It should be linked to the goals of the program.

Qualitative studies with this population could certainly prove beneficial. Taking a family perspective, home visits and focus groups could provide valuable information in regard to family functioning. An ethnographic method of research should be helpful in investigating various short-term educational interventions. The goal of an observational study is to draw inferences about the possible effect of a treatment on subjects. Participant observational studies are more likely to reveal a true link between an intervention and an outcome, revealing data which probably could not be obtained in any other way.

Yoshikawa (1994) proposed a cumulative protection model to explain why chronic juvenile delinquency may be amenable to prevention and how early family support and education may help achieve this important societal goal. A comprehensive review of early risk factors for chronic delinquency was presented with special attention to interactive effects. Interventions combining comprehensive family support with early education may bring about long-term prevention through short-term protective effects on multiple risks. A review of the early intervention literature reveals that the family support component is associated with effects on family risks, while the early education component is associated with effects on child risks. Both components may be necessary for effects on multiple risks and later reductions in delinquency. Using a cumulative protection model with a variety of educational family
interventions (e.g., art, sports, and music) can provide a number of avenues for future exploration and research regarding families at-risk.

Certainly another area for research interest would be juvenile courts setting up a short-term intervention program for families at risk and having schools refer parents and youth for a mandated participation. Could this type of educational intervention prove noteworthy?

This study reported significant differences for parents, but not youth. Further research in the area of programming interventions specifically designed for adolescents would be helpful. Adolescent needs and learning styles for the population at-risk should be examined.

Finally, an area of concern for this at risk population is the issue of “transition.” Suggested research might include looking at short-term program effectiveness over time. For example, researchers could use a proven and effective intervention model to conduct a short-term program. Each year researchers could comparatively provide a selected program to the same at risk population and test for change. In a sense this would become a longitudinal study of short-term interventions. The purpose of this design would be to help transition families into a new way of interacting within their environment by periodically addressing issues known to lead to delinquent behavior. This would provide support and guidance in the change process.
Family System at risk due to parental/caregiver perceptions of their children’s behavior and children, youth perceptions of self and their parents/caregivers, and recidivism rates.

**Environment**

**Family System**

- Adolescent
- Parent / Caregiver

**Intervention - PAC Success Program**

**Environment**

**Family System**

- Adolescent
- Parent / Caregiver

“System Change”
- t-tests
- chi-square
INITIAL REFERRAL FORM
(To be completed by referral source)

Referred By: __________________________ Date: ______________

Contact person: ______________________ Telephone: ____________

Reason referred: _______________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

The following information pertains to the adolescent

Name: _______________________________ Telephone: ______________

Address: _____________________________ City/State ________________

SS#: _______________________________ Sex: (M) (F) DOB: ____________

School Name: _________________________ Grade: ________________ Attending: (Y) (N)

The following information pertains to the parents/caregivers residing in the home with the above adolescent:

Name: _______________________________

( ) Father ( ) Step-Father ( ) Other: ______________________

DOB: ___________________________ Employed by: ___________________ FT/PT

Work Telephone: ______________________

Primary Language: ( ) English ( ) Spanish ( ) Creole ( ) Other: ______________

Name: _______________________________

( ) Mother ( ) Step-Mother ( ) Other: ______________________

DOB: ___________________________ Employed by: ___________________ FT/PT

Work Telephone: ______________________

Primary Language: ( ) English ( ) Spanish ( ) Creole ( ) Other: ______________

Please forward your referral to:
PAC SUCCESS ACADEMIES

RELEASE OF INFORMATION FORM

I, __________________________ authorize PAC Success Academies and:

_____ Children and Family Services
_____ Local schools
_____ Local law enforcement
_____ Local mental health agencies
_____ Other agency: __________________________
_____ All of the above

To share information concerning services to: __________________________

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except probation, parole, et al., and that in any event, this consent expires automatically six months from today on:

_____ (day) of _____________ (month), 2001.

Specifications of date, event, or condition upon which this consent expires: (List agencies excluded from this Agreement)

Name of client: __________________________

Client signature: __________________________

Guardian signature: __________________________

Witness signature: __________________________
APPENDIX B2

PAC SUCCESS ACADEMIES

INTAKE ASSESSMENT FORM

Youth name: ________________________________ Last ______________ First ______________ Middle ______________

Age: __________________ Date of birth: ________________ Male/Female: ______________ SS# ______________

Ethnic origin: ______________ Principal language(s) spoken: ______________

Youth’s school: ______________ Grade ______________ Teacher: ______________

Attending: Yes / No: ______________ Other school contact: ______________

1. Initial Contact:

Date: ______________ Time: ______________ AM / PM Length of call: ______________ Hr. ______________ Min. Location: ______________

Person calling: ______________ Relationship to youth: ______________

Type of contract: ______________ Face / Face ______________ Telcom Tel#: ______________ Other: ______________

Is youth previous client? Yes / No: ______________ If yes: When? With whom? Identified problem: ______________

__________________________________________________________________________

__________________________________________________________________________

2. Family Data:

Mother’s Name/Guardian Name / Step-Mother/Girlfriend: ______________

Address: ______________ City: ______________ State: ______________ Zip: ______________

Telephone (Home): ______________ Work: ______________ SSN: ______________

Father’s Name/Guardian Name / Step-Father/Boyfriend: ______________

Address: ______________ City: ______________ State: ______________ Zip: ______________

Telephone (Home): ______________ Work: ______________ SSN: ______________

Youth lives with: ______________ Name(s) & Age(s) of other siblings in the home: ______________

__________________________________________________________________________

__________________________________________________________________________

Other parental figures involved (Identify): ______________

__________________________________________________________________________

__________________________________________________________________________

Does family have Medicaid? Yes / No: ______________ Does family have medical insurance? Yes / No: ______________
3. Referral Source
Referring name: __________________________ Position/Relationship: __________________________
Agency: __________________________ Telephone #: __________________________

4. Presenting Problems(s) / Eligibility Criteria:
[ ] Runaway
Has it been reported Yes/No: _______ Date: _______ Threatened to runaway Yes/No: _______
When? __________________________ How often: __________________________

[ ] Ungovernable
Beyond control of parent/guardian Yes/No: _______ Issues: __________________________

[ ] Truancy
School related problems Yes/No: _______ Describe: __________________________
How many days missed: _______ Parents informed Yes/No: _______

A. [ ] C & F
Pending C & F investigation for abuse, neglect, abandonment Yes/No: ______ Which: ______
Current C & F supervision for abuse, neglect, abandonment Yes/No: ______
Caseworker Name: __________________________ Telephone #: __________________________

B. [ ] DJJ
Pending juvenile justice charges Yes/No: ______ Describe charges: __________________________
Current juvenile justice probation Yes/No: ______
Caseworker Name: __________________________ Telephone #: __________________________

C. [ ] Mental health services (Prior/Present)
When: _______ Where: __________________________ With whom: __________________________
What issues: __________________________ Any medication: __________________________
Agency contact: __________________________ Name: __________________________ Telephone #: __________________________

D. [ ] Substance abuse (Prior/Present)
Drug(s) of choice: __________________________ Issues: __________________________
Counseling received Yes/No: _______ Date: ______
Agency contact: __________________________ Name: __________________________ Telephone #: __________________________
PAC SUCCESS ACADEMIES

E. [ ] Juvenile domestic violence
Arrested Yes/No: _______ Date: _______ Referred to group Yes/No: Date: _______
Agency contact: ______________ Name: ______________ Telephone #: ______________

[ ] Other relevant information:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Comments/Observations at intake:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. Risk Screening

Is child threatening suicide at this time Yes/No: _______ Describe situation: ______________
________________________________________________________________________
________________________________________________________________________
Has child threatened suicide in the past Yes/No: _______ When: ______________
________________________________________________________________________
What action was taken: ______________
________________________________________________________________________

6. PAC Eligibility

_____ At risk of entering the juvenile system
_____ Truancy and/or drop out school issues
_____ Negative environment and peer issues
_____ Economically disadvantaged
_____ History of family: substance abuse, domestic violence, child abuse
_____ Diagnostic learning disabilities
_____ Single parent/caregiver
_____ Other

Recommended for: Current session Yes/No: _______ Date: _______ Future session Yes/No: _______ Date: _______

Does not qualify: _______ Referred elsewhere: ______________
7. Action:
   (a) Complete agency release form ________
   (b) Complete participation plan ________
   (c) Complete family contract ________
   (d) Complete referring agency notification ________
   (e) Advise curriculum facilitators ________

Screening completed By: __________________________ Date: __________________________

Notes: __________________________________________
PAC SUCCESS ACADEMIES

Family Contract

This contract is between PAC Success Academies and these students:

____________________(the Adolescent) and____________________

and____________________(the Parents/Caregivers).

By signing below I am indicating my commitment to participate in the PAC Success Academies six (6) week program of study. I agree to the following:

- Be on time for all sessions.
- Be at the sessions no matter what.
- Spend 2 hours per week (parents) working with children on homework.
- Attend 1 Parent/Teacher conference during course of session.
- Read to children at home 2 hours per week.
- Keep information shared by other participants within the PAC classroom confidential.

Upon completion of the six (6) week program, it is my understanding that PAC Success Academies will continue to assist and monitor my progress for six (6) additional months and I am entitled to all services available.

Signed this____day of____________________, 2001.

Parent/Caregiver:______________________________

Parent/Caregiver:______________________________

Adolescent:______________________________

PAC Success Academies:______________________________

Remember:
1. No smoking on or off site during program hours.
2. No drugs/alcohol = Don’t show up if you are high.

Disregard for these directives will be reasonable cause for immediate withdrawal from the program.

Adolescent Initials:______
Parent/Caregivers Initials:______
Date:______

59
PAC SUCCESS ACADEMIES

REFERRAL LOG

Student: ___________________________ Date: ___________________

Educational resources:
( ) Employment
( ) K - 12 or GED
( ) Vocational
( ) Other ____________________________

Reasons for referral / comments: _______________________________________
_____________________________________________________________________
_____________________________________________________________________

Medical resources:
Reason for referral / comments: _______________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Rehabilitative resources:
( ) Mental health status ____________________________
( ) Substances abuse ____________________________
( ) Department of Children and Families ____________________________
( ) Day care services ____________________________
( ) Housing ____________________________
( ) Other ____________________________
Reason for referral / comments: _______________________________________
_____________________________________________________________________
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_____________________________________________________________________

Other referrals:
( ) ____________________________
( ) ____________________________
( ) ____________________________
Reason for referral / comments: _______________________________________
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PAC Success Academies: ____________________________
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<th>Print Name</th>
<th>Signature</th>
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### Summary - Trainer Checklist
For Period Ending /2002

#### Secondary Core Measures

<table>
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<tr>
<th>No.</th>
<th>Participants Name</th>
<th>Core Measures</th>
<th>Cognitive Improvements</th>
<th>Other Positive Behaviors</th>
<th>Total Gains</th>
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### APPENDIX B4

**PARENT / CAREGIVER / STUDENT PRE AND POST SURVEYS**

Age: __________ Race: W / B / H / O  Gender: M / F  Martial Status: M / D / S

Education Level: <HS / HS / College 2 / 4 / Year Degree / Other: __________

Program Location: ____________________________

**Parent(s)/Caregiver(s) Pre-Survey:** Curriculum Concepts based on experiential learning styles and measured by individual and family experiences.

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5*</th>
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<tbody>
<tr>
<td>1. A misbehaving child is a bad child.</td>
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<tr>
<td>2. Children misbehave because they can’t help it.</td>
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<td>3. Children misbehave because they are selfish and self-centered.</td>
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<td>4. Children misbehave because they only want attention.</td>
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<td>5. Children misbehave because they are trying to communicate.</td>
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<td>6. My child often argues</td>
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<td>7. My child always wants to be the boss.</td>
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<td>8. My child does the opposite of what is asked of him.</td>
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<td>9. My child refuses to do any school work.</td>
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<td>10. My child is stubborn.</td>
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<td>11. My child is destructive.</td>
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* (1) Strongly Disagree   (2) Disagree   (3) Agree   (4) Strongly Agree   (5) Don’t Know
12. My child often blames and accuses others. 1 2 3 4 5*
13. My child makes himself unlikable. 1 2 3 4 5*
14. My child feels no one understands him. 1 2 3 4 5*
15. My child wants to get even for hurts he believes others have caused. 1 2 3 4 5*
16. My child acts helpless. 1 2 3 4 5*
17. My child gives up and doesn’t participate in activities (family, school, social). 1 2 3 4 5*
18. My child may have a learning disability. 1 2 3 4 5*
19. My child may act hyperactive. 1 2 3 4 5*
20. My child may be overly sensitive. 1 2 3 4 5*
21. My child may show-off or be the “class clown”. 1 2 3 4 5*
22. Motivating children’s behavior can be done by using both fear and love. 1 2 3 4 5*
23. Punishment is best used to correct the immediate misbehavior. 1 2 3 4 5*
24. Punishment is the logical way to enforce consequences. 1 2 3 4 5*
25. Corporal punishment is necessary to enforce discipline. 1 2 3 4 5*
26. Discipline is the most effective way to teach responsibility. 1 2 3 4 5*
27. Praising my child builds self-esteem. 1 2 3 4 5*

* (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree (5) Don’t Know
28. Praising my child says “you are better than others”.

29. Praising my child takes away the fear of failure.

30. I give my children a lot of attention and show them love, but they still misbehave.

31. It’s important that I show my child that I am in charge.

32. I do things for my child that he could probably do for himself.

33. My child expects/demands others to make him happy.

34. My child has learned to make responsible decisions.

35. I must control or manipulate my child’s behavior or I’m a bad parent.

* (1) Strongly Disagree  (2) Disagree  (3) Agree  (4) Strongly Agree  (5) Don’t Know
Parent(s)/Caregiver(s) Post-Survey: Curriculum concepts based on experiential learning styles and measured by individual and family experiences.

1. A misbehaving child is a bad child.  
   1  2  3  4  5*  
2. Children misbehave because they can't help it.  
   1  2  3  4  5*  
3. Children misbehave because they are selfish and self-centered.  
   1  2  3  4  5*  
4. Children misbehave because they only want attention.  
   1  2  3  4  5*  
5. Children misbehave because they are trying to communicate.  
   1  2  3  4  5*  
6. My child often argues  
   1  2  3  4  5*  
7. My child always wants to be the boss.  
   1  2  3  4  5*  
8. My child does the opposite of what is asked of him.  
   1  2  3  4  5*  
9. My child refuses to do any school work.  
   1  2  3  4  5*  
10. My child is stubborn.  
    1  2  3  4  5*  
    1  2  3  4  5*  

* (1) Strongly Disagree  (2) Disagree  (3) Agree  (4) Strongly Agree  (5) Don't Know
12. Praising my child says “You are better than others”.  

13. Praising my child takes away the fear of failure.  

14. I give my children a lot of attention and show them love, but they still misbehave.  

15. It’s important that I show my child that I am in charge.  

16. I do things for my child that he probably could do for himself.  

17. My child expects/demands others to make him happy.  

18. My child has learned to make responsible decisions.  

19. I must control or manipulate my child’s behavior or I’m a bad parent.  

20. My child is destructive.  

21. My child often blames and accuses others.  

22. My child makes himself unlikable.  

23. My child feels no one understands him.  

24. My child wants to get even for hurts he believes others have caused.  

25. My child acts helpless.  

26. My child gives up and doesn’t participate in activities (family, school, social).  

27. My child may have a learning disability.  

* (1) Strongly Disagree  (2) Disagree  (3) Agree  (4) Strongly Agree  (5) Don’t Know
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<tbody>
<tr>
<td>28. My child may act hyperactive.</td>
<td>1</td>
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<td>3</td>
<td>4</td>
<td>5*</td>
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<tr>
<td>29. My child may be overly sensitive.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5*</td>
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<tr>
<td>30. My child may show-off or be the “class clown”.</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5*</td>
</tr>
<tr>
<td>31. Motivating children’s behavior can be done by using both fear and love.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5*</td>
</tr>
<tr>
<td>32. Punishment is best used to correct the immediate misbehavior.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5*</td>
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<tr>
<td>33. Punishment is the logical way to enforce consequences.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5*</td>
</tr>
<tr>
<td>34. Corporal punishment is necessary to enforce discipline.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5*</td>
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<tr>
<td>35. Discipline is the most effective way to teach responsibility.</td>
<td>1</td>
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* (1) Strongly Disagree  (2) Disagree  (3) Agree  (4) Strongly Agree  (5) Don’t Know
PAC SUCCESS ACADEMIES

Age: __________ Race: W / B / H / O Gender: M / F Education Level: __________

Program Location: ______________________

Students Pre-Survey: Curriculum Concepts based on experiential learning styles and measured by individual and family experiences.

1. I think I’m a bad child ____________________________
2. I misbehave because I can’t help it. ____________________________
3. I misbehave because I am selfish and self-centered. ____________________________
4. I misbehave because I only want attention. ____________________________
5. I misbehave because I like to challenge my parent(s)’s authority. ____________________________
6. I argue a lot with my parents(s) and others. ____________________________
7. I think it’s important to be the boss. ____________________________
8. I do the opposite of what my parent(s) ask me. ____________________________
9. I refuse to do any school work. ____________________________
10. I am stubborn. ____________________________
11. I can be destructive. ____________________________
12. I often blame and accuse others. ____________________________

* (1) Strongly Disagree (2) Disagree (3) Agree (4) Strongly Agree (5) Don’t Know
13. I can get away with stuff by lying.  

14. I often feel no one understands me.  

15. I want to get even for the hurts others have caused.  

16. I know how to act helpless.  

17. I give up easily and don’t participate in activities (family, school, social).  

18. I probably have a learning disability.  

19. I am eager to please my parent(s).  

20. I can show-off or be the “class clown”.  

21. I feel I am loved only when people pay attention to me.  

22. My parent(s) tell(s) me mistakes are bad.  

23. My parent(s) talk(s) about their own mistakes.  

24. My parent(s) want(s) me to compete and win.  

25. My parent(s) spend(s) time with me when I don’t misbehave.  

26. My parent(s) ask(s) for my advice.  

27. My parent(s) think(s) punishment is the only way to make me change.  

* (1) Strongly Disagree   (2) Disagree    (3) Agree    (4) Strongly Agree    (5) Don’t Know
PAC SUCCESS ACADEMIES

Age:_________ Race: W / B / H / O Gender: M / F Education Level_________

Program Location:__________________________

Students Post-Survey: Curriculum Concepts based on experiential learning styles and measured by individual and family experiences.

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<td>16. My parents(s) think(s) punishment is the only way to make me change.</td>
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<td>17. I can be destructive.</td>
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<td>18. I often blame and accuse others.</td>
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<td>20. I often feel no one understands me.</td>
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<td>21. I want to get even for the hurts others have caused.</td>
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<td>22. I know how to act helpless.</td>
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<td></td>
<td>23. I give up easily and don’t participate in activities (family, school, social).</td>
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<td>24. I probably have a learning disability.</td>
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<td>25. I am eager to please my parent(s).</td>
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<td>26. I can show-off or be the “class clown”.</td>
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</table>

* (1) Strongly Disagree   (2) Disagree   (3) Agree   (4) Strongly Agree   (5) Don’t Know
Certificate of Completion

Awarded to

The _______ Family

For consistent attendance and participation in the PAC Success Academy Program

Presented by

Pasco County PAC Success Academy

June 14, 2001

______________________________
Victor Kelly, Site Facilitator

______________________________
Michele Greenlaw, Instructor

______________________________
Heather Weitz, Instructor
APPROVAL MEMORANDUM

Date: 1/18/2005

To: Kimberly Horton
   6150 Shady Rest Road
   Havana Fl 32333

Dept.: FAMILY & CHILD SCIENCE

From: John Tomkowiak, Chair

Re: Use of Human Subjects in Research
   An Exploratory Study of Juvenile Detention as a Point of Short-Term Intervention:
   The Impact on Recidivism a followup

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Human Subjects Committee at its meeting on 12/8/2004. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.

If the project has not been completed by 12/7/2005 you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

cc: Dr. Bonnie Greenwood
    HSC No. 2004.852
APPREVAL MEMORANDUM

Date: 1/18/2005

To: Kimberly Horton
6150 Shady Rest Road
Havana FL 32333

Dept.: FAMILY & CHILD SCIENCE

From: John Tomkowiak, Chair

Re: Use of Human Subjects in Research
An Exploratory Study of Juvenile Detention as a Point of Short-Term Intervention:
The Impact on Recidivism

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This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

cc: Dr. Bonnie Greenwood
HSC No. 2004.851
September 25, 2006

Kimberly Gray Horton
6150 Shady Rest Road
Havana, Florida 32333

Dear Ms. Horton:

RE: The Effects of a Short-Term Intervention for Adolescents in Juvenile Justice and their Families

I am pleased to inform you that the Florida Department of Juvenile Justice Institutional Review Board has approved the extension of your approved study. This approval covers only the study referenced above.

The following conditions apply to this approval:

- All information obtained from DJJ is confidential. It may not be disclosed to any person, business, government agency, or other entity unless the disclosure is authorized in writing by DJJ.
- You may not disclose any information that could reasonably lead to the identification of any individual youth. All data resulting from this research project must be published in aggregate form.
- Any person working on this research project must agree to be bound by these conditions concerning confidentiality of information.
- Any person working on this research project that has direct contact with youth must obtain a DJJ background screening prior to the start of the project.
- We require that you provide the DJJ with a review copy of the final publication with a reasonable comment period prior to publication of the study findings. Please send to the IRB in the address listed below.
- DJJ would like a report of the findings with a discussion of the practical application of these findings for the programming needs of youth in the Florida Juvenile Justice System.
- Please complete and sign the following privacy and security agreement and send it back to us at Florida Department of Juvenile Justice, 2737 Centerview Drive, Suite 100, Tallahassee, Florida 32399 to the attention of Susan Quinn. The approved study extension shall not take effect until the privacy and security agreement has been signed and received by the Department.

Cordially,

Ted Tollett
Institutional Review Board

CC: Susan Quinn

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850
http://www.djj.state.fl.us

The mission of the Department of Juvenile Justice is to protect the public by reducing juvenile crime and delinquency in Florida.
## APPENDIX D
### HYPOTHESIS TESTING

<table>
<thead>
<tr>
<th>HYPOTHESES</th>
<th>VARIABLES Dependent / Independent</th>
<th>MEASUREMENTS</th>
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<tbody>
<tr>
<td>Parents/Caregivers will perceive a reduction from pretest to posttest in behaviors such as arguing, being destructive, blaming others, and acting helpless for both full and partial completers.</td>
<td>Parental/Caregiver perceptions of their children’s behavior</td>
<td>Parent-Caregiver/Child Survey</td>
</tr>
<tr>
<td>(Item #s: Pre – 6-21 and 27-35 / Post – 6-30)</td>
<td></td>
<td>Intervention – PAC Success Program</td>
</tr>
<tr>
<td>Parents/Caregivers will perceive a reduction from pretest to posttest in perceptions pertaining to misbehavior, lack of motivation, selfishness, and punishment for both full and partial completers.</td>
<td>Parental/Caregiver perceptions of children</td>
<td>Parent-Caregiver/Child Survey</td>
</tr>
<tr>
<td>(Item #s: Pre – 1-5 and 22-26 / Post – 1-5 and 31-35)</td>
<td></td>
<td>Intervention – PAC Success Program</td>
</tr>
<tr>
<td>Youth will perceive a decrease from pretest to posttest in negative self attributes such as stubbornness, blaming, lying, and helplessness for both full and partial completers.</td>
<td>Youth perceptions of self</td>
<td>Parent-Caregiver/Child Survey</td>
</tr>
<tr>
<td>(Item #s: Pre – 1- 21 / Post – 1-10 and 17-27)</td>
<td></td>
<td>Intervention – PAC Success Program</td>
</tr>
<tr>
<td>Youth will perceive a decrease from pretest to posttest in perceptions of negative parental/caregiver attributes such as mistakes, competition, punishment, and lack of attention for both full and partial completers.</td>
<td>Youth perceptions of their parents/caregivers</td>
<td>Parent-Caregiver/Child Survey</td>
</tr>
<tr>
<td>(Item #s: Pre – 22-27 / Post – 11-16)</td>
<td></td>
<td>Intervention – PAC Success Program</td>
</tr>
<tr>
<td>Full program completers will demonstrate a lower recidivism rate than partial program completers after one year.</td>
<td>Recidivism Rates</td>
<td>Certificates of Completion and the Florida Department of Juvenile Justice</td>
</tr>
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<td>Juvenile Justice Information System utilized by Data and Research Division</td>
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<tr>
<td>Full program completers will demonstrate a lower recidivism rate than partial program completers after four years.</td>
<td>Recidivism Rates</td>
<td>Certificates of Completion and the Florida Department of Juvenile Justice</td>
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<td>Juvenile Justice Information System utilized by Data and Research Division</td>
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</tbody>
</table>
REFERENCES


80


BIOGRAPHICAL SKETCH

EDUCATION PROFESSIONAL

Kimberly Gray Horton is a Family and Consumer Science Education Specialist. As a professional consultant, she provides expert guidance on how to organize, develop, and assess educational initiatives. She has experience in the development and evaluation of education curriculum and has served as a consultant, programmer, and trainer for local and state education programs.

She is an excellent communicator with a dynamic management style. Kimberly has enhanced organizational skills and an ability to actively manage change in a positive manner. Outstanding in the art of training, she is professional in disposition and appearance, conveying strong motivational skills and a detail-oriented personality.

EDUCATION

The Florida State University, Tallahassee, FL • 2007
Doctorate of Philosophy in Family and Consumer Science Education
Areas of Concentration: Child and Family; Organizational and Human Resource Development; and Education
Dissertation: “The Effects of a Short-Term Intervention for Adolescents in Juvenile Justice and their Families”

The Florida State University, Tallahassee, FL • 1995
Masters of Science in Family and Consumer Science Education

The Florida State University, Tallahassee, FL • 1993
Bachelor of Science in Family; Child; and Consumer Sciences
Major: Child Development; Minor: Business

EXPERIENCE

Consultant, Self-Employed
Tallahassee, Florida
2001 – Present
Provides expert consultation, training, and programming for local and state educational organizations as well as private firms that require learning solutions. Capable of implementing educational curriculum in a vast field of knowledge.

Assistant Superintendent II, The Florida Department of Juvenile Justice
Tallahassee, Florida
1998 – 2001
Integral participation in the administration of the local detention facility in Leon County, which provides an environment to implement statewide active programming. Supervision and training of staff involved in detention and programming. Continues to represent the office of the Deputy Secretary for Operations in working with other sections of juvenile justice, district juvenile justice offices, service providers, governmental agencies and advocacy/special interest groups. Provides coordination and technical assistance in developing and implementing statewide programming.
Management Analyst II, The Florida Department of Juvenile Justice
Tallahassee, Florida
1996 – 1998
Represent the office of the Deputy Secretary for Operations in working with other sections of juvenile justice, district juvenile justice offices, service providers, governmental agencies and advocacy/special interest groups. Prepare, review, analyze and critique proposed departmental work products which impact on the districts to ensure that district input and concerns are appropriately considered. Prepare correspondence relative to juvenile justice programs for the signature of the Deputy Secretary for Operations. Consults, designs, and facilitates the development of the department's educational detention curriculum.

Represent the office of the Bureau of Intervention Services in the area of non residential care, specifically Independent Living. Assist in the planning and coordination of statewide workgroup and service meetings. Assist in program development activities, including recommending issues for policy development, enhancement of existing policy, and the development of policy as assigned. Assist in the development of legislative bill analysis. Conduct routine site visits as requested or needed in assigned programmatic areas.

Lead Teacher, Annsworth Academy
Tallahassee, Florida
1995 – 1996
Responsible for fifteen three and four year old children in a classroom setting. Organization of curriculum and activities in order to provide guidance in social, emotional, cognitive, and physical development.

Substitute Teacher, Wakulla County Schools
Crawfordville, Florida
1993 – 1995
Frequent delegated teaching of students at the elementary and high school grade levels.

PROJECT EXPERIENCE

- “Educational Detention Curriculum” - developed and implemented curriculum; wrote and directed an accompanying instructional video 1997
- “Male Responsibility is my Responsibility” – Teenage Pregnancy Prevention Curriculum for Males 1999
- “Character Education and Moral Development Curriculum” 2000
- “Promoting Professional and Appropriate Staff Conduct” 2000
- “Arts in Detention” 2001

MEMBERSHIPS

- Kappa Omicron Nu
- National Honor Society