

UNGOVERNABLE/ INCORRIGIBLE YOUTH LITERATURE REVIEW

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U.S. Department of Justice
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810 Seventh Street, NW
Washington, DC 20531

Prepared by
Development Services Group, Inc.
7315 Wisconsin Avenue, Suite 800E
Bethesda, MD 20814

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Ungovernable Youth

Scope of Problem

Prevalence

As adolescents develop and try to establish their own identity, they may follow the natural tendency to resist parents' authority at times and test boundaries. However, at times, a youth's disobedience may become routinely severe and put him or her at risk of escalating out of control. When a youth's disobedience reaches a crisis level, the family may reach a breaking point and seek the assistance of probation officers, family court judges, and child welfare workers to take control of their troubled children (Quraishi, Segal, and Trone, 2002). The youth may subsequently be classified as "ungovernable" or "incorrigible," which can result in a petition to have the youth adjudicated as a status offender and face sanctions ranging from probation to out-of-home placement to secure detention.

The *Juvenile Court Statistics Databook* defines ungovernability as

Being beyond the control of parents, guardians, or custodians or being disobedient of parental authority. This classification is referred to in various juvenile codes as unruly, unmanageable, and incorrigible. [Puzzanchera and Kang, 2008]

According to the *Juvenile Court Statistics* (Stahl et al., 2007), the number of formally petitioned ungovernability offense cases processed by juvenile courts across the United States increased 38 percent between 1995 and 2004. During this period, the case rates for petitioned ungovernability cases increased for both male and female juveniles: the male petitioned ungovernability caseload increased by 40 percent while the female caseload increased 36 percent. The increase in ungovernability case rates for black youth outpaced that for youth in any other racial category (Stahl et al., 2007).

The proportion of ungovernability cases involving detention has remained relatively stable from 1995 to 2004: approximately 6 percent of ungovernability cases resulted in detention in 1995 and approximately 8 percent resulted in detention in 2004. During this period, the proportion of adjudicated ungovernability cases resulting in out-of-home placement declined from 25 percent to 18 percent. An increase in the use of probation for adjudicated ungovernability cases was evident between 1995 and 2004 and, during this time, the greatest percent increase in the number of adjudicated status offense cases resulting in probation occurred in ungovernability cases (62 percent) [Stahl et al., 2007].

"Ungovernability" is a single unifying description for a broad number of delinquent acts. A minor can be "beyond the control of ones parents" in many different ways. In fact some have argued that States have left the description of the offense to be intentionally vague in order to have more power over a minor in need (Cox et al., 2008). Although it is not appropriate to charge every youth who fails to comply with the requests of a parent with incorrigibility, it is appropriate to do so when the continued disobedience may cause harm to the youth or another person.

It is not unusual for a family to experience a crisis while a teenager is in the house. Most families will be able to resolve problems that arise fairly quickly, but sometimes they are not equipped to deal with them alone. A youth who has moved beyond the control of a parent may need outside help and restrictions. Running away, truancy and breaking curfew are common problem stemming from incorrigibility. The court may be able to help a parent whose child continuously exhibits:

- [S]erious and deliberate threats of physical harm to family members;
- [A]cts of intimidation toward household members;
- [D]eliberate injury to home structure, grounds, furnishings or pets;
- [S]erious and repeated violations of curfew;
- [R]efusing to go to school (**Schools bring truancy complaints under the law, however, parents may include in their incorrigibility petitions allegations that the child is refusing to attend school contrary to the parent's repeated order to attend. Such a complaint may be filed by the parent even though the child is over 16.). [Livingston County, Mich., Juvenile Court , 2009]

Most children exhibit some emotional, social, and interpersonal problems as they become adults. Many of the actions and attitudes stemming from their development make parents uneasy. The majority of these issues are normal developmental steps that all children go through in their adolescence. The problem can be compounded when a parent does not have the basic tools to deal with the misbehavior a child in a healthy fashion. It may be a lack of time, an authoritative parenting style or even abuse or drug use within the home. The Court will accept petitions charging children with incorrigibility, but the Court's policy is not to bring children in to the court system for behaving “like teenagers” (Livingston County, Mich., Juvenile Court, 2009).

In some cases, consumption of alcohol, drugs or other addictive chemical substances is the basis of a child's disobedient or anti-social behavior. Drug addicted youth may unexpectedly lash out at parents, spend long periods of time away from home or have extreme hyperactivity. In such cases, the court may be able to help the family shed light on the problem after the youth is brought in as an “incorrigible.” Since misbehavior can be a direct result of the addiction, the priority for the family and the Court would be to focus on the drug problem first.

Other youth with extreme behavioral problems may be suffering from personality disorders such as schizophrenia or manic depression. People with such disorders commonly start to exhibit symptoms in late adolescence. Youth may become extremely disruptive, exhibit poor judgment or a quick temper. Treatment for misbehavior stemming from such disorders would need to be a secondary priority to treatment of the actual disorder and would need to take place in a more medically focused setting. The problem may be slightly less serious, such as Attention Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD). A child with ADHD may exhibit symptoms such as a short attention span, inability to go to sleep, or trouble remembering rules. People with ADD/ADHD often have difficulty anticipating the long-term consequences of their behavior and determining if their behavior is appropriate to the situation. This is a lifelong condition that can be helped with medication and behavior therapy. A child with ODD may lose their temper often, may argue frequently or defy orders. Although many teenagers exhibit these behaviors at times, people with ADD almost never back down in the face

of consequences. According to the American Academy of Child and Adolescent Psychiatry (2009), anywhere from 5 to 15 percent of children exhibit signs of ODD. Although the disorder is diagnosed by a physician, the treatment options are usually similar to programs offered for parents of unruly children, such as therapy, parent training and cognitive-behavioral therapy. All underlying issues of ungovernability should be explored before a court petition is initiated, but sometimes these problems do not come to the surface unless the Court intervenes.

Theoretical Contexts

Research on the contributing factors of ungovernable behavior often focuses on the relationship dynamics between a youth and his or her family, parental behaviors and practices, and the presence of caring, supportive adults in his or her life.

Family Functioning and Parent–Child Interactions

The family is often a key factor in the prosocial development of youth. Several literature reviews (Henggeler, 1989; Loeber and Dishion, 1983; Loeber and Stouthamer–Loeber, 1986; and Snyder and Patterson, 1987) support the contention that family functioning provides an early and sustained impact on family bonding, conduct disorders, school bonding, choice of peers, and subsequent delinquency. The family is of critical importance because it is the primary social unit during the formative years of early childhood. It is the primary and sometimes sole source of emotional support, learning opportunities, moral guidance, self-esteem, and physical necessities. Family dysfunction (family history of violence, favorable attitudes toward problem behaviors, poor socialization, poor supervision, poor discipline, family disorganization, family isolation, or family disruptions) is an important influence on future delinquent and antisocial behavior. Family dysfunction provides children with models and opportunities to engage in problem behavior. This research suggests that improving family functioning should reduce problem behaviors. Today, there are several major categories of interventions designed to strengthen family functioning and thus prevent future problem behaviors. These family strengthening interventions include family skills training, family education, family therapy, family services, and family preservation programs (or, more broadly, family therapy).

In addition to the family being a key factor in the prosocial development of youth, parents are a critical, if not the most critical, factor in the social development of children (Alvarado and Kumpfer, 2000; Conger and Simons, 1997). A plethora of studies have produced empirical findings that indicate parental behavior can either increase or decrease an adolescent's risk for delinquency and other problem behaviors (Elliott, Huizinga, and Menard, 1989; Loeber and Stouthamer–Loeber, 1986; Patterson, Reid, and Dishion, 1992; Sampson and Laub, 1993; Simons et al., 1998; Simons, Chao, and Conger, 2001). For instance, volumes of research indicate that supportive parent–child relationships, positive discipline methods, close monitoring and supervision, parental advocacy for their children, and parental pursuit of needed information and support (Huizinga, Loeber, and Thornberry, 1995; Bry, 1996; Alvarado and Kumpfer, 2000) consistently buffer youth against problem behaviors. In other words, parents who provide their children with respect, support, supervision, and consistent discipline are likely to be rewarded with children less likely to become involved with antisocial peers and in delinquent behavior. Specifically, research indicates that antisocial behavior of parents (Slavin and Rainer, 1990;

Henggeler, 1989); unsupportive parents (Conger and Simons, 1997; Sampson and Laub, 1993; Gottfredson and Hirschi, 1990); physical and emotional abuse (Doerner, 1987); parent–child involvement, parental supervision, and parental rejection (Loeber and Stouthamer–Loeber, 1986; Cernkovich and Giordano, 1987); and parental monitoring, parenting techniques, and caretaker discipline toward children (Steinberg, 1990; Snyder and Patterson, 1987) have all been found to influence delinquent behavior.

This research suggests that improving fundamental parenting practices should reduce problem behaviors. Today there are several major categories of interventions designed to improve parenting practices and thus prevent future problem behaviors. These programs include behavioral parent training, parent education, parent support groups, in-home parent education or parent aid, and parent involvement in youth groups (or, more broadly, “parent training programs”).

The family can wield tremendous influence on an adolescent’s risk for delinquency because it is the primary socialization context for children (Simons et al., 1998; Patterson, Reid, and Dishion, 1992). The theoretical foundation for this relationship is generally grounded in theories of social control believing that delinquent acts are more likely to occur when an individual’s bond to society is weak or broken (Hirschi, 1969). Under this perspective, the family acts as a socializing agent by introducing and endearing children to conventional norms and values. It argues that a strong affectionate tie between child and parent is one of the fundamental means for establishing this societal bond and thus for insulating adolescents from delinquency and other problem behaviors (Brook et al., 1998). Parents can increase the probability of delinquency and other problem behaviors among their children because they serve as the primary socialization context for children (Simons et al., 1998; Patterson, Reid, and Dishion, 1992). The theoretical foundation for this relationship is generally grounded in theories of social control positing that delinquent acts are more likely to occur when an individual’s bond to society is weak or broken (Hirschi, 1969). Under this perspective, the family acts as a socializing agent by introducing and endearing children to conventional norms and values. The theory argues that a strong affectionate tie between child and parent is one of the fundamental means for establishing this societal bond and thus insulating adolescents from delinquency and other problem behaviors (Brook et al., 1998).

Unfortunately, poor family functioning or nontraditional family structures can decrease or inhibit the development of parental attachment and thus break the bond with society, leaving individuals without the internal controls that discourage criminal behavior. Gottfredson and Hirschi (1990) argue that as a result of inept parenting some adolescents tend to be impulsive, defiant, physical, and risk-taking (Stewart et al., 2002; Conger, Patterson, and Ge, 1995). Such youths are more strongly attracted to delinquent acts than are those who have been socialized to possess strong internal controls. However, ineffective parenting is seen as a result of two factors (Thornberry, 1987; Simons, Chao, and Conger, 2001). First, parents and children tend to be similar in their temperament, personality, and cognitive abilities (Plomin, Chipuer, and Loehlin, 1990). Thus, there is a tendency for impulsive, aggressive children to have parents who also possess these characteristics, and these characteristics tend to interfere with effective parenting. Second, recent research indicates that parent–child interaction is a reciprocal process. In other words, not only does ineffective parenting increase the probability of child conduct disorders, but also hostile, obstinate child behavior often elicits negative parenting behavior—resulting in a reduction in

effective parenting (Patterson, Reid, and Dishion, 1992). Thus the personal characteristics of the parents combine with the difficult behavior of the child to create a volatile mixture of antagonistic relationships.

Consequently, it is imperative that delinquency prevention programs reinforce the parent– child bond as a means of preventing delinquent behavior. One way of reinforcing the parent–child relationship is to decrease risk factors and increase protective factors for delinquent behavior through parent training and family strengthening programs. These programs address important family protective factors such as parental supervision, attachment to parents, and consistency of discipline (Huizinga, Loeber, and Thornberry, 1995). They also address some of the most important family risk factors such as poor supervision, excessive family conflict, family isolation, sibling drug use, and poor socialization (Kumpfer and Alvarado, 1995).

Presence of Caring and Supportive Adults

Mentoring means different things to different people. Some people think of mentoring as an apprenticeship in which a young person learns a trade from an older more experienced adult. Others think of mentoring as a process in which an individual teaches and guides another through the formative years of life. Mentoring can and does include many of these dynamics. Although the exact nature of the mentoring relationship varies from program to program and over time, it is generally defined as follows:

A relationship over a prolonged period of time between two or more people where an older, caring, more experienced individual provides help to the younger person as he/she goes through life (CSAP, 2000).

Mentoring is one of the oldest forms of prevention and its influence extends across many fields. The clinical mental health field focuses on bonding and the importance of a child feeling connected to a nurturing adult in the early years of life. In the adoption field, the need for attachment is of great importance, while in schools, tutors help support successful educational endeavors. In the juvenile and family court arena, Court Appointed Special Advocates provide support and advocacy for children in need of assistance. In the substance abuse field, sponsors are offered to individuals in need of sobriety just as in the business field new employees are teamed with older employees to support a successful transition into the corporate system (OJJDP, 1998).

Mentoring as a form of prevention dates back to the late 19th century when the Friendly Visiting campaign recruited hundreds of middle class women to work with poor and immigrant communities (Freedman, 1993). But perhaps the most well known incarnation of mentoring as prevention began in 1904 with the founding of the Big Brothers/Big Sisters Program (BB/BS). The original purpose of the BB/BS was to connect middle class adults with disadvantaged youth to provide socialization, guidance, and positive role models. Today, the BB/BS program contains more than 500 adults serving children and adolescents with its mission “to make a difference in the lives of young people, primarily through a professionally supported one-to-one relationship with a caring adult, and to assist them in reaching their highest potential as they grow into responsible men and women by providing committed volunteers, national leadership, and

standards of excellence” (Grossman, Baldwin, and Garry, 1997). It continues as the largest mentoring organization in the United States.

Youths today are faced with a host of risk factors that increase their chances of problem behaviors. Research indicates that effective prevention programs must both reduce risk factors that increase the risk of problem behavior and enhance protective factors that buffer children from risk. This “risk-focused prevention” strategy identifies risk factors and introduces protective factors at the earliest possible time to reduce and counter risks (Hawkins and Catalano, 1992). Thus, the goal of mentoring programs is to support the development of healthy individuals by addressing the need for positive adult contact and, thereby, reducing risk factors (e.g., early and persistent antisocial behavior, alienation, family management problems, and lack of commitment to school) and enhancing protective factors (e.g., healthy beliefs, opportunities for involvement, and social and material reinforcement for appropriate behavior). The strength of the mentoring concept comes from the fact that it can impact so many different risk factors and can support many different protective factors at the same time. In fact, the mere presence of a mentor “can provide a youth with personal connectedness, supervision and guidance, skills training, career or cultural enrichment opportunities, a knowledge of spirituality and values, a sense of self-worth, and perhaps most important, goals and hope for the future” (OJJDP, 1998).

Resilience research provides clues to the possible reasons for the success of mentoring programs. Resilience is defined as the capacity of those who are exposed to identifiable risk factors to overcome those risks and avoid long-term negative outcomes such as delinquency or school problems (Rak and Patterson, 1996). The two factors that are frequently cited as predictors of resilience are 1) the presence of someone to relate to and 2) the ability to generate that relationship (Werner, 1984). Similarly, these two factors are the foundations of the mentoring concept. As a result, resilience research demonstrates that at risk youth who are involved with at least one caring adult are more likely to withstand the range of negative influences, including poverty, parental addiction, family mental illness, and family discord than are peers who are not involved in a similar relationship.

Interventions and Evidence of Impact

Family Therapy

This section examines the scientific research regarding family strengthening (therapy) programs. These programs concentrate on changing the maladaptive patterns of interaction and communication in families in which youths already exhibit behavioral problems. In addition, some family strengthening programs use multicomponent interventions, including behavioral parent training, child social skills training, and family therapy. These multicomponent programs are known as family skills training. Family strengthening programs typically are implemented with youths diagnosed with mild emotional and behavioral problems such as conduct disorder, depression, and school or social problems. The program is usually conducted by trained therapists in clinical settings with the parents and child.

Kumpfer (1999) identifies several types of family strengthening techniques. They include the following:

- Structural family therapy (Minuchin, 1974; Szapocznik et al., 1983; Powell and Dossier, 1992) stresses families' coping skills and strategies as well as learning new ways to respond.
- Strategic family therapy (Haley, 1963; Szapocznik and Kurtines, 1989) is pragmatic and goal oriented.
- Structural–strategic family therapy (Stanton and Todd, 1982), as the name implies, combines a concentration on patterns of family interactions with goal-specific approaches.
- Behavioral family therapy programs (those with a therapist working with one family) or behavior family training (those with a therapist working with several families in a group) contain separate skill-building training for parents and children during part of the session (Rosenthal and Bandura, 1978). The family is then brought together for activities during the last part of the therapy session.
- Functional family therapy (Alexander and Parsons, 1973; Alexander and Parsons, 1982) is a short-term approach designed to engage and motivate youths and families to change negative affect (Alexander et al., 2000).
- Multisystemic family therapy addresses delinquent youth behavior within the context of the family, school, and community. Interventions are goal oriented and emphasize development of family strengths (Henggeler and Borduin, 1990).

According to Howell (1995), who looked at several meta-analyses and evaluations of various therapy models, early research indicates that family therapy is effective in reducing family conflict and children's antisocial behavior. For example, Functional Family Therapy (FFT) is geared to help youths ages 11–18 who are at risk for, or are engaging in, delinquent behavior such as violence and substance abuse or who have been diagnosed with conduct disorder, oppositional defiant disorder, or disruptive behavior disorder. The intervention consists of 8–12 hours of direct service for mild cases (26–30 hours for serious cases) and is delivered in several phases. Eleven matched or randomly assigned control/comparison group studies were conducted between 1973 and 1997, with follow-ups at 1, 2, 3, and 5 years. The model has been applied to populations in urban and rural settings and among many racial and ethnic groups. The results suggest that FFT has produced reductions in recidivism, out-of-home placements, or subsequent sibling referrals of at least 25 percent and as much as 55 percent (Alexander et al., 1998).

Another effective family-focused intervention is Multisystemic Therapy (MST), which targets chronic, violent, or substance-abusing juvenile offenders (ages 12–17) who are at risk for out-of-home placement (as are their families). MST services are delivered in the home, school, and community rather than in a clinic or residential treatment setting. Emphasis is placed on promoting behavior change in the youth's own environment. Services are more intensive than traditional family therapies and include several hours of treatment per week rather than the traditional 50 minutes. The emphasis is on developing an indigenous support network for the

family in which the family is empowered to handle difficulties with the offending youth, and the youth is empowered to cope with family, peer, school, and neighborhood problems. Four randomized clinical trials compared the effectiveness of MST with usual community treatment for juvenile offenders and their families. Offenders in the MST group showed reductions in re-arrest rates between 25 and 70 percent. There were reductions in out-of-home placements between 47 and 64 percent in the three studies where data were obtained. Drug-related arrests decreased in three sites where researchers gather data for this outcome. One site showed decreased aggression; in the other two sites there was no difference (Henggeler et al., 1998).

The Strengthening Families Program is a family-focused intervention consisting of seven consecutive weekly skill-building sessions. Parents and children work separately in training sessions and then participate together in a session to practice the skills they have learned. The program was evaluated in three longitudinal studies. The first evaluated the Iowa Strengthening Family Program between 1986 and 1998, with a sample of families of sixth graders. At 4 years following the pretest, the experimental group showed positive effects on parenting behaviors targeted by the intervention through the 8th grade follow-up; improvement in peer resistance skills and reduction in affiliations with antisocial peers at 7th, 8th, and 10th grade follow-up; lower probabilities of alcohol, tobacco, and marijuana use; lower rates of alcohol initiation through the 10th grade follow-up; and lower past-month cigarette use in the 10th grade (Molgaard, Spoth, and Redmond, 2000).

Multidimensional Treatment Foster Care (MTFC) is a family therapy program that targets children and adolescents ages 11–18 who have histories of chronic and severe criminal behavior and are at risk for incarceration. Community foster families are recruited and trained to provide out-of-home placements for juvenile offenders or children at risk for detention. These families are paid a stipend, and placements are usually for 6 to 9 months. The families are contacted daily by a case manager and are supported through weekly meetings. Youths receive individual therapy, and biological (or adoptive) families receive weekly family therapy. There is frequent contact, including home visits, between the youths and their biological (or adoptive) families. Emphasis is placed on teaching youths interpersonal skills and on increasing participation in positive social activities, including sports and hobbies. In a randomized treatment/control evaluation, 79 boys ages 12–17 who were mandated into out-of-home care by the juvenile court were assigned to placement in MTFC or regular group care. After 1 year from exit, the MTFC group had fewer than half as many arrests as those in group care (2.6 offenses versus 5.4). Nearly three times as many participants in group care ran away or were expelled, compared with the MTFC group (Chamberlain and Mihalic, 1998).

In summary, the research regarding family strengthening initiatives is impressive. Overall, analyses of family-based programs find that family strengthening initiatives (compared with programs that concentrate solely on parents or children) have more immediate and direct impact on improving family relationships, support, and communication and on reducing family conflict (Kumpfer and Alvarado, 1997; Szapocznik and Kurtines, 1989; Szapocznik, 1997).

Parent Training

This section examines the scientific research regarding parent training programs. These programs concentrate on teaching parents and prospective parents the use of effective management skills. This highly structured approach generally includes parents only, in small groups led by a skilled trainer or clinician. Programs are designed to help parents learn to recognize both prosocial and antisocial behaviors, employ social learning techniques (e.g., positive reinforcement, ignoring, distraction, punishment), and improve family problem-solving skills. Parent training can be beneficial even during pregnancy and early childhood, since parenting skills learned early can have positive effects as the child matures (Howell, 1995).

Parent training sessions can occur in diverse settings (e.g., schools, community centers, churches, the workplace, or even at home with self-instructional programs) and under various types of approaches. Kumpfer (1999) outlines several of these approaches, including the following:

- Behavioral parenting training is structured, delivered by a trained professional, and lasts for 8 to 14 sessions of 1 to 2 hours each. A curriculum and instructional aids (e.g., manuals, guidebooks, handouts, videotapes) are used. Positive reinforcement skills are taught and parents learn to decrease inappropriate punitive behaviors and chastisements.
- Parent education programs are usually designed to reach a broader audience of families who are not necessarily severely dysfunctional, but who may be at risk. Parent education programs raise awareness of good parenting practices and better ways to discipline children. They also help parents learn how to determine if a child is abusing drugs or alcohol and to recognize other warning signs of delinquent behavior. Parent education materials may include videotapes, television programs, and brochures, feature articles in newspapers and magazines, and other written information. In addition to general media information, schools, workplaces, churches, and community organizations can offer parent education information.
- Parent action/parent support groups are grassroots organizations that have gained in popularity in the past 2 decades. Some are national organizations with local chapters; others are ad hoc groups of neighborhood parents.

Numerous researchers have found that parent training helps reduce aggressive, antisocial, and delinquent behavior among children (Dumas, 1989; Satterfield, Satterfield, and Schell, 1987; Tremblay et al., 1991; Tremblay et al., 1992; Kazdin, Siegel, and Bass, 1992).

One parent-directed program is The Incredible Years Training Series: School-Age BASIC Training Program and ADVANCE Parent Training Program. The Incredible Years Training Series consists of programs that address family management problems, lack of commitment to school, early and persistent antisocial behavior, and family conflict. The BASIC segment is a 12-week parent-training program that involves group discussion of a series of 250 video vignettes. The program teaches interactive parenting and reinforcement skills, nonviolent discipline techniques, logical and natural consequences, monitoring, and problem solving strategies. The original BASIC program (designed for children ages 2–7) and the program's permutations were

evaluated extensively. In the first evaluation, 35 nonclinic families were randomly assigned to BASIC parent training or to a wait-list control group. BASIC programs caused highly significant attitudinal and behavioral changes in participating middle-class, nonclinic mothers and children ages 3–6 compared with the control group. Nearly all changes were maintained at the 1-year follow-up. In a second study, 35 clinic high-risk families with conduct problems were assigned to one-on-one therapy, videotape group therapy (the BASIC program), or a wait-list control group. The BASIC program was as effective as the one-on-one therapy, and both were superior to the control group in accomplishing beneficial attitudinal and behavioral changes (Webster–Stratton, 1984; Webster–Stratton, 1985).

Another proven parent-training and family therapy intervention is the Helping the Noncompliant Child (HNC) program, a training program that teaches parents to change maladaptive patterns of interaction with their children by establishing a positive, mutually reinforcing relationship. The program consists of a series of parenting skills designed to help the parent break out of the coercive cycle of interaction with the child by increasing positive attention for appropriate child behavior, ignoring minor inappropriate behaviors, providing clear instructions to the child, and providing appropriate consequences for compliance (positive attention) and noncompliance (time out). Sessions are typically conducted with individual families rather than in groups. Parents and children participate in weekly 60- to 90-minute sessions; average number of sessions is 10. Skills are taught using extensive demonstration, role-plays, and direct practice with the child in the training setting and at home. This program has been extensively evaluated by more than 40 studies. Short-term effectiveness and setting generalization from the clinic to the home have been demonstrated for both parent and child behaviors—as well as for parents’ perceptions of their children. Maintenance or long-term effects of HNC have been documented in several studies, with follow-up assessments ranging from 2 months to 14 years after the end of treatment. A sample of children who had participated in the program 4½ to 14 years earlier was found to be functioning well. The young adults (ages 17 to 22) who had participated in the program as children reported levels of self-esteem, academic progress, relationship with parents, and delinquency, drug use, and various types of psychopathology comparable with those reported by young adults in the community comparison group. Finally, improvement in child compliance has been shown to be accompanied by decreases in other overt conduct problem behaviors, such as aggression, tantrums, whining, and inappropriate verbal behavior.

A third proven parent-directed, family therapy program is Parenting with Love and Limits (PLL). PLL integrates group and family therapy into one system of care for adolescent populations with the primary diagnosis of oppositional defiant or conduct disorder. Parents and teens learn specific skills in group therapy and then meet in individual and family therapy to role-play and practice these new skills. This integration of group and family therapy enables parents to transfer these new skills to real-life situations and prevent relapse. The Parenting with Love and Limits system of care is comprised of 6 group sessions during which time teens and parents meet in small groups led by trained facilitators, plus 3 or more family therapy sessions when teens and parents meet individually with one of the group facilitators. Overall, the results of two evaluations conducted on the PLL treatment intervention are promising. One study found that parents’ participation in adolescents’ treatment of substance abuse and severe behavioral problems can have a positive impact on program effectiveness. A second study found that the Parenting With Love and Limits treatment group demonstrated (compared with the control

group) a significant reduction in aggressive behaviors, depression, attention deficit disorder problems, and externalizing problems. In addition, compared with the controls, the Parenting With Love and Limits participants significantly improved parent and adolescent communication and decreased mothers' negative attitudes and perceptions about their adolescents. Finally, compared with the controls, the recidivism of the treatment group significantly reduced (16 percent to 55 percent) over a 12-month period.

Mentoring

Mentoring can occur in two ways: informal and formal (Brown, 1996; Freedman, 1993; and Bernard, 1992). Informal mentoring results from frequent, unstructured contacts between mentor and mentee over an extended period of time. This often results from the youth's inclusion in a large social network where he or she is exposed to positive role models. Where these networks do not exist, formal mentoring programs have been established to compensate for the lack of positive influences or protective factors. Traditionally, formal mentoring programs can be either school based or community based. The basic difference between the two is that in community-based mentoring programs the mentor and mentee meet wherever the youth chooses. On the other hand, in a school-based mentoring program the mentor and mentee meet at a school in a supervised setting.

Research findings (Herrera, Sipe, and McClanahan, 2000; LoSciuto et al., 1996; Tierney and Grossman, 1995) from several formal evaluations suggest that mentoring is successful in producing positive effects. However, different program types provide varying results. In a study comparing the differences between these two types of mentoring programs, Public/Private Ventures (Herrera, Sipe, and McClanahan, 2000) found that mentors in school-based programs spend more time working on academics or doing homework with their mentees (who are more often selected based on their lack of school success). School-based mentors also have more contact with teachers and feel more effective in influencing their mentee's educational achievement. In community-based programs, mentors spend more time in social activities, have more contact with parents and feel more effective in influencing their mentee's social behavior. Another important distinction is that school-based programs deliver only half the number of mentor-mentee contact hours (6 hours a month, compared with 12), and are also significantly less expensive per youth (\$567 compared with \$1,369, annually) (Herrera, Sipe, and McClanahan, 2000). In summary, the results indicate that the "school-based approach to providing disadvantaged youth with volunteer mentors provides a promising complement to the traditional community-based model. School-based mentors report relationships with youth that are similar in quality to those observed among mentors in community-based programs. On the other hand, well-implemented community-based programs yield a wide range of benefits that may not be realized in school-based programs" (Herrera, Sipe, and McClanahan, 2000, 9).

Recently, owing to the scarcity of mentors and a desire to serve more youth, a new form of mentoring called group mentoring is gaining popularity. Group mentoring is based on the idea that volunteers who interact with small groups of youth can serve as a mentor by developing a number of fertile relationships simultaneously (Herrera, Vang, and Gale, 2002). Groups in these programs generally average around 10, but can range from two to 30. Groups meet in various settings, most commonly in schools, for an average of 21 hours a month. The activities that the groups engage are both structured and unstructured and vary in focus. The activities include

social activities, athletic participation, community service, and health and educational workshops. The activities are designed to focus on team building, leadership development, cultural diversity, educational assistance and in-depth discussions.

While some practitioners remain skeptical, preliminary evidence suggest that group mentoring may not be as powerful as traditional mentoring, it may be an economical alternative. In a study of three group mentoring programs, Herrera and colleagues (2002) found that 1) group mentoring attracts volunteers who may be less likely to volunteer for one-on-one mentoring; 2) the onsite programming facilitates recruitment of youth who may have been missed by more traditional recruitment techniques; 3) group mentors tend to place more emphasis on improving peer interactions; 4) the quality of the relationships varied widely were not as strong or intense as traditional mentoring; 5) mentees reported improvements in social skills, relationships with individuals outside of the group and to a lesser extent academic performance and attitudes.

Finally, not all mentoring programs are successful, researchers (Tierney and Grossman, 1995) evaluating the Big Brothers/Big Sisters (BB/BS) program found that certain aspects of are essential in implementing mentoring programs. These include

- A high level of contact between mentor and mentee
- A relationship that defines the mentor as a friend rather than an authoritative figure

The researchers also found several factors that serve as prerequisites for successful mentoring programs. These include 1) volunteer screening to eliminate unfavorable mentors, 2) communication and limit-setting training for mentors, 3) procedures that take into account youth and volunteer preferences, and 4) intensive supervision and support of each match.

Respite/Shelter Care (PINS Services)

Most States have a system in place to assess the needs of persons, families, or children in need of service (typically referred to PINS, FINS, or CHINS), and then refer to these families to local agencies that can connect them to services to address the specific problems they are encountering. However, at times either the parent or child may refuse to engage in this process and end up in juvenile court where the judge is confronted with a child who refused to return home or a parent who will not allow the child in the house. The situation may result in the judge being forced to remand the youth to a nonsecure detention center, foster group home, or other juvenile institution, even when the youth poses no real danger the community. While these temporary placements succeed in separating embattled parents and children, research shows that placing teenagers in foster care and nonsecure detention facilities can actually exacerbate some of the contributing problems of family conflict and, without continuing support from outside agencies, the youth's disobedience is likely to continue upon his or her return home (Conger and Rebeck, 2001). The use of detention has also been found to result in continued criminal behavior due to increased exposure to negative peers (Chamberlain, 1999).

The Vera Institute of Justice (Quraishi, Segal, and Trone, 2002) was commissioned to evaluate respite care as a promising and innovative response to status offenders at risk of court-ordered placements. Traditionally, respite care is thought of as a way to assist families caring for

someone with a serious disability or for parents at risk of losing a child as a result of abuse and neglect. Respite care strives to promote stability for families in crisis by providing a temporary reprieve for all involved parties.

Another way that respite care has been used is to help status offenders (such as ungovernable or incorrigible youth) and their parents by diverting youth from out-of-home placements. Respite care can serve as the first in a series of rehabilitative services designed to prevent future crises by giving family members a needed break from one another, using trained counselors help identify the root of their problems, and reunifying parents and children quickly. Respite programs can function as a voluntary walk-in or police drop-off centers for runaways, as court diversion for programs for status offenders, or as an alternative to nonsecure detention for status offenders already involved in family court. Respite programs may also prevent future contact with the juvenile justice and child welfare systems (Quraishi, Segal, and Trone, 2002).

Apart from providing a viable alternative to nonsecure detention, respite care centers typically separate children from their parents for a shorter time period and are less expensive than other types of court-ordered placements. At the heart of the respite program philosophy is the need to provide a cooling-off period when the child (in this case, status offender) and parents live apart, typically ranging from a couple of days to a couple of weeks depending on the nature of the family crisis and program policies. Respite centers also provide a safe place for runaway youth (Quraishi, Segal, and Trone, 2002).

Respite programs operate in different ways: some function through host families while others operate as small centers. Respite centers can serve a large number of youth even with scarce resources (i.e., beds) because the average stay in respite care is so brief. Services provided vary by individual program, but respite centers typically offer the following types of services: family mediation, educational advocacy, individual counseling, and structured daily activities and rules (Weingartner and Weitz, 2002). Youth who enter respite centers typically receive a thorough physical exam and psychological assessment within a few hours. The assessment process is a critical component of respite care services. Critical background information must be gathered about the child and family in a short amount of time in order to identify appropriate services and interventions, including determining if the respite care is the most appropriate option. Agencies generally will not admit youth with past histories of violence, current involvement in the juvenile justice system, or, with some exceptions, serious mental health problems. Following the initial assessment, trained counselors meet with parents and children to negotiate the terms that will enable the child to return home as quickly as possible. In order for the reunification to be successful, the entire family must actively engage in discussion about the sources of conflict and how to prevent future crises. Equally important, respite programs provide or connect families with follow-up services to maintain and build on positive gains that occur during the respite period. For several months after a youth returns home, the family requires continued support to manage ongoing stress and avert another crisis. Even before the child returns home, a respite program should establish what type of aftercare the family will need and how these services will be provided (Quraishi, Segal, and Trone, 2002). In a study on emotionally and behaviorally disturbed teenagers in residential care, a family's access to community-based services following discharge proved to be the most important predictor of positive outcomes. Similarly, another study suggests that tapping resources in the community not only facilitates family reunification

but also diminishes the chances that serious family problems will recur (Petr and Entriiken, 1995).

The guiding principle of a good respite center is to quickly develop and implement a plan to reunify the child with his or her parents. When reunification either is not possible or is not the best solution, the focus shifts to finding a way to keep the youth out of a juvenile institution. One option is to find a relative willing to temporarily take in the youth, particularly for juveniles under age 16. If no relative is willing or able to take in the youth, another option is to contact the local child welfare agency or refer the family to court. For some youth, particularly older teens, going home may never be a viable option either because they are unwilling to go home or their parents refuse to take them back. In this case, a respite care program may be the most recent event in a series of failed interventions that often include efforts by child welfare agencies to preserve the unity of the family, foster care placements, time in detention, and involvement in other programs. While respite staff will look for a relative willing to house an older teenager, they also will explore placing the teen in a program geared specifically to prepare older adolescents to live independently. Simply, what a youth needs most from his or her time spent in respite care is an introduction to basic skills and a place to go when respite ends (Quraishi, Segal, and Trone, 2002).

The Vera Institute of Justice looked at the short-term effectiveness of 4 respite care centers and found that respite care is a promising model for quickly reunifying parents and children and connecting them to additional support services. The Vera study underscores how few comprehensive evaluations have been conducted to assess the effectiveness of respite programs. However, practice shows they are successful in giving families a reprieve (i.e., cooling off period) and reunifying children with their parents quickly. Vera evaluators concluded that respite care is a viable response to adolescents at risk of detention and placement. Additionally, they assert that respite care promotes better educational outcomes and better interactions among family members in a more cost-effective way than other court-ordered placements (Quraishi, Segal, and Trone, 2002).

The Vera report looked specifically at the following four respite care centers:

Huckleberry House, San Francisco, Calif.

Huckleberry Youth Programs, a large San Francisco nonprofit, runs a respite program called Huckleberry House. Open day and night, the house maintains six beds for youth aged 11 to 18, many of whom are runaways. For the youth who come to Huckleberry House and their parents, the respite program is usually just the first of many helpful engagements they will have with Huckleberry Youth Programs, often following respite with mediation services, family counseling, individual therapy, and anger management classes.

YFA Connections, Spokane, Wash.

Youth–Family–Adult (YFA) Connections provides respite care for adolescents between the ages of 13 and 17 in a large five-bedroom house in Spokane, Wash. With a total of 13 beds, YFA Connections runs three distinct programs: a 5-day respite program that can shelter up to 8 kids at

a time, a 2-week respite program called Directions with a capacity of four beds, and one 30-day respite program reserved specifically for runaway and homeless youth.

Kids Oneida, Oneida County, N.Y.

Kids Oneida, located in Oneida County, N.Y., provides planned and emergency respite care through host parents. These adults complete a rigorous training program to become qualified to cope with the wide array of problems the children have. Most of the kids who enter respite care are 14 or 15, but Kids Oneida does offer respite to some 16- and 17-year-old persons in need of supervision (PINS) and runaways. Kids Oneida also contracts with a local psychiatric care facility to treat those teens with serious conduct and mental health problems.

Bridge Over Troubled Waters, Boston, Mass.

For 30 years, Bridge Over Troubled Waters' Runaway Program has provided respite care through host families to runaway and homeless youth up to age 18. Located in Boston, the agency recruits the hosts through action centers and churches. Today five families voluntarily shelter kids for up to three days and without compensation. Kids spend nights and weekend days with their host family and report to the agency's offices each weekday. In addition to giving children a temporary home while working to reunify them with their parents, Bridge Over Troubled Waters provides individual therapy, substance abuse counseling, and vocational training.

The Vera study determined that none of the four respite care programs tracked the long-term progress of families. The Bridge Over Troubled Waters program provided the longest period of aftercare, but the length of follow-up time with families was typically only up to 3 months. As a result, respite care programs typically use the rate of family reunification as a measure of success: key indicators of this measure include how long youth remain in respite care before they return home or move to a suitable long-term placement, and how many families reunify after the respite period. Vera found that the YFA Connections program serves about 300 families a year, of which approximately 80 percent of them are reunified within the allotted 5- to 14-day respite period. Huckleberry House reports similar success: approximately 75 percent of youth served were either reunified with their family in 2001, and the vast majority (90 percent) left the respite center within 10 days. Counselors at Bridge Over Troubled Waters were successful in reunifying between 60 to 70 percent of families they served, and placed most of the other youth in independent living programs. Similarly, the Kids Oneida program helped to reunify approximately 70 percent of families after working with them for an average of 2 weeks (Quraishi, Segal, and Trone, 2002).

Respite centers do not count families that return to their programs as failures. The Vera study found that of the 199 youth who entered Huckleberry House in 2001, about 28 percent returned at least once and, of the youth who returned, approximately half returned at least two times. Huckleberry House experienced a higher rate of families needing more intensive services than the program originally provided and had a higher return rate than the other programs included in the study. This is possibly due to the center's policy of not discouraging families from seeking

additional services if they demonstrate a real commitment to working on their problems (Quraishi, Segal, and Trone, 2002).

References

- American Academy of Child and Adolescent Psychiatry. 2009. "Children with Oppositional Defiant Disorder." Facts for Families Fact Sheet No. 72. Washington, D.C. http://www.aacap.org/cs/root/facts_for_families/children_with_oppositional_defiant_disorder.
- Alexander, James F., Cole Barton, Dean R. Gordon, Jennifer K. Grotpeter, Kjell Hansson, Rich Harrison, Susan Mears, Sharon F. Mihalic, Bruce V. Parsons, Christie Pugh, Stewart Schulman, Holly Barrett Waldron, and Thomas L. Sexton. 1998. *Blueprints for Violence Prevention, Book 3: Functional Family Therapy*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Alexander, James F., and Bruce V. Parsons. 1973. "Short-Term Behavioral Intervention With Delinquent Families: Impact on Family Process and Recidivism." *Journal of Abnormal Psychology* 81:219–25.
- . 1982. *Functional Family Therapy: Principles and Procedures*. Carmel, Calif.: Brooks/Cole.
- Alexander, James F., Christie Pugh, Bruce V. Parsons, and Thomas L. Sexton. 2000. "Functional Family Therapy." In Delbert S. Elliott (series ed.). *Blueprints for Violence Prevention: Book 3, Second Edition*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Alvarado, Rose, and Karol L. Kumpfer. 2000. *Strengthening America's Families. Report*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice (USDOJ).
- Baker, Amy J.L., and Chaya S. Piotrkowski. 1995. *HIPPY (Home Instruction Program for Preschool Youngsters) Implementation Report*. New York, N.Y.: NCJW (National Council of Jewish Women) Center for the Child.
- . 1996. *Parents and Children Through the School Years: The Effects of the Home Instruction Program for Preschool Youngsters. Final Report Submitted to the David and Lucile Packard Foundation* (Grant No. 93–5613).
- Baum, C.G., and Rex Lloyd Forehand. 1981. "Long-Term Follow-Up Assessment of Parent Training by Use of Multiple-Outcome Measures." *Behavior Therapy* 12:643–52.
- Benard, Bonnie. 1991. *Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community*. Portland, Ore.: Northwest Regional Educational Laboratory.
- . 1992. *Mentoring Programs for Urban Youth: Handle with Care*. Portland, Ore.: Western Regional Center for Drug-Free Schools and Communities.
- Bradley, Robert H., and Leanne Whiteside. 1995. "Evaluation of HIPPY Program: A Look at Outcomes for Children at the End of Second Grade." Little Rock, Ark.: Center for Research on Teaching and Learning, University of Arkansas at Little Rock.
- Bridgeman, Brent, Janet B. Blumental, and Susan R. Andrews. 1981. *Parent Child Development Center: Final Evaluation Report*. Washington, D.C.: Office of Human Development Services, U.S. Department of Health and Human Services (USDHHS).
- Brook, Judith S., Martin Whiteman, Stephen J. Finch, and Patricia Cohen. 1998. "Mutual Attachment, Personality, and Drug Use: Pathways From Childhood to Young Adulthood." *Genetic, Social, and General Psychology Monographs* 124(4):492–510.

- Brounstein, Paul J. and Janine M. Zweig. 1996. *Understanding Substance Abuse Prevention—Toward the 21st Century: A Primer on Effective Programs*. Monograph. Rockville, Md.: Center for Substance Abuse Prevention (CSAP), USDHHS.
- Brown, Robert S. 1996. "Challenges and Potential of Mentoring At-Risk Students: A Literature Review." *ERS (Educational Research Service) Spectrum*.
- Bry, Brenna H. 1996. "Psychological Approaches to Prevention." In W.K. Bickel and R.J. DeGrandpre (eds.). *Drug Policy and Human Nature: Psychological Perspectives on the Prevention, Management, and Treatment of Illicit Drug Abuse*. New York, N.Y.: Plenum Press, 55–76.
- Capaldi, Deborah M., and Gerald R. Patterson. 1996. "Can Violent Offenders Be Distinguished From Frequent Offenders? Prediction From Childhood to Adolescence." *Journal of Research in Crime and Delinquency* 33:206–31.
- Cates, K.K. 1995. "Early Intervention of At-Risk Children: Effects on Academic Performance." Dissertation. Little Rock, Ark.: University of Arkansas.
- Cernkovich, Stephen A., and Peggy C. Giordano. 1987. "Family Relationships and Delinquency." *Criminology* 25(2):295–321.
- Chamberlain, Patricia. 1999. "Residential Care for Children and Adolescents with Oppositional Defiant Disorder and Conduct Disorder," in *Handbook of Disruptive Behavior Disorders*. New York: Kluwer/Plenum Publishers, 497–502.
- Chamberlain, Patricia, and Sharon F. Mihalic. 1998. "Multidimensional Treatment Foster Care." In D.S. Elliott (series ed.). *Blueprints for Violence Prevention, Book 8: Multidimensional Treatment Foster Care*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- (CMHS) Center for Mental Health Services, USDHHS. 1998. "Traditional Therapies." *Fact Sheet*. Rockville, Md.
<http://www.mentalhealth.org/publications/allpubs/ken98-0053/ken980053.htm>.
- Conger, Rand D., Gerald D. Patterson, and Xiaojia Ge. 1995. "It Takes Two to Replicate: A Mediation Model for the Impact of Parents' Stress on Adolescent Adjustment." *Child Development* 66:80–97.
- Conger, Dylan, and Alison Rebeck. 2001. *How Children's Foster Care Experiences Affect Their Education*. New York, N.Y.: Vera Institute of Justice, 21.
- Conger, Rand D., and Ronald L. Simons. 1997. "Life-Course Contingencies in the Development of Adolescent Antisocial Behavior: A Matching Law Approach." In Terence P. Thornberry (ed.). *Development Theories of Crime and Delinquency: Advances in Criminological Theory, Vol. 7*. New Brunswick, N.J.: Transaction, 55–99.
- Coombs, Robert H., Morris J. Paulson, and Mark A. Richardson. 1991. "Peer Versus Parental Influence in Substance Use Among Hispanic and Anglo Children and Adolescents." *Journal of Youth and Adolescence*, 20:73–88.
- Coordinating Council on Juvenile Justice and Delinquency Prevention. 1999. "Effective Strategies in Parent Training and Family Strengthening." Background Information. Washington, D.C. <http://www.ojjdp.ncjrs.org/council/1999nov/parent.html>.
- Cox, Steven, Jennifer Allen, Robert Hanser, and John Conrad. 2008. *Juvenile Justice: A Guide to Theory, Policy and Practice*. Thousand Oaks, Calif.: SAGE.
- (CSAP) Center for Substance Abuse Prevention, USDHHS. 2000. *Mentoring Initiatives: An Overview of Youth Mentoring. CSAP Conference and Meeting Document*. Rockville, Md.
- Dawson, Richard E., Kenneth Prewitt, and Karen S. Dawson. 1969. *Political Socialization*. Boston, Mass.: Little Brown.

- Developmental Research and Programs, Inc. 1996. *Prevention Strategies: A Research Guide to What Works*. Seattle, Wash.
- Dishion, Thomas James. 1996. "Advances in Family-Based Intervention to Prevent Adolescent Drug Abuse." Paper presented at the National Conference on Drug Abuse Prevention Research: Presentations, Papers, and Recommendations. Rockville, Md.: National Institute on Drug Abuse, USDHHS. <http://165.112.78.61/MeetSum/CODA/CODAIndex.html>, Sept. 19–20.
- Dishion, Thomas James, Kate A. Kavanagh, and Jeff Kiesner. 1998. "Prevention of Early Substance Use Among High-Risk Youth: A Multiple Gating Approach to Parent Interventions." In *National Conference on Drug Abuse Prevention Research: Presentations, Papers, and Recommendations*. Washington, D.C.: U.S. Government Printing Office, 87–100.
- Doerner, William G. 1987. "Child Maltreatment Seriousness and Juvenile Delinquency." *Youth and Society* 19(2):197–224.
- Dornbusch, Sanford M., J. Merrill Carlsmith, Steven J. Bushwall, Philip L. Ritter, Herbert Leiderman, Albert H. Hastorf, and Ruth T. Gross. 1985. "Single Parents, Extended Households, and the Control of Adolescents." *Child Development* 56:326–41.
- Drazen, Shelley M., and Mary Haust. 1994. *Increasing Children's Readiness for School by a Parental Education Program*. Binghamton, N.Y.: Community Resource Center.
- . 1995. *The Effects of the Parents and Children Together (PACT) Program on School Achievement*. Binghamton, N.Y.: Community Resource Center.
- . 1996. *Lasting Academic Gains From a Home Visitations Program*. Binghamton, N.Y.: Community Resource Center.
- Dumas, Jean E. 1989. "Treating Antisocial Behavior in Children: Child and Family Approaches." *Clinical Psychology Review*, 9:197–222.
- Elliott, Delbert S., James Alexander, Christie Pugh, and Bruce V. Parsons. 1998. *Blueprints for Violence Prevention, Functional Family Therapy*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Elliott, Delbert S., David H. Huizinga, and Scott Menard. 1989. *Multiple Problem Youth: Delinquency Substance Use, and Mental Health Problems*. New York, N.Y.: Springer-Verlag.
- Erickson, Erik H. 1985. *Childhood and Society*. New York, N.Y.: W.W. Norton and Co. (original work published 1950).
- Forehand, Rex Lloyd, and Nicholas Long. 1988. "Outpatient Treatment of the Acting-Out Child: Procedures, Long-Term Follow-Up Data, and Clinical Problems." *Advances in Behavior Research and Therapy* 10:129–77.
- Freedman, Marc. 1993. *The Kindness of Strangers: Adult Mentors, Urban Youth and the New Volunteerism*. San Francisco, Calif.: Jossey-Bass.
- Gomby, Deanna S., Patti L. Culross, and Richard E. Behrman. 1999. "Home Visiting: Recent Program Evaluations—Analysis and Recommendations." *The Future of Children* 9(1):4–26. Los Altos, Calif.: Center for the Future of Children.
- Gomby, Deanna S., Mary B. Lerner, Carol S. Stevenson, Eugene M. Lewit, and Richard E. Behrman. 1995. "Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations." *The Future of Children*, 5(3):6–24. Los Altos, Calif.: Center for the Future of Children.

- Gottfredson, Michael, and Travis Hirschi. 1990. *A General Theory of Crime*. Palo Alto, Calif.: Stanford University Press.
- Greenwood, Peter W. 1999. "Costs and Benefits of Early Childhood Intervention." *OJJDP Fact Sheet No. 94*. Washington, D.C.: OJJDP, USDOJ.
- Greenwood, Peter W., and Karyn E. Model, C. Peter Hydel, and James Chiesa. 1998. *Diverting Children From a Life of Crime*. Santa Monica, Calif.: RAND.
- Grossman, Jean Baldwin, and Eileen M. Garry. 1997. *Mentoring—A Proven Delinquency Prevention Strategy*. Washington, D.C.: OJJDP, USDOJ.
- Haley, Jay. 1963. *Strategies of Psychotherapy*. New York, N.Y.: Grune and Statton.
- Hawkins, J. David, Michael W. Arthur, and Richard F. Catalano. 1995. "Preventing Substance Abuse." In Michael Tonry and David P. Farrington (eds.). *Building a Safer Society: Strategic Approaches to Crime Prevention, Vol. 19, Crime and Justice: A Review of Research*. Chicago, Ill.: University of Chicago Press, 343–427.
- Hawkins, J. David, and Richard F. Catalano. 1992. *Communities That Care*. San Francisco, Calif.: Jossey-Bass.
- Hawkins, J David, Richard F. Catalano, and Janet Y. Miller. 1992. "Risk and Protective Factors for Alcohol and Other Drug Problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention." *Psychological Bulletin* 112(1):64–105.
- Hawkins, Darnell F., John H. Laub, Janet F. Lauritsen, and Lynn Cothorn. 2000. "Race, Ethnicity, and Serious and Violent Juvenile Offending." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.
- Henggeler, Scott W. 1989. *Causes of Delinquency*. Newbury Park, Calif.: SAGE.
- Henggeler, Scott W., and Charles M. Borduin. 1990. *Family Therapy and Beyond: A Multisystemic Approach to Treating the Behavior Problems of Children and Adolescents*. Pacific Grove, Calif.: Brooks/Cole.
- Henggeler, Scott W., Sharon F. Mihalic, Lee Rone, Christopher R. Thomas, and Jane Timmons-Mitchell. 1998. *Blueprints for Violence Prevention, Book 6: Multisystemic Therapy*. Boulder, Colo.: Center for the Study and Prevention of Violence.
- Herrera, Carla, Cynthia L. Sipe, and Wendy S. McClanahan. 2000. *Mentoring School-Age Children: Relationship Development in Community-Based and School-Based Programs*. Philadelphia, Pa.: Public-Private Ventures.
- Herrera, Carla, Zoua Vang, and Lisa Y. Gale. 2002. *Group Mentoring: A Study of Mentoring Groups in Three Programs*. Philadelphia: Public-Private Ventures.
- Hirschi, Travis. 1969. *Causes of Delinquency*. Newbury Park, Calif.: SAGE.
- . 1995. "The Family." In James Q. Wilson and Joan Petersilia (eds.). *Crime*. San Francisco, Calif.: ICS Press.
- Howell, James, C. (ed.). 1995. *Guide for Implementing the Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*. Washington, D.C.: OJJDP, USDOJ.
- Huizinga, David H., Rolf Loeber, and Terence P. Thornberry. 1995. *Recent Findings From the Program of Research on the Causes and Correlates of Delinquency*. Washington, D.C.: OJJDP, USDOJ.
- Humphreys, L, Rex Lloyd Forehand, Robert J. McMahon, and M. Roberts. 1978. "Parent Behavioral Training to Modify Child Noncompliance: Effects on Untreated Siblings." *Journal of Behavior Therapy and Experimental Psychiatry* 9:235–38.
- Johnson, Dale L. 1991. "Primary Prevention of Behavior Problems in Young Children: The Houston Parent-Child Development Center." In R. Price, E.L. Cohen, R.P. Lorion, and J.

- Ramoá–McKay (eds.). *Fourteen Ounces of Prevention*. American Psychological Association, 44–52.
- Johnson, Dale L., and James N. Breckenridge. 1982. “The Houston Parent–Child Development Center and the Primary Prevention of Behavior Problems in Young Children.” *American Journal of Community Psychology* 10:305–16.
- Johnson, Dale L., and Todd Walker. 1987. “Primary Prevention of Behavior Problems in Mexican–American Children.” *American Journal of Community Psychology* 15:375–85.
- Kazdin, Alan E., Todd C. Siegel, and Debra. Bass. 1992. “Cognitive Problem-Solving Skills Training and Parent Management Training in the Treatment of Antisocial Behavior in Children.” *Journal of Consulting and Clinical Psychology* 60:733–47.
- Kitzman, Harriett, David L. Olds, Kimberly Sidora, Charles R. Henderson, Carole Hanks, Robert Cole, Dennis W. Luckey, Jessica Bondy, Kimberly Cole, and Judith Glazner. 2000. *Journal of the American Medical Association* 283(15):1983–89.
- Kroupa, Steve E. 1998. “Perceived Parental Acceptance and Female Juvenile Delinquency.” *Adolescence* 23(89):171–285.
- Kumpfer, Karol L. 1999. *Strengthening America’s Families: Exemplary Parenting and Family Strategies for Delinquency Prevention*. Washington, D.C.: OJJDP, USDOJ.
- Kumpfer, Karol L., and Rose Alvarado. 1995. “Strengthening Families to Prevent Drug Use in Multiethnic Youth.” In Gilbert J. Botvin, Steven P. Schinke, and Mario A. Orlandi (eds.). *Drug Abuse Prevention With Multiethnic Youth*. Newbury Park, Calif.: SAGE, 253–92.
- . 1997. “Effective Family Strengthening Interventions.” *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.
- Kumpfer, Karol L., and Charles W. Turner. 1990–91. “The Social Ecology Model of Adolescent Substance Abuse: Implications for Prevention.” *The International Journal of the Addictions* 25(4a):435–63.
- Liaw, Fong–Ruey, Samuel J. Meisels, and Jean Brooks–Gunn. 1995. “The Effects of Experience of Early Intervention on Low Birth-Weight Premature Children: The Infant Health and Development Program.” *Early Childhood Research Quarterly* 10(4):405–31.
- Livingston County, Mich. Juvenile Court. 2009. “Preliminary Instructions for Incurability Petitions. Howell, Mich. <http://www.co.livingston.mi.us/JuvenileCourt/Incurible.htm> (accessed Oct. 29, 2009).
- Loeber, Rolf, and Thomas James Dishion. 1983. “Early Predictors of Male Delinquency: A Review.” *Psychological Bulletin* 94(1):68–99.
- . 1984. “Boys Who Fight at Home and School: Family Conditions Influencing Cross-Setting Consistency” *Journal of Consulting and Clinical Psychology* 52(5):759–68.
- Loeber, Rolf, and Magda Stouthamer–Loeber. 1986. “Family Factors as Correlates and Predictors of Juvenile Conduct Problems and Delinquency.” In Michael Tonry and Norval Morris (eds.). *Crime and Justice: An Annual Review of Research, Vol. 7*. Chicago, Ill.: University of Chicago Press, 29–149.
- Long, Nicholas, Rex Lloyd Forehand, M. Wierson, and A. Morgan. 1994. “Moving Into Adulthood: Does Parent Training With Young Noncompliant Children Have Long-Term Effects?” *Behavior Research and Therapy* 32:101–107.
- LoSciuto, Leonard, Amy K. Rajala, Tara N. Townsend, and Andrea S. Taylor. 1996. “An Outcome Evaluation of Across Ages: An Intergenerational Mentoring Approach to Drug Prevention.” *Journal of Adolescent Research* 11(1):116–25.

- McCord, Joan. 1983. "A 40-Year Perspective on Effects of Child Abuse and Neglect." *Abuse and Neglect* 7:265–70.
- McElroy, Pat, and Cynthia Goodsoe. 1998. "Family Group Decision Making Offers Alternative Approach to Child Welfare." *Youth Law News* XIX(3).
- McMahon, Robert J., Rex Lloyd Forehand, and D.L. Griest. 1981. "Effects of Knowledge of Social Learning Principles on Enhancing Treatment Outcome and Generalization in a Parent Training Program." *Journal of Consulting and Clinical Psychology* 49(4):526–32.
- Minuchin, Salvador. 1974. *Families and Family Therapy*. Cambridge, Mass.: Harvard University Press.
- Molgaard, Virginia K., Richard L. Spoth, and Cleve Redmond. 2000. "Competency Training, the Strengthening Families Program: For Parents and Youth 10–14." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.
- Moore, Kristin A., and Tamara G. Halle. 2000. "Preventing Problems Versus Promoting the Positive: What Do We Want for Our Children?" *Research Brief*. Washington, D.C.: Child Trends.
- (NIDA) National Institute on Drug Abuse, USDHHS. 1999. *Drug Abuse and Addiction Research, the Sixth Triennial Report to Congress*. Rockville, Md.
- Newcomb, Michael D., and Peter M. Bentler. 1988. *The Consequences of Adolescent Drug Use: Impact on the Lives of Young Adults*. Newbury Park, Calif.: SAGE.
- Nye, F. Ivan. 1958. *Family Relationships and Delinquent Behavior*. New York, N.Y.: John Wiley & Sons.
- O'Donnell, Olive M. 1999. *Parents Helping Parents: A Guide for Action*. Rockville, Md.: CSAP, USDHHS.
- (OJJDP) Office of Juvenile Justice and Delinquency Prevention, USDOJ. 1998. *Juvenile Mentoring Program: 1998 Report to Congress*. Washington, D.C.
- Olds, David L., Charles R. Henderson Jr., Robert Cole, John Eckenrode, Harriett Kitzman, Dennis W. Luckey, Lisa M. Pettit, Kimberly Sidora, Pamela Morris, and Jane Powers. 1998. "Long-Term Effects of Nurse Home Visitation on Children's Criminal and Antisocial Behavior." *Journal of the American Medical Association* 280(14):1238–44.
- Parks, Greg. 2000. "The High/Scope Perry Preschool Project." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.
- Partnership for a Drug-Free America. 2000. *Partnership Attitude Tracking Study, Spring 1999, Parents*. New York, N.Y. <http://www.drugfreeamerica.org>.
- Patterson, Gerald R., John B. Reid, and Thomas James Dishion. 1992. *Antisocial Boys: A Social Interactional Approach, Vol. 4*. Eugene, Ore.: Castalia.
- Peed, Steve, Mark Roberts, and Rex Lloyd Forehand. 1977. "Evaluation of the Effectiveness of a Standardized Training Parent Training Program in Altering the Interactions of Mothers and Their Noncompliant Children." *Behavior Modification* 1(3):323–50.
- Petr, Christopher G., and Cindy Enriken. 1995. "Service System Barriers to Reunification." *Families in Society* 76(9):523–533.
- Pfannenstiel, Judy C., Theodora Lambson, and Vicki Yarnell. 1991. *Second Wave Study of the Parents as Teachers Program*. Overland, Kan.: Research and Training Associates.
- Pfannenstiel, Judy C., and Dianne A. Seltzer. 1985. *Evaluation Report: New Parents as Teachers Project*. Overland, Kan.: Research and Training Associates.
- Pfouts, Jane H., Janice H. Schopler, and H. Carl Henley Jr. 1981. "Deviant Behaviors of Child Victims and Bystanders in Violent Families." In Robert J. Hunner and Yvonne Elder Walker

- (eds.). *Exploring the Relationship Between Child Abuse and Delinquency*. Montclair, N.J.: Allandeld, Osmun, 79–99.
- Plomin, Robert, Heather M. Chipuer, and John C. Loehlin. 1990. "Behavioral Genetics and Personality." In Lawrence A. Pervin (ed.). *Handbook of Personality: Theory and Research*. New York, N.Y.: The Guilford Press, 225–43.
- Powell, John Y., and David A. Dosser Jr. 1992. "Structural Family Therapy as a Bridge Between 'Helping Too Much' and Empowerment." *Family Therapy* 19(3):243–56.
- Puzzanchera, Charles, and Wei Kang. 2008. *Juvenile Court Statistics Databook*. Washington, D.C.: OJJDP, USDOJ. <http://www.ojjdp.ncjrs.gov/ojstatbb/jcsdb/asp/process.asp>.
- Quraishi, Fiza, Heidi J. Segal, and Jennifer Trone. 2002. "Respite Care: A Promising Response to Status Offenders At-Risk of Court-Ordered Placements." *Issues in Brief*. New York, N.Y.: Vera Institute of Justice. http://www.vera.org/publication_pdf/188_356.pdf.
- Rahdert, Elizabeth R. 1996. "Introduction to the Perinatal—20 Treatment Research Demonstration Program." In Elizabeth R. Rahdert. *Treatment for Drug-Exposed Women and Their Children: Advances in Research Methodology: 1–4*. NIDA Research Monograph 166. Rockville, Md.: NIDA, USDHHS.
- Rak, Carl F., and C.F. Patterson. 1996. "Promoting Resilience in At-Risk Children." *Journal of Counseling and Development* 74(1):368–73.
- Ramey, Craig T. 1990. "Enhancing the Outcomes of Low Birth-Weight, Premature Infants: A Multisite, Randomized Trial." *Journal of the American Medical Association* 263(22):3035–42.
- Ramey, Craig T., Donna M. Bryant, Barbara H. Wasik, Joseph J. Sparling, Kaye H. Fendt, and Lisa M. La Vange. 1992. "The Infant Health and Development Program for Low Birth Weight, Premature Infants: Program Elements, Family Participation, and Child Intelligence." *Pediatrics* 89(3):454–65.
- Rosenthal, Ted L., and Albert Bandura. 1978. "Psychological Modeling: Theory and Practice." In Allen E. Bergin and Sol L. Garfield (eds.). *Handbook of Psychotherapy and Behavior Change: An Empirical Analysis*. New York, N.Y.: John Wiley, 621–58.
- Rutter, Michael. 1979. "Protective Factors in Children's Responses to Stress and Disadvantage." In M.W. Kent and J.E. Rolf (eds.). *Primary Prevention of Psychotherapy: Volume 3. Social Competence in Children*. Hanover, N.H.: University Press of New England.
- St. Pierre, Robert G., Jean I. Layzer, and Helen V. Barnes. 1995. "Two-Generation Programs: Design, Cost, and Short-Term Effectiveness." *The Future of Children* 5(3):76–93, Los Altos, Calif.: Center for the Future of Children.
- (SAMHSA) Substance Abuse and Mental Health Services Administration, USDHHS. 1998. *Substance Abuse and Mental Health Statistics Source Book*. Rockville, Md.
- Sampson, Robert J., and John H. Laub. 1993. *Crime in the Making: Pathways and Turning Points Through Life*. Cambridge, Mass.: Harvard University Press.
- Satterfield, James H., Breena T. Satterfield, and Anne M. Schell. 1987. "Therapeutic Interventions to Prevent Delinquency in Hyperactive Boys." *Journal of the American Academy of Child and Adolescent Psychiatry* 26:56–64.
- Search Institute. 2000. *Forty Developmental Assets*. <http://www.search-institute.org/assets/forty.htm> (accessed Aug. 1, 2000).
- Sells, Scott P., Thomas Edward Smith, and J. Rodman. 2006. "Reducing Substance Abuse through Parenting With Love and Limits." *Journal of Child and Adolescent Substance Abuse* (15):105–115.

- Sells, Scott P. 1998. "Process-Outcome Research and the Family-Based Model: Refining and Operationalizing Key Theoretical Concepts." In Scott P. Sells. *Treating the Tough Adolescent: A Family-Based Step-by-Step Guide*. New York, N.Y.: Guilford Press, 259–92.
- Sells, Scott P. 2001. *Parenting Your Out-of-Control Teenager*. New York: St. Martin's Press.
- Sells, Scott P., Smith, Thomas Edward, and N. Newfield. 1997. "Teaching Ethnographies in Social Work: A Model Course." *Journal of Social Work Education* 33(1):1–18.
- Sells, Scott P. 2004. "Undercurrents: When Therapy Stalls, It's Usually Time to Look for the Family Secrets," *Psychotherapy Networker* 28(6):75-81.
- Sells, Scott P., Smith, Thomas Edward, and S. Moon. 1996. "An Ethnographic Study of Client and Therapist Perceptions of Therapy Effectiveness in a University-Based Training Clinic." *Journal of Marital and Family Therapy* 22(3):321–343.
- Sells, Scott P., N. Newfield, Thomas Edward Smith, and S. Newfield. 1996. "Ethnographic Research Methods." In Douglas H. Sprenkle and S.M. Moon (eds.). *Handbook of Family Therapy Research Methods*. New York, N.Y.: Guilford Press.
- Sells, Scott P., Thomas Edward Smith, and Douglas H. Sprenkle. 1995. "Integrating Quantitative and Qualitative Methods: A Research Model." *Family Process* 34:199–218.
- Sells, Scott P., Thomas Edward Smith, and T. Clevenger. 1994. "Ethnographic Content Analysis of Couple and Therapist Perceptions in a Reflecting Team Setting." *Journal of Marital and Family Therapy* 20(3):267–286.
- Sells, Scott P., Thomas Edward Smith, Mary J. Coe, Marianne Yoshioka, and John Robbins, J. 1994. "An Ethnography of Couple and Therapist Experiences in Reflecting Team Practice." *Journal of Marital and Family Therapy* 20(3):247–266.
- Sells, Scott P., and Thomas Edward Smith. (In press). Manuscript submitted for publication. *Journal of Social Work*.
- Sherman, Lawrence W., Denise C. Gottfredson, Doris Layton MacKenzie, John E. Eck, Peter Reuter, and Shawn D. Bushway. 1997. *Preventing Crime: What Works, What Doesn't, What's Promising: A Report to the United States Congress*. College Park, Md.: University of Maryland.
- Shubik, Claire, and Ajay Khashu. 2005. *A Study of New York City's Family Assessment Program*. Report. New York, N.Y.: Vera Institute of Justice and New York City Administration for Children's Services. http://www.vera.org/publication_pdf/323_595.pdf.
- Simons, Ronald L., Wei Chao, and Rand D. Conger. 2001. "Quality of Parenting as Mediator of the Effect of Childhood Defiance on Adolescent Friendship Choices and Delinquency: A Growth Curve Analysis." *Journal of Marriage and the Family* 63:63–79.
- Simons, Ronald L., Christine Johnson, Rand D. Conger, and Glen H. Elder Jr. 1998. "A Test of Latent Trait Versus Life Course Perspective on the Stability of Adolescent Antisocial Behavior." *Criminology* 36:217–44.
- Simons, Ronald L., Chyi-In Wu, Christine Johnson, and Rand D. Conger. 1994. "A Test of Family and Social Deviance: Explanations for the Intergenerational Transmission of Domestic Violence." *Criminology* 33:141–72.
- Slavin, Lesley A., and Karie L. Rainer. 1990. "Gender Differences in Emotional Support and Depressive Symptoms Among Adolescents: A Prospective Analysis." *American Journal of Community Psychology* 18(3):407–21.
- Smith, Thomas Edward, Scott P. Sells, G.A. Pereira, J. Todahl, and G. Papagiannis. 1995. "Interpersonal Process Recall." *Journal of Family Psychotherapy* 6(2):49–70.

- Smith, Thomas Edward, D.A. Jenkins, and Scott P. Sells. 1995. "Reflecting Teams: Voices of Diversity." *Journal of Family Psychotherapy* 6(2):49–70.
- Smith, Thomas Edward, Scott P. Sells, Jeffrey Rodman, and Lisa Rene Reynolds. (In press). "Reducing Adolescent Substance Abuse and Delinquency: Pilot Research of a Family-Oriented Psycho-Education Curriculum." *Journal of Child and Adolescent Substance Abuse*.
- Snyder, James J., and Gerald R. Patterson. 1987. "Family Interaction and Delinquent Behavior." H.C. Quay (ed.). *Handbook of Juvenile Delinquency*. New York, N.Y.: John Wiley & Sons, 216–43.
- Stahl, Anne L., Charles Puzanchera, Sarah Livsey, Terrence A. Finnegan, Nancy Tierney, and Howard N. Snyder. 2007. *Juvenile Court Statistics 2003–04*. Washington, D.C.: OJJDP, USDOJ.
- Stanton, M. Duncan, and Thomas C. Todd. 1982. "Principles and Techniques for Getting Resistance Families Into Treatment." In M. Duncan Stanton and Thomas C. Todd (eds.). *The Family Therapy of Drug Abuse and Addiction*. New York, N.Y.: Guilford.
- Steinberg, Laurence. 1990. *Authoritative Parenting and Adolescent Adjustment Across Varied Ecological Niches*. Madison, Wis.: National Center of Effective Secondary Schools.
- . 2000. "Youth Violence: Do Parents and Families Really Make a Difference?" *National Institute of Justice Journal*, April.
- Stewart, Eric A., Ronald L. Simons, Rand D. Conger, and Laura V. Scaramella. 2002. "Beyond the Interactional Relationship Between Delinquency and Parenting Practices: The Contribution of Legal Sanctions." *Journal of Research in Crime and Delinquency* 39(1):36–59.
- Sudarkasa, Niara. 1996. "African-American Female-Headed Households: A Different Perspective." In Julianne Malveaux. *Voices of Vision*. Washington, D.C.: National Council of Negro Women, 144–55.
- Szapocznik, José. 1997. "Cultural Competence and Family Program Implementation." *Plenary Session Presented at the OJJDP–University of Utah Third National Training Conference on Strengthening America's Families*. Washington, D.C., March 23–25.
- Szapocznik, José, and William M. Kurtines. 1989. *Breakthroughs in Family Therapy With Drug-Abusing and Problem Youth*. New York, N.Y.: Springer.
- Szapocznik, José, William M. Kurtines, Franklin H. Foote, and Angel Perez-Vidal. 1983. "Conjoint Versus One-Person Family Therapy: Some Evidence for the Effectiveness of Conducting Family Therapy Through One Person." *Journal of Consulting and Clinical Psychology* 51:889–99.
- Thornberry, Terence P. 1994. "Violent Families and Youth Violence." *Fact Sheet*. Washington, D.C.: OJJDP, USDOJ.
- . 1987. "Toward an Interactional Theory of Delinquency." *Criminology* 25:863–91.
- Tierney, Joseph P., and Jean Baldwin Grossman. 1995. *Making a Difference: An Impact Study*. Philadelphia, Pa.: Public-Private Ventures.
- Tremblay, Richard Ernest, Joan McCord, Hélène Boileau, Pierre Charlebois, Claude Gagnon, Marc LeBlanc, and Serge Larivée. 1991. "Can Disruptive Boys Be Helped to Become Competent?" *Psychiatry* 54:148–61.
- Tremblay, Richard Ernest, Frank Vitaro, Lucie Bertrand, Marc LeBlanc, Hélène Beaulac, Hélène Boileau, and Lucille David. 1992. "Parent and Child Training to Prevent Early Onset of Delinquency: The Montréal Longitudinal-Experimental Study." In Joan McCord and

- Richard Ernest Tremblay (eds.). *Preventing Antisocial Behavior: Interventions From Birth Through Adolescence*. New York, N.Y.: Guilford Press.
- University of Utah, Department of Health Promotion and Education. 1999. *Strengthening America's Families, Effective Family Programs for Prevention of Delinquency, Model Programs*, Salt Lake City, Utah.
http://www.strengtheningfamilies.org/html/model_programs.html.
- U.S. Government Accounting Office. 1997. *Child Welfare: States' Progress in Implementing Family Preservation and Support Services*. GAO/HEHS-97-34. Washington, D.C.
- Videon, Tami M. 2002. "The Effects of Parent-Adolescent Relationships and Parental Separation on Adolescent Well-Being." *Journal of Family and Marriage* 64:489-503.
- Wagner, Mary M. 1992. *Home, the First Classroom: A Pilot Evaluation of the Northern California Parents as Teachers Project*. Menlo Park, Calif.: SRI International.
- . 1993. *Evaluation of the National City Parent as Teachers Program*. Menlo Park, Calif.: SRI International.
- Webster-Stratton, Carolyn H. 1984. "A Randomized Trial of Two-Parent Training Programs for Families With Conduct-Disordered Children." *Journal of Consulting and Clinical Psychology* 52(4):666-78.
- . 1985. "Predictors of Treatment Outcome in Parent Training for Conduct Disordered Children." *Behavior Therapy* 16:223-43.
- . 2000. "The Incredible Years Training Series." *Juvenile Justice Bulletin*. Washington, D.C.: OJJDP, USDOJ.
- Weingartner, Eric, and Andrea Weitz. 2002. *Respite Care: An Alternative to Foster Care for Status Offenders in New York City*. Report. New York, N.Y.: Vera Institute of Justice, July.
- Wells, Karen C., and J. Egan. 1988. "Social Learning and Systems Family Therapy for Childhood Oppositional Disorder: Comparative Treatment Outcome." *Comprehensive Psychiatry* 252:138-46.
- Wells, Karen C., Rex Lloyd Forehand, and D.L. Griest. 1980. "Generality of Treatment Effects From Treated to Untreated Behaviors Resulting From a Parent Training Program." *Journal of Clinical Child Psychology* 9:217-19.
- Wells, L. Edward, and Joseph H. Rankin. 1991. "Families and Delinquency: A Meta-Analysis of the Impact of Broken Homes." *Social Problems* 38(1):71-83.
- Werner, Emmy E. 1984. "Resilient Children." *Young Children* 40(1):68-72.
- Westat, Inc., in Association with James Bell Associates, Inc., and the Chapin Hall Center for Children. 1995. *A Review of Family Preservation and Family Reunification Programs*. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, USDHHS.
<http://aspe.hhs.gov/hsp/cyp/fpprogs.htm>.
- Yoshikawa, Hirokazu. 1995. "Long-Term Effects of Early Childhood Programs on Social Outcomes and Delinquency." *The Future of Children* 5(3):51-75.