
Preventing Delinquency Through Effective Parent Training and Adult Support

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Problem behavior in children is not a disease that can be cured with one treatment. It depends on the situation, changing with the child's circumstances and development (Dishion, French, & Patterson, 1995). A variety of treatments and preventions are needed to meet the needs of individual children and families throughout childhood.

This article discusses research on prevention programs for adolescent problem behavior such as drug use, delinquency, or risky sexual behavior. It describes the Adolescent Transitions Program (ATP), a program for high-risk youth and their parents. Offered and evaluated in both a community and a school setting, it showed that interventions with families produced somewhat improved youth behavior. However, there was an unexpected negative effect of grouping high-risk youth. The article concludes with implications and suggestions for improving intervention programs.

The Variables: Adolescence, Early Antisocial Behavior, Parenting, and Deviant Peer Groups

There are good reasons to offer preventive interventions in early adolescence, ages 10 to 13, before problem behaviors begin or worsen. Problem behaviors increase dramatically during this stage of development, and that is true among youth in all industrialized nations (Gottfredson & Hirschi, 1994). Just because such problems are statistically "normal," however, doesn't mean they will fade away if left alone.

Adolescence

Youth who are delinquent in middle adolescence, ages 14 to 17, have more risk of problems as young adults (Stattin & Magnusson, 1991; West & Farrington, 1977), and adolescent substance use is a unique risk factor for drug and alcohol problems in young adulthood (Robins & Przybeck, 1985). Decades of research have identified antisocial behaviors like lying, stealing, noncompliance, and aggression as forerunners to adolescent problems. Youth who first show antisocial behavior in adolescence are likely to respond to prevention strategies such as community service, mentoring, and structured participation in youth organizations (Dryfoos, 1991).

Parenting

A substantial body of research shows poor parenting practices intensify antisocial behavior in children and adolescents (Dishion et al., 1995). As shown in Figure 1, violent behavior is rooted in harsh and inconsistent parenting during the preschool years (Patterson, 1986). Poor parenting leads to early aggressiveness. Early ag-

gressiveness branches out to trouble with teachers, rejection by peers, and poor school performance. Negative consequences snowball; poorly monitored by their parents, these youngsters drift into deviant peer groups (Dishion et al., 1991), which increases their odds of substance use and early police arrest (Dishion et al., 1995). Over time, these youth lack the skills to find stable work or marriages that might enable them to drop out of crime.

As the primary socializers of youth, parents can be very effective in modifying antisocial and inappropriate behavior. An evaluation of more than 500 family intervention programs by Kumpfer (1994) found no single program or approach to be most effective. In general, effective programs helped improve communication, problem solving, and family management (limit setting, consistent and proactive discipline, and supervision). Effective programs were also likely to be

- comprehensive,
- focused on multiple family members,
- long term,
- intensively focused on risk factors,
- developmentally appropriate,
- tailored to a selected audience,
- initiated as early in the child's life as possible, and
- delivered by well-trained individuals.

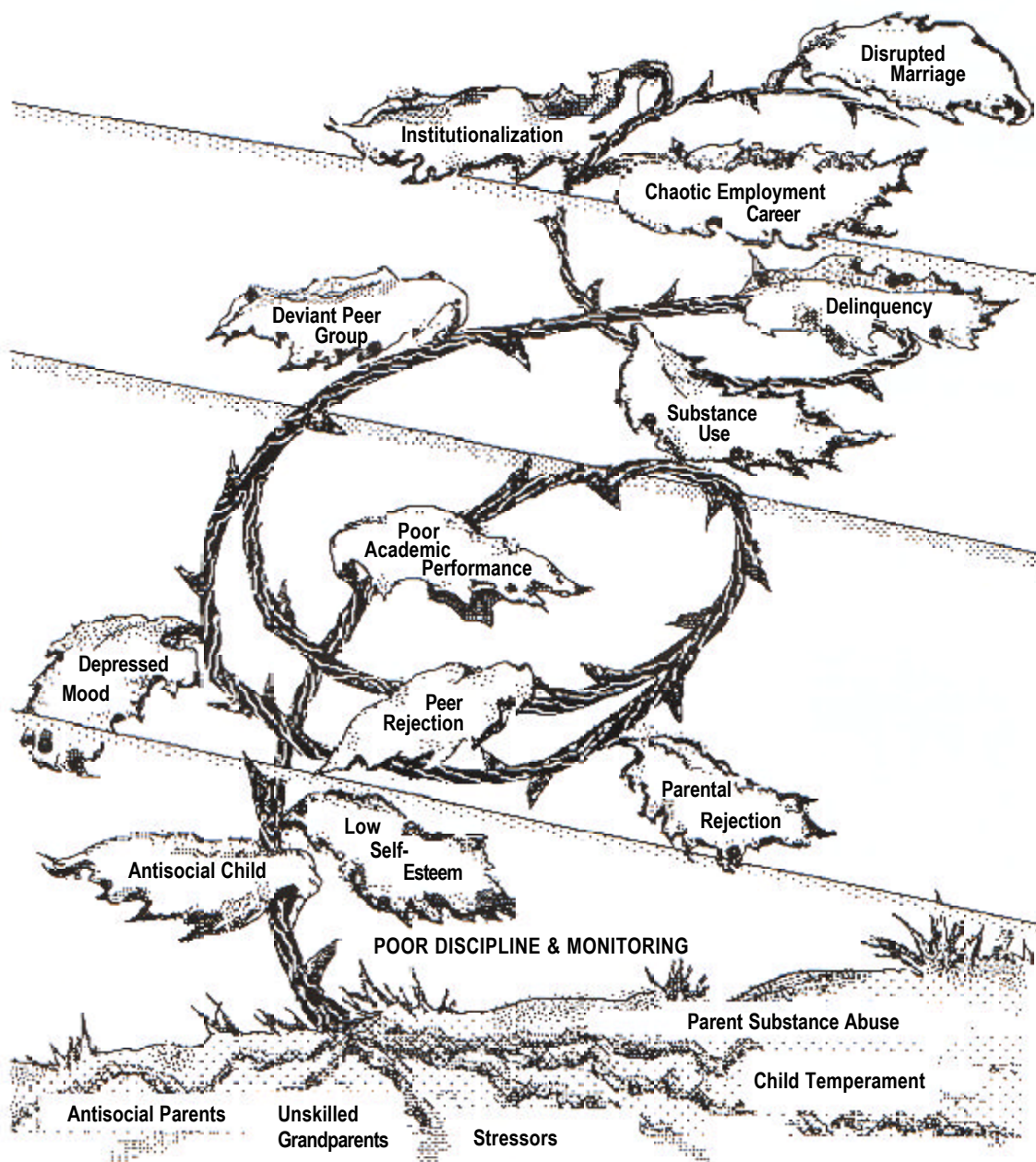
Two noteworthy programs have been particularly successful. The Strengthening Families Program (Kumpfer, DeMarsh, & Child, 1989) was designed to reduce antisocial behavior in families. The 14-session parent training program teaches parents to set goals and reinforce behaviors consistent with these goals, to improve communication, and to solve problems more effectively. Parents and children practice problem solving and communication skills in play situations, and there is a skill-building program for children. Research by Kumpfer and colleagues (1996) showed that the full program was most effective but that parent training alone effectively improved parenting skills and reduced problem behavior in children. The Adolescent Transitions Project described later in this article was effective in producing less negativity in families, fewer negative interactions among family members, and less antisocial and problematic behavior in the teens of participating parents (Dishion, Andrews, Kavanagh, & Soberman, 1995).

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Community and School Contexts

Antisocial behavior, parenting, and peer groups do not operate in a vacuum. They are highly affected by community contexts (Patterson, Reid, & Dishion, 1992). This suggests that effective intervention programs must also address the people and organizations surrounding the youth (Dishion et al., 1995).

Figure 1. The Vile Weed: How Violent Behavior Is Rooted in Early Childhood



Note. From *A Social Learning Approach, Volume 4: Antisocial Boys*, by G. R. Patterson, J. B. Reid, & T. J. Dishion, 1992, Eugene, OR: Castalia. Adapted with permission.

Unsupervised time not monitored by parents has been clearly associated with antisocial and delinquent behavior.

School is a major element in the youth's life (Kellam, 1990). It is a convenient meeting place and training ground for deviant peer groups (Dishion, Patterson, & Griesler, 1994). School-parent communications are key to helping parents monitor their children, set limits, and support academic progress (Reid, 1993). And, with most youth attending school through middle school, it is a good site for intervention (Trickett & Berman, 1989).

One school-based program, Fast Track, is state of the art in identifying high-risk children in school and delivering interventions to them, their parents, and peers (Conduct Problems Prevention Research Group, 1992). It successfully reduces antisocial and problematic behavior in first- and second-grade children (Bierman & Greenberg, 1996), helping them develop more appropriate social participation, prosocial behaviors, and social problem solving.

Other successful programs address both the antisocial and aggressive behavior and the misperceptions and faulty reasoning that often accompany it (Kendall & Lochman, 1994). For older youth, the Coping Power Program (Lochman & Wells, 1996) addresses anger management, emphasizing goal setting, awareness of feelings, taking the perspective of others, and social problem solving. The Life Skills Training Program for adolescents (Botvin & Tortu, 1988) focuses primarily on drug use, but the self-management and social skills it offers effectively help reduce antisocial behavior.

Interventions can also target the school's strategy for communicating with parents. When parents regularly receive specific, neutral information on attendance, homework, and class behavior, they are much better able to monitor and support their children's engagement with school (Heller & Fantuzzo, 1993).

Community activities also buffer against problem behavior. Adolescents spend about 42% of their time in discretionary activities (Timmer, Eccles, & O'Brien, 1985), much of it unsupervised. Unsupervised discretionary time not monitored by parents has been clearly associated with antisocial and delinquent behavior (Dishion et al., 1991). Unsupervised adolescents are also more likely to engage in early sexual intercourse and drug use, and are more susceptible to negative peer pressure. The majority of these activities take place between 3:00 p.m. and 7:00 p.m.

The literature on youth organizations suggests that youth who participate are at less risk than those who do not. However, nearly 29% of youth in the United States (approximately 5.5 million young adolescents) either do not have access to these programs or choose not to take advantage of them.

Communities with organized supervised activities have youth at lower risk than communities without such resources. Communities are best equipped to deliver prevention programs that are accessible and available to all youth. However, despite attempts to be inclusive, they have been only sporadically successful in reaching higher risk audiences (Carnegie Council, 1992).

Unsuccessful Youth Programs

Numerous other programs have been used directly with children and youth. The majority have not been evaluated systematically for effectiveness or have been found disappointing.

Programs using scare tactics have not reduced inappropriate behavior. These are programs like Scared Straight, in which hardened criminals lecture to young delinquents, and AIDS prevention programs designed to frighten youth into safer sexual behavior. In fact, gathering high-risk youth together for such interventions may glamorize inappropriate activity to the point that participants eagerly adopt it (Dishion & Andrews, 1995; Dryfoos, 1991).

Some prevention programs for substance abuse, like DARE and Just Say No, are popular and politically enticing, but prevention studies have repeatedly shown them to be largely ineffective (Dryfoos, 1991).

Peer-based prevention strategies should be used with caution. Older teens teaching refusal skills to younger teens has proven successful, yet there is little evidence that peer tutoring and peer counseling among same-age peers are effective in helping high-risk youth reduce their problematic behaviors.

Self-esteem programs designed to make young people “feel good about themselves” are trendy. However, low self-esteem, no matter how it is measured, has not emerged as a predictor of high-risk behavior. Thus, programs that report they have raised participants’ self-esteem levels are not likely to be addressing underlying problems (Dryfoos, 1991).

Adolescent Transitions Program

The Adolescent Transitions Program offers training for parents and youth, peer consultants, and family consultation sessions. Once a week for 12 weeks, small groups of parents gather to learn and practice techniques for problem solving, communication, limit setting, supervision, and discipline. The training is step by step and based on developing skills. The parent curriculum parallels the youth program, and exercises frequently involve parent-child activities. Six 10-minute videotapes demonstrate relevant skills and practices (Dishion et al., 1995).

Programs for youth are designed to help them learn to self-regulate problem behavior. The program teaches at-risk adolescents to set realistic behavior change goals, develop appropriate small steps toward their attainment, develop and provide peer support for prosocial and abstinent behavior, set limits, and learn problem-solving skills. Goal setting is the first step, and the goal selected is negotiated with the parents and adolescents. Sessions address the adolescents’ self-interest as much as possible.

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Peer consultants for both parents and teens are a key feature of ATP. The consultants typically have completed the program or are experienced in successfully negotiating the problem behaviors. Consultants model appropriate parenting or self-regulation skills, offer support for successes, and suggest coping strategies for difficult situations.

Four consultations help fine-tune skills with each family. The sessions let families discuss their strengths and talk about what barriers keep them from implementing the new skills.

Evaluation of ATP in Community-Based Study

The research began with a community-based study of the four ATP components as compared with a control group. There were separate groups focused on just parents, just teens, parents and teens combined, and a self-directed study group. The control group participated in no programs. In a second phase, the ATP program was implemented in a school setting.

The researchers hypothesized that joint parent-teen programs would be most effective and that the school-based implementation would be more effective than the community-based one.

Using newspaper ads, school postings, and counseling services, the researchers recruited 158 high-risk families for the community-based study: 119 assigned to one of the four groups and 39 as controls. Parents first were interviewed by phone about the presence of 10 areas of early adolescent risk. Those reporting 4 or more as current concerns were accepted. The interview uses risk-factor research by Bry and colleagues (Bry, McKeon, & Pandina, 1982).

Study families were randomly assigned to one of four components: parent focus, teen focus, parent and teen focus, and self-directed materials only. Group sessions were generally well attended. Parents attended an average of 69% of the sessions; youth attended an average of 71% of the sessions. Retention was also high (90%); 143 of the original 158 families participated in the evaluation. These families generally liked the program, were engaged, and were learning. This is important for the prevention effort to be effective.

How parents and youth interact while discussing and solving a problem is an important measure of the success of an intervention like ATP. Participants were filmed in a 25-minute problem-solving task, and their behavior was coded. Negative interactions declined significantly for those in the parent-focus-only and teen-focus-only groups, compared with those in the self-directed and control groups. Interestingly, in contrast to our hypothesis that working with the youth and parents together would produce better results, the combined parent-teen group showed the same reduction in negative interactions as the single-focus groups.

Youth problem behaviors at school were improved at the end of the program only for the parent-focus group as compared with the control group. However, one year later the teen-focus groups were actually smoking more and exhibiting

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worse problem behavior at school than the control group. Analysis showed that the smoking behavior was directly affected by participation in the teen-focus group. There was a modest but significant beneficial effect on smoking and marijuana use for youth whose parents received the parent-focus program, compared with the control group. No such effect occurred for the combined parent-teen group.

In summary, parent focus is the best intervention strategy for producing positive outcomes and minimizing the unintended negative effects of grouping high-risk youth together. Bringing high-risk youth together in groups can actually worsen substance use and problem behavior at school. Teens participating in the combined program showed neither an increase nor a decrease in problem behavior, suggesting that the two conditions were working against one another.

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Evaluation of ATP in School-Based Program

The ATP program was implemented for sixth graders in four middle schools located in neighborhoods with high rates of juvenile arrests. Teacher ratings, which have consistently proven accurate in other studies, helped identify families to involve in the study. The study compared 63 families randomly assigned to the school-based implementation of ATP and a community-based implementation. All families received both the teen-focus and parent-focus interventions because the study was planned before the negative results of teen grouping were known.

Recruitment

To counter the anticipated problem of getting parents involved, the researchers designed a very successful parent-driven recruitment system. A letter from the school principal to families of at-risk students used neutral language with phrases such as the following:

“As you know, the teenage years involve changes and challenges to both parents and teens.”

“I am pleased that this program is available to families in our community and believe that it will help your child be more successful at home and in school.”

“Your family will benefit from this free program.”

“Because of limited resources, only some families can be offered ATP this year.”

“Your family’s full involvement in the 12-week program will help prevent substance abuse, problem behavior, and emotional turmoil in your teenage son or daughter.”

More than 50% of the participating families volunteered within a week of receiving the letter. The remaining families were telephoned and invited to review the program during a home visit. At these visits the program was described in detail, and youth and parent concerns were addressed.

School Liaisons and Behavioral Consultants

Two liaisons from each school, selected from volunteers by the principal, proved to be a valuable link between participants and the school. In addition to helping with details of space allocation, information gathering, and teacher communication, liaisons met weekly with students, for whom they became advocates. They also attended parent groups, reporting weekly on each student's academic and social behavior in school. Behavioral consultants, ultimately used for only three or four students during the study, helped teachers develop behavior change plans for students.

Integrating High-Risk and Low-Risk Youth

After the first 12 weeks of the program, students in the program were mixed with low-risk youth to create a video project on substance use and other pressures facing middle school students and families. Goals were to produce a video with an "antiproblem behavior" message, to integrate high-risk youth into prosocial groups and activities, to reinforce skills taught in the 12-week sessions, and to inform students of the risks of substance use and other problem behaviors.

Conclusion

The hypothesis that implementing ATP through schools would be superior to doing so through the community was not supported by a majority of the data. There was no reliable difference between the two.

Summary and Future Directions

Parent training and involvement in schools and communities were once again supported as effective strategies to improve behavior and slow increases in drug use. The basic components of ATP's parent and teen focus effectively engaged students and their parents and improved parent-child relations. The parent-focus curriculum had a short-term effect on reducing aggressive and delinquent behaviors in young teens.

The teen-focus curriculum improved parent-child relations but did not influence problem behavior in the short term. Further, we need to look closely at any effort to bring high-risk youth together because problem behavior escalated after they participated in these groups.

The school implementation of ATP demonstrates the need to alter the school environment to

- further increase parent involvement and home-school communications, and
- develop more heterogeneous peer environments to help counter the effects of deviant peer groups.

Future work should concentrate on building on the parent training component of ATP.

The basic components of ATP's parent and teen focus improved parent-child relations.

The specific processes associated with escalating problem behavior (deviant peers, school failure, and antisocial behavior) must be identified early and interrupted before they unfold.

Interventions must be designed to maximize parent satisfaction and engagement. The first step is enhancing the motivation to change.

The authors propose regular, brief interventions, called family checkups, to enhance at-risk parents' motivation to change. This is based on a study that showed a drinker's check-up reduced problem drinking as much as a 28-day inpatient program (Miller & Rollnick, 1991). The process involves improving motivation to change through a realistic appraisal of risk status in the company of a knowledgeable and supportive professional. It also enhances motivation to use appropriate intervention resources.

Comprehensive systems of prevention must focus on both families and communities. Effective parent training programs must be institutionalized for young parents and parents of challenging youth. Successful prevention is relevant to developmental stage and context and keeps parents and teens engaged in the process. Regular check-ups can be a useful, nonstigmatizing mechanism for prevention with families. Communities must continue to develop formal and informal organizations promoting overall development of their youth. This joint focus will result in the most significant and sustainable impacts.

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Dishion, T. J., Andrews, D. W., Kavanagh, K., & Soberman, L. H. (1997). Preventive interventions for high-risk youth: The Adolescent Transitions Program. In R. D. Peters & R. J. McMahon (Eds.), *Preventing childhood disorders, substance use, and delinquency* (pp. 184-214). Newbury Park, CA: Sage.

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