Family Disengagement of Youth Offenders: Implications for Counselors
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This study investigated the differences among youth offenders for family engagement (as measured by the Family Adaptability and Cohesion Evaluation Scales–III) and conduct-disordered behaviors (as measured by Diagnostic and Statistical Manual of Mental Disorders [4th ed., text revision] criteria) by means of the Youth Comprehensive Risk Assessment. Results indicated significant differences in conduct-disordered behaviors between youths with less familial engagement compared with youths with more family engagement. Resulting implications for counselors are included.

Keywords: family engagement; family support; youth offenders; at-risk youths; FACES-III; YCRA

Family engagement or bonding has been found to be an important component for successful functioning for youths (Coll, Thobro, & Haas, 2004; Schultheiss & Blustein, 1994). Recent studies have indicated that strong family attachment provides youths with support needed to shape positive development and behaviors (Blustein, Preziono, & Schultheiss, 1995; Blustein, Walbridge, Friedlander, & Palladino, 1991; Coll et al., 2004; Kenny, 1990). Conversely, evidence has also indicated that low family support and attachment influence poor decision making and low commitment to the future (Eigen, Hartman, & Hartman, 1987; Guerra & Braungart-Rieker, 1999; Kinnier, Brigman, & Noble, 1990).

McWhirter, McWhirter, McWhirter, and McWhirter (2004) noted that members in low-engaged families cannot get their social and emotional needs met within the family, nor do they learn appropriate ways to meet the needs of others. Unfortunately, [such] families produce young people who form inadequate or dysfunctional relationships outside the family because they have not learned how to have good relationships within the family. Obviously, such youth are at risk for a variety of problem behaviors. (p. 42)

Family experiences and family dynamics strongly influence attitudes and behaviors toward others (Herr & Cramer, 1992). Indeed, youths generally exhibit attitudes and display behaviors (e.g., relationship and intimacy skills and attitudes) that are often consistent with learning that occurred in their families (Bowen, 1978). Fenell and Weinhold (1989) and Horne and Ohlsen (1982) described powerful learned family dynamics that are typically passed from one generation to the next, even if a member of the new generation is not in current contact with the previous one.

Youth offenders in particular may be vulnerable to poor family engagement. Often aggression, conflict, and violence are present in a youth offender’s family and can have negative effects on development (Coll et al., 2004). If the family violence and conflict are chronic and parents respond to the youth’s challenging behaviors with harsh, negative, and inconsistent parenting styles, then aversive and aggressive behavior on the part of the youth is very likely (McWhirter et al., 2004). This hostile interaction style and inconsistent discipline often leads to low family engagement and poor bonding (McWhirter et al., 2004). Little empirical research exists that specifically explores youth offenders, their levels of family engagement, and their antisocial behaviors.

This study, therefore, investigated youth offender perceptions of family engagement (as measured by the Family Adaptability and Cohesion Evaluation Scales–III [FACES-III]...
Instruments professional development, and governance are required. adherence to its multiple standards related to care, personnel, for hospital and behavioral health organizations because strict Care (JCAHO). JCAHO is considered a “mark of excellence” body, the Joint Commission for the Accreditation of Health the facility per requirement from the agency’s accrediting occurred within the first 3 weeks of the participants’ stay at licensed social workers. Assessments were standardized and were developed to be readable and understandable to adolescents as young as 12 years old. For the purpose of this study, we used the Cohesion Scale (10 items). Sample questions include items such as “We like to do things as a family” and “We can think of many things to do together as a family.” The FACES-III includes four categories— disengaged, separated, connected, and enmeshed—with cut-off scores indicated for each category.

Internal consistency estimates for the Cohesion Scale, based on a national sample of more than 3,700 adults and adolescents (ages 12-19), is .77 (Maynard & Olson, 1987). Test–retest estimates are .83. FACES-III measures and scales have also discriminated between numerous types of dysfunctional families and control groups (Olson et al., 1985).

A conduct disorder checklist using the DSM–IV–TR criteria has been recommended as an effective way of assessing and monitoring conduct-disordered behaviors (Zoccolillo & Rogers, 1992). Specifically, staff counselors used a Conduct Disorder Checklist based on DSM–IV–TR criteria. Identical to the DSM–IV–TR criteria, the Conduct Disorder Checklist subgroups criteria by aggression toward people and animals (seven items), destruction of property (two items), deceitfulness or theft (three items), and serious violation of the rules (three items).

Other at-risk behaviors, specifically risk to self, substance abuse, and family resources, were assessed using the YCRA. This assessment instrument was developed for evaluation in compliance with the JCAHO. The YCRA is a clinical assessment process in which professionals systematically gather information and make clinical judgments. Specific to this study, we assessed risk to self (including risk for suicide, self-harm, risk taking, and risk for victimization), substance abuse or dependency (behavior and attitudes related to using), and family resources (family support, interest, and ability to meet the child’s needs). The YCRA has met or exceeded the criteria for inclusion in the JCAHO accreditation process and is included on JCAHO’s list of approved performance measurement systems. The YCRA has also met system adherence to the JCAHO quality principles of sampling, standardization, auditability, monitoring, documentation, feedback, education, and accountability (JCAHO, 1998). The YCRA uses a Likert-type scale of 1 to 4x2, with 1 being slight risk, 2 being mild risk, 3 being moderate risk, and 4x2 being severe risk. The YCRA has been used in numerous studies and has been found to have significant utility in identifying problem areas and generating effective treatment plans (Coll, Juhnke, Thobro, & Haas, 2003; Coll et al., 2004).

RESULTS

Faces-III

Results from the FACES-III instrument revealed that more than half (52%; n = 155) of the youth participants in this study rated their families as “disengaged” on the

METHOD

Participants and Procedure

Study data were collected from all admitted youth offenders who stayed 6 months or longer during a 1-year period at an adolescent residential school and mental health treatment facility. This facility was located in the rural Rocky Mountain region of the United States. The participants (N = 298), ages 12-18, were court mandated for a variety of offenses ranging from running away to serious and violent crimes (e.g., assault or sexual perpetration). Of the adolescents, 40% (n = 119) were female, and 60% (n = 179) were male. Data collection occurred over a 1.5-year investigation period. Of these participants, 90% (n = 268) were European American, 5% (n = 15) self-reported being Hispanic, and the remaining 5% (n = 15) self-reported being American Indian/Alaska Native. The average age was 14.5 years (range = 12-17), and the average length of stay was between 6 and 10 months (M = 8.6 months). Master’s-level staff counselors administered the assessments used in this study. Each counselor had either a counseling or a social work degree. All were state licensed as either licensed professional counselors or licensed social workers. Assessments were standardized and occurred within the first 3 weeks of the participants’ stay at the facility per requirement from the agency’s accrediting body, the Joint Commission for the Accreditation of Health Care (JCAHO). JCAHO is considered a “mark of excellence” for hospital and behavioral health organizations because strict adherence to its multiple standards related to care, personnel, professional development, and governance are required.

Instruments

The FACES-III has emerged as an important tool for investigating family engagement (Maynard & Olson, 1987) through the use of the Cohesion Scale (Piercy et al., 1991). This scale consists of the 10 odd-numbered items of the FACES-III, with sample questions such as “Family members like to spend free time with each other” and “Family members ask each other for help.” The Cohesion Scale has also been found to be predictive of at-risk behaviors (e.g., substance abuse and depression; Manyard & Olson, 1987; Piercy, Volk, Trepper, Sprinkle, & Lewis, 1991). The Cohesion Scale score is defined as engagement—“the emotional bonding that family members have toward one another” (Olson, McCubbin, et al., 1985, p. 4). The Faces-III 20 items (with a Likert-type scale ranging from 1 to 4)

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Cohesion Scale. This percentage is profound when compared with the group norm of 16% (Olson et al., 1985). Disengaged scores represent the highest level of separation (very low engagement, attachment, and support) and indicate that these youths perceive their families as exhibiting forced emotional distance and artificial barriers between family members—especially as related to goals and needs—and engaging in distancing attitudes and communication patterns and emotional overreactivity (e.g., numerous displays of anxiety, anger, and conflict; Olson et al., 1985).

Of the youths, 24% (n = 72) indicated “separated” perceptions of their families per the Cohesion Scale, compared with the group norm of 34% (Olson et al., 1985). Separated scores represent a moderate level of separation (lower than average attachment and support) and indicate that these youths perceive their families as having some emotional distance, having some artificial barriers between family members, and sometimes engaging in distancing attitudes and communication patterns and emotional overreactivity (e.g., numerous displays of anxiety, anger, and guilt; Olson et al., 1985).

Of the youth participants, 21% (n = 62) indicated “connected” perceptions of their families per the Cohesion Scale. This is compared with the group norm of 36% (Olson et al., 1985). Connected scores represent an optimal level of connection and separation (high attachment and high support) and indicate that these youths perceive their families as engaging in effective communication skills, negotiation skills, numerous adult-to-adult interactions, appropriate emotional closeness, and low emotional overreactivity (Olson et al., 1985).

Only 3% (n = 9) of the youths described their families as enmeshed on the Cohesion Scale compared with the norm group of 14% (Olson et al., 1985). Enmeshed scores represent overinvolvement and indicate these youths perceive their family systems as engaging in too much togetherness, inappropriate emotional closeness, and emotional overreactivity (Olson et al., 1985).

Conduct Disorder

Per the Conduct Disorder Checklist, aggression toward people and animals consisted of 7 items (youth mean = 1.87), destruction of property includes 2 items (youth mean = 0.51), deceitfulness or theft includes 3 items (youth mean = 1.69), and serious violation of the rules includes three items (youth mean = 1.28). The average conduct-disordered behaviors over the past 6 months were 5.35 items, well above the clinically significant 3 items in the DSM–IV–TR.

Youth Comprehensive Risk Assessment

For the YCRA, the risk-to-self average for all youths was 12.5 out of a possible 24, the substance abuse mean was 4.4 out of a possible score of 8, and the family resources average score was 5.9 out of a possible 8, indicating moderate to high risk in these areas.

Two Group Comparisons

For comparison purposes, youths were grouped into “disengaged” (n = 155) and “nondisengaged” (n = 143), that is, separated, connected, and enmeshed per the FACES-III cutoff scores (Olson 1986). The t-test analysis indicated significant differences between the groups in conduct-disordered behaviors, with the disengaged group scoring significantly higher in behaviors related to destruction of property (p = .05, ES = .25), deceitfulness or theft (p = .002, effect size [ES] = .36), and serious violation of the rules (p < .000, ES = .56). There was no significant difference between the groups for aggression to people and animals (p = .578).

The t-test analysis also indicated significant differences between the groups for other at-risk behaviors, per the YCRA, with the disengaged group scoring significantly higher in risk to self (p < .000, ES = .46) and substance abuse (p = .006, ES = .33) and significantly lower in family resources (p < .000, ES = .52).

Effect Size

Cohen (1988) suggested that effect sizes of .20, .50, and .80 be considered small, medium, and large, respectively. On the basis of Cohen’s commonly referred-to effect size criteria, the differences between the groups fell in the medium range. In other words, given the effect sizes noted in this research (i.e., .33, .46, .52, and .56), one can conclude that these results have both statistical significance and, more important, practical significance (Cohen, 1988).

Further supporting the statistical and practical significance of this study, based on effect sizes, are Gall, Borg, and Gall’s (1996) criteria. These researchers noted that another effective way to interpret small, medium, and large effect sizes is by transforming them into percentiles. The range of reported effect sizes equates to percentile differences between the groups, ranging from 17% for smaller effect size differences to 42% for larger effect size differences. Again, the large percentile point (effect size) differences between the groups in this study support the practical significance of these findings. (For example, differences between the groups for risk to self would be at least 25%.)

DISCUSSION AND IMPLICATIONS

Low family engagement was found to be associated with negative antisocial behaviors for these youths, especially related to destruction of property, serious violations of the rules, and deceitfulness and theft. Indeed, more than half of the youths studied were from disengaged family backgrounds and had recently stayed out late, ran away, been truant from school, and been more likely to lie, steal items of nontrivial value, and break into someone else’s house, car, or building. These results are consistent with reported conceptualizations that disengaged family patterns are related to
adolescent high risk-taking behaviors, such as substance abuse, and antisocial behaviors (McWhirter et al., 2004). The results further support perceptions of disengagement as related to other at-risk problems. For example, youth offenders’ family disengagement was significantly related to higher self-harm (e.g., suicidal behavior, substance abuse, and less family support and interest.

The most powerful result from this study may be that regarding the distribution of youth offenders based on their engagement (cohesion) scores. Specifically, findings note a highly disproportionate number of youth offenders from disengaged families when compared with the national population norm. Thus, one can surmise that most of the youth participants in this study rate their families as struggling with effective communication and negotiation, responsibility, cooperation, and creating goals.

Implications

Such a high percentage of disengaged youths creates a challenge for counselors. On one hand, many of these youth participants, because of their less functional family backgrounds and current problems, may have some added motivation to change than do their nondisengaged youth counterparts. On the other hand, the youth participants probably bring to treatment reinforced antisocial and problematic behaviors as well as much poorer coping skills and greater emotional reactivity than their more balanced counterparts. Thus, the question becomes how can youth offender counselors working with youths and their families acknowledge and reinforce strengths and adoptable functioning of the youths and family. As Olson (2000) recommended, counselors are being active in structuring and monitoring family interaction to block or interrupt disruptive family interactions. The youth offender counselors at this agency are also striving to set modest concrete objectives to be reached through small increments of change to reduce anxiety and help families maintain change over time, per Olson’s suggestions.

In addition, systemic interventions agencywide are currently being discussed and have been inspired by the “Bridge Program” (Crowley & Bishop, 2008). New practices and policies under review include introducing families to staff members who are involved with their children, creating a calendar of events to keep families better informed, and inviting family members to go along on field trips and to attend special activities.

This emerging comprehensive program certainly needs to be empirically tested. Yet, intentional individual, family, and agencywide systemic interventions for adolescents and their families are being developed on the basis of these results. The uses of the FACES-III, Conduct Disorder Checklist, and YCRA have added needed consistency. The FACES-III, Conduct Disorder Checklist, and YCRA assessment processes are also reducing subjectivity. The results of this investigation are being used in more effective policies and practices and in providing more intentional training of caregivers, clinicians, teachers, families, and others to understand and help develop youths and their families’ strengths.

### TABLE 1

<table>
<thead>
<tr>
<th>Scale</th>
<th>Cohesion Scores</th>
<th>Disengaged (&lt;32; n = 155)</th>
<th>Nondisengaged (≥32; n = 143)</th>
<th>p &lt; (per t-test analyses)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression toward people and/or animals (7-item scale)</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Destruction of property (2-item scale)</td>
<td>1.8</td>
<td>1.5</td>
<td>1.9</td>
<td>1.5</td>
</tr>
<tr>
<td>Deceitfulness and theft (3-item scale)</td>
<td>0.54</td>
<td>0.52</td>
<td>0.41</td>
<td>0.65</td>
</tr>
<tr>
<td>Serious violation of the rules (3-item scale)</td>
<td>1.8</td>
<td>0.94</td>
<td>1.5</td>
<td>0.94</td>
</tr>
<tr>
<td>Risk to self (possible 24 points)</td>
<td>13.4</td>
<td>4.9</td>
<td>11.3</td>
<td>4.6</td>
</tr>
<tr>
<td>Substance abuse (possible 8 points)</td>
<td>4.8</td>
<td>3.0</td>
<td>3.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Family resources (possible 8 points)</td>
<td>6.7</td>
<td>2.3</td>
<td>5.3</td>
<td>2.7</td>
</tr>
</tbody>
</table>
**Limitations and Future Research**

Participants were drawn from a single institution. Future research should include a larger number of participants from a diversity of offender settings. Additionally, a limited number of variables were explored in this study. Future research should follow participants longitudinally to measure treatment outcomes.

**REFERENCES**


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