

USING THE PARENT/GUARDIAN QUESTIONNAIRE (PGQ) AS A RISK AND NEEDS
ASSESSMENT: A PROSPECTIVE STUDY

by

RHETT JULIAN PUDER

(Under the direction of Brian Andrew Glaser)

ABSTRACT

The present study is an investigation of the potential utility of a juvenile offender, parent self-report instrument, the Parent/Guardian Questionnaire (PGQ). Based on the ecological model of child development, this instrument is designed to measure several parental constructs related to child behavior problems and delinquency. The PGQ was administered to 151 parents/guardians of youth who had been officially charged with a juvenile offense and/or had been adjudicated by the juvenile court. Statistical analysis was performed to cross-validate the PGQ with other parent and youth report instruments and to investigate the reliability, internal consistency, and validity of the PGQ. Finally, a statistical analysis was conducted to test the predictive validity of the PGQ (i.e., the test's usefulness as a predictor of future behavior). Collateral evidence of a test's validity was attained and findings suggested that specific parenting profiles are related to the greater likelihood of recidivism and to specific offenses. Further, support was obtained for the use of the PGQ as an instrument to assess the needs of parents and the extent of the prevention of recidivism.

INDEX WORDS: Antisocial behavior, Juvenile delinquency, Recidivism, Multiple etiological factors, Parenting questionnaire, Cross-Validation, Predictive validity

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At that moment when the world around him melted away, when he stood alone like a star in the heavens, he was overwhelmed with a feeling of icy despair, but he was more firmly himself than ever. That was the last shudder of his awakening, the last pains of birth. Immediately he moved on again and began to walk quickly and impatiently, no longer looking homewards, no longer to his father, no longer looking backwards. – Herman Hesse, Siddhartha 1929/1951, p.34

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CHAPTER I

INTRODUCTION

Statement of the Problem

“Mom doesn’t give a shit,” shouted Billy to his older brother, and he jumped into the car with his buddies. The car was stolen, but Billy didn’t care. He was with *the boys* and the car was driving away from his apartment building. It was a disturbing place. Cops were always harassing people there and Mr. Gibbs – well he was always *high* on something and beating on his wife, or anyone who crossed him for that matter. Billy was in some kind of a mood that morning. Another man had slept over at his house the night before and he knew his mom was *in love* again at least until she woke up that afternoon. “This will fix you up,” said one of the boys as he passed Billy the pipe. Billy sucked hard and long and as he did, images of laughing, shaking, vomiting, bleeding, and screaming familiars flashed through his mind. “Hey Billy, isn’t that the guy that jacked you up last week?” “Yeah it is and he’s all alone now, somebody *hook* me up,” Billy demanded. The gun was passed over the driver’s seat and the car slowed as it neared the guy on the sidewalk. Billy quickly rolled down the window, pointed the gun, and shouted “where are your *homies* now?” as he repeatedly pulled the trigger.

Unfortunately, a scenario such as this has become all too common in the United States, as evidenced by a 1997 report from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) that recorded 2 million youth adjudications in 1996 (U.S. Department of Justice, 1997). Though somewhat speculative, a report produced by the OJJDP in 1999 estimated the marginal costs imposed on society by the average career criminal as ranging from \$1.7 to \$2.3 million.

This report “conveys a sense of the actual “waste” involved in a wasted life – as well as the substantial benefits to be expected from even modestly successful prevention efforts aimed at high-risk youths (U.S. Department of Justice, 1999, p. 83).” Often, adolescent antisocial behavior is first observed during an initial referral or interaction with the juvenile court. It is likely the findings of this first interaction will lead to identification of the adolescent as a juvenile offender and/or recommendations for court mandated intervention.

An estimated 35 percent of all boys growing up in urban areas of the United States will be adjudicated for antisocial behavior/delinquency prior to their eighteenth birthday (Greenwood, 1995). Most of these youths will have no further interaction with the juvenile court after their initial adjudication; however, for those that do re-offend their risk for re-offense becomes higher with each successive arrest. Eventually, this much smaller group of youths will become chronic offenders and will account for more than 50 percent of all juvenile arrests (Greenwood, 1995). Moreover, as Greenwood (1995) suggests, “most criminal careers begin in the juvenile years (and) most chronic adult offenders have had multiple contacts with the juvenile justice system, a legal innovation of this country that has been both hailed as one of the greatest social interventions of modern times and attacked for failing to protect either the legal rights of juvenile offenders or the public on whom they prey (Greenwood, 1995, p. 95).”

While the high-profile and particularly heinous incidents of juvenile crime produce heightened concern within the general public (e.g., school shootings), the alarming rates of juvenile delinquency have also contrived an increased interest and awareness by researchers, psychologists, and social service professionals. Collectively we seek both explanations and solutions and the common malefactors are often hypothesized as the media, deviant peer groups, and/or poor parenting. A significant body of literature exists to support either or all of these

hypotheses, but while all have been found to have the potential of contributing to juvenile crime (i.e. peers, media, parents), the central focus of the present study is on the ecology of juvenile crime and aims to encapsulate the definitions, catalysts, measures, and potential interventions of juvenile crime.

Research indicates that rehabilitative failure occurs disproportionately with a subgroup of released juvenile offenders who have established a long record of misconduct that began at an early age. Need-related risk factors emerge from this research involving a combination of problems associated with families, communities, deviant peer groups, schools, substance abuse, and ancillary needs and problems (e.g. learning disabilities, mental health issues). As we have learned, rates of antisocial behavior and recidivism are dismally high for juveniles experiencing such problems.

In response to growing concerns, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) has issued a request for proposals that address the problems associated with high recidivism rates for repeat juvenile offenders (U.S. Department of Justice, 1996). An OJJDP administrator wrote, “One of our biggest challenges in the juvenile justice system is to prevent juveniles from re-offending and being re-incarcerated following their release from secure confinement. As arrests for juveniles for violent crime continue to rise, rates of incarceration will also rise unless we are successful in this task” (U.S. Department of Justice, 1996, p. iii).

Purpose of the Study

For years, psychologists trained as both scientists and practitioners have led and participated in research to resolve a variety of societal problems. In many cases, their understanding of human behavior and environmental influence has afforded them considerable success in accurately identifying the antecedents of behavior and then developing and

implementing, at times collaboratively, effective interventions. The OJJDP (1996) reported the most effective sanctions are those that (a) address pertinent areas of risk in the youth's life, (b) seek to strengthen the protective factors that contribute to positive adolescent development, (c) provide adequate supervision and support, and (d) offer youths a long-term investment in the community. The focus of the current study was threefold: 1) to examine the psychometric qualities of the Parent Guardian Questionnaire (PGQ), 2) to assess the practical and predictive utility of this instrument and to ascertain whether or not it can be used to effectively identify specific treatment needs of both child and parent (i.e. risk and needs assessment) , and 3) to assist the Juvenile Counseling and Assessment Program (JCAP) in achieving the goal of curtailing recidivism by strengthening protective factors through providing juvenile courts with an instrument designed to effectively identify risk and parental needs so that support and remedial services may be either offered or mandated.

Assessment is an important approach to classification and diagnosis of antisocial behavior and/or parent-child relational problems (Glaser, Calhoun, Bradshaw, Bates, & Socherman, 2001). Moreover, both counseling and assessment are often appropriate vehicles for change. Today's juvenile justice system confronts negative influences on youths, which produces a growing number of more serious and violent juvenile offenders.

The goal of prevention or treatment efforts is to decrease the number of risk factors while increasing the protective factors (Sanjuan & Langenbucher, 1999). Although risk and protective factors can exert their effects in a variety of ways that are not completely understood at this time, there are some general characteristics that have been consistently identified across studies (Padina, 1996). Risk and protective factors vary across cultural and socioeconomic groups, as well as geographic location of the offender. Greater pretreatment severity of drug use, criminal

history, educational failure, low perception of family independence, and high perception of family control, are all risk factors and have been shown to predict poor treatment outcome. Factors that operate during treatment that predict better outcome may be designated as protective factors and often include (a) motivation, (b) perceived choice in seeking treatment, (c) rapport with clinician or staff, (d) special services (education, vocational training, relaxation training, recreation), and (e) parental involvement (Catalano, Hawkins, Wells, Miller, & Brewer, 1991).

Research with respect to the characteristics of antisocial behavior and juvenile offenders exists in vast quantities. In contrast, the amount of research is relatively minute regarding the parents of juvenile offenders and parental factors. The tendency of researchers has been to collect copious amounts of information from parents of juvenile offenders concerning all aspects of the child's behavior while little has been done to assess the role and influence that parents play in the development or prevention of the delinquency. This is particularly puzzling given the fact that parenting has been found to be a significant contributor to antisocial behavior. The research that has been done is often circumscribed to variables such as marital status and family configuration.

The present investigation identified a link between the elusive factors of parenting and the antisocial behavior of children. Research and development generated an instrument designed to analyze these parenting factors with an overarching goal to assist juvenile courts and agencies in the rather daunting task of curtailing both recidivism and antisocial behavior through the strengthening of protective parenting factors. The instrument was developed not only to provide juvenile courts with an effective, albeit supplementary, risk and needs assessment, it was also designed to inform conceptualization by identifying potential parenting antecedents to offending behavior and in turn, provide the basis for intervention.

The purpose of the present study was to cross-validate the PGQ with other parent and youth report instruments and to investigate its reliability, internal consistency, and validity. The predictive validity of the PGQ (i.e., the tests usefulness as a predictor of future behavior) was also assessed to examine whether specific parenting profiles would be found to be related to a greater likelihood of recidivism and to specific offenses.

Hypotheses and Research Questions

The Juvenile Counseling and Assessment Program (JCAP) team developed the Parent/Guardian Questionnaire (PGQ), a brief version of the Juvenile Offender Parent Questionnaire (JOPQ)(Rose, Glaser, Calhoun, & Bates, 2004). The PGQ is designed in part to serve as a vehicle for prevention and intervention. It is hoped that development of the PGQ will provide juvenile courts with an assessment instrument that effectively measures risk levels of re-offense and identifies parental needs so that support and remedial services may be either offered or mandated. In essence, the overarching goal of the PGQ is to assist juvenile courts and youth corrections agencies in the rather daunting task of curtailing both recidivism and antisocial behavior through strengthening protective parenting factors.

Research Question # 1: Do the PGQ scales correlate well with theoretically adjoining youth and parenting measures (e.g., Six Factor Juvenile Offender Parent Questionnaire – JOPQ, self-reported scales of the Behavior Assessment System for Children – BASC – Adolescent and Parent Scales)?

H1: PGQ scales do not correlate well with theoretically adjoining youth measures.

Research Hypothesis # 2:

Are specific profiles of the PGQ predictive of subsequent levels of seriousness of re-offending (no recidivism, status offenses, drug offenses, public order, property offenses, and person offenses)?

H1: Specific profiles of the PGQ are not predictive of subsequent levels of seriousness of re-offending (no recidivism, status offenses, drug offenses, public order, property offenses, and person offenses)?

With the goal of investigating potential utility, does the PGQ reach beyond the mere measurement of parental beliefs and concerns? Does the PGQ cross-validate well with adjoining youth and parenting measures (e.g., self-reported factors of the Behavior Assessment System for Children – BASC)? If indeed parenting (correlated with certain behavioral and personality factors of their children), has the potential of contributing to or facilitating antisocial behavior/delinquency, can the PGQ provide juvenile courts with an effective, albeit supplementary risk and needs assessment? Does the gender of the child or perhaps the perceived severity of the youth's antisocial behavior prior to administration of the PGQ influence scores on the PGQ and/or the likelihood that a youth will re-offend?

Definition of Terms

Several psychological and legal terms are used to describe the behaviors and status of individuals within the study. Children who engage in a pervasive pattern of antisocial behavior are often designated by juvenile courts as *delinquent* and from a psychological standpoint this designation is often assigned a psychiatric diagnosis of *oppositional defiant disorder* or *conduct disorder*. A designation of delinquency follows behavior that is explicitly unlawful, infringes upon the rights of others, and is in violation of established laws of conduct.

According to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV, 2000), some of the criteria for a diagnosis of an oppositional defiant disorder includes “a pattern of negativistic, hostile, and defiant behavior lasting at least *six months*, during which at least four (or more) of the following are present: 1) often loses temper, 2) often argues with adults, 3) often actively defies or refuses to comply with adults/ requests or rules, 4) often deliberately annoys people, 5) often blames others for his or her mistakes or misbehavior, 6) is often touchy or easily annoyed by others, 7) is often angry and resentful, and 8) is often spiteful or vindictive (DSM-IV; American Psychiatric Association, 2000).”

Additionally, the DSM-IV designates that some of the criteria for diagnosis of a conduct disorder includes “a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months: 1) aggression to people and animals, 2) destruction of property, 3) deceitfulness or theft, and 4) serious violations of rules (DSM-IV; American Psychiatric Association, 2000).”

Youths deemed delinquent may or may not meet diagnostic criteria for oppositional defiant or conduct disorders, which requires a pervasive pattern of antisocial behavior over an extended period of time. Conversely, youths diagnosed with an oppositional defiant and/or conduct disorder may not in turn be designated as delinquent by the juvenile justice system. However, the very nature of delinquent behavior is often antisocial as it often entails deceitfulness, destruction, aggression, and/or serious violations of rules. Kazdin (1994) found that, “delinquency, as a legal designation, and conduct disorder, as a psychiatric designation, overlap but are not the same ... although the distinction can be drawn, many of the behaviors that make up conduct disorder and delinquency overlap and fall under the general rubric of antisocial

behavior.” A youth who is adjudicated for a particular offense is designated as delinquent and if the youth is adjudicated again for another crime after the initial adjudication, the juvenile justice system refers to this act as *recidivism*. For the purposes of the study, recidivism is defined as any adjudicated criminal offense that occurred after the initial adjudication of a prior criminal offense.

Delimitations

The scope of the current study was confined to parents/guardians whose children were interacting with and perhaps adjudicated by the local juvenile court of a relatively small southeastern community (i.e., population less than 100,000). Youths interacting with the juvenile court were doing so as a consequence for allegedly committing some type of offense (e.g., status, ungovernable, person, property, drug, etc.). Although consent for participation was obtained and attempts were made to solicit participation on a voluntary basis, under the circumstances, it is possible that the parent/guardian believed that his/her completion of the survey and instrument was expected by the juvenile court. Hence, it is difficult to predict how the perception of implicit coercion may have influenced the parent/guardians’ responses either negatively or positively.

The PGQ is a self-report measure and no external validators were used (e.g., self-report data from the youth or data from other observers). Some of the youths may have been misidentified during the initial administration of the PGQs used for the study. Some research has suggested that parents may over-endorse or globalize their report as a cry for help or as an indication of exasperation with the youth’s behavior (Glaser, Calhoun, Bates, & Bradshaw, 2003). On the other hand, present information regarding such behavior is based on youth self-

report, which may also include some error or misrepresentation. Further research may include comparing parental report with youth self-report and/or the use of other external validators.

Finally, the sample and outcomes of this study were obtained within a particular region of the country with demographical and cultural characteristics that in some way may be unique. However, the present study examined established systemic, psychological, and behavioral constructs and their interaction with environmental constructs. Thus, it can reasonably be said that the outcomes of this study may be generalized.

Assumptions

For the purposes of the study and on the basis of earlier research findings, it is assumed that the PGQ is adherent to established ecological models of child development, designed to measure several parental constructs related to child behavior problems and delinquency, and an instrument that is both theoretically and psychometrically sound (Rose, Glaser, Calhoun, & Bates, in press). Moreover, it is assumed that the original collection of data occurred following administration of the PGQ to parents (subjects) who completed the questionnaire in an honest and straightforward manner. Additionally, it is assumed that the parents who were solicited during the course of initial data collection for instrument development and the current study, did so as a representative sample (e.g., in terms of offense type and demographic characteristics) of the juvenile court system .

Summary

Rates of recidivism are dismally high for juveniles adjudicated for anti-social/delinquent offenses. One of the greatest challenges for the juvenile justice system is to prevent juvenile re-offense. Psychologists trained as both scientists and practitioners have led and participated in research to resolve a variety of societal problems. In many cases, their understanding of human

behavior and environmental influence has afforded them considerable success in accurately identifying the antecedents of behavior and then developing and implementing, at times collaboratively, effective interventions. In essence, psychologists are in a unique position to share the responsibility of curtailing recidivism.

Through research, development, intervention, and collaboration, psychologists are primed to be highly instrumental in positive change. It has been both hypothesized and found that the most effective sanctions are those that (a) address pertinent areas of risk in the youth's life, (b) seek to strengthen the protective factors that contribute to positive adolescent development, (c) provide adequate supervision and support, and (d) offer youths a long-term investment in the community. Again, the focus of the current study was threefold: 1) to examine the psychometric qualities of the Parent Guardian Questionnaire (PGQ), 2) to assess the practical and predictive utility of this instrument and to ascertain whether or not it can be used to effectively identify specific treatment needs of both child and parent (i.e. risk and needs assessment) , and 3) to assist the Juvenile Counseling and Assessment Program (JCAP) in achieving the goal of and curtailing recidivism by strengthening protective factors through providing juvenile courts with an instrument designed to effectively identify risk and parental needs so that support and remedial services may be either offered or mandated.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

Multiple Etiological Factors to Antisocial Behavior/Delinquency

Many of the behaviors committed and reported by juveniles appearing in court can be characterized as antisocial, which in turn, challenges researchers to delineate the specific needs for prevention, assessment, and intervention. A thorough review of the empirical literature strongly supports a social-ecological (Bronfenbrenner, 1979) perception of antisocial behavior in which it is multi-determined by the interplay of characteristics of the youths and the salient social systems in which the youths are embedded (i.e., family, peer, school, neighborhood).

Bronfenbrenner's (1979) social-ecological model hypothesizes the individual and his/her patterns of behavior is formed by and a part of larger systems of influence. These systems begin with one's family and then extend to include, to name a few, peer groups, school systems, and neighborhoods. Evidence of the multi-determined and social-ecological origins of child and adolescent antisocial behavior may be derived from research that directly examines the cross-sectional correlates and longitudinal predictors of child and adolescent antisocial behavior.

Causal models (Patterson, DeBaryshe, & Ramsey, 1989; Horne, 1993; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Calhoun, Glaser, & Bartolomucci, 2001) have been developed that are multidimensional and define and distinguish these essential correlates and longitudinal predictors.

In 1989, Patterson, DeBaryshe, and Ramsey produced a developmental model of antisocial behavior. They established antisocial behavior as a developmental trait that manifests

during early childhood and often continues into an individual's adolescent and adult years (Patterson, DeBaryshe, & Ramsey, 1989). Patterson, DeBaryshe, and Ramsey found that the antecedents of antisocial development exist in the home, and parents or guardians of antisocial children are characterized by inappropriate discipline, diminished positive parent-child interaction, and poor parental monitoring (Patterson, et al. 1989). They further discussed how children are unconsciously trained to behave antisocially through improper parental modeling, supervision, discipline, reinforcement, coercion, and exposure.

In most cases other contextual variables exist that contribute to the child's antisocial "training." These include contexts of low socio-economic status, ethnicity, deviant peer groups; lack of employment and education opportunities (for both child and parent); marital conflict/divorce; and other significant contextual stressors. Horne's research produced similar results and led to the presentation of a model on the developmental progression of juvenile delinquency that distinguishes several familial aspects (e.g., exposure to abusive interactions, divorce, poverty, unemployment, single parenthood, family stressors) that play an integral role in characterizing the etiology to adolescent antisocial behavior (Horne, 1993).

It is unfortunate that identification of potentially dangerous developmental traits does not precede crimes against society. Rather, it would likely be more cost effective and helpful to be proactive in our approach to antisocial behaviors and pursue prevention instead of intervention. Approaches to intervention have traditionally been punitive in nature. Conservatives often pursue the "get tough" methods of addressing the problem, which typically leads to incarceration.

Multisystemic Approaches to Antisocial Behavior/Delinquency

According to Hollin and Howells (1996) most successful studies of groups, while behavioral in orientation, include a cognitive component to focus on countering attitudes, values, and beliefs that support and maintain delinquent behaviors. Behavioral interventions such as relapse prevention, skills training, and anger control training have shown to be promising, as are elements of family therapy, educational and vocational rehabilitation, and medications for coexisting psychiatric disorders. Roberts and Camasso (1991) noted that effective programs also include an element of family work.

Unfortunately with incarcerated youths, it is often difficult to facilitate family involvement because the legal problems are often blamed on the incarcerated youth and the family doesn't feel it is their responsibility to be a part of any rehabilitation. Moreover, while adolescents may demonstrate progress during treatment within controlled, secured, custodial, and sterile environments (e.g., secure detention, development centers, group homes, drug rehabilitation centers), their gains may be short-lived when faced with the same systemic influences when they return home. In light of the importance of caregiver and family involvement in the treatment of antisocial behavior, it is also of the utmost importance to facilitate this involvement by more realistic and pragmatic means. For instance, if it is unlikely that caregivers will participate in treatment with their child at a treatment facility, then perhaps clinicians should bring treatment to the caregivers.

“Multisystemic Therapy (MST) is a well-validated, evidence-based treatment for serious clinical problems presented by adolescents and their families (Sheidow & Woodford, 2003, p.257).” With MST, the focus is primarily systemic and this perspective informs all aspects of assessment, conceptualization, and intervention. All aspects of the youths and family's ecology

are assessed in MST in an effort to identify strengths and resources unique, but perhaps unrecognized, to the individual adolescent and his/her family. Family members are viewed as collaborators in the treatment process and MST is designed to move away from unproductive reliance on the therapist toward empowering both parents and their families in problem solving and change (Sheidow & Woodford, 2003). Assessment, conceptualization, and intervention attending to the MST protocol, is organized around the following nine treatment principles (Henggeler, Schoenwald, 1998):

1. Finding the Fit. Assessment is designed and undertaken in accordance with identified problems and their broader systemic context.
2. Positive and Strength Focused. Assessment leads to the discovery and identification of individual and systemic resources that are reinforced and stressed to foster change.
3. Increasing Responsibility. Treatment aims to discourage irresponsible behavior and promote responsibility among individuals and systems.
4. Present-Focused, Action-Oriented, and Well-Defined. Problems are well-defined and interventions are present-focused and action-oriented.
5. Targeting Sequences. Interventions target sequences of behavior within or between multiple systems that maintain the identified problems.
6. Developmentally Appropriate.
7. Continuous Effort. Interventions require daily or weekly effort by family members.
8. Evaluation and Accountability. Continuous monitoring of interventions and performance outcomes facilitates treatment and quantifies

effectiveness.

9. Generalization. Interventions are designed to empower caregivers to address not only current needs across multiple systemic context, but to empower caregivers with capacity for long-term maintenance of therapeutic change.

MST is a systematic family-based intervention for adolescent antisocial behavior that has been developed from well-established, practical approaches to family systems therapy. Recent research conducted by Elliott (1998) for the Center for the Study and Prevention of Violence (CSPV) identified MST as an existing program that effectively includes a strong research design, significant positive effects, replication of the effects at multiple sites, and evidence that the treatment effect was sustained for at least one year post-treatment. As of 1998, MST had been implemented in eight randomized clinical trials focusing on a wide variety of adolescent problems, including chronic juvenile delinquency, that demonstrated improved family relations and family functioning, improved school attendance, decreased drug use, and reductions of at least 25% and potentially up to 70% in long-term re-arrest rates (Henggeler, 1999).

One might initially assume that the financial cost of MST may present a significant and unnecessary burden for taxpayers. Some evidence exists to support this assumption as Henggeler, Melton, Smith, Schoenwald, and Hanley (1993) estimated the cost of MST for each juvenile to be approximately \$4,500. However, Alexander (2002) compared the cost of MST to the cost of more traditional juvenile services (e.g., secure detention, group homes) and crime victim costs. In making this comparison, Alexander (2002) found that by pursuing MST or Functional Family Therapy (FFT), cost savings per juvenile ranged from approximately \$14,000 to \$22,000.

The JCAP Model

In 1994, the Juvenile Counseling and Assessment Program (JCAP) was developed in an effort to examine and address the psychological, emotional, and educational needs of court-referred youths and their families through a collaborative partnership among the local juvenile Court, the State Department of Juvenile Justice, a Regional Youth Detention Center, the Department of Counseling and Human Services Development in the College of Education, and the local southeastern community (Calhoun, Glaser, & Bartolomucci, 2001). In response to growing concerns regarding juvenile antisocial behavior/delinquency, the JCAP developed a model based on the integration of an etiological understanding, service delivery, student training, and data collection and analysis. “The mission of the JCAP team is to draw together services, research, and training in a collaborative and facilitative manner to best protect juvenile clients and meet their needs. Its goal is to intervene in the life of youths before the patterns of crime are ingrained, and before these youths develop a lifestyle of criminality requiring more expensive correction efforts (Calhoun, Glaser, & Bartolomucci, 2001, p. 132).”

The JCAP Model of the antisocial and delinquent behavior of adolescents distinguishes five variables that must be assessed for effective prevention or intervention. These ecological and predictive variables include the child, school, neighborhood, peers and family. This model is influenced by Bronfenbrenner’s (1979) social ecology model and Bandura’s (1977) social learning theory. Bronfenbrenner’s model focuses on the developing person, the environment, and the evolving interaction between the person and the environment. Bronfenbrenner (1986) expanded to a family focus which analyzes the “external influences that affect the capacity of families to foster the healthy development of their children” (p. 723).

Bandura's theory of social learning emphasizes how people learn from one another and how modeling is a major process to this social learning. Hence, Bandura's theory has far reaching implications in the study of youths who engage in offending and antisocial behavior. An example of this exists in Patterson, et al's depiction of their developmental model and parents' unconscious training (modeling) of antisocial behavior. Moreover, Horne, Norsworthy, Forehand, and Frame (1990) offered a conceptual explanation for how serious conduct disorders in children evolve. Their work also provided a conceptual framework for prevention, assessment, and/or treatment of antisocial behavior in children and adolescents as they addressed the environmental, systemic factors existing in youths, parents, families, schools, teachers, and peer groups that are key in either reinforcing or extinguishing antisocial behavior. "The conceptual Framework for Development and Prevention of Serious Conduct Disorders (e.g., antisocial behavior/delinquency) in children and adolescents is depicted in the JCAP Model (see Appendix A) and explained by Horne, Glaser, and Calhoun (1999):

The center line represents the developmental period from birth through adolescence. The model can be broken into two broad components. First, the child's developmental progression is presented. It depicts the child as having certain genetic predispositions, cognitive potential, and temperament, which may lead to initial conduct problems directly or indirectly through the development of coercive parent-child interactions. If a coercive interactional style is maintained, the child develops only weak bonding to conventional societal norms, increasing the probability of rejecting, and being rejected by normal peers. At the same time, the child's conduct problems develop into displays of poor social competence

(including attributional bias of hostility toward peers, lack of perspective taking, failure to consider alternative solutions to social problem situations, selection and enactment of inappropriate behaviors), which also result in the child being rejected by normal peers. When peer rejection is sustained over several years, the child will seek a commitment to a deviant peer group in early adolescence. If the child also has failed to develop appropriate academic skills over the grade-school years due to time spent off-task (and perhaps because of preceding cognitive deficits), by the time she or he reaches adolescence the student will not be invested in school, nor will there be a success experience there. The combination of academic failure and association with a deviant peer group provides the final impetus for serious antisocial and illegal behavior.

The second component, represented in the bottom half of the figure, illustrates the environmental and systemic factors that influence families. Parental and family factors may further contribute to the development of chronic conduct disorder in youths, such as existing psychopathology, poor family management practices, economic stressors, and marital conflict. The prevention model has been depicted in a linear fashion in order to illustrate the developmental nature of conduct problems. In actuality, the factors that contribute to the development of delinquency do not develop linearly. Rather, they are interactive in nature and act at different levels of intensity at different times. These factors occur across time, conditions, and family characteristics may differentially

influence the child's development in various ways at different points (pp. 89-91).

Parenting-Based Treatment Models

Negative parent-child relationships have been shown to be instrumental in the development of conduct problems and more specifically in child-adolescent antisocial behavior. Dodge, et al (1995) found that the children of physically abusive parents are significantly more likely to behave antisocially. Patterson, Reid, and Dishion (1992) depict how the coercive cycle of aversive behaviors by both child and parent is highly instrumental in the development of antisocial behavior in children. In essence, when either the parent or the child ceases within the coercive cycle to behave negatively toward the other, either the parent or child is then reinforcing the other for antisocial behavior.

Nearly all of the extant research on the etiology of antisocial behavior in children shows that negative parenting practices (e.g., poor parental monitoring, parental criminality, parental aggression, marital discord, parental modeling) are significant correlates. These findings suggest that negative parenting practices could be one of the most significant predictive factors of antisocial behavior among children. Indeed it seems plausible then that parent-based assessment and interventions may be one of the most efficacious approaches to addressing child/adolescent antisocial behavior or delinquency.

Tolan and Guerra (1994) studied the effectiveness of parent-based treatment in comparison to other modes of treatment and found that under the right circumstances parent-based interventions were recommendable. However, to obtain optimal results, Tolan and Guerra (1994) strongly discouraged solely focusing treatment on parenting practices alone. Instead, they found it important to address parent-based treatment within the context in which parenting takes

place. Thus, the most effective programs, according to Tolan and Guerra (1994) are those that focused not only on parenting skills, but on every aspect of the family and their unique systemic contexts. They found that while it may be important to improve parenting skills when children are at an early age, among parents whose children have already exhibited a pervasive pattern of antisocial behavior, more extensive, comprehensive, and multisystemic approaches may be necessary.

The Juvenile Offender Parent Questionnaire (JOPQ)

In light of the significant role parenting plays in juvenile delinquency, proponents of the JCAP model developed the Juvenile Offender Parent Questionnaire (JOPQ). The JOPQ is an instrument designed in part to serve as a vehicle for prevention and intervention in providing juvenile courts with an assessment instrument designed to effectively measure risk levels of re-offense and to identify parental needs so that support and remedial services may be either offered or mandated. In essence, the overarching goal of the JOPQ is to assist juvenile courts and youth corrections agencies in the rather daunting task of curtailing both recidivism and antisocial behavior through strengthening protective parenting factors.

Antisocial behavior among youths is becoming increasingly prevalent in today's society. A large body of research exists with respect to the characteristics of antisocial behavior and juvenile offenders. In 1997, a model of parent competency was developed and infused within the JCAP model (Glaser, 1997). This parent competency model was grounded in Bandura's Social Learning Theory and heavily influenced by other researchers cited within the study (e.g. Patterson, 1989).

The JOPQ was derived from Glaser's model (1997) of parent competency to assess parental concerns and the factors that may be facilitating the antisocial behaviors of their

children. Exploratory Factor Analysis (EFA) was used to evaluate the structure of the JOPQ and this factor analysis revealed good internal consistency of each factor and that items within each factor accurately measured the same construct. Moreover, the factor analysis revealed sound psychometric properties as represented in Table 1, Table 2, and Table 3, and that the overall instrument's reliability was good thereby yielding support for the parent competency model.

Table 1

Eigenvalues, Percentages of Variance, and Cumulative Percentages for the Seven Factor (Six Parent Factors plus the Lie Scale) Solution of the 62-Item Juvenile Offender Parent Questionnaire

Factor	Eigenvalue	% of variance	Cumulative %
1	19.74	17.16	17.16
2	6.51	5.66	22.82
3	4.47	3.89	26.71
4	3.98	3.46	30.17
5	3.18	2.77	32.94
6	2.71	2.37	35.31
7	2.54	2.21	37.52

Note. Factor names: 1 = Exasperation with Regard to the Child; 2 = Mistrust of the Justice System; 3 = Shame Over Parenting Self-Efficacy; 4 = Parental Monitoring; 5 = Fear of the Child; 6 = Parent Perceptions of Child's Exposure to Violence and 7 = Lie/Infrequency Scale

Table 2

Intercorrelations for Scores on Six Factors of the Juvenile Offender Parent Questionnaire

Factor	1	2	3	4	5	6	7
1	--						
2	-.06	--					
3	.16	.10	--				
4	-.23	-.01	-.20	--			
5	.33	.04	.15	-.27	--		
6	.20	-.08	.06	-.02	.06	--	
7	.08	.13	.03	.05	.09	.05	--

Note. Factor names: 1 = Exasperation with Regard to the Child; 2 = Mistrust of the Justice System; 3 = Shame Over Parenting Self-Efficacy; 4 = Parental Monitoring; 5 = Fear of the Child; 6 = Parent Perceptions of Child's Exposure to Violence and 7 = Lie/Infrequency Scale.

Table 3

Sample Items, No. of Items, Means, Standard Deviations, and Cronbach Alpha Coefficients for the Seven (Six Parent Factors plus the Lie Scale) Factor Analytically Derived Scales

Scale	Sample Item	Number of items	M	SD	Reliability
Exasperation in Regard to Child	I feel like giving up on my child.	13	1.95	.66	.92
Mistrust of the Justice System	The court is out to get my child.	13	1.98	.36	.82

Scale	Sample Item	Number of items	M	SD	Reliability
Shame Over Parenting Self-Efficacy	Sometimes I feel like a horrible person for not raising my child better.	8	2.41	.36	.71
Parental Monitoring	I never know what my child is doing from day to day.	8	3.01	.51	.83
Fear of Child	Sometimes I am afraid of my child.	13	1.72	.50	.92
Parent's Perception of Child's exposure to violence	My child is in danger everyday.	4	2.54	.82	.82
Lie/Infrequency	I am the inventor of the Ford Automobile.	3	1.14	.32	.31
Total		62	1.70	.38	.92

Hence, the JOPQ has been found to be both theoretically and psychometrically sound. In June of 2002, a prospective study was conducted by Glaser, Calhoun, and Puder, which involved a targeted investigation of the JOPQ's potential utility. Findings of this investigation suggested that specific parenting profiles are related to a greater likelihood of recidivism and to specific offenses. Furthermore, support was obtained for the use of the JOPQ as an instrument to assess the needs of parents and the prevention of recidivism.

Glaser, et al's (2002) study attempted to identify the relationship between the antisocial behavior of youths and the specific profile types for parenting factors using the JOPQ. Table 4 displayed the standard score means and standard errors of measurement on the JOPQ scales for the parents (N = 87) of those youths who did not recidivate (n = 28), dependency cases (n = 8),

and those youths adjudicated for status (n =16), property (n =12), or person (n=18) offenses during a 12 month post-adjudication period. The two remaining offense categories (drug, n = 1 and public order, n= 4) were too small to include in the study.

Table 4

Standard Score Means and Standard Deviations of the Juvenile Offender Parent Questionnaire
Subscales for recidivism variables

Offense Variable	JOPQ Subscales					
	Exasp	Mistrust	Shame	Monitor	Fear	Environ
No Recidivism	51.5	46.3	46.8	48.0	51.2	48.2
Dependency Cases	52.1	54.1	53.4	49.0	57.9	52.6
Status Offenses	54.8	49.9	49.0	44.4	47.5	51.2
Property Offenses	53.4	55.4	51.6	47.1	50.0	53.3
Person Offenses	54.6	50.2	49.8	47.3	51.9	52.4
<u>SEM</u>	2.8	4.2	5.4	4.1	2.8	4.2

Note. ^aParental hopelessness and exasperation with child (Exasp). Mistrust of the juvenile justice system (Mistrust). Shame over lack of parenting-efficacy (Shame). Parental monitoring of the child (Monitor). Fear of child (Fear). Parent's perceptions of the youth's environment and exposure to violence (Environ).

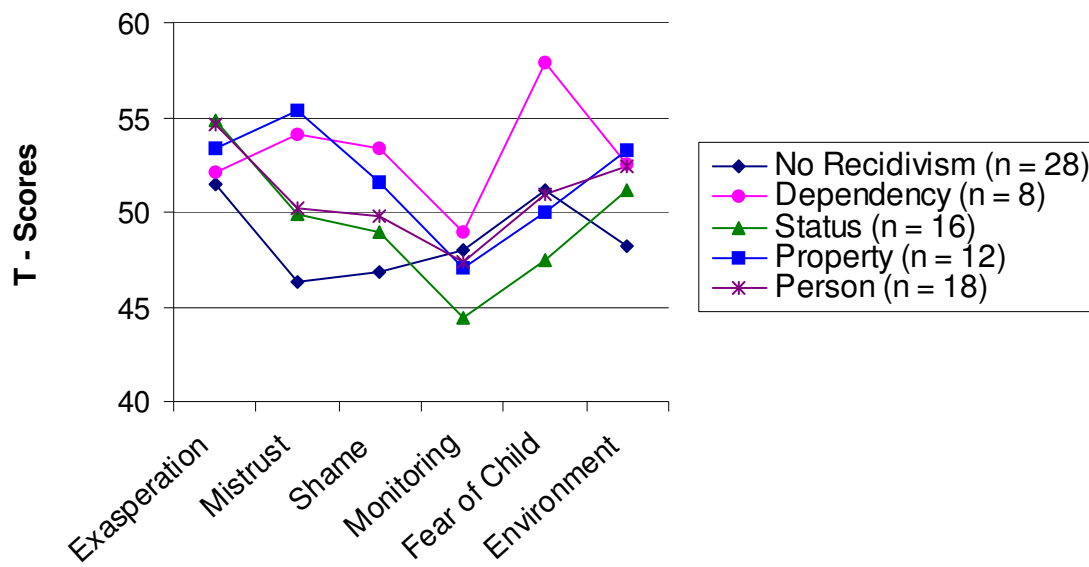


Figure 1

Graphical depiction of JOPQ subscale profiles of groups of juvenile offenders classified 12 months following the administration of the instrument

Figure 1 is a pictorial representation of the JOPQ profiles for all 12-month post hoc groups. The standard error of measurement (SEM) applicable to all standard score means, was presented for each of the JOPQ scales (exasperation, mistrust, shame, monitoring, fear of child, and environment). In each case, the SEM was demonstrative of the range in which the mean of the parents' true scores on each subscale of the JOPQ could be determined with some confidence.

Differences in standard score means for all six scales, while subtle, were found to be significant between parents of youths who re-offended and the standard score means of JOPQ's completed by parents of youths who did not re-offend. All parents fell fairly close together with regard to exasperation, although ordinarily the No Recidivism group was at the bottom and Person and Status groups were at the top. Property and Dependency groups showed the most

distrust of the juvenile system, in contrast with the No Recidivism group, $t = -2.87$, $p < 0.01$. This pattern repeated itself for Shame; that is, the Dependency and Property parents were unhappy with their parenting, while the No Recidivism group showed the least amount of shame over their parenting self-efficacy.

With regard to Fear of the Child, it was clear that parents who subsequently formed the Dependency group most feared their children while the Status group fell in sharp contrast $t = -2.61$, $p < 0.025$. The other three groups fell at the mean. With regard to Environment, all groups except the No Recidivism group fell above a T-score of 50. In summary, based on the results of this investigation, a distinct pattern for each group was evident and the No Recidivism group appeared to present the healthiest profile relative to other parents of juvenile offenders.

The findings of this study seemed to allow one to construct a profile of home environments and parenting perceptions and practices as they relate to their child's antisocial behavior. Moreover, a much flatter profile (i.e., spikes are less severe) was found with the parents of children who did not re-offend. Parents of youths behaving antisocially and re-offending reported feelings of hopelessness with regard to their children, difficulty in monitoring their children's behavior, fear of physical harm from their children, lower parenting self-efficacy, greater mistrust of law enforcement and the juvenile justice system, and perceptions that their children had been exposed to more violence than the parents of children that did not recidivate.

Scores for exasperation were highest and scores for monitoring were the lowest for parents of children with status re-offense. A qualitative review of the children's legal histories reflected the majority of status offenses as "probation violations." If a youth is on probation, there is a very good chance his or her curfews, check-ins, appointments, drug-testing, school attendance, and movement throughout the community are being monitored by the juvenile court.

In other words, when a child is placed on probation the juvenile court assumes *in loco parentis* (i.e., the principle of the state performing parental functions). Hence, it is not surprising that exasperated parents of children on probation are more apt to abandon parental monitoring responsibilities.

Additionally, the parents of children involved in dependency cases or property offense charges perceived the juvenile court as working against their child and held relatively high degrees of mistrust for the justice system. It was likely, then that these beliefs and behaviors were being modeled and maintained for these children. Profiles from this investigation provided additional support for Patterson's (1989) notion that the antecedents of antisocial behavior continue to exist in the homes of re-offending youths and that their parents continue to maintain inappropriate discipline, diminished positive parent-child interaction, and poor parental monitoring.

The Parent/Guardian Questionnaire (PGQ)

It probably goes without saying, but interaction with juvenile courts and processes of adjudication are apt to be extremely stressful events for both youths and their parents. During these interactions, parents are more than likely faced with significant challenges and stressors (e.g., parents may be forced to miss work or make arrangements for child care). One might hypothesize that a parent under circumstances as such may find it difficult to concentrate or may even resent being solicited to complete a lengthy questionnaire. With these among other concerns in mind, investigators sought to proactively resolve potential limitations and delimitations by developing a brief, more "user friendly" instrument. So as to avoid undermining the established validity of the JOPQ, considerable research procedures were employed during the development process. Moreover, fidelity to the established JOPQ required

investigators to implement a brief instrument that was based on the constructs thought to affect parent competency in order to assess parent practices and cognitive variables regarding their child's involvement with the court.

The investigator's preliminary task involved the development of a large set of items. Exploratory factor analysis was then conducted in an effort to identify latent variables (factors) underlying sets of items, and ultimately determine which items loaded onto which factors. Finally, the investigators defined the substantive content or meaning of the factors that accounted for the variation among the larger sets of items (Glaser, et al., 2000). Thus, through this process investigators were able to ultimately identify those factors that most accurately captured the essence of the loadings.

The investigators developed twelve to fifteen items for each of the eight content areas. The developed test items were then reviewed by mental health professions and by experts in test construction. Each item was carefully edited and extensive pilot work was then conducted with a small sample of parents. A Lie Scale was included which contained items that would not likely be true for any one. The inclusion of this scale was an attempt to insure that respondents were not randomly endorsing items and were actually reading the items and responding truthfully (Glaser, et al., 2000).

As was also the case with the development of the JOPQ, the investigation and development of the PGQ was conducted within the juvenile court setting of the same two southeastern cities. The participants were present at the courthouse waiting for their child's arraignment hearing and while they were waiting, parents and guardians were asked to complete the PGQ (Glaser, et al., 2000).

Because the original 115-item JOPQ was not intended to define a single, general factor, the investigators employed a series of factor analysis procedures to obtain valid subscales of the JOPQ. The investigators followed a summated rating scale construction procedure in performing these analyses. The investigators summated the 115-item intercorrelation matrix to a principal-components factor analysis with varimax rotation, where the items with the highest factor-loadings (greater than .40) of the first factor were retained. A reduced intercorrelation matrix, containing 36 items, was then factor analyzed in a similar fashion. Six items did not reach factor loading of .40. A reduced intercorrelation matrix of 30 items was then subjected to a principal-components factor analysis with varimax rotation. Three items did not reach a factor-loading of .40. Finally, a 27-item intercorrelation matrix was subjected to a principal-components factor analysis with varimax rotation. A four-factor solution emerged, each with all corresponding item factor-loadings greater than .40, and each with Cronbach alphas greater than .81. The resulting factor intercorrelation matrix is displayed in Table 5, and the final factor loadings are reported in Table 6 (Glaser, et al., 2000).

Table 5

Factor Correlation Matrix on Four Factors of the Parent/Guardian Questionnaire

Factor	1	2	3	4
1	1.00			
2	.71**	1.00		
3	.64**	.54**	1.00	
4	.72**	.66**	.59**	1.00

Note. Factor names: 1 = Parent Efficacy; 2 = Parent-Child Conflict; 3 = Parent Monitoring; 4 = Fear of Child; ** $p < .001$

Table 6

Rotated Factor Loadings for Parent/Guardian Questionnaire Items

Factor Loadings				
Item #	Factor 1	Factor 2	Factor 3	Factor 4
32	.71	.17	.16	.34
58	.70	.32	.15	.25
54	.70	.27	.22	-.02
12	.68	.13	.20	.26
38	.67	.28	.11	.11
26	.64	.28	.13	.35
5	.56	.19	.19	.52
110	.54	.20	.35	-.09
18	.50	.46	.19	.27
62	.18	.78	.10	.18
112	.21	.65	.16	.01
105	.29	.64	.25	.20
76	.16	.60	.18	.36
49	.19	.59	.00	.15
Item #	Factor 1	Factor 2	Factor 3	Factor 4
64	.44	.51	.11	.19
51	.24	.21	.79	.13
56	.28	.14	.72	.14
55	.12	.16	.70	.22
40	-.08	-.09	.66	.21
47	.37	.15	.57	.06
72	.35	.34	.54	.00
16	.33	.40	.41	.33
30	.12	.11	.15	.80
114	.11	.34	.20	.73
93	.51	.14	.18	.51
67	.34	.44	.15	.49
104	.34	.27	.29	.49

Note. Boldface indicates highest factor loadings. The following items were reverse scored for the purposes of this analysis: 110, 51, 56, 55, 40, 47, 16.

After the factors were statistically determined, the items comprising each derived scale were reviewed for content and the subscales were named according to collective theme of the items. The derived names of the scales were as follows Parent Efficacy, Parent-Child Conflict, Parent Monitoring, and Fear of Child. Examples of sample items and associated Cronbach levels are reported in Table 7. Finally, eigenvalues, percentage of variance explained by each factor, and cumulative percentage of variance explained by each factor are included in Table 8.

Table 7

Scales, Sample Items, No. of Items, Means, Standard Deviations, and Cronbach Alpha Coefficients for the Hypothesized Eight Scales

Scale	Sample Item	No. of Items	<i>M</i>	<i>SD</i>	Reliability
Parent Efficacy	I feel like giving up on my child.	9	1.97	.64	.90
Parent-Child Conflict	My child's lip (backtalk) makes me angry.	6	2.61	.77	.81
Parent Monitoring	I know the names of the kids who my child hangs out with.	7	2.89	.54	.83
Fear of Child	Sometimes I feel like a prisoner in my own home because of my child.	5	1.67	.79	.84
Total		27	2.29	.41	.94

Table 8

Table of Eigenvalues, Percentage of Variance Explained by Individual Factors, and Cumulative Variance Explained from each Scale

Factor	Eigenvalue	Percentage of Variance	Cumulative Variance
1	11.09	41.07	41.07
2	1.86	6.89	47.96
3	1.45	5.37	53.33
4	1.29	4.77	58.1

Note. Factor names: 1 = Parent Efficacy; 2 = Parent-Child Conflict; 3 = Parent Monitoring; 4 = Fear of Child.

The factor structure found within the JOPQ, revealed four PGQ factors: Parent Efficacy, Parent-Child Conflict, Parent Monitoring, and Fear of Child. The factor analytic procedure that was utilized in this investigation was able to help derive four reliable scales proficient in explaining a substantial amount of overall variance in scores. Furthermore, the Cronbach's Alpha levels were found to be consistently in the "very good range" according to DeVellis (1991) and the overall instrument demonstrated good reliability measures. Following the factor analysis procedures, items from each scale were examined in order to derive a name for each scale that adequately captured the theme of the items comprising each scale (Glaser, et al., 2000).

Summary

The development of the PGQ provides us with a brief instrument that can be used to assess Parent Efficacy, Parent-Child Conflict, and Parent Monitoring, and Fear of Child in a juvenile court setting. When combined, these scales comprise parental factors that were found to have empirical support in the literature base. In sum, the results of this 2000 investigation were encouraging and suggested that the PGQ (statistically derived from the JOPQ) theoretically possessed the potential of providing juvenile courts and workers with a supplementary risk and

needs assessment of parenting factors. Recommendations stemming from Glaser, et al.'s (2000) study charged future investigators to further examine the psychometric properties of the PGQ. Moreover, Glaser, et al.'s (2000) study supported the need for further research in order to ascertain the clinical significance and applicability of the PGQ.

While Glaser, et al.'s work provided factor analytic support for the four clinical constructs identified, they strongly recommended further empirical development of the PGQ through the implementation of construct and cross-validation studies as presented in this current investigation. More importantly, the implications of their research suggested the information gathered from the PGQ could be used in the future for purposes of further research, intervention, and prevention with parents of at-risk children. Finally, the investigators of these preliminary studies found evidence to support continued development of the PGQ as a means of providing courts and works with an instrument to assess parental constructs previously recognized as important in the study of adolescents, with the overarching goal of making a significant contribution to the curtailment of recidivism.

CHAPTER III

METHOD

Introduction

As previously noted, the primary purpose of the current study is to investigate the psychometric qualities of the PGQ. To achieve this end, it has been deemed important to ascertain whether the PGQ is capable of reaching beyond the mere measurement of parental beliefs and concerns. Additionally, it will be necessary to gain an understanding of the reliability of the instrument and to examine whether or not the PGQ cross-validates well with adjoining youth measures (e.g., self-reported factors of the Behavior Assessment System for Children – BASC). If indeed parenting (correlated with certain behavioral and personality factors of their children), has the potential of contributing to or facilitating antisocial behavior/delinquency, can the PGQ provide juvenile courts with an effective, albeit supplementary risk and needs assessment? Are scores on the PGQ as predictive of recidivism as was found with the JOPQ? Does the youth's gender or the perceived severity of the youth's antisocial behavior influence scores on the PGQ and/or the likelihood a youth will re-offend? In a nutshell, it will be important through all statistical analysis to gain an appreciation of the clinical significance of the PGQ or for that matter, to investigate whether or not the PGQ can be used as a precursor to appropriate intervention. Finally, if indeed the PGQ is found to enjoy considerable clinical significance, it will be important to investigate what kind of intervention and/or treatment would be most appropriate and efficacious.

Instruments of the Study

The Behavior Assessment System for Children – Self Report of Personality – Adolescent (BASC-SRP-A) and the Behavior Assessment System for Children – Parent Rating Scales – Adolescent (BASC-PRS-A) are well-normed behavior assessments of children. These self-report instruments are designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral disorders of children. The overall validity of the instruments is ascertained from frequency and lie scales evaluated and encapsulated within caution indices. In addition to several validity scales, the BASC-SRP-A and BASC-PRS-A assist the examiner and clinician through evaluating clinical, adaptive, and composite scales. Information from both instruments, when commensurate with other data (e.g., clinical interview, parent/teacher rating scales, additional instruments), aids clinicians in the process of conceptualization and the identification of the degree of emotional/behavioral problems experienced by the adolescent.

The clinical scales evaluated within the BASC-SRP-A include: 1) Attitude to School, 2) Attitude to Teachers, 3) Sensation Seeking, 4) Atypicality, 5) Locus of Control, 6) Somatization, 7) Social Stress, 8) Anxiety, 9) Depression, and 10) Sense of Inadequacy. The adaptive scales evaluated within the BASC-SRP-A include: 1) Relations with Parents, 2) Interpersonal Relations, 3) Self-Esteem, and 4) Self-Reliance. Finally, the composite scales evaluated within the BASC-SRP-A include: 1) School Maladjustment, 2) Clinical Maladjustment, 3) Personal Adjustment, 4) Emotional Symptoms. The clinical scales evaluated within the BASC-PRS-A include: 1) Hyperactivity, 2) Aggression, 3) Conduct Problems, 4) Anxiety, 5) Depression, 6) Somatization, 7) Atypicality, 8) Withdrawal, and 9) Attention Problems. The adaptive scales evaluated within the BASC-PRS-A include: 1) Social Skills, and 2) Leadership. Finally, the

composite scales evaluated within the BASC-PRS-A include: 1) Externalizing Problems, 2) Internalizing Problems, 3) Adaptability, and 4) Behavioral Symptoms Index.

The Juvenile Offender Parent Questionnaire (JOPQ, Rose, Glaser, Calhoun, & Bates, 2004) was derived from Glaser's model (1997) in an effort to respond to this void in research. Grounded in social learning theory (Bandura, 1977) and heavily influenced by the research of Patterson (1989), the instrument was developed to assess parental concerns and the factors that may be facilitating the antisocial behaviors of their children. Exploratory factor analysis was conducted and good validity and internal consistency was established. In determining the quality of the JOPQ, the reliability coefficient, alpha, was examined. The method selected was Cronbach's alpha, which is one method used for estimating internal consistency. The goal for the items, which made up each of the seven scales (factors) was that each scale would have item homogeneity or would denote that subjects performed consistently across items on the scale and that the items that make up each scale are all measuring the same thing. All scales fell within the good (.70 - .80) to very good range for (.80 - .90) recommended for Cronbach alphas. Moreover, the total scale reliability fell within the good range. The data for the JOPQ was very encouraging and suggested that the instrument was both theoretically and psychometrically sound (Rose, et al., 2004).

The Juvenile Offender Parent Questionnaire (JOPQ; Rose et al., 2004) is a 115 item, parent self-report instrument utilizing a four-point Likert scale ranging from Completely False = 1 to Completely True = 4. A Lie/Infrequency scale ensures that parents are not randomly responding to items. Exploratory factor analysis resulted in the following six scales, which are related to parent agency. Coefficient alphas for the scales ranged from .71 (Parenting Efficacy – "Shame") to .92 (Exasperation)

Parental hopelessness (Exasperation). This 13-item scale measures the level of parental resignation and hopelessness with regard to the child's future and the parent's ability to positively influence the child. This scale provides an indication of how exasperated the parent is with the child's behavior. It has been referred to as the "end of the rope" scale.

Mistrust of the juvenile justice system (Mistrust). This 13-item subscale measures whether parents perceived the justice system as working for or against their child. This scale shows promise in measuring parents' concern that the system will be inappropriately punitive while failing to provide their child with the extra-familial help that they believe their child needs ($\alpha = .82$).

Shame over lack of parenting-efficacy (Shame). This eight-item subscale measures parents' view of their ability or efficacy to parent this child. Parents high on this dimension view themselves in a critical, self-blaming manner, and may be enabling or inadvertently reinforcing their child's antisocial child behavior. Consequently, high scores on this dimension may be indicative of a coercive cycle of interactions between the parent and youth (Patterson, 1982).

Parental monitoring of the child (Monitoring). This eight-item subscale reflects a parent's view of his or her ability to engage in behaviors that allow for "attention to and tracking of the child's whereabouts, activities, and adaptations" (Dishion & McMahon, 1998, p. 61) as compared to being "out of sight, out of mind" ($\alpha = .83$).

Fear of the child (Fear). This 13-item subscale measures parent fear of the child. Many parents of juvenile offenders have reason to fear their children. Though not widely researched, the literature suggests that 10% of all children between the ages of 3 and 18 have attacked their parents (Harbin & Madden, 1979). Patterson (1982) identified the mother as the typical victim in aggressive attacks perpetrated by their children. More recently, the reported rates of parent

abuse range from 5% (Evans & Warren-Solberg, 1988) to 21% (Kratcoski, 1985). A 1995 pilot study found that when it comes to an assault charge against an adult family member, juveniles accounted for 8.6% and 23.8% of those charged with aggravated assault and simple assault respectively (Federal Bureau of Investigation, 1995).

Youth's exposure to violence (Environment). This four-item scale measure the parents' reports of the degree to which their child has been exposed to violence in the home and community, as well as through the media (TV, movies, computer, and video games).

Research findings on the JOPQ were very encouraging and suggested that the instrument was both theoretically and psychometrically sound. Because of this, development of the JOPQ continued when it was hypothesized that participation and completion of the instrument might improve if the original 115-item scale was down-sized. Thus, a brief instrument was developed based on constructs thought to affect parent competency in order to assess parent practices and cognitive variables regarding their child's involvement with the court. Exploratory factor analysis was conducted in order to determine how many latent variables (factors) underlie a set of items, and it was determined which items load onto which factors. Additionally, the investigators defined the substantive content or meaning of the factors that account for the variation among a larger set of items, i.e. provided names for those factors that most accurately capture the essence of the loadings.

Because the original 115-item JOPQ was not intended to define a single, general factor, the investigators employed a series of factor analyses procedures to obtain valid subscales. The performance of these analyses was followed by a summated rating scale construction procedure. Hence, the investigators summated the 115-item intercorrelation matrix to a principal-components factor analysis with varimax rotation, where the items with the highest factor-

loadings (greater than .40) of the first factor were retained. A reduced intercorrelation matrix, containing 36 items, was then factor analyzed in a similar fashion. Six items did not reach factor loading of .40. A reduced intercorrelation matrix of 30 items was then subjected to a principal-components factor analysis with varimax rotation. Three items did not reach a factor-loading of .40. Finally, a 27-item intercorrelation matrix was subjected to a principal-components factor analysis with varimax rotation. A four-factor solution emerged, each with all corresponding item factor-loadings greater than .40, and each with Cronbach alphas greater than .81.

After the factors were statistically determined, the items comprising each derived scale were reviewed for content and the subscales were named according to collective theme of the items. The derived names of the scales were as follows Parent Efficacy, Parent-Child Conflict, Parent Monitoring, and Fear of Child. The newer and briefer version of the JOPQ was not only reduced to 27 items, but given a new name – namely the Parent/Guardian Questionnaire (PGQ), (Glaser, Calhoun, Bates, Petrocelli, & Rose, 2000).

The factor analytic procedure that was utilized in this study was able to help derive four reliable scales that were able to explain a substantial amount of overall variance in scores. Further, the Cronbach's Alpha levels were found to be consistently in the "very good range" according to DeVellis (1991). Additionally, the overall instrument demonstrated good reliability measures. Following the factor analysis procedures, items from each scale were examined in order to derive a name for each scale that adequately captures the theme of the items comprising each scale. The individual scales are discussed in greater detail by Glaser, et al (2000) below:

Parent Efficacy

The nine-items that were determined to load on this scale are concerned with the level of efficacy that a parent feels in regard to parenting his or her child.

For example, items from this focus on a parent's feelings of "giving up" on his or her child and the feelings of being de-skilled in regards to parenting their child. From social learning and behavioral theory, it follows that parents with lower levels of efficacy in regards to their parent practices will be less likely to engage their child in active positive parenting practices. For example, research indicates that grandparents that report higher levels of efficacy in regards to their role as a grandparent tend to play an active role in their grandchildren's lives (King & Elder, 1998). Further, interventions that are geared to empower parents in their perceived effectiveness as a parent have been shown to decrease the time that adolescents remain in inpatient mental institutions (Byalin, 1990). Parent efficacy has also been shown to be a protective factor for families with a child who has asthma (Bursch, Schwankovsky, Gilbert, & Zeiger, 1999).

The role of parent efficacy in various domains of child development is an important construct to consider. However, there are few instruments designed to specifically address this construct, especially in regards to a court referred population. Parent involvement has been demonstrated to be a long term protective factor in regards to development of delinquent and antisocial behaviors (Walker, Stieber, Ramsey, & O'Neil, 1991). It follows from social learning theory that parents that feel a higher level of efficacy in regards to their parenting skills will be more likely to be actively involved in their child's life. The Parent Efficacy scale was demonstrated as a statistically derived and reliable measurement of this construct.

Parent-Child Conflict

The main theme of this six-item scale centers on the level of conflict that exists between parent and child. Items on this scale reflect the level of irritation, frustration, and anger that a parent feels toward their child. This scale in particular may have been influenced by the context in which this instrument was given; a parent's level of anger or frustration may have been elevated by the fact that parents were completing this instrument during an initial visit to the juvenile court. However, conflict between parents and juvenile delinquents is not uncommon for delinquents; levels of conflict between parents and their children have, historically, been found to discriminate between delinquents and non-delinquents (e.g., Kvaraceus, 1958). More recent findings also support the relationship between parent-child conflict and conduct problems in children (Wasserman, Miller, Laurie, Pinner, & Laramillo, 1996). Finally, and more specifically, verbal aggression, as a part of parent-child conflict, has been found to correlate with child rates of aggression, delinquency, and interpersonal problems (Vissing, Straus, Gelles, & Harrop, 1991).

The importance of the construct of parent-child conflict in relationship to juvenile delinquency is well-established in the literature base. Further, interventions have been designed to address the parent-child conflict factor as an intervention for delinquent behavior (e.g., Stouthamer-Loeber & Loeber, 1988). Taken together, these findings support the need to assess the conflict component of parent-child relationships as a part of a parental assessment instrument. The

Parent-Child Conflict scale of the PGQ was demonstrated as a statistically derived and reliable measurement of this construct.

Parental Monitoring

This seven-factor scale contains items that focus on parents' level of knowledge about their child, their friends, and their children's activities. In addition to items specifically assessing the level of parental monitoring, this scale also seems to have two items that deal with communication between children and their parents (which is seen as a component of monitoring). Open communication between parents and their children has been related to lower levels of delinquency as well as less serious types of offenses (Clark & Shields, 1997).

Though communication between parent and child is an aspect of this scale, the main theme of the items comprising this scale is parent monitoring of child behavior. Parent monitoring has been shown to be related to juvenile criminal behavior (Martens, 1997); and higher levels of parent monitoring has been associated with lower levels of adolescent deviant behavior across various cultures (Forehand, Miller, Dutra, & Chance, 1997). Furthermore, children who have been observed to spend more unsupervised time with peers have been demonstrated to be more aggressive and to have higher levels of delinquency and drug use than children with families with higher levels of parent monitoring (Flannery, Williams, & Vazsonyi, 1999). Specific family-based interventions have been designed to increase parent monitoring in hopes to alter child behavior patterns. Interventions that have been shown to increase levels of parental monitoring have also been shown to be associated with lowering overall levels of

delinquency (Huey, Henggeler, Brodino, & Pickrel, 2000). A relationship between level of parent monitoring and delinquent behavior seems well-established in the literature and this scale of the PGQ was demonstrated as a statistically derived and reliable measurement of this construct.

Fear of Child

The theme of the five items that comprise this scale is level of fear and physical distrust of parents towards their children. The idea of “battered parents” has been in the research base for some time (e.g., Harbin & Madden, 1979) and has been conceptualized from a variety of theoretical perspectives (e.g., strain theory and social learning theory (Brezina, 1999) and family systems (Mucucci, 1995). Further, there are several proposed etiologies for the occurrence of adolescent violence toward parents, including psychopathology, abuse, personality disorder, family system problems, and delinquency (Charles, 1986). Though the explicit role that parental fear of their children plays in delinquency has not been exhaustively researched, there is empirical support for this construct. The Fear of Child scale of the PGQ was demonstrated as a statistically derived and reliable measurement of this construct.

Characteristics of the Sample

The one hundred and fifty-one (N= 151) participants of this investigation were parents or guardians of juveniles between the ages of 14 to 17. The gender of these parents and guardians was 83% female and 17% male and their ages ranged from 21-67 years ($M = 39.43$). The gender of the children of these parents or guardians consisted of 82 males (54.3%) and 69 females (45.7%). Participants' variability with respect to race was 38% black, 49% white, and 1% other

(12% of the sample did not indicate race). Seventy percent of those completing the instrument were the mother of the child. According to a general demographics information form completed by the parents/guardians prior to completing the PGQ, households consisted of 35% two parent, 55% single parent, and 10% other (e.g., legal and/or foster caregiver). Thirty-five percent of the respondents' occupations fell within a general labor category. The average household income was 18.5% below \$4,999, 13.6% between \$5,000-9,999, 14.0% between \$10,000 and 14,999, 9.9% between \$15,000 and 19,999, 6.0% between \$20,000 and \$29,999, 4.0% between \$25,000 and 29,999, 5.0% between \$30,000 and 34,999, and 13.2% above \$35,000. Sixty-four percent of the sample had a 12th-grade education or lower (29% had a 12th-grade education)(Bureau of Labor Statistics, 1998). The charges brought against the youths whose parents were completing questionnaires were: 16.5% delinquent, 15.2% truant, 15.2% unruly (ungovernable), 4.9% criminal trespassing, 5.3% battery, 10.7% shoplifting, 6.2% possession of marijuana, and 14.0% other. 11.9% did not respond to the question concerning their child's charge.

Forty-five percent of the sample reported having a problem with their child at home, and 44% reported having a problem with their child at school. Moreover, 40% of the adolescents of the parents completing questionnaires met criteria for the diagnosis of oppositional defiant and/or conduct disorder (in checklist format). Finally, 33.3% of the sample endorsed having in the past or present another child involved with the juvenile court.

Measure

For the purposes of the current investigation, recidivism is defined as any adjudicated criminal offense that occurred after the initial adjudication of a prior criminal offense. For each PGQ completed, the child's interaction with the Juvenile Court was examined for a period of 12 months following adjudication and the completion of the PGQ (s). Following a designation of

no recidivism or recidivism and a determination regarding the severity of the offense, PGQ profiles were assembled by resulting groups: no recidivism, dependency offenses (e.g., neglect, runaway), status, offenses, drug offenses, public order offenses, and property offenses. If the PGQ profiles were found to differentiate among subsequent offender groups, the instrument's practical utility would be supported. Additionally, this study examined the categorical levels of recidivism as they related to each parenting variable (e.g., exasperation, mistrust, shame, monitoring, fear, or environment), as they (i.e. categorical levels of recidivism) related to each youth variable (e.g., atypicality, locus of control, anxiety, etc.), and as they related to the interacting variables of both parent and youth. If specific youth variables were found to interact with specific parent variables, and a relationship was then found to exist between these conclusions and the categorical levels of recidivism, cross-validation between parenting and youth factors could be assumed. Moreover, the hypothesized value of the PGQ (cross-validating well with adjoining youth measures) would be enhanced supporting the potential use of the PGQ as an effective, albeit supplementary risk and needs assessment and precursor, if not catalyst, for appropriate intervention.

Procedure

This prospective research was conducted within the juvenile court setting of a southeastern city with a population of approximately 100,000. The participants were present at the courthouse while waiting for their child's arraignment hearing. The parents and guardians were provided with an Institutional Review Board- approved informed consent form and then asked to complete the PGQ as well as extensive demographic information. One year later, legal histories were retrieved from the Georgia Department of Juvenile Justice database so as to provide an account of the subsequent 12-month period of juvenile court interactions of all

children of the parents who completed the PGQ. Each youth was then classified into one of the following categories (see below): No-Recidivism, Dependency , Status, Drug , Public Order , Property , and/or Person Offenses (U.S. Department of Justice, 1997). Each youth was coded only once and only for the adjudicated offense of greatest severity found in his or her legal histories.

No-Recidivism youth remained within jurisdiction, but received no further charges and had no interaction with the juvenile court and/or law enforcement during the subsequent 12 months.

Dependency Offenses include actions that come to the attention of a juvenile court involving neglect or inadequate care of minors on the part of the parents or guardians, such as abandonment, abuse, or inadequate conditions in the home.

Status Offenses include offenses committed by juveniles that can be adjudicated only by a juvenile court. Status offenses often vary from one state to another; however, for the purposes of this study, runaway, truancy, ungovernability, curfew, alcohol, and probationary offenses were classified as status offenses.

Drug Offenses include not only drug use, but is broader in that it is also inclusive of unlawful sale, purchase, distribution, manufacture, transport, and possession of any prohibited substance or drug or paraphernalia, or attempt to commit these acts. This category also includes unlawful use of uncontrolled substances such as glue, paint, gasoline, and other inhalants.

Public Order Offenses are inclusive of all non-status offenses and include offenses against public order such as weapons offenses, nonviolent sex offenses, disorderly conduct, obstruction of justice, and other offenses such as false fire alarms, immigration, or hitchhiking.

Property Offenses are crimes against property including all nonviolent thefts (e.g., burglary, larceny, motor vehicle, and shoplifting), arson, destruction of property, stolen property offenses, trespassing, and all fraud offenses.

Person Offenses, the most serious offense for which the youth was referred to the juvenile court, were acts or attempts to commit homicide, forcible rape, robbery, aggravated or simple assault, kidnapping, and other offenses against person.

It was hypothesized that the degree of severity of previous offense(s), as indicated by the type of offense (e.g., status, drug, public order, property, person) or by the quantity of offenses prior to adjudication and/or the completion by parent/guardian(s), would be correlated and perhaps, predictive of the youth's risk of re-offense. A preliminary statistical investigation of this hypotheses produced results to suggest that while the pre-offenses (both type and quantity) were positively correlated at .634 ($p < 0.01$), there was no significant relationship found between type or quantity of offense(s) and recidivism in the post-hoc study.

Statistical Treatment

Statistical Package for Social Sciences (SPSS) was used to perform a variety of statistical analysis to determine the reliability, internal consistency, validity, and predictive utility of the PGQ. Typically, high correlation among items is desirable when developing items for a scale - the higher the correlations among items, the higher the individual item reliabilities within the context of the total scale. It was hoped that the PGQ would show that the subscales as well as the total scale has a high degree of reliability. The reliability coefficient, alpha, was examined to determine the quality of the PGQ. The Cronbach alpha was the method used in this study and is one method used for estimating internal consistency. For item homogeneity, the subjects would

all have to perform consistently across items on the scale and the items that make up each scale would, therefore, all measure the same thing.

The correlation of a total test score with an external measure can be used as both an index of its predictive utility and as collateral evidence of its validity. Predictive validity typically refers to a test's usefulness as a predictor of that performance. Collateral evidence of a test's validity refers to the fact that it measures an attribute expected from theory to influence or be influenced by the external measure (e.g., high or low scores on the theoretical PGQ subscales influence the risk of recidivism). The correlation between the subscales of the PGQ (theoretical) and the subscales of the BASC-SRP-A and the BASC-PRS-A would be calculated, interpreted, and reported.

As indicated above, the legal histories of each of the participating parent/guardian's child were retrieved from the Georgia Department of Juvenile Justice database so as to provide an account of the subsequent 12-month period of juvenile court interactions of all children of the parents who completed the PGQ. Each youth was then classified into one of the following categories: No-Recidivism, Dependency, Status, Drug , Public Order , Property, and/or Person Offenses. Each youth was coded only once and only for the adjudicated offense of greatest severity found in his or her legal histories.

In forensic settings it is especially important to seek and assure incremental validity. That is, all else being equal, one gains predictive accuracy as one adds valid variables with unique and salient information versus overlapping or redundant information. In contrast, one should not add weaker or questionable variables to a group of stronger and statistically established variables or predictors (Faust, 2003). For the purposes of this investigation and to adhere to the goals of incremental validity, seven separate MANOVA analyses were conducted

in order to determine the overall differences on the four PGQ scales between those youths who did not recidivate and those youths who did as evidenced by adjudication for dependency, status, drug, public order, property, and/or person offenses. Following the analyses, t-tests were conducted to test the group differences by gender on each of the four scales separately. This familywise error rate for each of the t-tests was controlled at $\alpha = .05$ (using the Bonferroni method). Levene's test was used to correct for violations of the assumption of equal variances.

To better understand the multivariate differences, the means and standard deviations by gender for the non-offenders and six classifications of offenses were then analyzed. Separate one-way ANOVAs were then calculated to test for between-group differences between the individual subscales and to determine whether significant differences between groups by the gender of the youths existed.

Limitations of the Instrument

As previously addressed, the scope of the study was confined to parents/guardians whose children were interacting with and perhaps adjudicated by the local juvenile court of a relatively small southeastern community (i.e., population less than 100,000). Although consent for participation was obtained and attempts were made to solicit participation on a voluntary basis, under the circumstances, it is possible that the parent/guardian believed that his/her completion of the survey and instrument was expected by the juvenile court. Hence, it is difficult to predict how the perception of implicit coercion may have influenced the parent/guardians' responses either negatively or positively. Additionally, due to the nature of the hypothesized factors (e.g., mistrust of the juvenile justice system) and the environment in which the PGQ was administered (i.e. courthouse awaiting trial), the possibility exists that the participant may be guarded and take a defensive or even an aggressive (if not overly assertive) position with respect to their responses

on the questionnaire (e.g., “the judge is out to get my child,” “This is the last straw for my child”). While confidentiality was addressed with the participants, another limitation could hypothetically exist in the participant’s unwillingness to disclose at this particular time or setting.

The PGQ is a self-report measure and no external validators were used (e.g., self-report data from the youths or data from other observers). Some of the youths may have been misidentified during the initial administration of the PGQ s used for the study. Some research has suggested that parents may over-endorse or globalize their report as a cry for help or as an indication of exasperation with the youth’s behavior (Glaser, Calhoun, Bates, & Bradshaw, 2003). On the other hand, present information regarding such behavior is based on youth self-report, which may also include some error or misrepresentation. Further research may include comparing parental report with youth self-report and/or the use of other external validators.

Finally, the sample and outcomes of this study were obtained within a particular region of the country with demographical and cultural characteristics that in some way may be unique. However, the present study examined established systemic, psychological, and behavioral constructs and their interaction with environmental constructs. Thus, it can reasonably be said that the outcomes of this study may be generalized.

Assumptions

As stated previously, it is assumed that the PGQ is adherent to established ecological models of child development, designed to measure several parental constructs related to child behavior problems and delinquency, and an instrument that is both theoretically and psychometrically sound (Rose, Glaser, Calhoun, & Bates, in press). Moreover, it is assumed that the original collection of data occurred following administration of the PGQ to parents (subjects) whom completed the questionnaire in an honest and straightforward manner. Additionally, it is

assumed that the parents who were solicited during the course of initial data collection for instrument development and the current study, did so as a representative sample (e.g., in terms of offense type and demographic characteristics) of the juvenile court system in place within the southeastern region.

CHAPTER IV

RESULTS

Introduction

Investigation of the potential utility of the PGQ is a threefold process requiring 1) an examination of psychometric properties, 2) an assessment of both statistical and clinical significance, and 3) an analysis of the applicability of the instrument. Does the PGQ reach beyond the mere measurement of parental beliefs and concerns? Does the PGQ cross-validate well with adjoining youth and parenting measures (e.g., parent and child self-reported factors of the Behavior Assessment System for Children – BASC)? If indeed parenting (correlated with certain behavioral and personality factors of their children), has the potential of contributing to or facilitating antisocial behavior/ delinquency, can the PGQ provide juvenile courts with an effective, albeit supplementary risk and needs assessment? Are scores on the PGQ as predictive of recidivism as was found with the more expansive JOPQ? Can the PGQ be used as a precursor to appropriate intervention? In essence, the purposes of this study was to examine the capacity of the PGQ to achieve its overarching goal: to assist juvenile courts and youth corrections agencies in the rather daunting task of curtailing both recidivism and antisocial behavior through strengthening protective parenting factors.

Research Question # 1: Do the PGQ scales correlate well with theoretically adjoining youth and parenting measures (e.g., Six Factor Juvenile Offender Parent Questionnaire – JOPQ, self-reported scales of the Behavior Assessment System for Children – BASC – Adolescent and Parent Scales)?

H1: PGQ scales do not correlate well with theoretically adjoining youth measures.

Reliability of the PGQ

It is desirable in developing items for a scale that the items have a high correlation among items – the higher the correlations among items, the higher the individual item reliabilities within the context of the total scale. DeVellis (1991) believed that “the more reliable the individual items are, the more reliable will be the scale that they comprise (assuming that they share a common latent variable)” (p.80). It was hoped that the PGQ would show that the subscales as well as the total scale has a high degree of reliability.

Internal Consistency

The reliability coefficient, alpha, was examined to determine the quality of the PGQ. The Cronbach alpha was the method used in this study and is one method used for estimating internal consistency. The goal for the items in each of the 4 theoretical subscales is that each scale would have item homogeneity. For item homogeneity, the subjects would all have to perform consistently across items on the scale and the items that make up each scale would, therefore, all measure the same thing.

First, the Cronbach alphas are reported for each of the four theoretical subscales and for the total scale. The Cronbach alpha for the total PGQ was .94. The Cronbach alphas for the scales are as follows: Parenting Efficacy (.89), Parent-Child Conflict (.81), Parental Monitoring (.80), and Fear of Child (.82) (Table 9).

Table 9

Cronbach Alpha Scores for the Parent/Guardian Questionnaire (Theoretical)

Scale	<u>N</u>	<u>Number of Items</u>	<u>Reliability</u>
PE	151	9	.89
P-CC	151	6	.81
PM	151	7	.80
FC	151	5	.82
Total PGQ	151	27	.94

PE = Parenting Efficacy

P-CC = Parent – Child Conflict

PM = Parental Monitoring

FC = Fear of Child

Nunnally (1978) suggests a value of .70 as an acceptable alpha. DeVellis (1991) listed these guidelines in determining lower and upper limits of alpha: “below .60, unacceptable; between .70 and .80, respectable; between .80 and .90 very good; much above .90, one should consider shortening the scale” (p.85). The total alpha was therefore acceptable to very good. Likewise, the Cronbach alphas for all subscales were within the “very good” range/level and thereby viewed as acceptable and effective subscales. The results suggest that theoretically, the subscales make sense as components of a measure designed to examine elusive parenting phenomena. Moreover, both the overall instrument and all subscales appear to be statistically

reliable measures. As a whole, the PGQ is a reliable measure of parenting factors and can be used as a measure to ascertain the perspectives parents of juvenile offenders share with respect to parenting factors predetermined to be directly or indirectly related to juvenile delinquency.

Validity

Test bias can often be a source of error in creating assessment instruments. Cultural considerations should be inspected as sources of possible test bias. Past research on the development of the JOPQ has determined that variance exists in the tendency of individuals of certain cultures to favor extreme responses. For example, some research suggests that African American children are more likely than Whites to use the extreme response categories in Likert-type questionnaire items. The responses of minority parents within this study may therefore have been more a result of culturally-based response style than of valid beliefs.

In forensic settings it is especially important to seek and assure incremental validity. That is, all else being equal, one gains predictive accuracy as one adds valid variables with unique and salient information versus overlapping or redundant information. In contrast, one should not add weaker or questionable variables to a group of stronger and statistically established variables or predictors (Faust, 2003). For the purposes of this investigation and to adhere to the goals of incremental validity,

Correlations and Cross-Validation Findings of PGQ

The correlation of a total test score with an external measure can be used as both an index of its predictive utility and as collateral evidence of its validity. According to McDonald (1999), predictive utility refers to a test's usefulness as a predictor of that performance. Collateral evidence of a test's validity refers to the fact that it measures an attribute expected from theory to influence or be influenced by the external measure. The correlation between the subscales of the

PGQ (statistical) and the subscales of the BASC- PRS-A have been calculated and displayed in Table 10.

Table 10

Correlations Between Subscales on the PGQ and the BASC-PRS-A

Subscale	1	2	3	4
PGQ				
1. Parenting Efficacy	-----			
2. Parent-Child Conflict	.72**	-----		
3. Parental Monitoring	.57**	.53**	-----	
4. Fear of Child	.72**	.69**	.55**	-----
BASC-PR				
<i>Clinical Scales</i>				
5. Hyperactivity	.50**	.51**	.36**	.45**
6. Aggression	.65**	.55**	.51**	.52**
7. Conduct Problems	.58**	.54**	.44**	.48**
8. Anxiety	.23	.19	.14	.21
9. Dependency	.59**	.59**	.46**	.54**
10. Somatization	.19	.15	.01	.13
11. Atypicality	.43**	.32*	.23	.45**
12. Withdrawal	.19	.19	.12	.26*
13. Attention Problems	.51**	.39**	.53**	.33**
<i>Adaptive Scales</i>				
14. Social Skills	-.43**	-.42**	-.45**	-.39**
15. Leadership	-.30*	-.23	-.23	-.21
<i>Composite</i>				
16. Externalizing	.65**	.61**	.49**	.54**
17. Internalizing	.44**	.41**	.26*	.37**
18. Behavioral Sx's Index	.63**	.56**	.48**	.55**
19. Adaptability	-.25*	-.25*	-.32*	-.24

**. Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2-tailed)

With exception to the Somatization and Anxiety clinical scales of the BASC-PRS-A, most of the clinical scales and composite indices of the BASC-PRS-A correlated positively with the subscales of the PGQ and most of the adaptive scales and the Adaptability Index of the BASC-PRS-A correlated negatively with the subscales of the PGQ as predicted. The scores of parents on the most scales of the BASC-PRS-A were similar, thus statistically and significantly

related to their scores on the PGQ. These results indicate that the PGQ is a good indicator of parent's perceptions of both clinical and adaptive levels of their youths as measured by the BASC-PRS-A. The correlation between the subscales of the PGQ (statistical) and the subscales of the BASC-SRP-A have been calculated and displayed in Table 11.

Table 11

Correlations Between Subscales on the PGQ and the BASC-SRP-A

Subscale	1	2	3	4
PGQ				
1. Parenting Efficacy	-----			
2. Parent-Child Conflict	.72**	-----		
3. Parental Monitoring	.57**	.53**	-----	
4. Fear of Child	.72**	.69**	.55**	-----
BASC-SRP-A				
<i>Clinical</i>				
5. Attitude to School	.14	.20	.07	.23
6. Attitude to Teachers	.02	-.05	-.07	-.03
7. Sensation Seeking	.09	.18	.12	.03
8. Atypicality	.20	.17	.14	.25*
9. Locus of Control	.33**	.25*	.25*	.28*
10. Somatization	.12	.11	.08	.06
11. Social Stress	.14	.05	.04	.16
12. Anxiety	.19	.08	.01	.23
13. Depression	.26*	.13	.20	.26*
14. Sense of Inadequacy	.22	.21	.13	.17
<i>Adaptive</i>				
15. Relations with Parents	-.26*	-.28*	-.37**	-.30*
16. Interpersonal Rel.s	-.03	.08	-.10	.05
17. Self-Esteem	-.09	-.02	-.03	-.14
18. Self-Reliance	-.05	.12	-.04	.05
<i>Composite</i>				
19. School Maladjustment	.07	.10	-.02	.04
20. Clin. Maladjustment	.22	.14	.09	.20
<i>Composite</i>	1	2	3	4
21. Personal Adjustment	-.17	-.05	-.22	-.14
22. Emotional Symptoms	.20	.09	.09	.20

** . Correlation is significant at the 0.01 level (2-tailed)

* . Correlation is significant at the 0.05 level (2-tailed)

Most of the clinical, adaptive, and composite index scales of the BASC-SRP-A were found to not significantly correlate with the subscales of the PGQ. However, as one might predict, a positive correlation was found between the reports of youths on the Locus of Control subscale of the BASC-SRP-A and the subscales of the PGQ. Additionally, a negative correlation was determined to exist between the reports of subject youths on the Parent Relationship subscale of the BASC-SRP-A and the subscales of the PGQ. These results indicate that the PGQ is also a good indicator of youth's perceptions of their locus of control and relationship with their parents as measured by the BASC-SRP-A.

Findings on Predictive Validity

Research Hypothesis # 2:

Are specific profiles of the PGQ as predictive as those found in the JOPQ, reflective of pre-offense factors, and/or specifically predictive of subsequent levels of seriousness of re-offending (no recidivism, status offenses, drug offenses, public order, property offenses, and person offenses)?

H1: Specific profiles of the PGQ are not predictive of subsequent levels of seriousness of re-offending (no recidivism, status offenses, drug offenses, public order, property offenses, and person offenses)?

The present study attempted to identify the relationship between the antisocial behavior of youths by gender and the specific profile types for parenting factors using the PGQ. Table 14 shows the standard score means and standard deviations on the PGQ scales for the parents (N = 151) of those youths who did not recidivate (n = 60), and those youths adjudicated for status (n = 24), property (n = 19), or person (n = 24) offenses during a 12 month post-adjudication period. The three remaining offense categories (dependency cases n = 9, drug n = 1, and public order n =

6) were judged to be too small to include in the study. Hence, the overall size of the sample for this study ($N = 127$) was determined in a manner adherent to the standards of incremental validity following a determination that sampling of youths adjudicated for certain offenses was insignificant in size and perhaps unduly influencing further analysis.

Multivariate analysis of variance tests were performed to compare mean scores of both females and males on the PGQ subscales first by non-offense and re-offenses. Final multivariate analysis tests were performed on both males and females as preliminary tests determined there was a significant difference in re-offense variables and specific PGQ profiles when based on gender. Hence, there was a significant difference by gender ($F = 2.58, p < 0.05$), but not by offense in the current study. The results of this multivariate analysis of variance tests are shown in Table 12 and Table 13. Table 12 shows the resulting multivariate and univariate MANOVAs together and Table 13 shows the standard score means and standard deviations on the PGQ scales for the parents ($N = 127$) of those male youths who did not recidivate ($n = 31$), who were adjudicated for status ($n = 9$), property ($n = 13$), or person ($n = 16$) offenses and those female youths who did not recidivate ($n = 29$), and who were adjudicated for status ($n = 15$), property ($n = 6$), or person ($n = 8$) offenses during a 12 month post-adjudication period.

Table 12

Multivariate and Univariate Analyses of Variance for Parent/Guardian Questionnaire Subscales for Re-Offense Variables by Gender

Variable	<u>df</u>	<u>F^a</u>	<u>Univariate</u>			
			Parent Efficacy	Parent –Child Conflict	Parent Monitoring	Fear of Child
Gender	3	2.583**	.282	2.129	.251	1.074
Recidivism	3	.417	.976	.465	.265	.889

Note. Multivariate F ratios were generated from Pillai's statistic. Recidivism = Non-Gendered No Recidivism vs. Recidivism. ^aMultivariate df = 1, 119. Univariate df = 3, 119. **p < .05.

Table 13

Standard Score Means and Standard Deviations on the Parent/Guardian Questionnaire Subscales for Re-Offense Variables by Gender

Offense Variable	<u>N</u>	<u>PE</u>		<u>P-CC</u>		<u>PM</u>		<u>FC</u>	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Males									
No-Offend.	31	47.5	9.5	47.0	9.3	49.1	8.5	48.4	8.6
Status	9	50.9	11.5	48.3	11.9	46.9	9.6	51.0	9.3

Offense Variable	<u>N</u>	<u>PE</u>		<u>P-CC</u>		<u>PM</u>		<u>FC</u>	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Males									
Property	13	48.5	8.8	49.7	10.2	50.3	8.1	50.1	8.7
Person	16	50.6	10.4	52.3	11.4	51.2	9.5	55.2	13.1
Females									
No-Offend.	29	50.9	9.2	51.6	9.7	48.5	10.4	50.2	9.4
Status	15	55.6	9.2	55.2	7.3	54.6	11.0	51.5	9.6
Property	6	52.4	9.6	51.9	9.3	49.3	11.4	49.8	13.6
Person	8	45.6	9.9	50.2	9.2	49.1	10.8	44.8	7.8

Note. Parent Efficacy (PE). Parent-Child Conflict (P-CC). Parental Monitoring (PM). Fear of Child (FC). No Re-Offense (No-Offend.). Dependency Cases (Depend). Status Offenses (Status). Property Offenses (Property). Person Offenses (Person).

Post hoc and priori analyses were used to compare specific group standard score means with combined gender in this study as nominal independent variables were found to have multiple levels (i.e. gender influencing subtest scores on four levels of offense variables). Figures 2 through 5 present graphical depictions of PGQ profiles for subscales of parenting efficacy, parent-child conflict, parental monitoring, and fear of child respectively. Table 14 presents the means and standard deviations on the PGQ subscales for re-offense variables, which works to form PGQ profiles for all 12-month post hoc groups. The standard deviation (SD), applicable to all standard score means, is presented for each of the PGQ scales (parenting efficacy, parent –

child conflict, parental monitoring, and fear of child). In each case, the SD is demonstrative of the range in which the mean of the parents' true scores on each subscale of the PGQ can be determined with some confidence. Finally, Figure 6 presents a graphical depiction of PGQ profiles for all subscales of both male and female juvenile offenders on 12-month post hoc analysis.

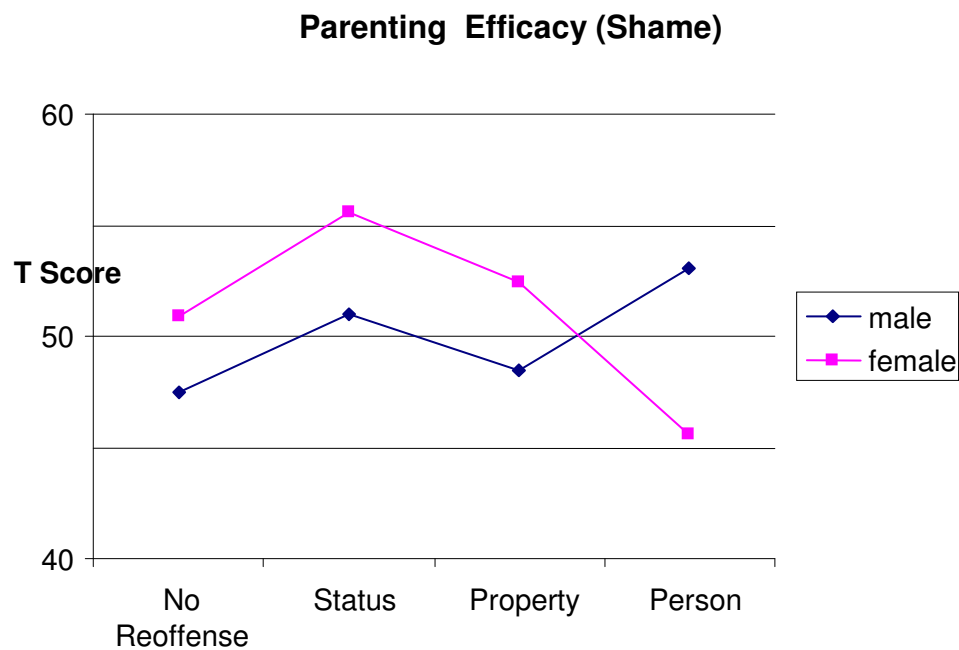


Figure 2

Graphical depiction of PGQ profile for parenting efficacy subscale of male and female juvenile offenders on 12 month post hoc analysis

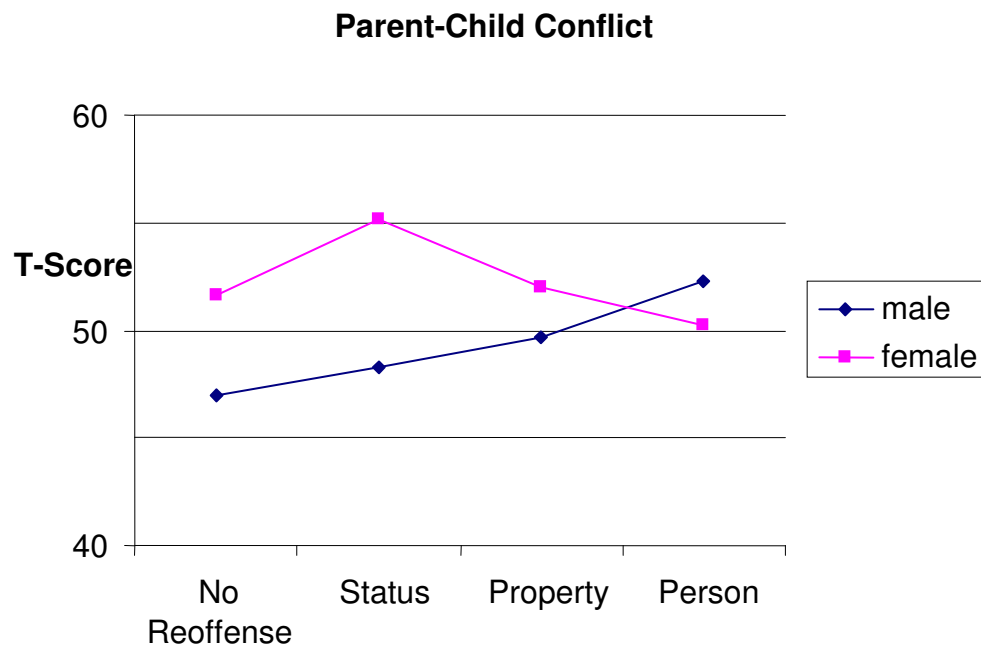


Figure 3

Graphical depiction of PGQ profile for parent-child conflict subscale of male and female juvenile offenders on 12 month post hoc analysis

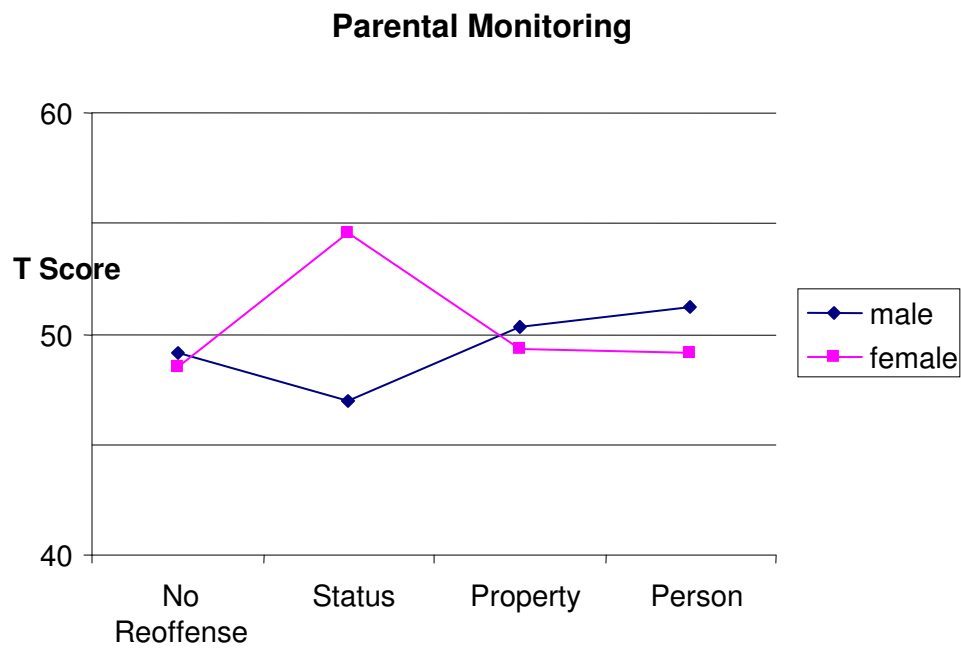


Figure 4

Graphical depiction of PGQ profile for parental monitoring subscale of male and female juvenile offenders on 12 month post hoc analysis

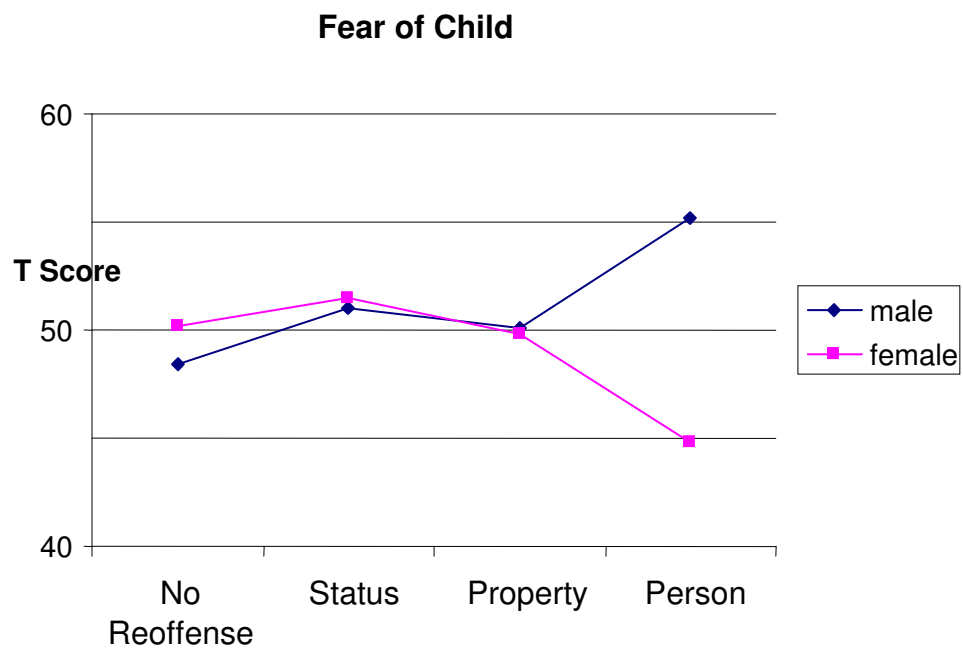


Figure 5

Graphical depiction of PGQ profile for fear of child subscale of male and female juvenile offenders on 12 month post hoc analysis

Table 14

Standard Score Means and Standard Deviations on the Parent/Guardian Questionnaire Subscales
for Re-Offense Variables

Offense Variable	N	PE		P-CC		PM		FC	
		<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
No-Offend	60	49.1	9.4	49.2	9.7	48.8	9.4	49.3	8.9
Status	24	53.9	10.1	52.6	9.6	51.8	10.9	51.3	9.3
Property	19	49.7	8.9	50.4	9.7	49.9	8.9	50.0	10.1
Person	24	50.6	11.8	51.6	10.5	50.5	9.8	51.7	12.5

Note. Parent Efficacy (PE). Parent-Child Conflict (P-CC). Parental Monitoring (PM). Fear of Child (FC). No Re-Offense (No-Offend.). Dependency Cases (Depend). Status Offenses (Status). Property Offenses (Property). Person Offenses (Person).

Parent/Guardian Questionnaire

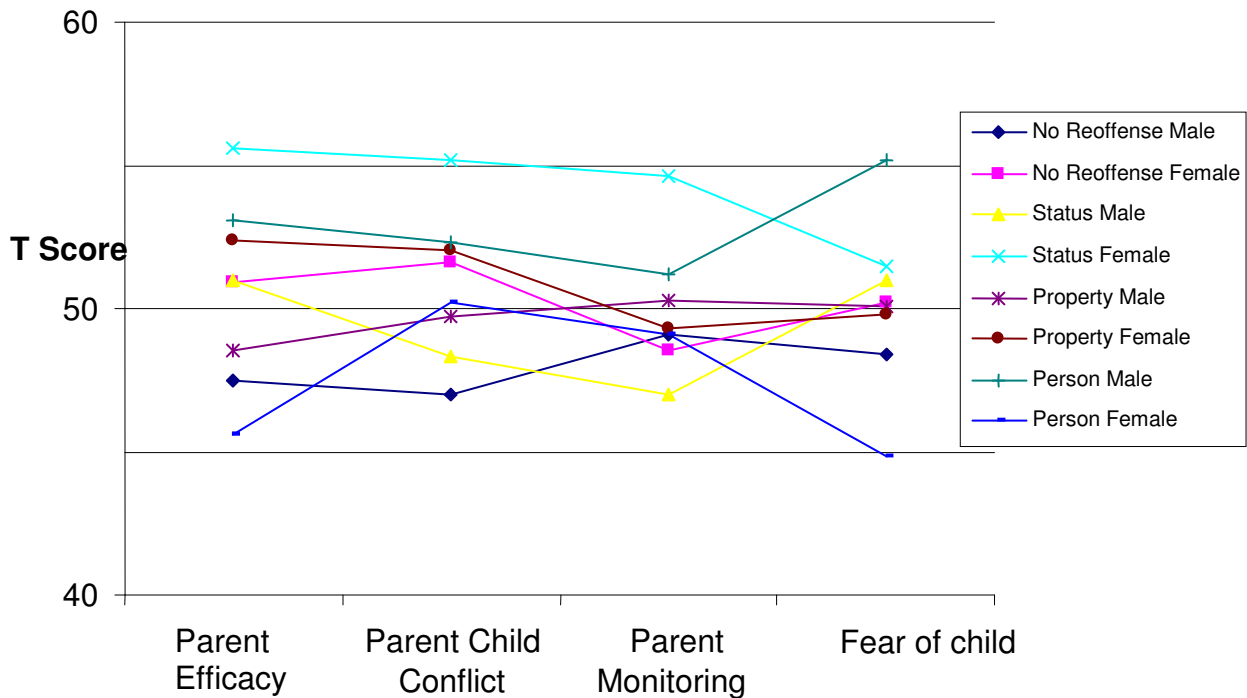


Figure 6

Graphical depiction of PGQ profiles of male and female juvenile offenders on 12 month post hoc analysis

Summary

Differences in standard score means for all four scales, again while subtle, were found to be statistically different between parents of youths, both male and female, who re-offended and the standard score means of PGQ's completed by parents of youths who did not re-offend. As was expected and hypothesized, for parents of youths that did not re-offend, mean scores were ordinally lower for Parent-Efficacy (Shame), Parent-Child Conflict, Parental Monitoring, and Fear of Child. Theoretically, scores on Parental Monitoring were expected to be higher for

parents of those youths not re-offending. In summary, it appears as if there is a distinct pattern for each group, and that the No Recidivism group appears to present the healthiest profile relative to other parents of juvenile offenders.

CHAPTER V

SUMMARY AND CONCLUSIONS

Summary of the Study

Most ecological models (e.g. Bronfenbrenner, 1979; 1986) include parental and family influences as proximal factors in adolescent development of antisocial behavior. However, much of the research has focused specifically on the child's behavior as opposed to other components or areas of the child's ecological system. The present study attempted to extend the literature by examining parental perceptions as they relate to antisocial behavior and its continuance.

Investigation of the potential utility of the PGQ was a threefold process, which required an examination of psychometric properties, an assessment of both statistical and clinical significance, and an analysis of the applicability of the instrument. Something that had not been done with the JOPQ, to which the PGQ was derived, was the process of cross-validation with adjoining youth and parenting measures (BASC-SRP-A, BASC-PRS-A). As this was essentially a continuation of the examination of the psychometric properties of the PGQ, processes of cross-validation between the PGQ and BASC-PRS-A resulted in significant correlations which enabled the rejection of the null hypothesis of our first research question - H1: PGQ scales do not correlate well with theoretically adjoining youth measures. Statistical analysis found that most of the clinical scales and composite indices of the BASC-PRS-A correlated positively with the subscales of the PGQ and most of the adaptive scales and the Adaptability Index of the BASC-PRS-A correlated negatively with the subscales of the PGQ as predicted. The scores of parents on the most scales of the BASC-PRS-A were similar, thus statistically and significantly related

to their scores on the PGQ. These results indicate that the PGQ is a good indicator of parent's perceptions of both clinical and adaptive levels of their youths as measured by the BASC-PRS-A. Additionally, statistical analysis found that the PGQ was essentially a very reliable instrument as there was a high correlation among items within the context of the total scale. Thus, all four subscales as well as the total scale were found to hold a high degree of reliability

By contrast, results were rather mixed when addressing the second and perhaps more salient research question examining whether scores on the PGQ are as predictive of recidivism as was found with the more expansive JOPQ. As previously described, the JOPQ was found to be both theoretically and psychometrically sound. The 2002 study conducted by Glaser, Calhoun, and Puder, involved a similar and targeted investigation of this instrument's potential utility. Findings of this investigation suggested that specific parenting profiles are related to a greater likelihood of recidivism and to specific offenses. Furthermore, support was obtained for the use of the JOPQ as an instrument to assess the needs of parents and the prevention of recidivism.

Glaser, et al's (2002) study was successful in identifying the relationship between antisocial behavior and specific parenting profile types of the six factor JOPQ. Differences in standard score means for all six subscales were found to be significant ($p < 0.01$) between parents of youths who re-offended and the standard score means of parents of youths who did not re-offend. Based on the results of the 2002 study, a distinct pattern for each group was identified and the No Recidivism group appeared to present the healthiest profile relative to other parents of juvenile offenders.

The findings of this 2002 study seemed to allow one to construct a profile of home environments and parenting perceptions and practices as they relate to their child's antisocial behavior. Moreover, a much flatter profile was found with the parents of children who did not

re-offend. Parents of youths behaving antisocially and re-offending reported feelings of hopelessness with regard to their child, difficulty in monitoring their child's behavior, fear of physical harm from their child, lower parenting self-efficacy, greater mistrust of law enforcement and the juvenile justice system, and perceptions that their children had been exposed to more violence than the parents of children that did not recidivate. Profiles from this investigation provided additional support for Patterson's (1989) notion that the antecedents of antisocial behavior continue to exist in the homes of re-offending youths and that their parents continue to maintain inappropriate discipline, diminished positive parent-child interaction, and poor parental monitoring.

Hence, the JOPQ was found not only to be theoretically and statistically sound, but predictive of recidivism, possessing considerable clinical significance as well. The findings of this current study; however, found that the PGQ was not as predictive of recidivism as was found with the more expansive JOPQ. The results of MANOVA tests led to the discovery of a more modest yet statistically significant difference in re-offense variables and specific PGQ profiles, but only when based on gender ($F = 2.58, p < 0.05$). Post hoc and priori analyses were used to compare specific group standard score means with combined gender in this study as nominal independent variables were found to have multiple levels (i.e. gender influencing subtest scores on four levels of offense variables). Moreover, an examination of the means and standard deviations on the PGQ subscales for re-offense variables, worked to form PGQ profiles for all 12-month post hoc groups.

Based on these analyses incorporative of gender, differences in standard score means for all four scales, again while subtle, were found to be statistically different between parents of youths, both male and female, who re-offended and the standard score means of PGQ's completed by

parents of youths who did not re-offend. As was expected and hypothesized from the findings of JOPQ research, for parents of youths that did not re-offend, mean scores were ordinarily lower for Parent-Efficacy (Shame), Parent-Child Conflict, Parental Monitoring, and Fear of Child. Additionally, the use of the PGQ also led to the construction of distinct parenting profiles with the No Recidivism group presenting the healthiest profile relative to other parents of juvenile offenders. While scores on the PGQ were found to be less predictive of recidivism as was found with the more expansive JOPQ, indeed support was gained for the use of the PGQ as a precursor to appropriate intervention. In essence, the PGQ was both theoretically and statistically found to be capable of achieving its overarching goal, that is, to assist juvenile courts and youth corrections agencies in the rather daunting task of curtailing both recidivism and antisocial behavior through strengthening protective parenting factors.

The findings of this study suggest that the use of the PGQ allows us to construct a profile of home environments and parenting perceptions and practices as they relate to their child's antisocial behavior. Parents of youths behaving antisocially and re-offending reported difficulty in monitoring their child's behavior, shame over lower parenting efficacy, fear of physical harm from their child, and greater perceptions of conflict between them and their child.

Scores for shame over low parenting efficacy, parent-child conflict, and fear of child were highest for parents of children with status re-offense. A qualitative review of the children's legal histories reflected the majority of status offenses as "probation violations." If a youth is on probation, there is a very good chance his or her curfews, check-ins, appointments, drug-testing, school attendance, and movement throughout the community are being monitored by the juvenile court. In other words, when a child is placed on probation the juvenile court assumes *in loco parentis* (i.e., the principle of the state performing parental functions – juvenile court acting in

place of the parents). Hence, it is not surprising that parents of children on probation are more apt to endorse greater parental monitoring (as was found for parents of status re-offenders) responsibilities, because of the additional help they are simultaneously provided by the juvenile court. Profiles from the current study support Patterson's (1989) notion that the antecedents of antisocial behavior continue to exist in the homes of re-offending youths and that their parents continue to maintain inappropriate discipline, diminished positive parent-child interaction, and poor parental monitoring.

There are several limitations to the present study that warrant further discussion. The PGQ is a self report measure and no external validators were used (e.g., self-report data from the youths or data from other observers). Some of the youths may be misidentified. Some research has suggested that parents may over-endorse or globalize their report as a cry for help or as an indication of exasperation with the youth's behavior (Glaser, Calhoun, Bates, & Bradshaw, 2003). By contrast, present information regarding such behavior is based on youth self-report, which may also include some error or misrepresentation. Additionally, methods of cross-validation of the PGQ addressed this limitation in part by examining correlations between PGQ scores and the youth self-report scores found on concurrent BASC-SRP-As. Statistically significant correlations were found to exist on youth's self-reported perceptions of their relationship with their parents (conflict) and their locus of control (dependency v. independence). Further research may include doing additional empirical and qualitative comparisons of parental report with youth self-report and/or the use of other external validators.

Conclusions

The results of this PGQ (JOPQ derived) study are consistent with findings on the more expansive JOPQ and suggest that children who re-offend continue to be unconsciously trained by

their parents to behave antisocially through improper parental modeling, conflict, monitoring, discipline, reinforcement, coercion, distrust, and exposure. Evidence exists to support Patterson's (1989) notion that the antecedents of antisocial behavior continue to exist in the homes of re-offending youths and their parents continue to maintain inappropriate discipline, diminished positive parent-child interaction, and poor parental monitoring.

The implications of the present investigation suggest there is a link between the elusive factors of parenting and the antisocial behavior of children. There appears to be distinct PGQ profiles for specific types of re-offense, which may identify increased risk and areas for clinical intervention. Although the parents' perceptions of their individual parenting style, home environment, and their child's antisocial behavior are often overlooked, research by Patterson (1982) and others suggests that the parents' responses and reactions to their child's behavior are instrumental in either making or breaking the coercive and destructive cycle (Reid, Patterson, & Snyder, 2002). Clinically then, it would seem that isolating the parent in counseling would be much less effective in addressing this coercive cycle than a more systemic approach to improving family relations and reducing levels of conflict in the home (Glaser, Sayger, & Horne, 1993).

Conflict resolution and problem-solving approaches could be useful in reducing verbal and physical violence in the home. Community resources (e.g., subsidized daycare, mentoring, college/university-based family programming, etc.) could also be tapped to alleviate some of the situational demands on parents and to increase parenting competencies. Intervention and preventative measures should be employed from a collective body of programs and institutions (e.g., juvenile courts, social services, corrections, law enforcement, education, and community) dedicated to the assisting parents of identified need (i.e. PGQ), in adapting their parenting

strategies to both their environment and their child's special needs. An ecological intervention, one that targets the youths, the environment, and other parental factors, may be most effective at ameliorating the behavior of adolescents who have demonstrated antisocial tendencies (Glaser, Calhoun, Bates, & Bradshaw, 2003).

Recommendations for Intervention and Further Research.

The present study was a prospective, descriptive study of the emergence of several parental profiles that are associated with specific categories of recidivism. No inferences of causality can be made because the study was not experimental. However, these patterns of parental constructs, in concert with pre-existing research, suggest several avenues of further research into potential therapies. For example, an ecological intervention could be developed to address the needs of these targeted adolescents and their parents. Behavioral Consultation (BC) represents one such approach. BC is a logically sound intervention as its theoretical origins are derived from very constructs used to develop the PGQ (e.g., Bandura, 1977, & Brofenbrenner 1986). To apply behavioral technology to the consultation process, one must incorporate that which exists within the extant research including what has been learned about solving problems, learning, and change. A consultant functioning within this framework needs to be skilled in behavioral theory and practice and should become familiar with the work of leaders in behavioral psychology like Bandura.

During the 1960s, Bandura popularized modeling, a powerful social learning theory based on observation and imitation of certain behaviors spawned by some form of reinforcement. In behavioral ecology, people are considered a part of a multilayered ecological environment. The settings in which people behave are interactive, and a change in behavior for one setting could affect behavior in another (i.e., child's behavior at home → child's behavior at school →

child's behavior in the community). BC utilizes behavior change techniques through processes of systematic problem-solving. BC stresses the principles of social learning theory in understanding the etiology of behavior, which in turn, helps to set the stage for change.

“Because most behavior is learned, it can be unlearned and new behavior can take its place (Dougherty, 2000, p.269).” The result of consultation is some change in behavior in the consultee (e.g., parent, probation officer, counselor) and/or the client system (e.g., youth, peer group, setting).

When the constructs of social learning are employed to assist consultees in bringing about changes in themselves or clients, these constructs can then serve to empirically validate behavioral techniques. Two key aspects of this type of consultation are a focus on behavior change and an extensive use of hypothesis testing. Hence, behavioral consultation is a problem-solving endeavor that occurs within a behavioral framework – it focuses on the client's behavior (e.g., youth) so that the client can be helped (Dougherty, 2000).

Dougherty (2000) defines Behavioral Consultation as “a relationship whereby services consistent with a behavioral orientation are provided either indirectly to a client or a system (through the mediation of important others in the client's environment or of those charged with the system's well-being) or directly by training consultees to enhance their skills with clients or systems (p.272).” Here, the offending child is the client and the parent, counselor, probation officer, and juvenile court judge are the consultees (system). We will be following a set problem-solving sequence, “which begins by: 1) describing the problem in behavioral terms; 2) conducting a functional analysis of the problem's antecedents and consequences; 3) selecting a target behavior; 4) generating a behavioral objective; 5) designing and implementing a behavior change program; and finally 6) on-going evaluation. Here, various learning models are accessed

to explain behavior and significant emphasis is placed predominantly on the context of events, social development, and cognition (Lutzker & Martin, 1981; Zifferblatt & Hendricks, 1974).”

“Social learning theory’s major contribution is its recognition of multiple influences such as cognitions and the environment on behavior while at the same time offering a framework for explaining behavior (Dougherty, 2000, p. 274).” Social learning theories have traditionally maintained that aggressive or antisocial behavior is learned initially as a result of modeling. “In a large number of studies, Bandura and his colleagues demonstrated that youngsters do in fact exhibit more aggressive behaviors when vivid modeling displays of such behaviors are presented to them (Dougherty, 2000, p.274).”

To review, the type of ecological intervention proposed is distinctively a process of behavioral consultation. Though other forms of intervention were considered, none were as comprehensive, targeted, and/or appropriately fitting to this particular population and setting. For instance, one might consider parenting education, meetings, or groups; however, there appeared to be numerous obstacles to implementing these types of psychological interventions such as daycare, scheduling, transportation, monetary, and confidentiality issues. Behavioral consultation applied to this particular setting requires a skilled clinician with deep interpersonal insight and highly developed abilities in multi-systemic assessment, problem-solving, communication (oral/written), and organization.

In order to attain evaluative and research goals, the behavioral consultant would maintain strict adherence to the Institutional Review Board (IRB). Moreover, protection for consultant, consultees, clients, and the participating institutions is achieved through the consultant’s commitment to the high ethical standards of the American Psychological Association (APA) and direct supervision provided by a licensed psychologist. The behavioral consultant must

understand she or he is an emissary of the University of Georgia, the Department of Counseling Psychology and Human Development Services, and JCAP.

It is proposed that referral, entry, and implementation assume an appropriate and realistic approach. As a part of the youths' terms of probation, youths would be referred to a JCAP counselor (& possible group participation) and parents would be ordered by judges to collaborate with JCAP and probation officers, and participate in Parent Consultation provided also by the JCAP. Parent Consultation then represents a collaborative relationship for the JCAP consultant, parents, juvenile court judges, probation officers, and JCAP individual youth counselors. Here, the adjudicated youth would be obligated only to the terms of his/her probation and by judicial authority, the youth's parent and/or legal guardian would then also become obligated to his/her child's terms of probation.

The most obvious limitation to this approach and it may very well be a determining factor on whether or not consultation is advisable, is the absence of a collegial relationship between the consultant and "all" consultees – namely the parent(s). Because their participation in consultation is court mandated it is then an involuntary relationship with an inherent imbalance of power. Resolution most likely would exist in the consultant's ability to psychologically and physically enter this relationship with parents in a manner that is always cognizant of this imbalance.

It is proposed that the JCAP Parent Consultation model be applied and individualized with each juvenile court referral (projection of 8-10 referrals for parent consultation per month). With a goal of curtailing recidivism and anti-social behavior through the building or reinforcement of protective factors (parenting), entry would be initially gained through the use of established research conducted on PGQ and formal proposal to the Juvenile Court Judges and

Probation Officers (POs) that details the proposed consultation/ collaboration and interventions (analysis, objectives, plans for intervention, logistics, evaluation). At this point it will be critical for the JCAP parent consultant to market his/her expertise and to provide assurance through accountability, evaluation, reports, and power to terminate (Judges & PO only) or renegotiate (All Consultees) services at anytime. Entry with referred parent(s) would be gained on an individual basis and would likely involve home visits to conduct structured multi-systemic diagnostic interviews and assessment (PGQ). Entry with other consultees (JCAP counselor, PO, and judges) would be internal as JCAP has already achieved both physical and psychological entry with the juvenile court and Department of Juvenile Justice.

Upon referral, POs would contact the parent consultant and schedule the initial consultation meeting at a time that is reasonably convenient for both the consultant and consultees. As the entire consultation would be prescriptive in nature, the parent consultant would need to approach consultation in the same manner he/she would approach an assessment. Information would be gathered so as to inform conceptualization, hypothesis testing, diagnosis, and recommendations. A structured multi-systemic interview would be conducted and all consultees would be interviewed to provide an expansive and comprehensive description of behaviors, problems, persons, and environments. Additional information would be gathered through the administration and interpretation (both quantitative and qualitative) of the PGQ. PGQ scores and additional information derived from these initial interviews would provide pre-measures and set the stage for on-going evaluation of performance indicators and outcome measures.

After the initial evaluation, behavioral goals for both parent and child would be collaboratively (consultant & consultees) set to create or increase protective factors. Naturally,

these goals would be individualized, but in general would focus on decreasing fear, exasperation, turmoil, exposure to violence/discord, and mistrust of juvenile justice system/law enforcement, and/or increasing communication, unity, monitoring, organization, and parenting efficacy (PGQ).

Background, evaluative measures, antecedents, behaviors, and conceptualization would be included in the consultation report presented to all consultees. Moreover, the consultation report would also attempt to provide a description of collaboratively generated interventions and recommendations. In general, the recommendations and interventions would be learning-based and defined in behavioral terms. It is likely these interventions would need to be designed to enhance communication (check-ins, practice, modeling, role-play, internal dialogue, etc.), increase structure, discipline, and functioning (reinforcements, punishments, daily planners, chores/responsibility checklists, contingencies, etc.). The consultation report would attempt to provide an efficient yet comprehensive guide to assist parents, build or reinforce protective factors, and potentially aid in curtailment or recidivism on an individualized basis (See Appendix B).

Formulation and implementation of the consultation report and plan would be loosely based on the parenting factors of the PGQ and the multi-systemic and ecological JCAP model. These plans would be individualized yet structured around goals of increasing protective factors. Evaluation would be completed through the re-administration of the PGQ at a mutually agreed upon point of termination and through reported changes in behavior and functioning from all consultees (Observations, Ratings, Interviews). An earnest attempt would need to be made by the consultant to address and include all post-consultation matters (termination, follow-up, evaluation, crisis response) within the submitted consultation report. All parent consultation referrals, interviews, assessment protocols, and reports would also need to be maintained in a

permanent JCAP consultation file. These files would be maintained as official and confidential property of JCAP and would serve to respond to potential needs of consultees and to create a consultation database for further research on the PGQ and outcomes of the proposed clinical intervention.

Summary and Additional Recommendations for Further Research

The present investigation identified a link between the elusive factors of parenting and the antisocial behavior of children. Research and development generated an instrument (PGQ) designed to analyze these parenting factors with an overarching goal to assist juvenile courts and agencies in the rather daunting task of curtailing both recidivism and antisocial behavior through the strengthening of protective parenting factors. The instrument was found not only to provide juvenile courts with an effective, albeit supplementary, risk and needs assessment, it also informed conceptualization by identifying potential parenting antecedents to offending behavior and providing the basis for intervention. It was established, that the clinically sound approach to intervention resisted processes of isolating the parent in counseling and instead, addressed the coercive cycle through a more systemic approach to improving family relations and reducing levels of conflict in the home. Ultimately, the present investigation introduces an ecological intervention in the form of behavioral consultation that paves the way for further research and that theoretically would benefit both parents and adolescents through ameliorating the very behaviors of both parent and child that have been found to be linked to delinquency and recidivism.

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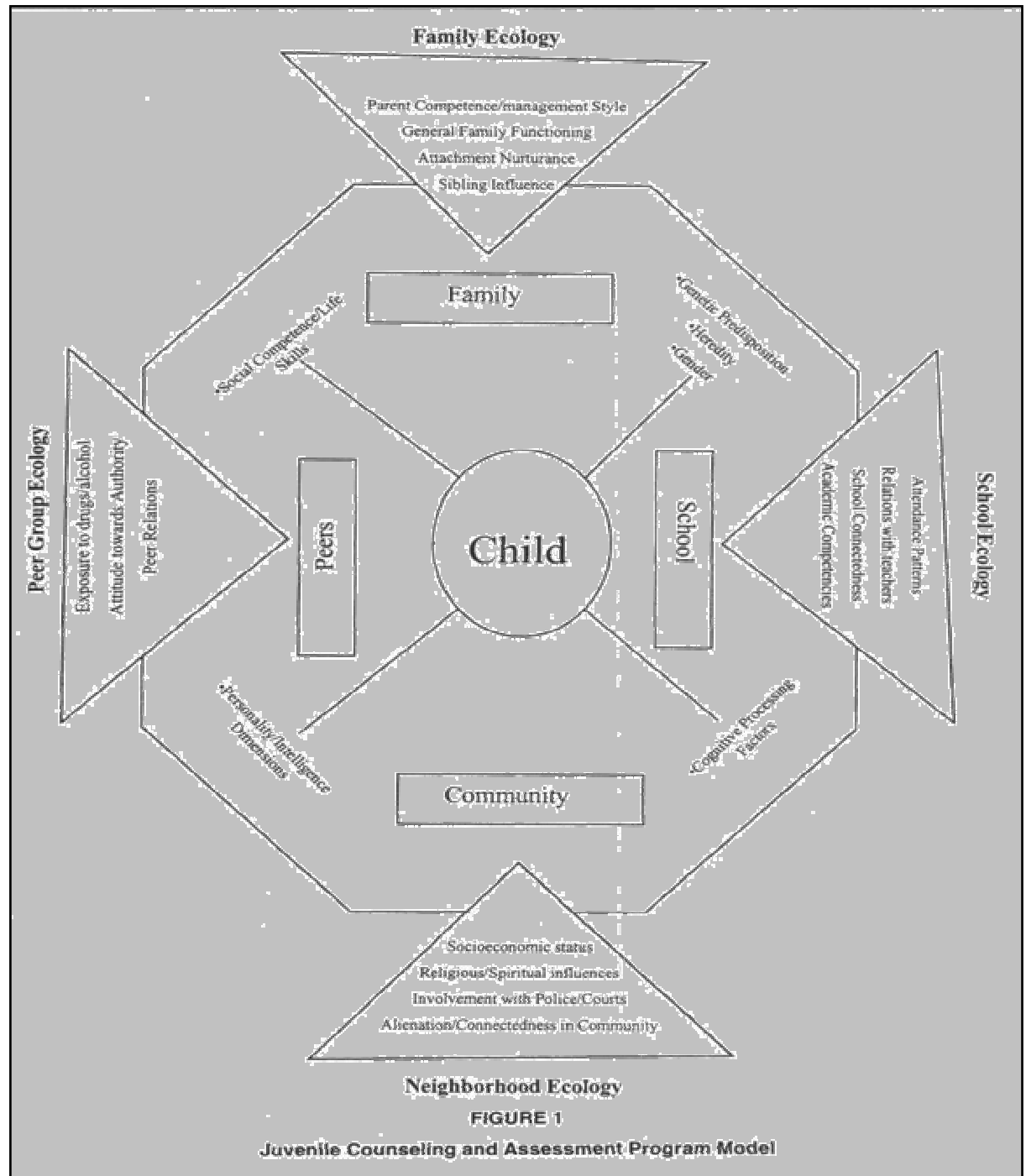
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APPENDIX A

JCAP MODEL

APPENDIX A: JCAP MODEL.



APPENDIX B

SAMPLE JCAP PARENT CONSULTATION PLAN

APPENDIX B: SAMPLE JCAP PARENT CONSULTATION PLAN.

Outline for JCAP Parent Consultation Plan & Report

I. Background Information

- A. Demographic information on the Child & Family
- B. Ecological Context of the Problem

II. Problem Definition.

- A. Referral Problem
- B. Target Behavior(s)
- C. Desired Outcome Behavior(s)
- D. Critical Settings (Antecedents) / Stage & Situations for Change
- E. Preliminary Functional Analysis

III. Problem Analysis

- A. PGQ Results
- B. Rationale for Use of PGQ
- C. Additional Testing & Interpretation
- D. Presentation & Discussion of Data (W/Consultees – judge, PO, JCAP counselor, parent)

IV. Intervention Plan

- A. Basic Design (conceptualization, hypothesis, goals, objectives, predicted obstacles, evaluation)
- B. Contingencies & Their Criterion
- C. Acceptability of Interventions to Consultees (Parent, Child) & Clients (DJJ)
- D. Personnel Involved in Intervention Implementation (Consultees & Other Agents as deemed necessary)
- E. Setting & Time
- F. Resources
- G. Procedures for Promoting New Behaviors, Increasing Existing Behaviors, & Reducing Interfering Problem Behaviors
- H. Procedures for Facilitating Generalizations
- I. Treatment Integrity Checks

V. Plan Evaluation

- A. Change in Behaviors via Direct Observation, P.O. & Parent Performance Ratings
- B. Outcome Interview with Significant Adults (Possibly Consultees only)
- C. Re-administer PGQ
- D. Intervention Side Effects

VI. Summary and Recommendations

- A. Summary and Results Obtained
- B. Discussion of Effectiveness
- C. Suggestions for Increasing Program Effectiveness
- D. Suggestions for Continued Treatment Follow-Up

APPENDIX C

SAMPLE PGQ AND SCORING KEY

APPENDIX C: SAMPLE PGQ AND SCORING KEY.

~ Parent / Guardian Questionnaire (PGQ) ~

Please complete all of the information on this form:

Child's Name: _____ Child's Date of Birth: _____

Child's Age: _____ Child's Race: _____ Child's Gender: **M F**

Your Name: _____ Relationship to Child: _____

The following questions ask you to consider your thoughts and feelings about raising your child. Be sure that your answers reflect **how you feel about your child and not how someone else might feel about him/her**. This is not a test. There are no right or wrong answers, and everyone will have different responses to these questions.

Please read each sentence and choose an answer that most closely represents your thoughts and feelings about raising your child. Each item describes thoughts or feelings that you may have toward your child **now or within the past year**. Please circle the appropriate number the left of each statement using the key below:

Completely False = 1 Mostly False = 2 Mostly True = 3 Completely True = 4

- | | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 1. I have had it with my child. |
| 1 | 2 | 3 | 4 | 2. I feel like giving up on my child. |
| 1 | 2 | 3 | 4 | 3. My child listens to me. |
| 1 | 2 | 3 | 4 | 4. It bothers me that I can't trust my own child. |
| 1 | 2 | 3 | 4 | 5. When it comes to my child, I feel hopeless. |
| 1 | 2 | 3 | 4 | 6. I'm afraid to turn my back on my child when he/she is angry. |
| 1 | 2 | 3 | 4 | 7. Sometimes I wonder if my child should live some place else. |
| 1 | 2 | 3 | 4 | 8. I am angry with my child. |
| 1 | 2 | 3 | 4 | 9. I know if my child is late coming home. |
| 1 | 2 | 3 | 4 | 10. I understand my child. |
| 1 | 2 | 3 | 4 | 11. I am tired of him/her getting into trouble. |
| 1 | 2 | 3 | 4 | 12. My child keeps me informed about where he/she is going. |
| 1 | 2 | 3 | 4 | 13. I lose my temper with my child. |
| 1 | 2 | 3 | 4 | 14. I know the names of the kids who my child hangs out with. |
| 1 | 2 | 3 | 4 | 15. My child lets me know when he/she will be home from school. |
| 1 | 2 | 3 | 4 | 16. I get so angry with my child that I can't deal with him/her. |
| 1 | 2 | 3 | 4 | 17. My child's lip (backtalk) makes me very angry. |
| 1 | 2 | 3 | 4 | 18. I have heated arguments with my child. |
| 1 | 2 | 3 | 4 | 19. Sometimes I feel like a prisoner in my own home because of my child. |
| 1 | 2 | 3 | 4 | 20. I never know what my child is doing from day to day. |
| 1 | 2 | 3 | 4 | 21. Sometimes I think my child does things to make me angry. |
| 1 | 2 | 3 | 4 | 22. I feel all alone in raising this difficult child. |
| 1 | 2 | 3 | 4 | 23. If I make my child tell me where he/she is going we would fight all the time. |
| 1 | 2 | 3 | 4 | 24. My child has an attitude. |
| 1 | 2 | 3 | 4 | 25. I know how to help my child deal with his/her problems. |
| 1 | 2 | 3 | 4 | 26. My child irritates me when he/she misbehaves. |
| 1 | 2 | 3 | 4 | 27. Sometimes my child explodes with anger and it scares me. |

For Clinician Use Only

Reverse score items: 3, 9, 10, 12, 14, 15, 25 (Thus 1 = 4; 2 = 3; 3 = 2; and 4 = 1).

Record the sum of each column Below.

1.	_____	
2.	_____	
3.	() _____	
4.	_____	
5.	_____	
6.	_____	_____
7.	_____	
8.	_____	
9.	() _____	
10.	() _____	
11.	_____	
12.	() _____	
13.	_____	
14.	() _____	
15.	() _____	
16.	_____	
17.	_____	
18.	_____	
19.		_____
20.		_____
21.	_____	
22.		_____
23.		_____
24.	_____	
25.	() _____	
26.	_____	
27.		_____

PE_____ P-CC_____ PM_____ FC_____

Parent/Guardian Questionnaire – PGQ Scoring Key

Factor	PGQ Item #s
1 (parent efficacy)	1(5), 2(12), 4(18), 5(26), 7(32), 8(38), 13(54), 16(58), 25(110)*
2 (parent-child conflict)	11(49), 17(62), 18(64), 21(76), 24(105), 26(112)
3 (parent monitoring)	3(16)*, 9(40)*, 10(47)*, 12(51)*, 14(55)*, 15(56)*, 20(72)
4 (fear of child)	6(30), 19(67), 22(93), 23(104), 27(114)

* Reversed Score Item

Original JOPQ item is in parentheses.