

Family Therapy

The family unit is a key factor in the prosocial development of children, adolescents, and young adults. Significant bodies of research have found that family functioning provides an early and sustained impact on family bonding, conduct disorders, school bonding, choice of peers, and subsequent delinquency (Latimer 2001; Henggeler 1989; Loeber and Dishion 1983; Loeber and Stouthamer-Loeber 1986; Barnes et al. 2006; Knoester and Haynie 2005). Family is of critical importance because it functions as the principal social unit during the formative years of early childhood. Along with providing for basic physical needs, the family is the primary and sometimes sole source of emotional support, learning opportunities, and moral guidance and for developing self-esteem and providing physical necessities. When the family fails to fulfill these responsibilities, the children typically suffer (Kesler et al. 2010; Kumpfer and Alvarado 1997).

Family dysfunction (e.g., family history of violence, favorable attitudes toward problem behaviors, poor socialization, poor supervision, poor discipline, family disorganization, family isolation, or family disruption) is an important influence on future delinquent and antisocial behavior. Family dysfunction provides children with models and opportunities to engage in problem behavior. For example, family drug use is consistently linked to adolescent drug use (Barnes et al. 2006). Children living in homes where divorce or separation has occurred are more likely to display problem behaviors (Wells and Rankin 1991). Poor family management practices, such as failure to set clear expectations for children's behavior, insufficient monitoring and supervision, and severe and inconsistent discipline consistently predict later delinquency and substance use/abuse (Capaldi and Patterson 1996; Hawkins, Arthur, and Catalano 1995).

Research suggests that improving family functioning should in turn reduce problem behaviors in children and adolescents from dysfunctional families (Kumpfer and Alvarado 2003). Today, there are several major categories of interventions designed to strengthen family functioning and thus prevent future problem behaviors. These family-strengthening interventions include family skills training, family education, family therapy, family services, and family preservation programs.

Theoretical Foundation

The family wields tremendous influence on an adolescent's risk for delinquency because it provides the primary socialization context for children (Simons et al. 1998; Patterson, Reid, and Dishion 1992; Knoester and Haynie 2005). The theoretical foundation for this relationship is grounded generally in theories of social control, which hold that delinquent acts are more likely to occur when an individual's bond to society is weak or broken (Hirschi 1969). Under this theoretical framework, the family acts as a socializing agent by teaching children conventional norms and values. Social control theory argues that a strong, affectionate tie between child and parent is one of the fundamental means by which to establish societal bonds and thus insulates adolescents from engaging in delinquency and other problem behaviors (Brook et al. 1998; Knoester and Haynie 2005). The theory posits that when family functioning decreases or children are raised in nontraditional family structures, their attachment to parents is stunted. This then weakens their bond to society, leaving them without the internal controls that

discourage criminal behavior. Such youths are more strongly attracted to delinquent acts than are those who have been socialized and have developed strong internal controls.

Gottfredson and Hirschi (1990) argue that, as a result of ineffective parenting, some adolescents tend to be impulsive, defiant, physically aggressive, and engage in risk-seeking behaviors (Stewart et al. 2002; Conger, Patterson, and Ge 1995). Ineffective parenting is seen as a result of two factors (Thornberry 1987; Simons, Chao, and Conger 2001). First, parents and children tend to be similar in their temperament, personality, and cognitive abilities (Plomin, Chipuer, and Loehlin 1990). Thus, there is a tendency for impulsive, aggressive children to have parents who also possess these characteristics, which tend to interfere with effective parenting. Second, research indicates that parent-child interaction is a reciprocal process. In other words, not only does ineffective parenting increase the probability of child conduct disorders, but also that hostile, obstinate child behavior often elicits a negative parental response, which results in further ineffective parenting (Patterson, Reid, and Dishion 1992). Thus the personal characteristics of the parents combined with the difficult behavior of the child create a volatile mixture of antagonistic relationships.

Additional theories rely on a combination of neural development and social factors. Terrie Moffitt developed one of the first theories that combined genetics with socialization. Her research differed from the long-held idea that criminals were born, first described by Cesare Lombroso in the 19th century, and instead created the idea that children are born with neuropsychological deficits (Moffitt 1993). Although genetic fatalism implies that biology cannot be changed—and thus criminals are born “bad” and will be bad for their entire lives—attributing criminal behavior to deficits implies that these are traits that can be replenished or taken away through the right intervention. Moffitt’s theory states that brain development can be compromised in the womb because of a variety of factors, such as the mother’s poor nutrition or use of drugs or alcohol (Moffitt 1993). This may lead to deficits in the child’s executive functioning skills or cause other developmental delays. Though these deficits do not directly lead to antisocial or criminal behavior, they can lead to problem behaviors, poor socialization, or harsher discipline from parents as a reaction to the child’s difficult behavior (Cullen and Jonson 2012). These types of deficits build a cumulative continuity of criminogenic conditions, wherein youths become increasingly stuck in an antisocial life course because of poor parental, peer, and social attachment. The theory acknowledges that childhood problem behavior does not always lead to a life of crime but also recognizes that troubled children are significantly more likely to develop into troubled teenagers. The suggestion then for trying to avert a life course of persistent offending status is to develop early intervention programs to help troubled children build and strengthen bonds between and among parents, peers, and the community (Cullen and Jonson 2012).

Consequently, it is imperative that delinquency prevention programs reinforce the parent-child bond as a means of preventing delinquent behavior. One way of reinforcing the parent-child relationship is to decrease risk factors and increase protective factors for delinquent behavior through parent training and family-strengthening programs (Development Services Group, Inc. 2014; Kumpfer and Alvarado 1995; Huizinga, Loeber, and Thornberry 1995).

Risk factors are characteristics of the youth or the environment surrounding the youth that increase his or her likelihood of engaging in delinquency. Risk factors are variables associated

with problem behaviors (specifically, delinquent offending or violence). Some examples are early onset of aggressive behavior, patterns of high family conflict, school-related problems such as truancy, gang involvement, and availability of drugs or firearms in the neighborhood (see the Model Programs Guide literature review on [Risk Factors](#)).

Protective factors are characteristics of the youth or the environment surrounding the youth that interact with risk factors to reduce the odds of involvement in delinquent or criminal activities. Some examples of protective factors are parental supervision, attachment to parents, and consistency of discipline (see the Model Programs Guide literature review on [Protective Factors](#)).

Types of Family Therapy

Family-strengthening programs concentrate on changing the maladaptive patterns of interaction and communication in families in which youths already exhibit behavioral problems (Kumpfer and Alvarado 2003). In addition, some family-strengthening programs use multicomponent interventions, including behavioral parent training, child social-skills training, and family therapy. These multicomponent programs are known as *family skills training*. Family-strengthening programs typically are implemented for families who have youths diagnosed with mild emotional and behavioral problems, such as conduct disorder, depression, and school or social problems (Kumpfer and Alvarado 2003). Such programs are usually conducted by trained therapists in clinical settings with the parents and children. Kumpfer (1999) identifies several types of family-strengthening techniques. They include the following:

- Structural family therapy (Szapocznik et al. 1983; Powell and Dossier 1992) stresses families' coping skills and strategies as well as learning new ways to respond.
- Strategic family therapy (Szapocznik and Kurtines 1989) is pragmatic and goal oriented. Structural-strategic family therapy (Stanton and Todd 1982), as the name implies, combines a concentration on patterns of family interactions with goal-specific approaches.
- Behavioral family-therapy programs (those with a therapist working with one family) or behavior family trainings (those with a therapist working with several families in a group) contain separate skill-building training for parents and children during part of the session (Rosenthal and Bandura 1978, Gurman and Kniskern 2014). The family is then brought together for activities during the last part of the therapy session.
- Functional family therapy (FFT) (Alexander and Parsons 1982) is a short-term approach designed to engage and motivate youths and families to change negative affect (Alexander et al. 2000; Sexton and Alexander 2000).
- Multisystemic family therapy (MST-FT) addresses delinquent youth behavior within the context of the family, school, and community. Interventions are goal oriented and emphasize development of family strengths (MST Services 2014; Henggeler and Borduin 1990).

Outcome Evidence

There are a variety of family therapy programs that have demonstrated effectiveness in reducing family dysfunction and child and adolescent problem behavior, including delinquency and crime rates. Below are descriptions of a few evidence-based family therapy interventions. Links to other family therapy programs rated Effective on the Model Programs Guide are also provided below.

Functional Family Therapy (FFT) is geared to help youths ages 11–18 and has been successfully tested in multiethnic and multicultural contexts to treat both youths and their families. Youths are usually targeted for FFT when they are at risk for or engaged in delinquent behavior such as violence and substance abuse. Youths who have been diagnosed with conduct disorder, oppositional defiant disorder, or disruptive behavior disorder are also able to participate in the FFT program. The FFT model concentrates on decreasing risk factors and on increasing protective factors that directly affect the youth, with particular emphasis on familial factors. The intervention consists of 8 to 12 one-hour sessions for mild cases and up to 30 sessions for more difficult situations. Studies by Gordon and colleagues (1988) and Sexton and Turner (2010) suggest that FFT has produced significant reductions in recidivism for juvenile offenders. Gordon and colleagues (1988) found that during the entire follow-up period (51.5 months) youths in the FFT treatment group recidivated at 5 percent, compared with those in the comparison group, who recidivated at a significantly higher 25 percent. Sexton and Turner (2010) found that, when adherence to the FFT model was high, the program resulted in a significant reduction in felony crimes (34.9 percent) as well as a significant reduction in violent crime recidivism for delinquent youths (30.0 percent).

Multidimensional Family Therapy (MDFT) is a family-based treatment program that combines elements of substance abuse prevention to target adolescents with drug, behavior, or delinquency problems. MDFT uses several program components to address substance abuse or problem behaviors. A combination of assessments and interventions across four core domain areas (with the adolescent, parent, family, and community) support the youth in developing and maintaining strong attachments and bonds to parents, the community, and peer groups. Research by Liddle and various colleagues (2001, 2008, 2009) has found that MDFT significantly reduces adolescent drug use, by up to 45 percent. Follow-up data shows that the results remain significant, with adolescents reporting minimal or no substance use at 12 months postintervention compared with control groups. Additionally, MDFT studies have shown that the program can help improve family functioning, improve academic grades, decrease delinquency, and reduce internalized distress scores.

Brief Strategic Family Therapy (BSFT) is a family-based intervention designed to prevent and treat child and adolescent problem behavior. It is a short-term intervention that focuses on identifying the problems and then finding ways to change those behaviors. Treatment occurs over a 3- to 4-month period, averaging about 12 to 16 sessions, which last from about 60 to 90 minutes each. The program uses restructuring and reframing techniques to help the family as a whole reduce problematic patterns and teaches them how to develop communication, parenting, and conflict resolution skills. The program uses a therapeutic alliance technique, wherein the therapist forges relationships with each family member and advocates for respect for each member and for the family unit. BSFT has shown promise in its research outcomes; however, there are inconsistent findings for some variables. Robbins and colleagues (2011)

found no significant differences for adolescent drug use or family functioning after BSFT intervention. But they did find some positive effects on engagement and retention. Coatsworth and colleagues (2001) found positive effects on both engagement and retention. A later study conducted by Santisteban and colleagues (2003) found promising reductions in behavior problems, reductions in some drug use behaviors, and increases in family functioning.

Parenting with Love and Limits (PLL) is a program designed for adolescents who have a primary diagnosis of oppositional defiant or conduct disorder. The PLL program combines both group and family therapy into one system of care. Adolescents and their parents learn new skills in group therapy and then use these skills to role-play and practice during private family-therapy sessions. The program offers four to six sessions for low- to moderate-risk juveniles, whereas moderate- to high-risk juveniles and their families receive up to 20 sessions. The program has been implemented in residential, outpatient, and home-based settings. Studies conducted by Sells, Winokur-Early, and Smith (2011); and by Sells and colleagues (forthcoming) found that PLL treatment youth had significantly fewer offenses after program completion and at the 12-month follow-up, compared with the control group. The PLL program has also been found to improve parenting and communication, and to decrease measures of aggression for delinquent youth.

More information on the programs described above as well as others rated “Effective” can be found using the following links:

- [Functional Family Therapy](#)
- [Multidimensional Family Therapy](#)
- [Brief Strategic Family Therapy](#)
- [Parenting with Love and Limits®](#)
- [Adults in the Making \(AIM\)](#)
- [Families and Schools Together \(FAST\)](#)
- [Family Matters](#)
- [First Step to Success](#)
- [Guiding Good Choices](#)
- [Linking the Interests of Families and Teachers \(LIFT\)](#)
- [Multidimensional Treatment Foster Care-Adolescents](#)
- [Multisystemic Therapy \(MST\)](#)
- [Multisystemic Therapy-Substance Abuse](#)
- [Nurse-Family Partnership \(NFP\)](#)
- [Perry Preschool Project](#)
- [Positive Family Support \(PFS\)](#)
- [SNAP® Under 12 Outreach Project](#)
- [Strengthening Families Program: For Parents and Youth 10-14](#)
- [Strong African American Families \(SAAF\)](#)
- [The Incredible Years](#)
- [Triple P - Positive Parenting Program](#)

Conclusion

Analyses of family-based programs find that family-strengthening initiatives (compared with programs that concentrate solely on parents or children) have more immediate and direct impact on improving family relationships, support, and communication and on reducing family conflict (Bruner 2004; Kumpfer and Alvarado 1997; Szapocznik and Kurtines 1989; Szapocznik 1997). Programs that work to strengthen the relationship-base of family support principles are more likely to produce positive results compared with programs that do not emphasize these qualities (Bruner 2004). By treating the family as a unit, these programs are better able to identify the origin of problem behaviors as well as ways to change behaviors in both children and parents.

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