

FAMILY FUNCTIONING AND ITS RELATIONSHIP TO  
RECOMMENDED STATUS WITH THE JUVENILE COURT SYSTEM

by

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(ABSTRACT)

The process which counselors at the Twenty-Seventh District Court Service Unit in Virginia go through in order to make treatment recommendations regarding juveniles and their families to the Juvenile and Domestic Relations Court was explored. The relationship between family functioning, communication, and recommended status with the juvenile court system was studied. Finally, a comparison of counselors' perceptions of family functioning and families' self-reports was made.

DEDICATION

To my parents,  
who continue to teach me about what is truly important.

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## Chapter One

### INTRODUCTION

Court Service Units are a part of the Division of Youth Services of the Department of Corrections in the Commonwealth of Virginia. Court Service Units are designed to receive all complaints regarding juveniles coming from the community, and to determine what kind of intervention is needed. Private citizens and public officials alike notify the agency of alleged status offenses and delinquent acts.

The agency is charged by the Virginia legislature to divert from court as many of these cases as can be handled by other means. Options outside the court include, but are not limited to: voluntary counseling with family members; mediation between neighbors; and referral to other agencies for assistance.

In cases referred to court, staff counselors are generally called upon to provide background "social history" reports for the attorneys and the judge. Counselors are asked to document specific information about the family and to recommend what, if any, intervention the court need make. The counselor may request that the case be taken under advisement - with no further intervention by the court unless new problems develop or that the youth and his or her family be referred to the Unit for services. The latter may take the form of placing the juvenile and family on counseling, in which case they are required to attend sessions to work on the problematic behavior and relational issues in the family. The latter could also take the form of recommending that the juvenile be



placed on probation which would mean that he or she and the family would also have the opportunity for intensive counseling, but would mean a tighter link to the court and a specific set of rules for the juvenile to follow regarding work/school attendance, curfew, and other behavior. Lastly, the counselor may suggest out-of-home placement or state institutional care (See Appendix A for flow chart).

The philosophy of the Twenty-Seventh Judicial District Juvenile and Domestic Relations Court Service Unit is to base recommendations upon the perceived level of functioning of the juvenile in the context of his/her family system. Two juveniles committing the same offense may receive different treatment based upon the counselor's perception of each family's level of functioning. For example, a juvenile perceived as being out of control with ineffective parents may receive a more restrictive recommendation from the counselor than a higher functioning juvenile with parents who appear to be in charge. Research which examines the process of assessment of these juveniles and their families is needed.

Due to the above connection between family functioning and recommended status with the juvenile court system, family functioning was chosen as a major variable for study. The Circumplex Model of Marital and Family Systems (Olson, Russell, & Sprenkle, 1979) states that communication is an important variable related to family functioning.

The purpose of this research was to examine the relationship between communication, family functioning, and recommended status with the

juvenile court system. First, counselors were interviewed about their particular means of assessing families and making decisions as to what to recommend to the court. Second, families were categorized into groups according to counselors' recommendations for them. Third, counselors' assessment of family functioning were compared to families' scores on FACES III, an objective measure given to assess the level of family functioning. Family functioning (FACES III) scores and communication (Parent - Adolescent Communication Scale) scores were compared across groups to determine whether differences existed.

#### OBJECTIVES

The Court Service Unit involved in this study functions on the assumption that decisions regarding juveniles and their families are based upon logical and accurate assessment of family functioning. The overall goal of this research was to examine the decision-making process that counselors go through in order to reach conclusions about what to recommend for families and to address the question: are there distinguishable, quantifiable differences in family functioning and communication between recommendation groups? These groups were categorized by counselors based on court action recommendations; they are as follows: (a) no court action, unofficial counseling; (b) court-ordered family counseling; (c) probation with counseling; (d) out-of-community care for juvenile (including drug rehabilitation, hospitalization, special placement, and commitment to the Department of Corrections for state institutional care. Counselors' perceptions of

families they serve were compared to an objective rating of family functioning. Qualitative data about the assessment process and the perception of differences between recommendation groups was gathered to help explain quantitative results.

#### Research Questions

1. How do counselors' assessments of family functioning compare to FACES III's assessments of level of functioning?
2. What criteria do counselors use to determine level of functioning in families with which they work? Which factors are important when developing a recommendation? What factors other than family functioning do counselors report as being relevant?
3. Are there statistically significant differences between the four recommendation groups in terms of demographic, legal, and family functioning variables? These variables include: age, race, and sex of the identified patient; total number of months involved with Court Services; whether the juvenile is a repeat offender or not; offense type; recommendation group; family composition; level of income; therapists' perception of family adaptability, family cohesion, and family functioning or typology (family adaptability and cohesion combined); family members' view of family adaptability and cohesion; family members' ideal level of adaptability and cohesion; and family members' rating of communication with one another. Are there distinct differences between families whose cases are handled outside of court and those who are referred to court and are recommended for placement in various status groups?

## Chapter Two

### REVIEW OF SELECTED LITERATURE

The Circumplex Model of Marital and Family Systems, developed by David H. Olson, Candyce S. Russell, and Douglas H. Sprenkle (1979) served as the theoretical framework for this study. The main reason for choosing the Circumplex Model was that the model organizes systems family therapy concepts related to family functioning in a clear, useful manner and uses language that is meaningful to the systems family therapist. "The Circumplex Model provide(s) exceptional unifying and organizational potential" (Fisher, Giblin, & Regas, 1983, p. 42).

Family theorists, sociologists, and family therapists have been interested in understanding and explaining how the family functions. In the fields of family studies and family therapy, much of the early writing on this topic was based on the concept of homeostasis. The family was viewed as a self-regulating unit continuously striving to maintain the status quo. This stance is evident in Haley's First Law of Relationships (Haley, 1959) which stated:

When an organism indicates a change in relations to another, the other will act upon the first so as to diminish and modify the change. (p. 281)

Later, in the work of Vincent, Wertheim, Rappoport, and Hill, an enlarged scope of family processes was promoted. In an article entitled, "Family Systems Morphostasis and Morphogenesis, or 'Is Homeostasis Enough?'" Spear

(1970) stated, "the concept of homeostasis by itself is insufficient as a basic explanatory principle for family systems and . . . it may limit both our expectations for families and our approaches for helping families" (p. 259). Wynne (1958) argued forcefully, families that rigidly try to maintain homeostasis through successive developmental phases are highly disturbed and atypical. Enduring success in maintaining family homeostasis perhaps should be regarded as a distinctive feature of disorder in families. (p. 89)

Forerunners in the active study of adaptability in families were Angell and Hill. Angell (1936) explored families' ability to cope with prolonged unemployment (as discussed in his book, The Family Encounters the Depression) and identified adaptability as significant in understanding positive outcomes in the face of such stress. To Angell, adaptability referred to "the family's flexibility as a unit in meeting difficulties, to the family's readiness to adjust to changed situations, and to its habit of collective discussion and decision" (Olson, 1979, p. 14). Utilizing case studies, he identified the following eight family types: (a) highly integrated, highly adaptable, (b) highly integrated, moderately adaptable, (c) highly integrated, unadaptable, (d) moderately integrated, highly adaptable, (e) moderately integrated, moderately adaptable, (f) moderately integrated, unadaptable, (g) unintegrated, moderately adaptable, and (h) unintegrated, unadaptable. Later, Hill (1949) combined adaptability and integration to study war separation and reunion to find highly adaptive

families adjusted best to these events. This finding is discussed in his book Families Under Stress.

It is clear that there has been a great interest in understanding what determines a healthy family. In our rapidly changing society, the external demands and stressors on the family are at a high level. At the same time, the individual members and the family as a unit are facing developmental tasks and, thus, internal pressures. So, what are the characteristics that a family must possess in order to optimally meet the needs of its members? What are the essentials for its survival?

The Circumplex Model of Marital and Family Systems was developed by Olson, Russell, and Sprenkle (1979) in an effort to answer questions like those above. These researchers drew from concepts and models used by others in the fields of family theory, sociology, and family therapy. They concluded that all of these concepts related to two dimensions of family functioning, cohesion, and adaptability. Olson and his associates defined family cohesion as "the emotional bonding that family members have toward one another" (1979, p. 5). Variables considered under the heading of cohesion are: emotional bonding, independence, boundaries, coalitions, time, space, friends, decision-making, interests, and recreation (Olson et. al., 1979). Family adaptability is defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson et. al., 1979, p. 12). Variables under this heading are: family power (assertiveness, control, discipline), negotiation style, role relationships, and relationship rules.

The model hypothesizes that a moderate amount of adaptability and cohesion are needed for healthy family functioning. Likewise, families with very low or high levels will generally be functioning poorly. Sixteen family types can be identified with the model, and its continues to be empirically and clinically tested.

#### REVIEW OF LITERATURE SPECIFIC TO THE DECISION-MAKING PROCESS

In 1982, C. R. Fenwick, from the Department of Criminal Justice at Trenton State College, did research on juvenile intake. Fenwick (1983) concluded that family affiliation is an important factor in the decision to bring or not bring a juvenile to a formal court hearing. Juveniles may not be sent on to court if family support and cooperation is great enough.

Based on the investigator's review of the literature, it would appear that only one study has been done to examine these important decisions that affect hundreds of juveniles and their families having contact with the legal system each year. No research has been carried out to determine if there are distinct differences between those in separate treatment groups. Is this an arbitrary decision-making process - or are there logical reasons for persons receiving different recommendations?

## Chapter Three

### METHODOLOGY

This chapter is a discussion of the procedures used in the study. It includes details regarding the manner in which interviews were conducted and analyzed. The instruments chosen to test subjects in order to obtain quantitative data are discussed, and the intricacies of data collection and analysis follow. A descriptive analysis of the research sample is given. The two types of data collection, qualitative and quantitative, were carried out simultaneously.

#### The Interview

The purpose of the interview in this research project was to balance, and possibly shed light on, quantitative information that was to be gathered and analyzed. The author was interested in each counselor's private logic about decision-making with clients.

Interviews were conducted by the author with 12 staff members. The only counselor who was omitted from this process was one who had been employed with the agency for two weeks and was involved in training and orientation.

Counselors were told that the interview would be about the decision-making process on the job. They agreed to be audiotaped for the purpose of assisting the author in recollection of information, and were assured that their comments would not be identified as their own and could not be utilized by administrators in any evaluative way.



The interviews began by the author asking relatively broad, open-ended questions about the counselors' decision-making processes. The author asked counselors to throw out ideas, factors they consider during several different points in the treatment of families. This included the time of initial contact with a family, the social history stage, and during supervision throughout therapy.

The more free-floating portion of the interview moved into asking counselors about their private logic regarding the alternatives for juveniles and their families within the court system. Specifically, counselors were asked to share what factors would lead them to recommend each type of service for a family. This was followed by a discussion of the last two decisions the counselor had made and how the recommendation was reached in the counselors' thinking. Finally, most interviews ended with questions and the counselors' thoughts about how their private logic was attached to their own values and phase of personal and professional development. The methodology used in designing the interviews can be found in Interviewing: Principals and Practices (Stewart and Cash, 1974). Please see Appendix J for the researcher's guide to the interview.

### Instruments

#### FACES III

As explained earlier, staff counselors are expected to assess level of functioning in families in order to develop a recommendation regarding status with the court system. Thus, a tool for assessing the entire

family unit was needed in order to conduct the research. FACES III (Family Adaptability and Cohesion Scales III), the most refined assessment instrument in a series developed by David Olson and colleagues from the University of Minnesota Department of Family and Social Science, was chosen. The instrument is one of those developed to empirically test the Circumplex Model of Marital and Family Systems.

FACES III, developed by David Olson, Joyce Portner, and Yoav Lavee (1985), is a 20-item test which contains 10 cohesion and 10 adaptability items. Its construct validity is good and its internal consistency reliability is reported as being .68 (Olson, Portner, Lavee, 1985). Please see Appendix F and G for the instruments.

There are two versions of FACES III, the perceived form and the ideal form. The questions are the same, however, the participant answers questions on the former by considering how they presently view their family, while the subject answers the latter by considering how they would like their family to be. Both forms of the instrument were utilized in this project as a means of comparing the clients' realities to their ideals.

In summary, FACES III was used to measure family adaptability and family cohesion (perceived and ideal); family functioning (family adaptability and family cohesion combined); and therapists' perceptions of adaptability, cohesion, and family functioning.

#### PARENT-ADOLESCENT COMMUNICATION SCALES

After the basic design of the project had evolved, another variable and instrument were added. In thinking about what is important to family functioning, communication emerged as an obvious factor to be considered.

The important role that communication plays in family relationships has been discussed by numerous therapists and researchers. Watzlawick, Beavin, and Jackson, in The Pragmatics of Human Communication (1967), make a case for the connection between communication patterns, negotiation, and family functioning. Of special significance here, Olson, Russell, and Sprenkle (1980) hypothesized that healthy communication is related to balanced levels of cohesion and adaptability and facilitates movement on the Circumplex Model. Hence, the decision to test families regarding communication and the selection of a suitable instrument.

The Parent - Adolescent Communication Scale (Appendix H and I) hereafter referred to as PACS, is a self-report measure which has the ability to compare parents' and adolescents' views of communication with each other. The instrument was developed by Howard Barnes and David Olson in 1982 for the purpose of looking at both positive and negative aspects of parent-adolescent communication, namely, open sharing of information or feelings and problematic patterns of communication or lack of sharing (Olson, McCubbin, Barnes, Larsen, Muxen, & Wilson, 1982).

PACS was designed so that parents and adolescents comment, using a 5-point scale, on their view of the level of communication within their relationships. The adolescent form includes room for separate ratings of each parent.

Barnes and Olson (Olson et. al., 1982) report that the instrument's construct validity is good and that internal consistency reliability is very good at .88.

Collection of Quantitative Data

After enlisting the support of the director of Court Services and the Department of Corrections, the author met with each counselor in the district to discuss the research project and collection of data. Counselors volunteered to test the families on their caseloads and complete data sheets on those families. The agreement concerning testing of families was that counselors would administer FACES III and the Parent-Adolescent Communication Scales during regular, scheduled meetings with the clients. However, counselors decided that they would not administer tests to families coming in for assistance at the moment of crisis.

Counselors were instructed to give test directions to family members once they read an explanatory letter and agreed to participate in the study. Families were to be told to consider the questions individually rather than confer with other members. Following completion of the questionnaires, counselors were free to use the content for therapeutic discussion if they desired.

Counselors completed data sheets apart from the testing sessions with the families. The first of these (Appendix B) asked for the age of the identified patient (juvenile) as well as his or her date of birth, race, sex, and total number of months involved with Court Services. The sheet also asked for the offense(s) bringing the juvenile to the attention of the agency, and for the recommendation the counselor made in the case. Finally, the form asked for the level of income, family composition, and the number of family members being tested. The second

data sheet asked counselors to rate families' level of cohesion and adaptability, and the third asked counselors to complete FACES III (perceived form) to show how they viewed the families at that time.

### Descriptive Analysis of Sample

#### SUBJECTS

Subjects in this study were families receiving services from the Twenty-Seventh District Juvenile Court Service Unit. The sample consisted of 16 two-parent nuclear families, 12 single-parent families, 13 blended families, 2 adoptive families, and 3 families in which children live with an extended family member serving as the parental figure (total n=46). Services were being offered to these families for a wide range of reasons; juveniles in these families were referred because of status offenses, offenses against decency and peace, against property, and against other people. Level of annual family income ranged from under \$5,000 to \$30,000 or over.

The age of the parents or parental figures ranged from 29 to 65. Identified patients' ages ranged from 11 to 18. The gender of the identified patient was male in 34 cases and female in 12 cases. The sample was comprised of 1 bi-racial, 43 white, and 2 black families. All resided in the Twenty-Seventh District which includes the counties of Montgomery, Floyd, Pulaski, Wythe, Carroll, Grayson, and the cities of Radford and Galax.

Information regarding age range of the identified patients; age range of mother and father figures; the number of months involved with

Court Services; family composition; offense type; whether or not the juveniles were repeat offenders; and number of families in each recommendation group is shown in Table 1.

#### Data Analysis

FACES III and Parent - Adolescent Communication Scale tests were scored by hand. These scores and information from data sheets completed by counselors were coded and put into a computer file for analysis. An SPSSX (Statistical Package for the Social Sciences) computer program was utilized in processing this data.

Descriptive information regarding the sample was tabulated, and means, ranges, and standard deviations were calculated. One-way Analysis of Variance was used to test relationships between the recommendation groups and the variables in this study. A post hoc test, the Duncan procedures, was carried out on the statistically significant variables. Chi Square, or crosstabulation, was utilized for further analysis and for the purpose of obtaining visual charts of selected variables. Pearson's product-moment correlation coefficients were computed in order to compare therapists' assessments of family members to family members' perceptions of themselves. This type of statistical analysis was also used to determine whether the ratings the therapists gave families on the continua were correlated with the way therapists rated the families when taking FACES III according to their perceptions of family members.

Table 1  
Descriptive Analysis of Sample

	Range	<u>M</u>	<u>SD</u>
Identified patient	11 - 18	15.435	14.55
Months involved	1 - 44	6.478	8.170
Age of mother figure	29 - 65	39.386	7.209
Age of father figure	35 - 61	42.053	6.476
Family composition:			
Two-parent nuclear families		16	
Single-parent families		12	
Blended families		13	
Adoptive families		2	
Extended families		3	
Offense types:			
Status offenders		10	
Offenders against decency and peace		2	
Offenders against property		22	
Offenders against person		4	
Combination offenders		8	
First-time offenders		28	
Repeat offenders		18	
Recommendation Group:			
No court action		14	
Family counseling		9	
Probation		15	
Out-of-community		8	

## Chapter Four

### RESULTS AND DISCUSSION

This chapter begins with a discussion of the information obtained through interviews with members of the staff at Court Services. In the first segment, the reader can get a sense of the numerous factors counselors consider when making decisions regarding the juveniles and the families they work with. Then, the decision-making process itself is explored. Finally, the relationship between this process, the factors considered, and the counselors' personal values and life experience is acknowledged.

The quantitative results are given in the latter half of the chapter. Included are results from the investigation comparing the two methods of assessment utilized by counselors, results from the investigation comparing the perceptions of the counselors and the families they work with, and the results from the across-recommendation group analysis.

### QUALITATIVE RESULTS

#### Factors Considered by Counselors Throughout Treatment

Counselors listed a great many factors when asked about what they consider when assessing juveniles and their families during treatment. These factors and the frequency at which they were mentioned are listed in Table 1. Factors may seem redundant in some instances. This is due



Table 2  
Factors Considered by Counselors When Making Recommendations

<u>Individual-Oriented Factors</u>	<u>Frequency (# of Counselors)</u>
Age of identified juvenile	6
Juvenile's respect for authority	5
Attitude, cooperation of juvenile	5
Juvenile's level of taking responsibility for his/her behavior	5
Level of depression in juvenile,	
Significant losses	4
Remorse on part of juvenile	4
Child's level of functioning in school	3
Psychological/emotional problems	2
Degree of "hardness" in juvenile	1
<u>Legal-Oriented Factors</u>	
Seriousness of offense (safety issue in community)	12
Past legal history	9
Repetition of illegal behavior, constant new charges	9
Past Treatment	6
Community resources	6
<u>Family/System-Oriented Factors</u>	
Hierarchy/control issues	11
Level of functioning	11
Motivation of family members to change	10
Consequences for behavior given by parents	9
Communication	9
Relationship between acting out and family dynamics (symptomatic)	8
Substance abuse	8
Parental/family support, nurturing	8
Clear expectations, guidelines set by parents	7
Organization of family (chaotic versus well-organized)	7
Sexual/physical abuse	7
Needs of child and family	7
Family affect and interactions	7
Structure of family	6
Family's wishes and goals	6

Table 2  
continued . . .

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Parents' collusion with child or protection of child	6
Parents' response to acting out	6
Pace of positive change being made by family	5
Developmental stage	5
Boundaries	4
Relationship issues in family	4
Family's definition of problem	4
Rules, discipline	4
Strengths and weaknesses	3
Marital relationship	3
Peer group influence	3
Effectiveness of counseling in symptom removal	3
Cohesion	2
Multi-generational problems	2
Family composition	2
Parenting skills	2
Degree to which child is out of control	2
Unified parents/executive team	2
Functioning of siblings	1

---

to the fact that the list was compiled by listening to audiotapes of the interviews, and the counselors' own words were used in order to avoid inaccuracy through interpretation. As a way to organize the numerous factors, the author categorized them into three types: individual-, legal-, and family/system-oriented. This was done to help the reader; however, the categories are not entirely exclusive.

Many of the family/system-oriented factors appeared to be consistent with the language of structural and strategic family therapy training which has been promoted in the Twenty-Seventh District Court Service Unit and can be found in the works of Haley (1976) and Minuchin (1974, 1981). Secondly, the legal factors were expected in this setting. However, factors such as remorse on the part of the juvenile and degree of "hardness" in the juvenile were unexpected.

#### The Decision-Making Process

The author anticipated that each counselor would have a highly personalized system of decision-making based upon his or her education and training, life experience, and interpretation of agency philosophy and policy; it is difficult to make generalizations about this process. However, it seems accurate to say that a basic component of this process is the degree to which counselors focus on the issue of control in their work, and the degree to which they feel personal responsibility for another's behavior and the safety of the community.

The Court Service Unit is a part of the state correctional system, and the police and school officials, as well as parents and other community members, traditionally make contact with the agency for the

purpose of gaining control of juveniles. Thus, even though the provision of treatment services for juveniles and their families is the stated purpose of the agency, the notion of obligation of public safety operates in counselors' decision-making at some level. Overall, counselors generally focus upon the structure of the family, hierarchy, consequences of behavior, discipline, and rules, with the idea that families function in a relatively healthy manner when parents are able to function as an executive subsystem, nurturing while maintaining control.

While these issues were in the foreground for most counselors, a number of counselors talked about the time they spend focusing upon communication and relational issues, and attempting to assist clients in working through significant losses and depression. To one degree or another, all counselors were interested in much more than control. However, once a juvenile became involved in numerous and/or serious offenses, it becomes increasingly difficult to continue to focus solely upon family dynamics and the therapeutic plan; the responsibility the counselors seem to feel in their role at Court Services became difficult to ignore. Under these circumstances counselors were sometimes able to search for alternatives within the court system that seemed therapeutic for the client(s). For example, a counselor might find a suitable group home for a client who continued to act out in the community under the influence of alcohol. However, there were times when the counselors made moves that they believed were contradictory to their own therapeutic judgement based upon the responsibility they felt in their role of probationary counselor and official of the Court. This might include recommending that a juvenile be sent to a state learning center

(institutional care) when treatment in the community had not meant the cessation of legal violations, even though the counselors held the belief that this would not likely be of benefit to the juvenile.

A point of interest to this author was that it became difficult to distinguish clearly whether counselors were discussing therapeutic goals or social control at some points in the interviews. This was only realized after listening to each of the interview tapes several times. The language of therapy and the language of punishment and "corrective" control were intertwined. Common therapeutic issues in any clinical setting, such as hierarchy and parental support, blended with legal issues; with the person of the therapist doubling as the court official, it seemed that there were two voices to be heard in the interviews!

#### The Connection to Personal Values and Life Experience

When asked about the evolution of their methods of decision-making, staff members who had been employed with Court Services for 5 to approximately 15 years had a great deal to reflect upon. Beginning their work at a time when child-advocacy was at the center of their job, most had shifted to what might be considered a more parental stance.

The Twenty-Seventh District Court Service Unit has shifted from being more child-centered to family-focused over those years. And, although child-advocacy is presently an integral part of the counselors' work, the main focus has become family-advocacy which includes taking a leadership position regarding a family's resources while stressing the need for coming together to make improvements. The interviewer speculated that some of the counselors had gained comfort with more of a parental

stance through personal experiences; some had been raising children themselves or had, at least, begun to identify with their child-bearing cohorts.

A few of the counselors who were interviewed felt that 10 years ago they were expected to attend juvenile court hearings and advocate, persuade, sell the Court on rehabilitative plans for kids. Counselors were pleased that, over time, the probation counselor's role had become a more clinical, professional one in the Twenty-Seventh District. And some of the counselors have stayed for years to give themselves to the task of finding a balance between treatment and control. Maturing, experiencing working with difficult families, and even raising children has contributed to the way these counselors presently make decisions about families.

The counselors who had been employed with Court Services for a period of several months to 5 years led the investigator to further complexity in the evolutionary process which, individually and collectively, counselors go through in this setting. In considering what these people had to say, the investigator came to an even greater appreciation of the counselors who have stayed over the years to wrestle with how to treat juveniles and their families in this context. There are few guidelines.

All but one of the counselors who had been employed by the unit for a year or less were already in the midst of the struggle to find a manageable system of decision-making, one they hoped might feel consistent for a time, while they attempted to define themselves in their

role(s). Counselors reported making judgments on a case by case basis, but this did not necessarily bring them comfort. Some wished for more guidelines in the field and a sense of whether or not the way they operate to assist clients is effective.

One point needs to be highlighted. Not only the relatively new counselors, but a majority of all of the counselors wished for greater knowledge regarding what is helpful to the special population they work with at Court Services. One of the major job difficulties counselors frequently mentioned was that they were required to juggle several roles in the position they held. For example, counselors sometimes recommended to the Court that a family be ordered to participate in family therapy. The counselor usually felt comfortable in expressing this recommendation to the judge and family. However, the difficulty arose when the counselor then had to conduct the therapy sessions with that same family and attempt to sort out the therapeutic relationship with particular families that did not agree with the disposition; it seemed troublesome to be part of the legal process which ordered a family to cooperate with services and then try to deliver them. A second example was when a juvenile was placed on probation and counselors were in the roles of therapist and enforcer of probation rules. Role conflict sometimes arose when, after months of developing a therapeutic relationship with a family, the identified patient would be charged with a new offense and the counselor would be involved in court hearings again.

The pressures related to role conflict are at times discussed within the agency. Occasionally, the counselor who writes the social history

investigation about a family and recommends services requests to be excused from the delivery of those services. At times, the idea of separating the probation and court-related tasks from that of the family therapists' is discussed. Staff members spend some time thinking that, if they were better therapists, the role conflict might dissipate.

With time, many counselors became more adept at integrating the roles. However, the role strain was never fully resolved, and some counselors actually felt this more intensely with time. It became clear that counselors were continually working to develop ways of relating to different families and the Court. They continued to do this based upon their constantly changing life experiences, their personal struggles at a given moment, their responses to particular families, the mood of the Court, and input from colleagues and agency administrators.

#### QUANTITATIVE RESULTS

##### Comparison of Two Methods of Therapists' Assessment

As the reader will remember, the therapists were asked to assess families they work with utilizing two methods. The first method, the adaptability and cohesion continuum ratings, and the second method, the therapists taking FACES III "for the family", were compared. The research intention was to determine whether or not the therapists' descriptive assessments of the families conceptually fit the way the therapists responded to FACES III items in these cases. How did the broad conceptualizations therapists made about families through their skills and observations compare with the specific components to which they responded on the FACES III instrument?



Cohesion and adaptability scores taken directly from the FACES III tests that therapists took to describe the families were compared to the continuum scores using the following procedure. FACES III cohesion and adaptability scores were converted to Likert-type scores (categorical scores) using norms and cutting points established for families with adolescents (Olson, Portner, & Lavee, 1985). A cohesion score between 10 and 31 equalled a 1; between 32 and 37 equalled 2; between 38 and 43 equalled 3; between 44 and 50 equalled 4. An adaptability score between 10 and 19 equalled 1; between 20 and 24 equalled 2; between 25 and 29 equalled 3; between 30 and 50 equalled 4. These converted scores were then used in a statistical comparison of the two methods of assessment.

Pearson's Product-Moment Correlation Coefficients were calculated in order to determine the relationship between the therapists' assessment of cohesion and adaptability on the continua and on the FACES III items. This analysis showed a correlation of .5257 for the two methods of assessing family cohesion, and a correlation of .5926 for the two methods therapists used to assess family adaptability. Thus, the therapists' ratings of family adaptability and cohesion on the continua compared favorably with their descriptions of the specifics of the families they rated on the FACES III items. This was an important finding in that the author chose the Circumplex Model and the FACES III instrument operating upon the belief that the therapists in the study conceptualize about families using the language of the Model and, that, therefore, their descriptions of families would be similar to the scores they "gave the families" on FACES III.

A Comparison of Therapists' and Family Members' Perceptions of Adaptability and Cohesion

An important part of the study was the comparison of the therapists' assessment of the families they work with and the families' self-report on cohesion and adaptability on FACES III. Pearson's Product-Moment Correlation Coefficients were calculated in order to determine the relationship between both the therapists' continua ratings and FACES III ratings on cohesion and adaptability and family members' cohesion and adaptability scores on FACES III. The correlations between therapists' assessments of family adaptability and cohesion and family members' self-reported adaptability and cohesion are shown in Tables 3 and 4.

One can see from the table that the analysis showed a low or negative correlation between the therapists' continuum and FACES III assessments of family adaptability and family cohesion and the family members' self-reports regarding their own sense of emotional bonding and capacity for flexibility in response to stress. Therapists rated families as more extreme than did families in their self-reports.

Table 3  
 Therapists' (T) Perceptions of Family Cohesion  
 and Adaptability Compared to Family Members' Own Perceptions

---

	<u>Adaptability</u>	<u>Cohesion</u>
T and mother	-.0525	.1289
T and father	-.4658	-.2985
T and identified patient	.0053	-.1508
T and total family	-.0011	-.1137

---

Note: Therapists' perceptions of family cohesion and adaptability are from therapists' responses to FACES III items.

Table 4  
 Therapists' (T) "Continuum Assessments" of Family Cohesion  
 And Adaptability Compared to Family Members' Own Perceptions

---

	<u>Adaptability</u>	<u>Cohesion</u>
T and mother	.1147	.3865
T and father	-.1376	-.1413
T and identified patient	.2252	.1114
T and total family	.0725	.1190

---

This analysis raised many questions about the therapists' agenda for treatment and the families' interest in participation in it toward change. One question concerned how the disparity between views translates in the therapeutic setting.

Given the nature of the therapist-client relationship in a court setting whereby the therapeutic contract is initiated by the therapist, who is perceived as authority figure, it would appear from the results that two dynamics are likely to influence the scores. First, the therapist approaches the family with the task of determining why this act of alleged delinquency might have occurred and, inherent in the question, "What is wrong with this family?" Essentially the therapist is set up to make a client from this contact. Secondly, and intertwined with the first, the family has not (in about 75% of the cases studied) come to the therapist of its own volition seeking assistance and expressing a desire to invest in a counseling relationship. Although it appears that the intention of the therapist is to establish an open relationship, the family is, in this context, likely to present itself somewhat more favorably in terms of family functioning.

Olson wrote about the existence of differences between what he called the "insiders'" and "outsiders'" view of relationships in an article entitled, "Insiders' and Outsiders' Views of Relationships: Research Studies" in an edited book, Close Relationships: Perspectives on the Meaning of Intimacy (Levinger & Raush, 1977). Olson found that there were usually discrepancies between the views of the participant in and the observer of relationships. He went on to say that, at times, the

views were altogether contradictory. Of importance in the present study is the fact that both views are valid and demand consideration when making an assessment of family functioning.

The therapist's view compared to his or her clients' self-perceptions is of interest in any therapeutic/clinical setting. It is of particular importance in the court-ordered therapy setting in which therapists assess families in order to make detention decisions about juveniles, in order to make decisions regarding (recommended) treatment and, eventually, to have a great deal of input regarding whether or not a juvenile and his or her family are allowed to terminate treatment.

There is a distinct possibility that many of the families seen in this setting are less open about their family and the problems they are experiencing; many present themselves more favorably than what seems to be true in that they feel that by exposing deep problems they may be criticized by the court. Numerous parents have the not so unrealistic fear that their children could be taken from the home, "sent off" , if major flaws were to be discovered.

Many of the families in the study were tested in the early stages of treatment. It is the experience of this writer that, only as time passes with many of these families, the histories of ongoing problems unfold.

#### Second Comparison of Therapists' and Family Members' Perceptions

Due to the problems involved in using linear analysis with curvilinear data (Olson, Portner, & Lavee, 1985), caution must be used in

the interpretation of these results. A second analysis was done comparing family typology scores (combined adaptability and cohesion scores) based on therapists and family members' ratings.

A Chi Square Analysis was done which appeared to indicate that, when adaptability and cohesion scores were looked at in combination, therapists' and families' ratings did not differ significantly. It is possible that differences seen in the correlational analyses were minimized in the analysis of combined adaptability and cohesion scores. See Table 5.

#### Differences Across Recommendation Groups

One-way analyses of variance were done to determine whether statistically significant differences existed on the variables, listed under research question number 3(Chapter One), across recommendation groups. The analysis was done across the following four recommendation groups: no court action, court-ordered family counseling, probation, and out-of-community care. This breakdown of recommendation groups will hereafter be called "RECG".

A second breakdown of recommendation groups was utilized to determine whether these same variables were statistically significantly different between the families who did not go to court and those who were sent to court. This breakdown of recommendation groups will hereafter be labelled "RECGCT".

Table 5  
 Chi Square Analysis  
 Family Typology

	Therapists Assessment of Family Typology	Family Members' Assessment of Family Typology	
Balanced and Mid-Range Scores	27	28	55
Extreme Scores	19	18	37
	46	46	

The third way of distinguishing recommendation groups was to categorize families according to whether or not the identified patient received treatment in or out of the community. This breakdown of recommendation groups will hereafter be referred to as "RECGCM".

Statistically significant differences ( $p \leq .05$ ) were found to exist between the four main recommendation groups on six of the variables: (a) age of the identified patient, (b) number of months involved with Court Services, (c) whether or not the identified patient was a repeat offender, (d) type of offense, (e) the therapists' assessment of adaptability and cohesion combined (family typology), and (f) the identified patients' ideal cohesion scores. See Table 6.

In the no court action/court action recommendation group analysis, statistically significant differences were found on the following variables: age of the identified patient, whether or not the identified patient was a repeat offender, type of offense, identified patients' ideal cohesion and perceived adaptability scores, fathers' ideal and perceived cohesion scores, fathers' parent-adolescent communication scores and the therapists' assessment of adaptability and cohesion combined (family typology).

The analysis of the in-versus out-of-community recommendation groups showed statistically significant differences between the two groups in regard to these variables: number of months involved with Court Services, whether or not the identified patient was a repeat offender, and therapists' assessment of cohesion and adaptability (family typology).



Table 6  
Significant Variables Across Recommendation Groups

Variable	Significant Differences Across Recommendation Groups
Age of identified patient	RECG, RECGCT
Sex of identified patient	RECGCT
Number of months involved	RECG, RECGCM
First-time/repeat offender	RECG, RECGCT, RECGCM
Type of offense	RECG, RECGCT
I.P. ideal cohesion score	RECG, RECGCT
I.P. perceived adaptability score	RECGCT
Fathers' perceived cohesion score	RECGCT
Fathers' assessment of parent- adolescent communication	RECGCT
Therapists' assessment of cohesion and adaptability combined (balanced typology)	RECG, RECGCT, RECGCM

Note: \*RECG = four recommendation groups  
 \*\*RECGCT = recommendation groups (no court action/court action)  
 \*\*\*RECGCM = recommendation groups (in-/out-of-community)

The results regarding the demographic/legal variables were fairly straightforward. The older identified patients - or juvenile offenders- were found in the more restrictive treatment groups. Based on interviews with staff therapists, age was viewed as a factor to be considered in making decisions about juveniles. The general belief held by parents and therapists seemed to be that older adolescents were expected to be more responsible for their own behavior than the younger offenders.

The mean age in the no court action group was 14.50, while the mean age for the family counseling, probation, and out-of-community groups were 15.33, 15.93, and 16.25, respectively. Analysis of variance showed that the age differences across groups were statistically significant ( $p \leq .05$ ).

Much of the time, a great number of months involved with Court Services meant moving further into the court system, from lesser to greater restrictiveness of treatment. This could mean moving from court-ordered counseling to out-of-community placement for the juvenile offender. The analysis determined that there were statistically significant differences across the four recommendation groups and between the in- and out-of-community recommendation groups. The mean number of months families in the four groups had been involved with Court Services at the time of testing were as follow: no court action groups (2.21), family counseling group (3.22), probation group (6.73), and out-of-community group (17.13).

Finally, whether the identified patient was a first-time or repeat offender was found to be important in all three of the across-group analyses; there were statistically significant differences on this variable between the RECG, RECGCT, and RECGCM groups. Although some staff members have the belief that an identified patients' repeated offenses serve a function in the family and may escalate as changes are being attempted by family members, they may also be viewed by the therapists as attempts on the juvenile's part to get their parents or any authorities to make the world safer by taking charge and, if the parents fail to do so rapidly enough, the therapist may feel compelled to respond by recommending more court restrictions. Even when a counselor may not wish for this outcome, there are instances at which time therapists have difficulty imagining addressing the problems outside of court or in ordered therapy with no stricter sanctions. Their role as court official likely comes into the foreground with additional offenses.

Further, as common sense would allow, the more serious the offense, the greater the restrictiveness of the recommendation. This was also consistent with information collected during interviews with most staff members.

Staff members reported in interviews that they consider the aforementioned variables in concert, not alone. While the variables were found to be singularly significant, in retrospect, multiple regression could have allowed for the examination of each variable while controlling for all other variables. It would be helpful to know what percentage each variable "contributes" in determining outcome, or recommendation

group. However, sample size did not allow this kind of statistical analysis.

The conclusions regarding the variables, age of identified patient, number of months involved with Court Services, repeat versus first-time offender, and type of offense, are tentative. Based on the author's experience and interviews with staff members, there is a likelihood that these variables are highly correlated.

#### Identified Patients' View

The identified patients' ideal cohesion scores were found to be statistically different across recommendation groups ( $p \leq .05$ ). The mean of ideal cohesion scores were higher (40.93) for the no court groups as contrasted to the probation group (mean = 30.87).

The mean ideal cohesion score in the no court group (40.93) was also higher than identified patients' ideal cohesion scores in the family counseling group in which the mean was equal to (31.67).

These scores appear to signify a greater desire for emotional connectedness on the part of the identified patients in the families whose cases were handled outside of court in contrast to the cases where ordered family counseling or probation was recommended to the court for treatment. The identified patients' ideal cohesion scores in the no court group were statistically significantly higher than those of the entire group which were sent to court.

The identified patients' perceived adaptability scores were also statistically significantly higher than in the no court group than in the

group referred to court. It is possible that the identified patients who viewed their families as relatively flexible in response to stress had less need to continue acting out. It is known that many adolescents act out to rebel against parents whom they perceive to be overly rigid or restrictive.

#### Fathers' Views

Three variables related to fathers' views were found to be statistically significant in the analysis of the no court action and court-referred groups. These were fathers' ideal cohesion scores, fathers' perceived cohesion scores, and fathers' perception of parent-adolescent communication (PAC scores). Mean scores on these items were as follows:

	No court action	Cases referred to court
fathers' cohesion ideal	27.93	12.84
fathers' cohesion perceived	22.07	10.47
fathers' PAC score	40.57	20.09

This finding, and the fact that mothers' scores did not differ significantly across recommendation groups, was surprising in light of the predominance of overinvolved mothers and peripheral fathers reported to be seen in families at Court Services. The dramatic differences in the no court and court cases point to the importance of the fathers' perception of the family.

### Therapists' Views

When considered singly, therapists' continuum ratings of family adaptability and family cohesion did not prove to be statistically significantly different across recommendation groups. However, when the continuum ratings of family adaptability and cohesion were combined, statistically significant differences were found. Please note that these "family typology" scores were derived by combining the continuum adaptability and cohesion scores. This simply meant placing families in balanced, mid-range, and extreme categories based on their continuum scores which ranged from 1 to 4. When both scores were balanced (2 or 3 on continuum), this indicated a balanced family; in the instance in which one score was balanced and one extreme (for example, a 2, 4 configuration), the family was considered a mid-range type. Finally, when scores on both variables were extreme (1's and 4's), the family was considered an extreme family type. These family type scores proved to be most useful in the study. Olson, McCubbin, and associates (1983) indicated that this way of categorizing scores and families could be helpful rather than using the sixteen family types.

The results of the study showed that the therapists' continuum assessments of adaptability and cohesion combined, or family typology, were statistically significantly different across the four recommendation groups, across the no court/court groups, and across the in-/out-of-community groups. These results indicated that therapists recommended lesser restrictive treatment for families that they perceived as more balanced and, likewise, recommended more restrictive outcomes for

families that they perceived as more extreme. Significantly more families that therapists perceived as balanced were found in the no court action group, while families that therapists perceived as more extreme were found in the court group. Similarly, significantly more families that therapists assessed as being balanced were recommended for in-community treatment, while those assessed as being more extreme were recommended for out-of-community placement. See Table 7 for a crosstabulation of recommendation group and therapists' assessment of family typology.

The results of the study were consistent with the expressed philosophy of the agency, namely, that recommendations regarding juveniles and their families be made with the least restrictive alternative in mind based upon the level of functioning of the juvenile in the context of his or her family.

Table 7  
Chi Square Analysis of Recommendation Group  
and Therapists' Assessment of Family Typology

		Therapists' Assessment of Family			
		extreme 1.00	mid-range 2.00	balanced 3.00	
Count I	Row Pct I	Col Pct I	Tot Pct I		
Recommend- ation Group	1 no court action	3 21.4 15.8	5 35.7 33.3	6 42.9 50.0	14 30.4
	2 ordered family counseling	3 33.3 15.8 6.5	2 22.2 13.3 4.3	4 44.4 33.3 8.7	9 19.6
	3 probation services	7 46.7 36.8 15.2	6 40.0 40.0 13.0	2 13.3 16.7 4.3	15 32.6
	4 out-of- community	6 75.0 31.6 13.0	2 25.0 13.3 4.3		8 17.4
	COLUMN	19	15	12	46
	TOTAL	41.3	32.6	26.1	100.0

NUMBER OF MISSING OBSERVATIONS = 0



## Chapter Five

### SUMMARY, CONCLUSIONS, LIMITATIONS OF STUDY, AND DIRECTIONS FOR FUTURE RESEARCH

#### Summary and Conclusions

The purpose of this study was to first establish whether therapists' continuum assessments were correlated with their FACES III assessments taken "for the family". This was to determine whether the therapists' two-word, relatively subjective ratings of families matched the way the therapists described the families on FACES III. The second goal of the study was to compare therapists' assessments of family adaptability and family cohesion to family members' self-reports on FACES III. Third, the researcher wanted to determine what factors therapists considered when deciding what type of treatment to recommend for a juvenile and his or her family, and how they viewed the decision-making process. Finally, the investigator wanted to determine what differences existed across recommendation groups.

The results of the comparison of therapists' continuum assessments and therapists descriptions of families using FACES III items supported Fisher, Giblin, and Regas' (1983) review of family functioning measures. The authors made comments about the difficulty of assessing family units versus individuals, but determined that there was face validity on the FACES III items as rated by family counselors. A main rationale for choosing the Circumplex Model of Marital and Family Systems and the FACES III instrument was justified.

Therapists assessments of family adaptability and cohesion did not match the family members' self-reports on these variables. However, the Circumplex Model's hypothesis that balanced families will exhibit more healthy functioning than extreme ones was borne out, and therapists consistently made treatment recommendations in line with their perceptions of family functioning. As previously stated, therapists recommended lesser restrictive treatment for juveniles and their families that they viewed as more balanced, and recommended more restrictive treatment for those they perceived as being more extreme. In light of these findings, it appears that therapists in this court setting are left with the dilemma of determining the best methods for treating clients whose self-reports are quite different from the therapists' own perceptions. As stated earlier, Olson (1977) frequently found "insiders" and "outsiders" perceptions to differ. The same observation had been made by staff therapists; a common issue mentioned in interviews was establishing a therapeutic contract in cases where extreme differences were noted.

#### Limitations of Study

In the opinion of the author, the strength of the study was in the interviewing procedures utilized and in the variables tested. However, the results of the study are tentative in that methodological improvements are needed. One problem was the Type I error in the series of one-way analyses of variance due to stacking. More powerful statistical tests would determine how the variables interrelate.

A great deal was learned regarding research design and collection of data. In this particular setting, due to the nature of the clients, the fact that crises occur and appointments are missed, and the amount of work that staff therapists are involved in, complete agency support is needed in order for a large volume of families to be tested. Data collection and ongoing evaluative research as part of office routine could provide invaluable data in the court-related family therapy field.

Another limitation was that the Parent-Adolescent Communication Scale was difficult to use with a large portion of the population tested. It was not devised to be used with entire families, and adolescents were asked to differentiate between parents while parents were not expected to distinguish between offspring. It is ironic that parents were not asked to do this in that they make this distinction far easier than adolescents whose developmental task is beginning to do this.

#### Directions for Future Research

The most obvious questions raised by the study were" (a) How does the discrepancy between the therapists' and family members' views affect the therapist-client relationship? (b) Is this tension typical in therapy outside the court setting, and is it problematic? (c) Are there special issues of joining inherent in the court setting?, and (d) How should therapists working in the court setting resolve the ethical issue of keeping clients in treatment when families articulate no particular problem nor any desire for change?

Information learned in interviews with staff therapists pointed to the need for more investigation regarding the above questions. In that the move from individually-oriented, traditional probation to a family therapy model is relatively new, a model for treatment in the court setting needs to be researched and refined.

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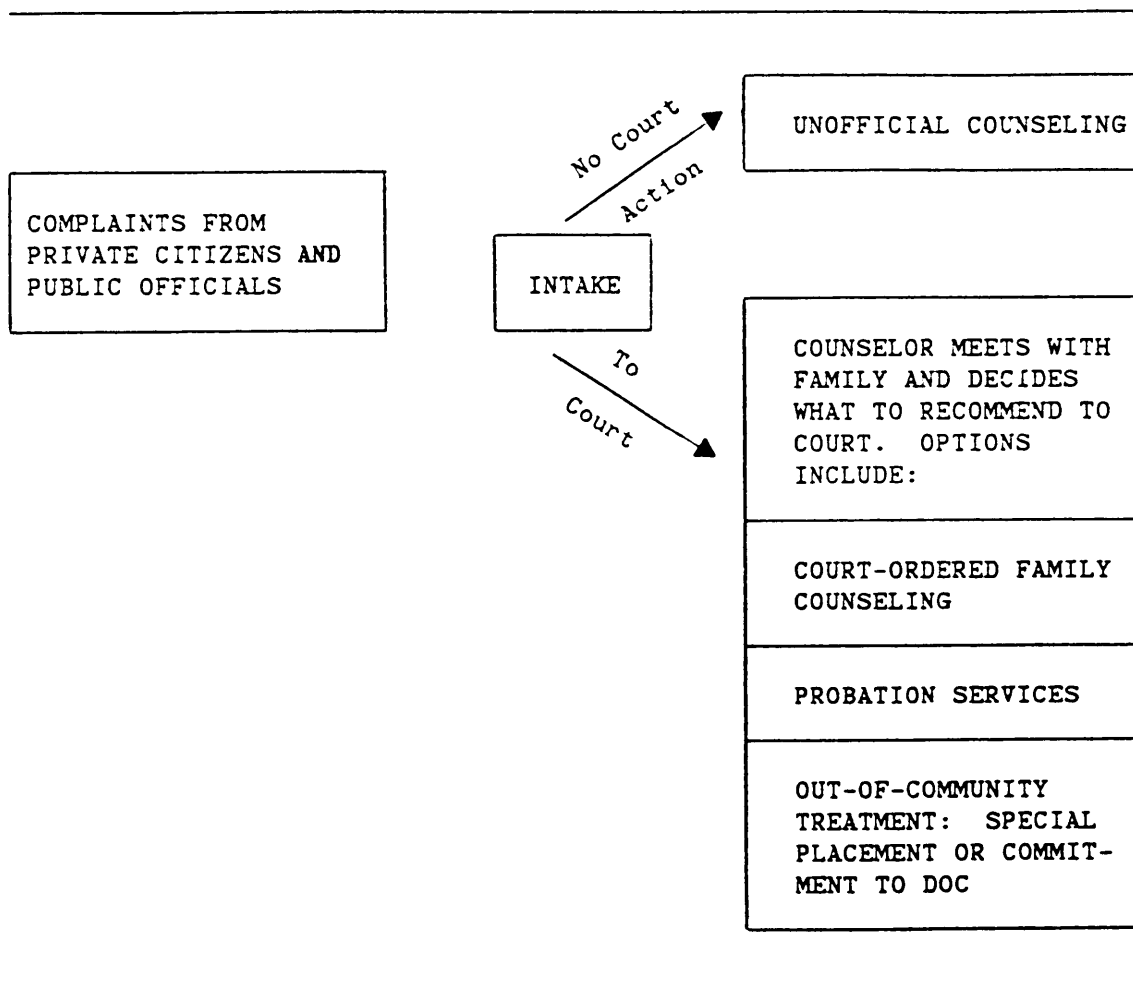
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APPENDIX A



FLOWCHART OF DECISION PROCESS



APPENDIX B

DATA SHEET

(JUVENILE) Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Total number of months involved with Court Services: \_\_\_\_\_  
Is juvenile a repeat offender? yes \_\_\_\_\_ no \_\_\_\_\_  
Offense(s): \_\_\_\_\_

Your recommendation for most recent offense:

- \_\_\_\_\_ case was diverted, unofficial counseling
- \_\_\_\_\_ take under advisement
- \_\_\_\_\_ impose restrictions (i.e., fines, community sentencing, restricted O.L.)
- \_\_\_\_\_ family counseling
- \_\_\_\_\_ probation
- \_\_\_\_\_ special placement (include drug rehabilitation, hospitalization)
- \_\_\_\_\_ commitment to Department of Corrections
- \_\_\_\_\_ other \_\_\_\_\_

If disposed of, what did the judge order? \_\_\_\_\_

Family composition:

- \_\_\_\_\_ traditional family
- \_\_\_\_\_ single-parent family
- \_\_\_\_\_ blended family
- \_\_\_\_\_ adoptive family
- \_\_\_\_\_ other \_\_\_\_\_

Level of income:

- \_\_\_\_\_ under \$5,000
- \_\_\_\_\_ \$5,000 - \$9,999
- \_\_\_\_\_ \$10,000 - \$19,000
- \_\_\_\_\_ \$20,000 - \$29,000
- \_\_\_\_\_ \$30,000 or over

Counselor's name: \_\_\_\_\_

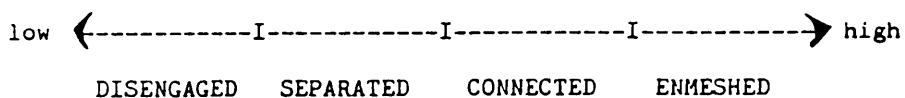
Names of family members being tested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

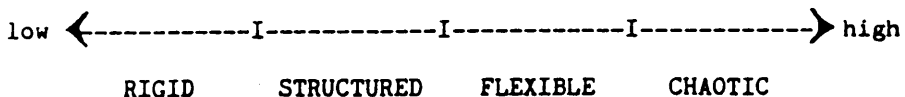
APPENDIX C

## DATA SHEET

In the present study, cohesion is defined as "the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson, Sprenkle, & Russell, 1979, p. 5). where does this family fall on the continuum of cohesion?



Adaptability is defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson et al., 1979, p. 12). Where does this family fall on the continuum of adaptability?



\*MAKE AN "X" TO SHOW THE LEVEL OF COHESION AND ADAPTABILITY.

APPENDIX D

## FACES III

David H. Olson, Joyce Portner, and Yoav Lavee

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1	2	3	4	5
ALMOST NEVER	ONCE IN AWHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

---

## DESCRIBE YOUR FAMILY NOW:

- \_\_\_\_\_ 1. Family members ask each other for help.
- \_\_\_\_\_ 2. In solving problems, the children's suggestions are followed.
- \_\_\_\_\_ 3. We approve of each other's friends.
- \_\_\_\_\_ 4. Children have a say in their discipline.
- \_\_\_\_\_ 5. We like to do things with just our immediate family.
- \_\_\_\_\_ 6. Different persons act as leaders in our family.
- \_\_\_\_\_ 7. Family members feel closer to other family members than to people outside the family.
- \_\_\_\_\_ 8. Our family changes its way of handling tasks.
- \_\_\_\_\_ 9. Family members like to spend free time with each other.
- \_\_\_\_\_ 10. Parent(s) and children discuss punishment together.
- \_\_\_\_\_ 11. Family members feel very close to each other.
- \_\_\_\_\_ 12. The children make the decisions in our family.
- \_\_\_\_\_ 13. When our family gets together for activities, everybody is present.
- \_\_\_\_\_ 14. Rules change in our family.
- \_\_\_\_\_ 15. We can easily think of things to do together as a family.
- \_\_\_\_\_ 16. We shift household responsibilities from person to person.
- \_\_\_\_\_ 17. Family members consult other family members on their decisions.
- \_\_\_\_\_ 18. It is hard to identify the leader(s) in our family.
- \_\_\_\_\_ 19. Family togetherness is very important.
- \_\_\_\_\_ 20. It is hard to tell who does which household chores.



FAMILY SOCIAL SCIENCE, 290 McNeal Hall, University of Minnesota, St. Paul, MN 55108

APPENDIX E





## COMMONWEALTH of VIRGINIA

*Department of Corrections*  
*27th Judicial District Court Service Unit*

ROBERT G. SMITH  
 DIRECTOR OF COURT SERVICES  
 ROBERT G. SMITH JR.  
 SUPERVISOR  
 KATHLEEN J. MATHEW  
 SUPERVISOR  
 1411 BROADWAY, N.W.  
 FORT LAUDERDALE, FLORIDA 33304  
 TELEPHONE: (708) 980-8800

WILLIAM  
 CAROL  
 WALTER  
 THE COURTS  
 WELLS  
 CARROLL  
 MONTGOMERY  
 FLOYD  
 GRAYSON  
 FOLSON

Dear Family Member:

The Twenty-Seventh District Court Service Unit would like to examine the services we offer. In order to do so, we need to know more about the families we work with. By filling out the following questionnaire, you will help us.

Participation in the study is entirely voluntary. All responses are confidential, so you need not put your name on the forms. If you wish to know what we learn in this study, please tell your counselor so he or she can let you know when it is completed.

Sincerely,

Deborah Miller  
 Family Counselor

APPENDIX F

## FACES III

David H. Olson, Joyce Portner, and Yoav Lavee

---

1	2	3	4	5
ALMOST NEVER	ONCE IN AWHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

---

## DESCRIBE YOUR FAMILY NOW:

- 1. Family members ask each other for help.
- 2. In solving problems, the children's suggestions are followed.
- 3. We approve of each other's friends.
- 4. Children have a say in their discipline.
- 5. We like to do things with just our immediate family.
- 6. Different persons act as leaders in our family.
- 7. Family members feel closer to other family members than to people outside the family.
- 8. Our family changes its way of handling tasks.
- 9. Family members like to spend free time with each other.
- 10. Parent(s) and children discuss punishment together.
- 11. Family members feel very close to each other.
- 12. The children make the decisions in our family.
- 13. When our family gets together for activities, everybody is present.
- 14. Rules change in our family.
- 15. We can easily think of things to do together as a family.
- 16. We shift household responsibilities from person to person.
- 17. Family members consult other family members on their decisions.
- 18. It is hard to identify the leader(s) in our family.
- 19. Family togetherness is very important.
- 20. It is hard to tell who does which household chores.



FAMILY SOCIAL SCIENCE, 290 McNeal Hall, University of Minnesota, St. Paul, MN 55108

APPENDIX G

FACES III: Ideal Version  
David H. Olson, Joyce Portner, and Yoav Lavee

---

1	2	3	4	5
ALMOST NEVER	ONCE IN AWHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

---

IDEALLY, how would you like YOUR FAMILY TO BE:

- 21. Family members would ask each other for help.
- 22. In solving problems, the children's suggestions would be followed.
- 23. We would approve of each other's friends.
- 24. The children would have a say in their discipline.
- 25. We would like to do things with just our immediate family.
- 26. Different persons would act as leaders in our family.
- 27. Family members would feel closer to each other than to people outside the family.
- 28. Our family would change its way of handling tasks.
- 29. Family members would like to spend free time with each other.
- 30. Parent(s) and children would discuss punishment together.
- 31. Family members would feel very close to each other.
- 32. Children would make the decisions in our family.
- 33. When our family got together, everybody would be present.
- 34. Rules would change in our family.
- 35. We could easily think of things to do together as a family.
- 36. We would shift household responsibilities from person to person.
- 37. Family members would consult each other on their decisions.
- 38. We would know who the leader(s) was in our family.
- 39. Family togetherness would be very important.
- 40. We could tell who does which household chores.

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APPENDIX H

# PARENT-ADOLESCENT COMMUNICATION

## Parent Form

Howard L. Barnes & David H. Olson

RESPONSE CHOICES				
1	2	3	4	5
Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
1.	I can discuss my beliefs with my child without feeling restrained or embarrassed			
2.	Sometimes I have trouble believing everything my child tells me.			
3.	My child is always a good listener.			
4.	I am sometimes afraid to ask my child for what I want.			
5.	My child has a tendency to say things to me which would be better left unsaid.			
6.	My child can tell how I'm feeling without asking.			
7.	I am very satisfied with how my child and I talk together.			
8.	If I were in trouble, I could tell my child.			
9.	I openly show affection to my child.			
10.	When we are having a problem, I often give my child the silent treatment.			
11.	I am careful about what I say to my child.			
12.	When talking with my child, I have a tendency to say things that would be better left unsaid.			
13.	When I ask questions, I get honest answers from my child.			
14.	My child tries to understand my point of view.			
15.	There are topics I avoid discussing with my child.			
16.	I find it easy to discuss problems with my child.			
17.	It is very easy for me to express all my true feelings to my child.			
18.	My child nags/bothers me.			
19.	My child insults me when s/he is angry with me.			
20.	I don't think I can tell my child how I really feel about some things.			

APPENDIX I



# PARENT-ADOLESCENT COMMUNICATION

## Adolescent Form

Howard L. Barnes & David H. Olson

		RESPONSE CHOICES				
		1	2	3	4	5
		Strongly Disagree	Moderately Disagree	Neither Agree Nor Disagree	Moderately Agree	Strongly Agree
	Mother					
	Father					
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

APPENDIX J

## Guide to Interview

## Explanation of Purpose of Interview

## Exploration of decision-making process

- Factors considered in assessment
- Various stages of treatment  
(including initial contact, social history stage, time of any additional charge(s), throughout treatment)
- Personal logic and views

## Questions:

\*What factors do you consider when determining what treatment to recommend for juveniles and their families?

\*Briefly, how do you go about assessing those factors?

\*How do you make sense of the various types of treatments?

Specifically, what would prompt you to recommend (a) no court action, (b) court-ordered family counseling, (c) probation services, (d) special placement, and (e) commitment to the Department of Corrections?

\*Where do you think your personal system of decision-making regarding recommendations for treatment came from? After responses to open-ended question, ask about their theory/training and interpretation of agency policy/philosophy.

\*Specific. Describe the last two recommendation decisions you made (case studies).

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