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A Family-Centered Model

The intervention and assessment practices described in this book are based on a family-centered model of adolescent problem behavior (Dishion & Patterson, 1999; Patterson, Reid, & Dishion, 1992). The model is derived from both basic research on social development and intervention science. In this chapter, we provide a look at the family-centered model as it applies to concerns for prevention and treatment.

We make two major points in this chapter. The first is that a developmental perspective is needed to understand the *function* of problem behavior from childhood through adolescence. An understanding of the function and ecology of adolescent problem behavior provides a foundation for designing effective interventions. The second point is that families in general, and parenting practices in particular, are critical to understanding, preventing, and treating adolescent problem behavior. Specifically, we refer to family management practices as the core set of parenting practices relevant to adolescent problem behavior.

DEVELOPMENTAL ISSUES

Problem behaviors in children and adolescents are those that (1) are experienced as troublesome by adults (such as parents and teachers) or (2) are known to disrupt normative social development. Generally,

behaviors need to be judged relative to the age of the child. Although there are high stabilities in problem behavior in children over time (Loeber & Dishion, 1983; Olweus, 1979; Patterson, 1993), the form often changes from childhood to adolescence (Patterson, 1993).

When working with families, two developmental pathways must be considered in the case conceptualization (Moffitt, 1993; Patterson, 1993): (1) the "early-starter pathway," or children with a history of problem behavior (usually living in a disrupted environment), who escalate to more serious forms of antisocial behavior, including delinquency, drug use, and violence in early adolescence (Dishion, Capaldi, Spracklen, & Li, 1995; Pulkkinen, 1982); and (2) the "late-starter pathway," or youth with marginal adaptation to school and the peer group, who emerge as problematic in early to middle adolescence (Moffitt, 1993). Several researchers have emphasized that the form of problem behavior from early childhood may change in adolescence, but often the function remains the same (Dishion & Patterson, 1997; Patterson, 1993). A vast literature exists on the continuity of problem behavior over time (see Loeber, 1982; Loeber & Dishion, 1983; Olweus, 1979). Figure 1.1 provides an overview of the forms of problem behavior from early childhood through adolescence.

Age of onset for behavior problems is relevant to case conceptualization, primarily because of the increasing likelihood of academic and social skills deficits of youth with a history of problem behavior (Dishion, Loeber, Stouthamer-Loeber, & Patterson, 1984), peer sup-
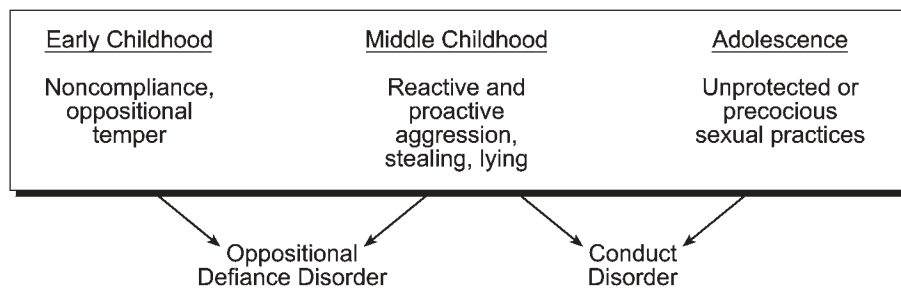

FIGURE 1.1. Developmental model of problem behavior from early childhood through adolescence.

port for problem behavior (Fergusson & Horwood, 2002), and the family's level of engagement in parenting (Patterson et al., 1992). Young adolescents who experiment with problem behavior, however, remain at risk for several negative life outcomes (Stattin & Magnusson, 1991), so intervention strategies must consider the needs of both groups simultaneously, inextricably linking prevention and treatment.

Problem behavior in early childhood occurs mostly in the context of the caregiving relationship. Parents report the problem behaviors of young children as noncompliance, defiance, aggression, and temper tantrums (Patterson, 1982). In more extreme cases, parents may complain about cruelty to pets, siblings, or peers in early childhood. The majority of such concerns have noncompliance at the core (Patterson, 1982). If these concerns are not addressed, then they may lead to more serious forms of antisocial behavior in middle childhood (Campbell, 1994; Shaw, Owens, Vondra, Keenan, & Winslow, 1996).

In middle childhood, the set of behaviors expands to include lying, stealing, and disruptive behavior, but still may include aggression and noncompliance. Considerable research has been done on the question of whether or not children "specialize" in specific forms of antisocial behavior such as stealing (i.e., covert) or overt forms of antisocial behavior (Loeber & Schmaling, 1985; Patterson et al., 1992). Although some children who are seen in clinical settings may specialize in stealing or aggressiveness (Patterson, 1982), those behaviors are generally highly correlated (Dishion, French, & Patterson, 1995).

The most promising differentiation in problem behavior to date is between proactive and reactive aggression (Dodge, 1991; Dodge & Coie, 1987; Poulin, Dishion, & Burraston, 2001; Pulkkinen, 1996; Vitaro, Gendreau, Tremblay, & Oligny, 1998). Reactive aggression describes a child's tendency to respond emotionally to peer provocations with aggression. Proactive aggression, alternatively, often involves planned attacks on a peer, usually in the company of other peers. Bullying is a form of proactive aggression (Hawkins, Pepler, & Craig, 2001; Olweus, 1991). The switch into proactive aggression reflects a tendency to engage in antisocial behavior with peers (Poulin & Boivin, 2000). Children who are proactively aggressive may engage in other, "covert" antisocial behaviors such as lying and stealing (Loeber & Schmaling, 1985). We see these covert forms of behavior

emerge in early adolescence simultaneously with increased involvement with the deviant peer group (Dishion, Patterson, Stoolmiller, & Skinner, 1991).

The form of problem behavior in middle childhood varies for boys and girls (Cairns & Cairns, 1984). Clearly, by this age, we are seeing more signs of overt aggression in boys and relational aggression in girls (Crick, 1996; Grotpeter & Crick, 1996). Relational aggression describes psychological attacks, such as ostracism and gossip. Engagement in these activities appears linked to poor social and emotional adjustment in girls (Crick, 1996). As an interesting aside, parents are often less aware of girls' relational aggression, because it occurs at school in the company of friends. Given that teachers also may be less aware, the research suggests that it may be more difficult to detect the early signs of problem behavior and future adjustment difficulties of girls.

The link between antisocial behavior in middle childhood and the emergence of new problem behavior in adolescence is quite strong (Cairns, Cairns, Neckerman, Ferguson, & Gariepy, 1989; Loeber, 1982; Loeber & Dishion, 1983; Patterson, 1993). In both girls and boys, we see the use of substances (Dishion, Capaldi, & Yoerger, 1999), a pull away from parental supervision (Stoolmiller, 1990), and, eventually, sexual precocity (Capaldi, Crosby, & Stoolmiller, 1996; Rosenbaum & Kandel, 1990). Without a doubt, the adolescent performance of these problem behaviors is more than an irritation for parents. Early-onset substance use, for instance, predicts substance abuse in young adults (Dishion & Owen, 2002; Kandel, Davies, Karus, & Yamaguchi, 1986; Newcomb & Bentler, 1988; Robins & Przybeck, 1985; Yamaguchi & Kandel, 1985).

It is tempting to develop separate treatment programs for problem behaviors such as conduct disorders, substance use, and even depression. In adolescence, many of these behaviors co-occur (Jessor & Jessor, 1977; Metzler, Noell, & Biglan, 1992). Although these behaviors do correlate in a problem behavior syndrome, we argue that it is critical to consider the function of the behavior when designing intervention and treatment programs (Dishion & Patterson, 1997), as well as developmental sequencing (Loeber, 1988). For instance, some adolescents may increase their substance use as a function of an intervention delivered in peer groups, but a similar intervention strategy may work for other, less socially oriented adolescents, such as those who are purely depressed (e.g., Lewinsohn & Clark, 1990).

A variety of other adjustment difficulties may co-occur with adolescent problem behavior. When this is the case, it is often true that interventions addressing the problem behavior form the foundation of a long-term intervention solution. For instance, attention deficits form the substrate for the developmental sequencing described earlier. Children with attention deficit disorder have difficulty regulating behavior and emotion, and are the most vulnerable to the development of behavior problems (Barkley, Edwards, Laneri, Fletcher, & Metevia, 2001; Rothbart & Bates, 1998).

Most research indicates that attention deficits are often secondary to the problem behavior, with respect to the long-term outcomes, which suggests that interventions address both the problem behavior and the secondary symptoms (Chilcoat & Breslau, 1999; Hinshaw, 1987; Magnusson, 1988). This principle applies to other, co-occurring adjustment difficulties as well (e.g., depression, peer rejection, and learning difficulties). Generally speaking, we see comorbidity as a sign of clinical severity. For example, adolescents who are comorbid on depression and conduct problems have the most conflictual families (Granic & Lamey, 2002) and peer deviance (Dishion, 2000), compared to adolescents who show only problem behavior.

FUNCTIONALISM

Central to an ecological approach to intervention and developmental science is a functional understanding of adaptation (Dishion & Stormshak, in press). Learning theory led to the design of interventions that focus on reinforcement contingencies for positive and negative behaviors in settings such as the home and the school. Often, in the case of child problem behaviors, changing the contingencies of a behavior reduces its occurrence (Patterson, 1982). This concern with the function of a behavior in social interactions has been helpful in understanding and changing antisocial behavior in families (Dishion & Patterson, 1999), and reducing problem behavior in schools (Sugai, Horner, & Sprague, 1999).

In parent–child interactions, coercive processes are involved in the early emergence of aggressive behavior (Gardner, 1992; Snyder, Edwards, McGraw, Kilgore, & Holton, 1994) and later, more serious antisocial behavior (Patterson et al., 1992). Coercion also seems to be a common yet powerful organizing principle in many interper-

sonal relationships, such as unhappy marriages (Gottman, 1998) and distressed parent–adolescent relationships (Forgatch & Stoolmiller, 1994; Prinz, Foster, Kent, & O'Leary, 1979; Robin & Foster, 1989).

The basic process that underlies the disruptive effect of coercive interactions on relationships appears to be escape conditioning (Patterson, 1982). Figure 1.2 illustrates the escape conditioning mechanism underlying parent–adolescent coercion.

Within an escalating cycle of conflict, the parent reacts emotionally to a problem behavior. Emotional overreactions to adolescent problem behavior can often make the situation worse. For instance, a parent may "ground" her son for 2 months in response to his coming home 1 hour late. A week of complaining by the disgruntled teenager may lead to the parent eventually "giving up." The cycle, especially if repeated, leads to the gradual defeat of the adult caregiving system, as well as disaffected family relationships. The twofold cost of the coercion cycle, then, is that the teenager will be less likely to take the parent seriously, and the parent avoids a leadership role in the family.

In passing, it is important to note that the coercion cycle can underlie a variety of teenage difficulties, including sulking, depressed affect, restrictive eating, arguing, and so forth. The key is not so much the behavior content, but the functional process between the parent and the adolescent, as described earlier. For example, depressive affect can *function* to reduce parent–child conflict (e.g., Hops, Sherman, & Biglan, 1990).

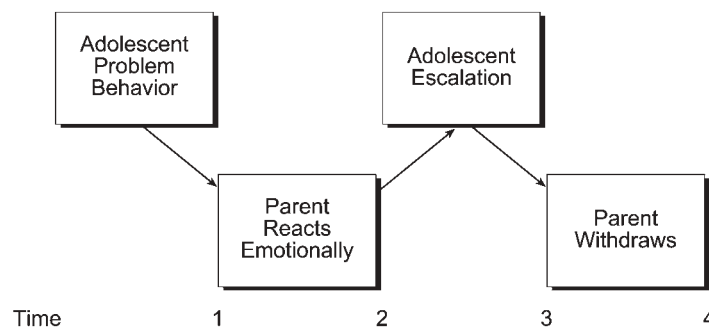Parents may sense a further loss of control when teenagers be-

FIGURE 1.2. The escape conditioning mechanism underlying parent–adolescent coercion.

come emotionally invested in friendships and dating. Puberty, media, schools, and neighborhoods combine to account for the enormous influence of peers at this stage of life (Dishion, Poulin, & Medici Skaggs, 2000). This is especially true for youth with a history of problem behavior, family disruptions, and marginalizing school experiences. Youth with early-starting problem behavior tend to aggregate into high-risk peer groups as early as middle school (Dishion et al., 1991).

Beginning in early childhood, we find that aggressive children affiliate with other aggressive children (Snyder, West, Stockemer, Givens, & Almquist-Parks, 1996). The tendency of the problem child to affiliate with other antisocial children increases through middle childhood (Cairns, Perrin, & Cairns, 1985) and escalates in adolescence. The reason adolescent friendships are so important is that some are organized around deviance. We studied hundreds of adolescent friendships and have been able to identify a "deviant friendship process" that predicts escalating cycles of drug use (Dishion, Capaldi, et al., 1995), delinquency (Dishion, Spracklen, Andrews, & Patterson, 1996), and violence (Dishion, Eddy, Haas, Li, & Spracklen, 1997).

Adolescents can develop a style of connecting with other adolescents that virtually guarantees their friends will reinforce problem behavior in the future: that is, if not for breaking the rules and engaging in problem behavior, the adolescent friends would have nothing in common on which to base friendship. For this reason, the friendships are powerful and difficult to change once in place. The matching law (Conger et al., 1992; Hernstein, 1961; McDowell, 1988) accounts for such functional dynamics in relationships: The relative rate of reinforcement for deviant talk accounts for the overall rates within the friendship, which in turn, predict escalations in problem behavior in the future.

Understanding the dynamics of deviant friendships is much more than an academic enterprise. We inadvertently discovered that aggregating high-risk young adolescents into group interventions actually leads to *increases* in their substance use and delinquent behavior at school (Dishion & Andrews, 1995).

When we first discovered this negative effect for peer aggregation (see Chapter 10 for more detail), we looked for other examples of similar findings in the literature, concerned that our finding was a

statistical aberration. What we encountered was difficulty in finding evidence for *negative* effects because of the "file drawer" problem (Dawes, 1994). Psychologists do not typically publish null effects, let alone *mention* negative effects. Despite this bias, reviews of the literature on interventions for delinquent youth revealed that 29% had negative effects (Lipsey, 1992).

Our attention quickly focused on the work of Joan McCord, who repeatedly published the negative effects associated with a delinquency prevention experiment conducted before the Great Depression (McCord, 1979, 1992). In one of the most carefully conducted prevention experiments of our time, McCord found 30-year negative effects associated with involvement in the intervention.

McCord recently reanalyzed the Cambridge–Somerville data and found that it was primarily the aggregation into summer camps that accounted for the 30-year negative effects. If an "experimental" youth attended two consecutive summer camps, the odds ratio of a 30-year negative life outcome (compared to his carefully matched control) was 10:1 (Dishion, McCord, & Poulin, 1999).

Because most social programs that aggregate high-risk children probably provide less supervision than a clinical outcome study, we suggest that these findings may present a conservative picture of the potential risk associated with similar intervention strategies. These data together provide a strong message: Peer deviancy training is to be taken seriously in considering the intervention needs of adolescents (Dishion, McCord, et al., 1999).

It would be a mistake to conclude from such data that because of such pronounced and strong effects of peers in adolescence, adults are relatively unimportant. Consider that adults structured the high-risk peer groups that led to the iatrogenic effect. We hope that, in the future, community programs and leaders will eliminate programs that inadvertently encourage escalations in problem behavior. This is a formidable task given that most educational and juvenile justice interventions, for both cost and systemic reasons, involve aggregation of high-risk youth.

The functional emphasis within an ecological perspective has led to understanding another dynamic that is relevant to coercion and deviancy training. This involves the negative influence of siblings on social development. A reoccurring finding in the literature on adolescent problem behavior is that a small percentage of families produce

a disproportionately large percentage of the crime in any given community (e.g., Farrington [1991] reports that 6% of families produce about 48% of the criminal acts within a community).

We believe there are two reasons for this finding. One is that some parents may actually encourage antisocial behavior, therefore directly contributing to the early emergence of problem behavior (Dishion, Bullock, & Owen, 2002). The other is that young adolescents and their siblings actively encourage deviance and collude to undermine adult supervision and guidance.

We directly observed 50 families; half were deemed as high risk in middle school by teacher ratings, and half were noted as successful by virtue of grades and good conduct (Bullock & Dishion, 2002). As expected, we directly observed siblings colluding to undermine parental attempts to guide and manage their behavior in problem-solving tasks we structured (Bullock & Dishion, 2003). Often, parents' efforts to guide and lead were obfuscated by the alternative goals of the "sibling system." This dynamic speaks to a problem that has long troubled family therapists—how to get parents to serve an executive function in families (Minuchin & Fishman, 1981; Szapocznik, Kurtines, & Fernandez, 1980).

FAMILY MANAGEMENT

Placing parents in the central role in socialization is not entirely based on correlational and longitudinal data. Simple pragmatism suggests that parents are the key agents of change within a system designed to socialize youth. To this end, it is important to consider the ecology of parenting.

Reviews of the literature concur that family management reduces coercive family interactions (Dishion, Burraston, & Li, 2002; Forgatch, 1991; Patterson et al., 1992), the likelihood of deviant peer involvement and deviancy training (Dishion, Spracklen, Andrews, & Patterson, 1996; Patterson & Dishion, 1985), and sibling collusion (Bullock & Dishion, 2002). In this sense, we conceptualize family management as a protective factor in adolescence. However, little research has formally tested this hypothesis in the conventional statistical framework, with the notable exception of the pioneering research by Wilson (1980). His research indicated that in high-crime areas in

inner-city London, parental supervision was a key protective factor for preventing delinquency.

In general, we see parenting as both directly and indirectly related to adolescent adjustment. In particular, parenting is a joint outcome of three embedded processes (Dishion & McMahon, 1998): (1) having a positive relationship with an adolescent; (2) being effective in managing behavior; and (3) monitoring and attending to behavior. During adolescence, monitoring tends to wane in families and therefore deserves special clinical attention. The direct relationship is documented in various studies showing that poor parental monitoring predicts early substance use (Baumrind, 1985; Dishion & Loeber, 1985). Parental monitoring is also indirectly related to substance use via its impact on time spent with peers. Children who are not well monitored tend to wander about the community, freely selecting places that involve drug use and other delinquent activities (Patterson & Dishion, 1985; Stoolmiller, 1994).

Effective parenting may take on a variety of forms depending on the culture, community context, or constellation of the family. The vast majority of parents are invested in their children's success and good health. As children mature, there is a natural tension that leads to increasing levels of independence and autonomy (Dishion et al., 2000; Granic, Dishion, & Hollenstein, 2003). Although parenting in early and middle childhood sets the stage, continued parental support and positive family management can help reduce risk and provide protection during the adolescent transition. In Figure 1.3, we provide an overview of how we see parenting interact with other sources of influence in the social and emotional development of adolescents.

As noted in Figure 1.3, family management is seen as influencing the peer and sibling environment and adolescent adjustment. Clearly, adolescents can impact the parents' selection of parenting strategies (firm vs. lax) by virtue of the seriousness of their problem behavior or the community context. A parent of an adolescent may be strict about activities after curfew in a community plagued with high violence or police monitoring. Working with these families requires knowledge and sensitivity about community setting, appreciation of cultural differences in effective parenting, and flexibility with respect to a menu of intervention activities.

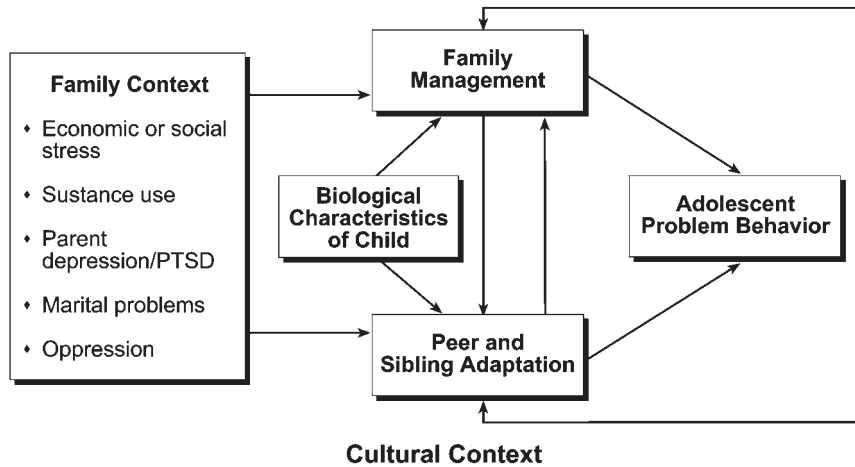Note that, in Figure 1.3, we include biological characteristics of

FIGURE 1.3. Parental interaction with other sources of influence in the social and emotional development of adolescents.

the child as not having a direct effect on adolescent problem behavior except by virtue of disrupted family environments, or by deviant peer influences. Clearly, factors such as the child's gender (Moffitt, Caspi, Rutter, & Silva, 2001), attention (Rothbart, Posner, & Hershey, 1995), and other genetically transmitted characteristics (Rhee & Waldman, 2002) are influential within the socialization process. We propose, however, that the most important influence of the child's temperament is the potential to disrupt family management or to evoke negative peer influences.

Research on parenting clarifies that it is what parents do, and not their history, that has the most influence on children's protection and risk. Parents who have insight about their own past, and who have acquired parenting skills to respond competently, are less likely to perpetuate pathology across generations (Egeland & Susman-Stillman, 1996; Forgatch, 1991). Researchers are beginning to converge on a set of parenting practices that are relevant to positive youth development: relationship building, limit-setting, positive reinforcement, monitoring, and conflict resolution (Hawkins, Catalano, & Miller, 1992; Patterson et al., 1992). It is important to note, however, that the style and emphasis on these components of family management vary by family ethnicity (Dishion & Bullock, 2001).

THE ECOLOGY OF PARENTING

The model we propose incorporates the reality that circumstances can disrupt parenting, and that peers often have a powerful influence. Sometimes the disruption in family management results from relationship changes (i.e., divorce or remarriage). Other times, the parents' behavior and adjustment interferes with family management. For instance, parental substance use is clearly a risk factor for early adolescent drug use and may undermine parental ability to establish abstinence norms for children (Chassin, Presson, Sherman, Montello, & McGrew, 1986). Similarly, economic stress, job loss (Conger et al., 1992; Elder, Van Nguyen, & Caspi, 1985), or long-standing disadvantage (McLoyd, 1990) can disrupt parenting and ultimately add to potential risk. Family management can buffer the effects of such stress, although, under some circumstances, this may require Herculean efforts. Eventually, social contexts that are high in poverty, oppression, unemployment, and crime will undermine all but a few families.

Cultural stress occurs in a variety of forms and affects a growing number of families. It is difficult for parents to bridge the gap between two cultural worlds. Although this challenge may be especially evident in Hispanic families (Szapocznik et al., 1980), the same issues are equally present in other cultural groups as well. Acculturation level can have a disruptive impact on parenting. Interventions that provide support (bicultural training) for parents under these stressful circumstances are known to improve family functioning and positive outcomes in children (Szapocznik et al., 1997).

A history of oppression can also disrupt cultural strengths in parenting. Consider the effect of colonization on American Indian families, particularly the practice of forcibly removing children from families and sending them to distant boarding schools, where English and European culture was imposed (Duran & Duran, 1995). These practices, as well as other events that have attacked the integrity and pride of indigenous peoples around the world, certainly undermine the performance of parenting practices, engineered carefully over thousands of years.

Other sources of family disruption come from within. A growing number of families experience the disruption of divorce and remarriage. These events are not trivial in the lives of children. Family management is clearly a protective factor in the context of divorce

(Forgatch, Patterson, & Skinner, 1988). How parents handle conflict and their children's best interests is the key factor in explaining why some children remain healthy and successful in the face of serious problems (Buchanan, Maccoby, & Dornbusch, 1991; Maccoby, Depner, & Mnookin, 1990). The number of remarriage transitions is linearly related to the level of maladjustment, including the use of drugs in childhood and early adolescence. However, the use of positive family management practices can dramatically reduce that risk (Capaldi & Patterson, 1991).

The evidence is clear that the ecology of parenting is relevant to child adjustment. We propose that family management practices, under many circumstances, can serve as a protective factor in the face of adverse, risky environments. Given this protective role, parenting practices are a prime target for intervention programs.

FAMILY INTERVENTIONS WORK

We find it helpful to make a distinction between interventions that support existing parenting competencies and those that target risk factors or family dysfunction. As discussed in Chapter 3, these two levels of intervention can be integrated. The bulk of the more rigorous research involving control groups and random assignment focuses on interventions that target risk and dysfunction (notable exception, Kumpfer, Molgaard, & Spoth, 1996).

Research indicates that interventions aimed at improving parenting practices result in the reduction of risk factors. Figure 1.4 summarizes the findings on the effectiveness of family-based interventions. These conclusions are based on the assiduous efforts of the top intervention scientists.

The effectiveness of intervention in early childhood has implications for the prevention of antisocial behavior in middle childhood and, ultimately, in adolescence. Researchers have found that parenting interventions are effective in reducing behavior problems in early childhood (Dadds, Spence, Holland, Barrett, & Lacrens, 1997; Webster-Stratton, 1984, 1990). Webster-Stratton showed that parenting groups that focus on providing support and skills development for young families produce marked improvements in observed parent–child interactions and teacher ratings of problems in preschool. Additionally, these positive effects persisted for at least 3
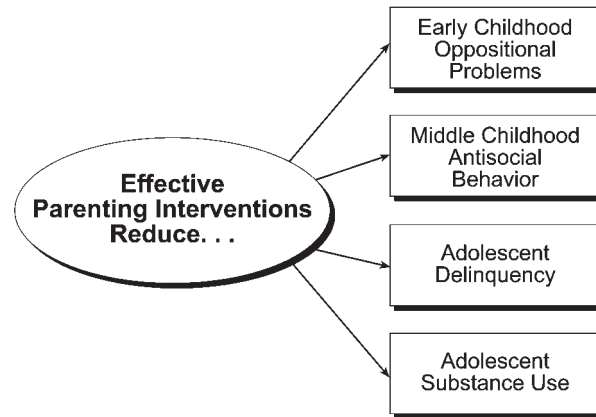
FIGURE 1.4. The effectiveness of family-based interventions.

years after the intervention. A critical piece of the Webster-Stratton program is the development of videotaped examples of positive parenting practices. These tapes are so useful to parents that change was observed in children's behavior as a function of the videotapes, without the help of therapists (Webster-Stratton, Kolpacoff, & Hollingsworth, 1988). However, in general, mothers preferred to use the videotapes in leader-guided parent training groups.

Antisocial and aggressive behavior in childhood is a major predictor of adolescent drug use (Kellam, Brown, Rubin, & Ensminger, 1983). Interventions that target parenting practices are the most promising for reducing antisocial behavior in middle childhood (Dumas, 1989; Kazdin, 1993; Patterson, Dishion, & Chamberlain, 1993). The evidence is extensive and impressive. Patterson (1974) found that parent training interventions were effective in reducing antisocial behavior in the home and at school. Johnson and Christensen (1975) revealed that the impact of parent training was evidenced in parent perceptions, direct observations in the home, and brief telephone interviews. It is important to note that parents are satisfied with parent training (McMahon, Tiedemann, Forehand, & Griest, 1993).

An advantage of family-based interventions is that the benefits accrue for all family members. For example, Arnold, Levine, and Patterson (1975) documented that parent training produced statistically reliable changes in the behavior of the siblings of the referred

child. This finding is particularly relevant when considering that drug abuse and serious delinquency tends to run in families.

A frequent assumption is that interventions in adolescence are a waste of time and resources, because prevention is only possible if there is intervention at younger years. The data suggest, however, that this simply is not true. Intervention during adolescence is critical within an overall prevention strategy, with respect to reducing problem behaviors. Directly and indirectly, these interventions can have a positive effect on the next generation, for example, simply by reducing the likelihood of teenage parenting or spacing children in young families (Olds, 2002).

Harm reduction is an explicit goal of intervention in the adolescent phase of development. If interventions reduce the escalating cycle of drug abuse, delinquency, sexual precocity, or extensive incarceration, it is possible that negative outcomes in early adulthood can be prevented. From this perspective, interventions that reduce risk and promote adaptation at one stage promote success in the next developmental transition (Dishion & Kavanagh, 2002).

Results of outcome studies indicate that family-centered interventions during adolescence are effective in reducing current problem behavior and future risk (Alexander & Parsons, 1973; Bank, Marlowe, Reid, Patterson, & Weinrott, 1991; Henggeler, Melton, & Smith, 1992; Henggeler et al., 1986). Relevant to this discussion, the data suggest that interventions promoting positive family management reduce adolescent substance use (Bry & Canby, 1986; Bry, McKeon, & Pardina, 1982; Friedman, 1989; Huey, Henggeler, Brondino, & Pickrel, 2000; Lewis, Piercy, Sprendle, & Trepper, 1990; Schmidt, Liddle, & Dakof, 1996). As discussed in Chapter 10, our findings on the effectiveness of family-centered interventions build on this important body of research.

SUMMARY

The etiology of problem behavior is not a mysterious accumulation of risk factors. Both the developmental and intervention data support a focus on family management as central to the risk process leading to adolescent problem behavior. The family-centered model incorporates all levels of influence, including biology, parenting, peers, and the ecology. The emphasis on family management offers an interven-

tion focus. This model, however, does not suggest that parents are to blame for problem behavior (Harris, 1995), but rather that parenting is an important part of the solution. In this sense, intervention strategies that promote family management and adult involvement are critical for the long-term effectiveness of prevention.

In the next chapter, we turn our attention to an intervention framework that is helpful for considering how a focus on family management is both realistic and potentially helpful.