

Helping Families Initiative: Intervening with High-Risk Students through a Community, School, and District Attorney Partnership

Lisa A. Turner · Ashley E. Powell ·
Jennifer Langhinrichsen-Rohling · Jayne Carson

Published online: 3 April 2009
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Abstract School-related violence and school infractions pose a significant problem for schools, families, and communities. This manuscript describes an effective community partnership and prevention effort operated by the District Attorney's office, in which high-risk students and their families were assessed, assigned case workers, and referred to community services. Findings indicated improved functioning across the duration of the program. Specifically, scores on the North Carolina Family Assessment Scale (NCFAS) improved significantly from pretest to posttest. Furthermore, posttest scores on the NCFAS were significantly correlated with measures of school performance. These findings demonstrate an effective collaboration of social service providers and the District Attorney.

Keywords Youth violence · Family support · School violence · North Carolina family assessment scale

This project was supported by Grant No. 2005-JL-FX-0118 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

L. A. Turner (✉) · A. E. Powell · J. Langhinrichsen-Rohling
University of South Alabama, Mobile, AL, USA
e-mail: laturner@usouthal.edu

A. E. Powell
e-mail: ashepowell@yahoo.com

J. Langhinrichsen-Rohling
e-mail: jlr@usouthal.edu

J. Carson
Mobile County, AL District Attorney's Office, Mobile, AL, USA
e-mail: Jayne_Carson@mobile-da.org

Introduction

Youth violence is a complex set of behaviors influenced by characteristics of the child and the environment. As Bronfenbrenner (1989) proposed, children exist in a bi-directional relationship with their closest environments, which he labeled microsystems. The microsystems (composed of family, school, and any other environment in direct connection with the child) play a strong role in influencing the child's development. A related ecological model has been incorporated into the practice of social work, equipping social service workers with the unique ability to focus on the critical interactions of the child and various related environmental factors (Apter and Propper 1986; Dupper 2003; Germain 1999). Social workers therefore are able to target harmful environmental conditions, such as familial and school issues, while also focusing on the child's personal coping mechanisms, allowing for effective intervention and more positive outcomes (Dupper 2003).

According to data posted on the website for the National Center for Injury Prevention and Control (Centers for Disease Control and Prevention 2007), there are a number of family factors that are associated with greater probabilities of youth violence and other high risk behaviors. Families with little emotional attachment, minimal parental involvement, coercive discipline, and poor parental monitoring tend to have children who are at greater risk for behavior problems and youth violence (e.g., Farrington 1995; McCord 1996; Sampson and Laub 1993). Parental violence and family environments characterized by conflict and aggression are also known risk factors for youth delinquency (Dahlberg 1998). Furthermore, it is theorized that the more risk factors youth are exposed to, the greater their likelihood for delinquency (Farrell and Flannery 2005). Risk factors also frequently interact to influence deviant behavior (Farrell and Flannery 2005).

For many children and adolescents, problem behavior is detected in the school environment. Data suggest that approximately one in three high school students have engaged in a physical fight in the past year, and one in eight of those students required medical attention for their injuries (Centers for Disease Control and Prevention 2006). Truancy and school infractions often have associations with youth violence and juvenile delinquency (e.g., Wasserman et al. 2003). Wang et al. (2005) reported that school records of delinquent adolescents showed higher rates of disciplinary action and poorer attendance than records of non-delinquent adolescents. Similarly, Krisberg and Wolf (2005) indicated that poor grades, disciplinary action, and truancy are related to juvenile delinquency and youth violence. Therefore, prevention research has specifically examined effective social work practices within the school context designed to target environmental factors, such as family functioning (Sloboda and David 1997).

Prevention

Progressive trends in youth delinquency have led researchers to examine preventive strategies, specifically in reference to particular developmental stages. School systems and administrators, as well as community partners are highly motivated to reduce school violence and keep schools safe for students and teachers through the

prevention of and reduction in known delinquency risk factors. However, the means for reducing and preventing high-risk behaviors appear to vary among schools, administrators, communities, and students. Most recently, researchers have suggested that harsh school disciplinary practices may unfortunately contribute to students' alienation from school and undermine efforts to effectively intervene with high-risk students (Cameron 2006; Mulvey and Cauffman 2001). Christle et al. (2000) note that punitive prevention strategies may actually result in increased youth aggression and violence. Instead, it has been recommended that programs that provide broad based support to identify and ameliorate the problems being experienced by troubled students and their families are likely to be more effective than programs that only remove the at-risk student from the school (e.g., Quinn 2004). Policy makers concerned with youth delinquency have increasingly focused on the development of novel prevention and reduction strategies, such as school and community based approaches with a positive emphasis (Farrell and Flannery 2005).

Programs that have been designed to help youth engage more positively with school have been identified as promising strategies to reduce youth violence and truancy (Amedola and Scozzie 2004). Effective programs serve not only to reduce the impact of known risk factors, but also serve to increase the efficacy of protective factors and to promote characteristics associated with resiliency. Protective factors are defined as the experiences of youth that help to buffer against the likelihood of partaking in delinquent behaviors (Resnick et al. 2004). Specifically, these protective factors include, but are not limited to: connectedness with adults within and outside of the family environment, academic success, and holding effective personal and social attitudes (Resnick et al. 2004).

Long and Brendtro (1994) note the development of resiliency as a component of delinquency reduction. Resiliency can be defined as an individual's ability to overcome adversity (Christle et al. 2000; Long and Brendtro 1994). Research supports the efficacy of promoting the enhancement of factors related to increased resiliency, such as familial support (Long and Brendtro 1994). Theoretically, prevention programs that enhance or promote characteristics of resiliency can be expected to be more effective.

Furthermore, current trends in social work practice highlight the strengths perspective, which places emphasis on acknowledging and appreciating personal and familial strengths, as well as available resources, rather than focusing solely on current problems and pathology (Drolet et al. 2007; Hampton et al. 1998; Saleebey 2006; Weick et al. 1989). The strengths perspective veers away from traditional social work practice and allows for a collaborative and creative process of uncovering positive means to achieving goals and establishing change (Saleebey 2006). Such focus is thought to be associated with protective factors and the development of resiliency.

Helping Families Initiative

The Helping Families Initiative (HFI), a joint program of the Mobile County Public School System and the Mobile County District Attorney's Office in Mobile, Alabama, is a prevention program that is in keeping with programs that have been

identified as blue print programs for youth violence prevention or as promising intervention strategies for at-risk youth, such as Check and Connect (Alexander et al. 1998; Sinclair et al. 1995), Second Step (Cooke et al. 2007; Ryan et al. 2004), and Functional Family Therapy (Alexander and Parsons 1982). The program model focuses on improving family functioning and child functioning as a means to reduce problem behavior at school and potentially prevent future occurrences of problem behavior in the school and greater community. The process for improving family and child functioning is through provision of appropriate social services. If the program theory is correct and the program is effective, families who receive the appropriate social services will experience improvements in functioning. Children in these families will benefit from the family improvements such that children in these families will experience fewer problem behaviors at school.

The HFI program was enacted to uphold the Alabama Compulsory School Attendance Laws (1993), which requires children between the ages of 7 and 16 to be enrolled in school, regularly attend school, and behave in accordance with school policies. Furthermore, within the context of this legislation, parents and or guardians are legally responsible for their child's enrollment, regular attendance, and proper conduct. Therefore, the HFI program seeks to combat truancy and reduce problem behavior from a family functioning perspective.

The Helping Families Initiative serves families that are referred because of high-risk school behavior by youth that did not result in an arrest. Students who are arrested or have active juvenile records are not served through HFI; instead, their cases are handled through the Juvenile Justice System. Within the context of HFI, high-risk school behavior includes serious infractions warranting suspension within the Mobile County Public School System, such as theft, physical violence, drug possession and or usage, and possession of a weapon on school grounds. Minor infractions, such as verbal aggression and lesser acts of disobedience are not classified as high-risk behavior.

If it is the student's first violation and the violation is not associated with weapons or drugs, the family only receives a warning letter from the District Attorney's (DA's) office. For all other violations, the family receives a letter from the DA's office indicating that they are required to make an appointment for an initial assessment with HFI staff. Based on the family's response (or lack thereof) to the assessment letter, three groups are identified: (a) those who cannot be reached or do not respond, labeled non-compliant, (b) those who need only minimal support and receive less than 5 h of contact with HFI, labeled low-risk, and (c) those who enroll into HFI. The current project focused only on those students and families who were enrolled in HFI and received at least five contact hours of service from the program.

When families enroll into the program, they are assessed with the North Carolina Family Assessment Scale (NCFAS), which is repeated when the case is closed. Based upon the assessment, Individualized Intervention Plans are developed. These plans include referrals to the appropriate community services. Community agencies provide services, including counseling, mentoring, parenting skills training, and anger management. Additional services address basic needs, such as food, shelter, and clothing. The Helping Families staff members do not provide direct services,

but rather work as a liaison between the family and community resources, in an attempt to establish solid, long standing connections between families and support agencies.

Although the HFI program is supported and run through the DA's office, and is overseen by the District Attorney, the program ultimately serves a preventive purpose and is founded upon tenants of social work practice, rather than those of law enforcement. The HFI program staff is not composed of attorney's, but is made up of individuals with educational and professional backgrounds in the social services sector, such as social work, professional counseling, and psychology. Therefore, the HFI program is unique in that a preventive community social work effort is established within a criminal justice setting, providing a bridge between prevention and law enforcement.

The goal of the current research project was to describe the youth and families who were enrolled in HFI and determine if the families improved in their functioning by the end of the program on various domains thought to be correlated with delinquent behavior. This was a longitudinal, within-subjects design. When families enrolled into the program, they were assessed with the North Carolina Family Assessment Scale (NCFAS-pre), which was repeated when the case was closed (NCFAS-post). We predicted that there would be improvements in scores on the NCFAS from intake to closure. To strengthen the design, a multi-modal assessment strategy was employed, such that school data were independently gathered on referred youth. A priori, we predicted that scores on the NCFAS-post would be related to school functioning. Additionally, in keeping with our theoretical model, we predicted that family functioning and child well-being would predict school functioning, but that the impact of family functioning on school variables would be partially mediated by child well-being.

Method

Participants

North Carolina Family Assessments were conducted on 147 families who were consecutively referred to HFI over a 1 year time period. Specifically, data were analyzed if families received a closure assessment within a defined calendar year, regardless of if the intake assessment had been conducted during this same 12-month period. These 147 families were enrolled in the HFI program and subsequently graduated, having received five or more service contact hours from the HFI staff. Families not included in the current investigation included 32 cases that received less than five service hours and 147 cases closed due to inability to contact or noncompliance with the program.

Males comprised 65% of the students in the current sample and the remaining 35% of students were female. Twenty-four percent of the students were receiving free or reduced lunch. Fifty-one percent of the students were European-American, 44% were African American, and 5% reported other races. Current grade was available for 106 students. These data indicated students were enrolled in grades

two through 12, with the mean grade being 8.0 and the largest number of referred students (60%) being enrolled in 7th, 8th, and 9th grades.

Procedure

For families who enrolled, respective HFI case officers conducted the NCFAS and combined those data with other available information to make recommendations for services. The HFI interdisciplinary team was composed of representatives from approximately 20 community partners, including mental health agencies, local law enforcement, Mobile County Public School System, Alabama Department of Human Resources, and child service organizations. Specifically, these representatives served a leading professional role in their respective agencies and were qualified to discuss service procedures and provide recommendations. For example, mental health agencies were represented by licensed mental health professionals, such as counselors, social workers, or psychologists serving administrative and/or clinical roles. The HFI team met weekly to develop and monitor Individualized Intervention Plans, which were implemented by the HFI staff, specifically by the case officer assigned to each case. The HFI staff members did not provide direct services; instead they made referrals, assessed barriers to treatment, worked to reduce those barriers, and followed-up to see that treatment was received. Referrals were made to approximately 153 community agencies. It is important to note that that the documented service hours needed to be a graduate of HFI are solely provided by the HFI staff. Engagement in community services does not count toward the total HFI service hours. Participation in the recommended services was strongly encouraged but not required. Families that received over 5 h of services by the HFI staff were assessed again with the NCFAS when they completed the recommended treatment and had demonstrated adequate progress. The initial analyses in this project focused on the intake (pretest) and closure (posttest) assessments using the NCFAS.

An example of a Helping Families case intervention is as follows. Once a family is enrolled in the program, a case officer is assigned a case based upon geographical school location, the case officer contacts the family, and conducts an assessment with the child and family members. The case officer may have an initial meeting either with the child at his or her school or with the family in the home environment, in order to gather relevant data for a comprehensive assessment. The case officer then scores and evaluates the assessment and presents the findings to the HFI interdisciplinary team. An Individualized Intervention Plan is formulated based upon areas needing intervention. For example, a family deemed as needing intervention within the area of “family interactions” would potentially receive referral information to family counseling agencies within the community.

Once the referrals have been provided to the family, the case officer follows up with the family, typically on a weekly basis and sets a schedule of monthly meetings with the student and/or family either at the school or at home. Specifically, weekly follow-up service consists of checking to see if families have established contact with provided referrals, assessing progress, and assisting with any setbacks. The case officer may also contact school officials and associated community agency

professionals (if proper release of information has been provided) to obtain records of performance, behavior, and treatment. Furthermore, monthly in-person staff meetings consist of evaluating the Individualized Intervention Plan and discussing related behavior, school performance, and overall well-being. Face to face meetings are critical in the HFI service process, in order to gain a comprehensive, ongoing evaluation. All contact and service information, as well as time tracking are recorded in the HFI electronic database for record keeping purposes. The case officer may provide new referrals as time elapses and continues to work with the family to overcome obstacles, in concordance with the interdisciplinary team. Once the families' needs have been met, the case officer conducts a post assessment.

Measures

North Carolina Family Assessment (NCFAS). The NCFAS was chosen for this project because it is a broad instrument that includes assessments of the child, the environment, and family functioning. The NCFAS has been used in several previous projects and was originally developed for intensive family preservation services (IFPS), that is, crisis intervention services designed to keep children safely in their homes and prevent the separation of families (e.g., Kirk et al. 2005; Reed-Ashcraft et al. 2001). Internal consistency and construct validity have been reported and the measure has been shown to sufficiently detect changes in functioning over time, specifically within the context of IFPS (e.g., Kirk et al. 2005; Reed-Ashcraft et al. 2001). Overall, the NCFAS allows practitioners and agencies to assess specific areas needing service (e.g., parental capabilities and environment) and allows these individuals to document changes across time.

Additionally, personnel can be trained to administer the NCFAS via a standardized videotaped tutorial, which allows staff to re-visit training as needed and allows new staff to be trained efficiently. The NCFAS can be administered by social workers (or other well-trained professionals, such as counselors or psychologists) who have participated in training.

The NCFAS is designed to assess families' strengths and weaknesses. A trained professional (i.e., a staff member who has completed the training tutorial) completes the scale. Interviews and interactions take place with: (a) caregiver(s) alone, (b) child alone, and (c) caregiver(s) and child together. Based on observations and information gathered during these interactions (as well as information gathered from other sources, such as schools or other agencies), the professional completes the NCFAS. The assessment includes 31 items categorized into five domains (Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-Being). Table 1 shows an example item within each domain. Each item is assigned a score by the rater. Scores range from -3 to +2. Scores of 0, +1, or +2 indicate that no intervention is needed in that area. Positive numbers indicate that the family has strengths in that area. Negative scores indicate the need for intervention (-1 reflects a mild problem, -2 reflects a moderate problem, and -3 reflects a severe problem). Means are calculated based on the item scores within each domain. If the domain score is below zero, intervention is warranted and an Individualized Intervention Plan is developed for that domain. The NCFAS is

Table 1 NCFAS mean first item scores and mean subscale scores ($N = 147$)

Subscale	Example item	Mean subscale		First item	
		Pre	Post	Pre	Post
Environment	Housing stability	4.00	4.08	3.89	4.05
Parental capabilities	Supervision of child(ren)	3.89	4.04	3.65	3.94
Family interactions	Bonding with child(ren)	4.24	4.31	4.24	4.33
Family safety	Absence/presence of physical abuse of child(ren)	4.41	4.46	4.25	4.37
Child well-being	Child(ren)'s mental health	3.49	3.84	2.49	3.33

conducted when families enter HFI and either when they complete the recommended interventions, or improve to the point of the case being closed.

Results

To avoid the use of negative numbers, scores on the NCFAS were recoded on a six-point scale ranging from one through six with higher scores reflecting better outcomes. The first item on each subscale of the NCFAS is a general item reflecting the raters' overall assessment of that domain. The remaining items of each subscale are specific items designed to assess functioning in that domain. We calculated the means for each subscale based on the ratings of the specific items (not including the general first item for each scale). As can be seen from Table 1, family functioning at the outset of the program was indicated by a mixture of strengths and weaknesses. Overall, the intake assessment scores provide the HFI case officers with direction for making referrals and providing assistance to served families. In the current sample, the intake assessment first item and subscale means both demonstrated that the domain of Child Well-Being was a relative weakness, or area needing sufficient support, while the domain of Family Safety was a relative strength, needing less attention compared to other NCFAS domains. Specifically, the domain of Child Well-Being is associated with child mental health, behavior, school performance, relationship with caregiver(s), relationship with peers, and overall cooperation.

To determine if there were significant changes in the mean subscale scores from pretest to posttest, we conducted a series of paired-samples *t*-tests on pretest and posttest scores on the five subscales. We predicted improvements from pretest to posttest on each scale (Environment, Parental Capabilities, Family interactions, Family Safety, and Child Well-Being). As predicted, scores improved significantly from pretest to posttest for each domain: Environment ($t(146) = 4.60, p < .001$) indicating a small effect size ($d = .38$), Parental Capabilities ($t(146) = 6.90, p < .001$) indicating a medium effect size ($d = .57$), Family Interactions ($t(146) = 4.23, p < .001$) indicating a small effect size ($d = .35$), Family Safety ($t(146) = 3.93, p < .001$) indicating a small effect size ($d = .32$), and Child Well-Being ($t(143) = 12.46, p < .001$) indicating a large effect size ($d = 1.04$). Table 1 shows the means for each scale of the NCFAS at pretest and posttest.

Next, we examined the first item of each subscale, which reflected the rater's overall assessment of functioning within that domain. As expected, these overall scores were highly correlated with the means generated from the individual subscale items (correlations ranged from .51 to .88 at pretest and .70 to .88 at posttest). To determine if there were significant changes from pretest to posttest in the one item score that reflected the rater's overall assessment of each domain, we conducted a series of paired-samples *t*-tests on pre and posttest scores on the first item of each subscale. Findings were similar to those reported above. As predicted, first item overall scores improved significantly from pretest to posttest for each domain: Environment ($t(147) = 4.36, p < .001$) indicating a small effect size ($d = .36$), Parental Capabilities ($t(146) = 6.46, p < .001$) indicating a medium effect size ($d = .53$), Family Interactions ($t(146) = 3.42, p = .001$) indicating a small effect size ($d = .28$), Family Safety ($t(146) = 3.68, p < .001$) indicating a small effect size ($d = .30$), and Child Well-Being ($t(146) = 14.63, p < .001$) indicating a large effect size ($d = 1.21$). Table 1 also shows the means for the first item of each domain at pretest and posttest.

We then tested the hypothesis that posttest scores on the NCFAS would be related to school performance, including unexcused school absences, infractions, and academic grades. School data reflecting academic grades were available for 99 of the 147 youth, while behavior data were available for 98 of the 147 youth who were served by HFI. School records were gathered at the end of the year. For each variable, only the data relevant to the time that the student was in HFI were included. That is, if a student was referred to HFI in December, grades were gathered from December to the end of the year. We included grades for core subjects (math, science, english/language arts, history/social studies, and reading). Students varied in the number of grades and quarters that were available; therefore we calculated an overall average from the core subjects that were available for each student for the appropriate time frame. For unexcused absences, infractions, and days suspended, we calculated a monthly rate for each student, based on the time after referral to HFI. For example, if a student was referred November 20th, we gathered unexcused absences, infractions, and days suspended, from November 21st until the end of the academic year. For each student, unexcused absences, infractions, and days suspended were divided by the number of months that the data reflected. Therefore, we had a monthly rate of unexcused absences, infractions, and days suspended that reflected occurrences after referral to HFI.

As predicted, posttest subscale scores on the NCFAS were significantly correlated with measures of school performance (see Table 2). For example, scores on Child Well-Being were correlated with academic grades ($r(99) = .39, p < .001$), suspensions ($r(99) = -.23, p < .05$), unexcused absences ($r(99) = -.29, p < .01$), and number of school infractions for the year ($r(98) = -.35, p < .001$).

It is clear from the previous analyses that scores on the NCFAS were related to students' functioning in school. We proposed a mediational model in which family variables indirectly influenced school outcomes through Child Well-Being. That is, we predicted that family scores on the NCFAS would predict school outcomes but that relation would be reduced when Child Well-Being was entered as a predictor of

Table 2 Correlations of the North Carolina family assessment with school outcomes

North Carolina subscale					
	Environment	Parent capabilities	Family interactions	Safety	Child well-being
Grades	.19	.34**	.35**	.34**	.39**
Unexcused absences	-.10	-.21*	-.14	-.16	-.29**
Infractions	-.08	-.15	-.18	-.04	-.35**
Suspensions	-.09	-.08	-.10	-.07	-.23*

* $p < .05$, ** $p < .01$

**Fig. 1** Theoretical model

school problems. The model is depicted in Fig. 1. We therefore conducted a number of exploratory analyses to test this prediction.

Because of the significant correlations among subscale scores on the NCFAS, we converted subscale scores to Z-scores, and then created a composite Family Functioning variable by summing each student's Z-scores on domains of Environment, Parent Capabilities, Family Interactions, and Family Safety. Similarly, we converted the school suspension, infraction, and unexcused absence scores to Z-scores and computed a sum, which we labeled School Problems. We conducted a multiple regression with the Family Functioning Composite as the predictor of the School Problems (see Table 3). The regression was significant ($F(1, 97) = 4.77$, $p = .03$), with the Family Functioning Composite ($\beta = -.22$) accounting for approximately 5% of the variance in School Problems. Next, we added Child Well-Being into the equation as a predictor of School Problems (see Table 3). The equation was significant ($F(2, 96) = 10.18$, $p < .001$; R^2 change = .13) and

Table 3 Summary of multiple regression analysis for variables predicting school problems

Variable	Model 1			Model 2		
	<i>B</i>	SE <i>B</i>	β	<i>B</i>	SE <i>B</i>	β
Family functioning	-.10	.04	-.22*	.05	.06	.12
Child well-being				-.76	.20	-.49**
R^2		.05			.18	
<i>F</i> for change in R^2		4.77*			14.90**	

* $p < .05$, ** $p < .001$

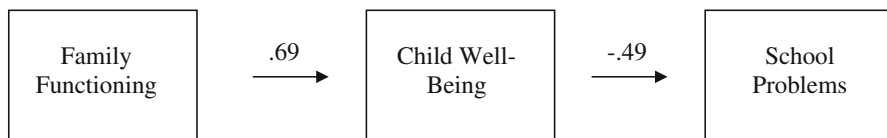


Fig. 2 Observed model of school problems

accounted for 18% of the variance in School Problems. In this model, only Child Well-Being ($\beta = -.49$) was a significant predictor; Family Functioning Composite ($\beta = .12$) was no longer significant, indicating evidence of mediation. Finally, in the last regression, we entered Family Composite as a predictor of Child Well-Being. As predicted, the equation was significant ($F(1, 97) = 86.10, p < .001$; $\beta = .69$), with Family Functioning accounting for approximately 47% of the variance in Child Well-Being. Consistent with the analysis procedure set forth by Baron and Kenny (1986), these exploratory analyses supported the prediction that Family Functioning impacts School Problems through the mediating variable of Child Well-Being. Figure 2 reflects the model with the beta weights included to reflect strength of relationships.

In a similar set of analyses with school grades as the outcome variable, we conducted a multiple regression with the Family Functioning Composite as the predictor of School Grades (see Table 4). This regression was also significant ($F(1, 98) = 15.10, p < .001$), with Family Functioning Composite ($\beta = .37$) accounting for approximately 13% of the variance. Next, we added Child Well-Being into the equation as a predictor of School Grades. The equation was significant ($F(2, 97) = 9.95, p < .001$; R^2 change = .04) and accounted for 17% of the variance in School Grades. In this model, only Child Well-Being ($\beta = .26$) was a significant predictor; Family Functioning Composite ($\beta = .18$) was no longer significant, indicating evidence of mediation. As indicated in the School Problems analysis, Family Functioning Composite was a predictor of Child Well-Being ($F(1, 98) = 88.30, p < .001$; $\beta = .69$), accounting for approximately 47% of the variance. These exploratory analyses supported the prediction that Family Functioning also impacts school Grades through the mediating variable of Child Well-Being (see Fig. 3).

Table 4 Summary of multiple regression analysis for variables predicting school grades

Variable	Model 1			Model 2		
	<i>B</i>	<i>SE B</i>	β	<i>B</i>	<i>SE B</i>	β
Family functioning	2.05	.53	.37**	1.03	.72	.18
Child well-being				5.20	2.51	.26*
R^2		.13			.17	
<i>F</i> for change in R^2		15.10**			4.29*	

* $p < .05$, ** $p < .001$

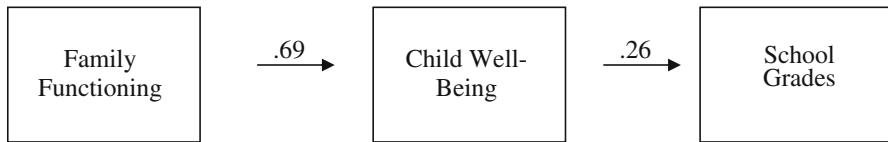


Fig. 3 Observed model of school grades

Discussion

The current study documents a successful social practice community effort that was designed to reduce and prevent youth violence by improving family functioning, decreasing risk factors, and promoting protective factors. Through the leadership of the District Attorney's office, a number of community groups coordinated their efforts. Public schools, law enforcement, and local service providers collaborated in an efficient manner to provide support and services to high-risk youth and their families. This novel prevention program promotes positive family and school interactions and serves to bolster factors correlated with resiliency, as well as supports the strengths perspective of social work practice.

Descriptively, our findings indicate that families were experiencing difficulties at the outset of the program, specifically in the area of Child Well-Being. Raters scored the youth's well-being relatively low at the pre-assessment. This is not surprising given that the child's risk behavior garnered a referral to the program. Furthermore, significant gains were observed in the area of Child Well-Being at post-assessment, which reflected the aims and procedures of the program. When children were doing reasonably well, the case was closed and the posttest was conducted. However, there were also significant gains in all other areas assessed, with Parental Capabilities showing a moderate change and the other areas showing small changes. It is essential to note that the importance of Family Functioning and Child Well-Being in this sample is corroborated by the significant correlations of these measures with grades, unexcused absences, suspensions, and school infractions.

These findings also contribute to our understanding of the role of the family in youth problem behavior. The proposed mediational model suggests that family functioning contributed to school outcomes through the mediating variable of Child Well-Being. We consider these findings exploratory because of the nature of the data. Family Functioning and Child Well-Being were measured at one point in time. Ideally, we need longitudinal data with Family Functioning measured before Child Well-Being to determine the path from Family Functioning to Child Well-Being. Also, there may be contamination among the measures because HFI staff members conducting the NCFAS had access to preliminary school data. However, even with these methodological issues, these findings deserve consideration because they support important theoretical proposals about the role of the family in youth risk behavior (e.g., Bronfenbrenner 1989; Patterson and DeBaryshe 1989). Specifically, support is provided for the theoretical notion that familial relationships play a direct role in influencing a child's development and subsequently, their behavior.

The current study has several limitations that warrant attention in future research. First, families entered the program when they were experiencing considerable difficulty, therefore their scores on the NCFAS were low. The improvements that were noted across time could reflect regression to the mean. Second, although the staff of HFI do not provide direct services, they are involved in the Individualized Intervention Plan, follow-up, and assessments. Their experience with the program could influence their assessments. Ideally, in future work, pretest and posttest assessments would be conducted by personnel who are not involved in the delivery of the program. Third, a comparison group (such as a wait-list control group) would allow for a better assessment of the effectiveness of the program in comparison to youth who do not receive these types of services. Third, longitudinal data are needed to determine if the gains made in the HFI program are maintained and are in fact, related to reductions in future offenses. Finally, the role of other factors (e.g., peers, schools) is important but was not included in this investigation.

Overall, however, these data add to the literature in several important ways. First, these data provide evidence for the usefulness of the NCFAS in a sample experiencing school-related behavior problems. Second, these findings document that significant changes in family functioning are possible in a high-risk sample. Families were encouraged to use available community resources and build upon existing strengths at a time when their children were encountering serious problems. Case workers listened to the families' needs, organized information on resources, and followed-up to see that resources were being accessed. Across time, significant improvements in families and children were noted. These improvements are crucial because they occurred at a time when students were already engaging in risk-taking behaviors that have the potential to culminate into more serious behavior problems.

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