

Evaluation of a Faith-Based Socioemotional Support Program for Parents of  
African American Youth With Antisocial Behaviors

by  
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## Approval Page

This applied dissertation was submitted by Nicole Francis-Williams under the direction of the persons listed below. It was submitted to the Fischler School of Education and Human Services and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova Southeastern University.

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## Abstract

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Due to many of the stresses and societal challenges that African American parents face, parents who have children with antisocial behaviors need guidance and support to assist them with their children in the areas of parenting, academics, and social support. This study proposed a program that focuses on the parents and caregivers as vital persons in the prevention, intervention, rehabilitation, and therapeutic solution for these children. Strategies include an umbrella of faith-based Christian principles. The setting was a Christian church located in an urban community within a large city on the east coast of the United States. The Students Achieve When Families Have Faith, Inspiration, Resources, and Education Program was an 8-week program providing parents with training in the areas of child development instruction, communications skills training, social skills, and spiritual support.

The sample population included 11 African American parents between the ages of 22-55. Additionally, 93% of the participants were single parents, 5% were married with 2-parent families, and 2% of the participants were grandparents. Parent assessments were in the areas of parenting-related stress, self-esteem, and perceived social support using the Parenting Stress Index, the Rosenberg Self-Esteem Scale (RSE), and the Multidimensional Scale of Perceived Social Support (MSPSS), respectively. Anecdotal data were collected through focus group discussions, Parent Cooperative group discussions, and informal interviews. Quantitative data reflected that overall parent levels of self-esteem slightly increased but remained moderately high, based on the RSE from pretest to posttest with a  $t$ -score of -1.747. Parenting-related stress increased insignificantly from the pretest to the posttest with a  $t$ -score of 0.338. Finally, perceived social support increased insignificantly based on the MSPSS from the pretest to the posttest with a  $t$ -score of 0.199. The anecdotal data revealed more impressive positive relationships between the treatment and the outcomes with consistent increases in self-esteem and perceived social support and a decrease in parent-related stress.

Overall, the program was successful and the applied dissertation effectively met more than half of the expected outcomes. Faith-based organizations should review the findings of this applied dissertation to develop more programs that incorporate instructional training with faith-based principles to address the needs of parents first.

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## Chapter 1: Introduction

### *Nature of the Problem*

Many parents of minority youth are searching for guidance and support. African American parents particularly need guidance and support to assist them with their children in the areas of parenting and social support. Many children and adolescents are individuals who exhibit antisocial behaviors and social maladjustment. These behaviors impact the abilities they need to function appropriately at home, at school, at church, and in public settings. This study proposed a program that would focus on the parents and caregivers as vital persons in the prevention, intervention, rehabilitation, and therapeutic solution for these children and youth.

Research repeatedly showed that parents are often overlooked as vital participants in intervention for at-risk minority youth (Miller & Wasserman, 1999). Antisocial behaviors and other psychosocial disabilities impact the youths' ability to assimilate socially and to transition into the community as productive adult citizenry. Ultimately, inappropriate behaviors among socially maladjusted youth in this population are defined as at risk if they may lead to high school dropouts, teen pregnancy, juvenile delinquency, and a host of other issues that lead to socioeconomic and academic deprivation. Such trends lead African American families and communities into a downward spiral. There is a constant perpetuation of socioeconomic and academic deficit brought on by many years of miscommunication, poor medical and psychological treatment, distrust of nonminority authority figures, and a school environment that often treats minority parents as outsiders (Banks, Hogue, & Timberlake, 1998). It is the belief of the writer that a viable support system for at-risk African American youth must be first created, developed, assessed, and strengthened in order to properly provide parents with the resources and strategies they

need to support their children.

Often, African American parents and caregivers complain that programs make them feel blamed, incompetent, and insecure. From a historical perspective, Alvy (1987) expressed the belief that “The all pervasive phenomena of racism greatly complicates black parenting, creating an atmosphere where simple survival, physical, emotional, and economics, must often be the primary goal” (p. 15). This study emphasized parent and family involvement within a faith-based foundation. The program built on Alvy’s *Black Parenting: Strategies for Training* book and The Pyramid of Success for Black Children program module. This program module was developed to create a context for the programs that will make the content of parent training programs more relevant to African American parents and sensitive to their needs and concerns. The program integrated the methods proposed by Alvy along with more recent methods proposed by Washington (1996) on Afrocentric Curricula and Social Skills Training. The program also took into consideration the research on cultural sensitivity conducted by Cartledge, Kea, and Ida (2000) and the findings on biosocial perspectives of antisocial behaviors of youth cited by Booth, Carver, and Granger (2000).

The goal of the applied dissertation was to provide parents and families with the education, social and spiritual support, and training they need to address the problems of their children effectively in a nonthreatening faith-based environment. Parents and families play an intricate role in supporting their children to operate successfully in school and in other social settings.

The literature provided documented evidence that this problem exists. This problem clearly impacted parents’ ability to monitor and supervise their children effectively as well as provide social and emotional support. The study took place in a

nonthreatening, family-oriented setting. The setting was a predominately African American Baptist church located in an urban city on the mid-Atlantic east coast of the United States. The church has a number of youth and community service programs for youth, families, and the community at large.

Recently, a series of classes were held called The Bible Institute. The study involved integrating the proposed program components with a preexisting curriculum that was Bible-based and focused on scriptural principles. The program combined family and child-focused Biblically based principles, education theory, behavioral management strategies, instructional methods, practical applications, and interactive activities to provide parents with the knowledge base needed to cope and to implement strategies for raising their children. The program was made available to all adult church and community members who were parents, family members, or caregivers to at-risk minority youth. The writer worked directly with the Bishop of the church to integrate the faith-based components into the program.

The program was the Students Achieve When Families Have Faith, Inspiration, Resources, and Education (SAFFIRE) Program (see Appendix A). The program focused on a six-point approach designed by the writer called “CREDIT” that emphasized to parents that they were competent, resilient, educated, determined, informed, and strongest when working together. With the use of the structured group elicitation technique (Alvy, 1987), the SAFFIRE Program focused on parents identifying desired life goals for their children; identifying the characteristics their children needed to develop to be successful; and, finally, identifying specific practices in which they needed to engage to guide their children. The program was available to parents as an 8-week class in a series of courses that were a part of The Bible Institute.



### *Description of the Problem*

The problem addressed in this applied dissertation was that African American parents and caregivers of minority youth with antisocial behavior experience psychosocial distress that prohibits them from effectively supporting their children in academic and social environments. This problem worsens because these parents and caregivers do not have the proper academic and technical training to address the problems of their children. Additionally, African American parents are plagued by stressors associated, with and often caused by, low-SES and racism.

Like many other parents, they care deeply for their children and only wish the best for them. This puts the parent in the position of being a willing participant in the academic and therapeutic regimen needed to support this at-risk population of children. The method of intervention focused on parents and caregivers as the primary service providers of the child. However, the intervention supported the parents first in an effort to help them to develop the skills and coping mechanisms needed to be effective.

As a result of an extensive review of the literature and based on anecdotal evidence from experience as an urban educator, several areas of need that contribute to this problem were stated. The writer of this paper proposed that parents and caregivers did not have the needed parenting skills, did not understand the educational jargon used by school officials, did not understand the disabilities of their children, lacked appropriate problem-solving and communications skills, and often did not have a socioemotional support system in place. Additionally, they required improved coping skills and an effective support system of professionals and peers to minimize mild to moderate stages of psychopathy that are often present in this subgroup of parents. The final ingredient that made this methodology unique was that this program regimen included a faith-based

component explained further in the applied dissertation report.

The optimal solution to this problem would be to provide parents with an appropriate venue to receive training and support for themselves and their children. The program provided the family unit with a comprehensive treatment plan that promoted a feeling of community, comfort, and increased competence. Currently, this type of solution is not readily available to inner-city minority parents and caregivers and is not available to this population at an economical cost. Additionally, many minority parents have an overall distrust of school-based service providers, clinicians, and school administrators. Their lack of knowledge in the area of antisocial behaviors also may put them in a defensive and stressful position that may cause them to eliminate the school environment as a place of support and refuge.

A series of classes were held at the setting called The Bible Institute. The study integrated the program components with a preexisting curriculum that was Bible-based and focused on scriptural principles. The program combined family and child-focused Biblically based principles, educational theory, behavioral management strategies, instructional methods, practical applications, and interactive activities to provide parents with the knowledge base needed to cope and to implement strategies for raising their children. The program was available to all adult church and community members who were parents, family members, or caregivers to at-risk minority youth.

#### *Background Data on the Program Setting*

The writer worked directly with the Bishop of the church to integrate the faith-based components into the program. The vision statement of this religious institution is “To exalt God, evangelize the sinner and to equip the saint, through a relationship with God.” The mission statement is

To evangelize the lost and to empower believers to productively develop relationships with God, others, and themselves through (1) the study and instruction of God's Word (2) work and service that fulfills our God-given purpose, and (3) worship that values God and promotes fellowship among believers.

The social and cultural factors that make this work setting unique are that the population served by this organization includes over 3,000 predominately African American community members between the ages of 0 and 80 years. The organization employs 12 executive staff, 2 office staff, 12 deacons, 14 deaconesses, and 19 church stewards. These individuals support the Bishop and the congregation to run programs and other church-related activities to further the mission and vision of the church.

#### *Background and Significance of the Problem*

This problem had not been solved because parents did not and still do not always have the proper academic and technical training to address the problems of their children. Like many other parents, they care deeply for their children and only wish the best for them. This puts the parents in the position of being willing participants in the academic and therapeutic regimen needed to support this at-risk population of children. The highlighted method of intervention focused on parents and caregivers as the primary service providers of the child. However, the intervention supported the parent first in an effort to help them to develop the skills and coping mechanisms needed to be effective parents.

According to the **National Center for Children in Poverty** (NCCP; 2004), nearly two thirds of children in low-income families have parents without any education. Twenty-six percent of children in low-income families have parents who do not hold a

high school diploma. In this article, Lawrence, Chau, and Lennon also stated, “Higher education leads to higher earnings . . . it is one of the most effective ways in which parents can raise their family’s income” (p. 1). Low income is defined as twice the federal poverty level, or \$36,800 for a family of four according to the U.S. Department of Health and Human Services (2003) *Poverty Guidelines*. The NCCP report, entitled **“Depression, Substance Abuse and Domestic Violence: Little is Known About Co-Occurrence and Combined Effects on Low-Income Families,”** stated several crucial points. To begin, the report cited several recent studies that provided insight on how depression, domestic abuse, and substance abuse affect parenting and child well-being. The CalWORKS project, based at the California Institution for Mental Health, conducted a recent study of families receiving Temporary Assistance for Needy Families that revealed there is a statistically significant association between the substance abuse of a mother, mental health, domestic violence problems, and parent frustration, as well as a lack of social support.

The NCCP (2004) report also cited the Women’s Employment Study, a longitudinal study conducted in Michigan between 1997-1999. The study examined the effects of welfare-to-work transitions on parenting and child behavior and found that maternal mental health problems and drug use were associated with an increase in internalized and externalized behavior problems in children ages 2-12. The NCCP report concluded with research implications that suggested that low-income families exposed to issues of depression, domestic violence, and substance abuse were a vulnerable population whereby multiple generations are negatively impacted.

The writer of this paper firmly believes that parents and caregivers do not have the needed parenting skills, do not understand the educational jargon used by school

officials, do not understand the disabilities of their children, lack appropriate problem-solving and communications skills, and have not received the socioemotional support that they need for themselves. Often, single-parent-headed households and limited education attribute to lower income and increased psychosocial stress for the family. In the state where this study will be conducted, 64% (78,250) of the low-income families are headed by single parents, and 17% (21,296) of low-income families are headed by parent(s) who do not have a high school diploma (NCCP, 2004). In the same state, the annual unemployment rate is 4.1% compared to the national rate of 4.8%; the female labor force participation rate is 64.3%; and African Americans, at 27.0%, and Latino children, at 33.0%, are more likely to live in low-income families. This can be compared to the 15.0% of White children who live in low-income families (NCCP).

Previous interventions have failed, and many lack the inclusion of an effective support system of professionals and peers to minimize mild to moderate stages of psychopathy that are often present in this subgroup of parents. The final ingredient that will make this methodology unique is that this program regimen includes a faith-based component that will educate and encourage parents to lean on their Christian faith and on the support of their peers as participants in the Parent Cooperative (Co-op) Team.

Based on the researcher's observation, most programs of this nature are not available to this population at an economical cost. Additionally, many minority parents have an overall distrust of school-based service providers, clinicians, and school administrators. Lack of knowledge in the area of antisocial behaviors also may put them in a defensive and stressful position that causes parents to eliminate the school environment as a place of support and refuge, thus diminishing parental involvement in schools.

### *Assessment of the Problem*

On June 11, 2004, a needs assessment in the form of an informal focus group was conducted after approval by the writer's dissertation advisor. An open forum was held for members of the general congregation who were parents or caregivers of youth. During this open forum, an overview of the proposed program was discussed and a brochure was disseminated to parents. The writer presented an overview of the program orally and in written form and opened the discussion to parents by presenting one open-ended question to parents. The question was, "Please introduce yourself and identify one reward of parenthood, one challenge of parenthood, and one area of parenthood that you feel you need the most support in." Participants included 19 females and 2 males ( $N = 21$ ), who introduced themselves and openly discussed the questions as presented. The writer was pleased by the open and comfortable nature in which the parents expressed their needs. The parents clearly expressed the need for the support the program proposed to provide and revealed the desire to receive support and training aligned with Biblical principles.

Problems that parents discussed during the open discussion involved areas pertaining to their personal involvement with (a) drug abuse, (b) prostitution, (c) incarceration, (d) diagnosed or undiagnosed psychopathy, (e) homelessness, (f) emotional and/or physical abuse, and (f) community violence. The writer believes that previous attempts to positively address this problem had failed because they lacked comprehensive and research-based solutions. This program successfully built on the faith-based principles that church members had already received regularly on Sundays. However, the program expanded upon their knowledge base by including academic areas of instruction and support from professionals and peers outside of the church sermon. The church Bishop agreed to continually provide Sunday sermons that focus on parenting. Ongoing

support and reinforcement outside of the actual treatment and parenting classes will provide the intense support parents require. Prior to this treatment, parents had been unable to follow through with the strategies provided by outside agencies. With the classroom instruction, Biblical principles, and regular reinforcement on Sundays, this strategy should yield powerful short-term and longitudinal results.

### *Research Questions*

This applied dissertation study sought to answer two research questions. The questions are as follows:

1. Will parents and caregivers have an improved perception of the parenting process and the behaviors of their children following program training?
2. Will the program reduce the presence of psychosocial distress (feelings of isolation, depression, low self-esteem, and stress) in parents and caregivers of socially maladjusted at-risk African American youth?

### *Research Hypothesis*

The writer hypothesized that the proposed treatment (SAFFIRE Program) would improve parent feelings about the parenting process and reduce the presence of psychosocial distress among participants. Thus, it was believed that there would be a positive relationship between the treatment and a decrease in psychosocial distress related to parenting.

### *Definition of Terms*

The following terms were used throughout the applied dissertation. The defined terms are as follows and have been developed by the writer or adapted from the *Psychological Glossary* (Jongsma, Peterson, & MacInnes and Neumann as cited in AlleyDog.com, 2004).

*Antisocial behavior.* Behaviors characterized by impulsivity; an inability to live by rules, customs, or laws of society in which the affected individuals live; and a lack of anxiety or guilt for exhibiting the behavior.

*Anxiety.* A specific fear that has been generalized to cover a wide area and has reached a level whereby it significantly interferes with the individual's and the family's daily life.

*Attention deficit disorder (ADD).* A condition that is characterized by susceptibility to distraction by extraneous stimuli and a short attention span.

*Attention deficit hyperactivity disorder (ADHD).* A condition that is characterized by susceptibility to distraction by extraneous stimuli and short attention span, accompanied by hyperactivity as evidenced by high energy level, impulsivity, and restlessness.

*Biological psychology.* A branch of psychology that merges biology and psychology in order to analyze thought processes that consider the relationships between physiological and psychological events.

*Biopsychological perspective.* The psychological school of thought based on the premise that physiological influences and factors are most important in developing, determining, and causing behaviors and mental processes.

*Biopsychology.* The field of study that examines the relationships between biology and psychology and how they influence behavior and cognition.

*Conduct disorder.* Persistent failure to comply with rules or expectations in the home, school, or community; repeated conflict or confrontations with authority figures.

*Emotional behavioral disorders (EBD).* Behavior that is characterized by assessment identified emotional disturbance and aggressive and/or noncompliant



behaviors that negatively impact ones' ability to learn or function productively.

*Low self-esteem.* An individual's view of self that is marked by verbalization of self-disparaging remarks and an inability to identify his or her positive traits or talents.

*Parenting.* The process of raising children, which may consist of several interrelated functions and responsibilities including, but not limited to, resource provision, caring for the home, protecting children, physical and psychological care giving of children, and advocating for children.

*Parent Co-op Team.* A group of parents who work together as friends to discuss and reach solutions in areas related to parenting and family life and follow the Biblical principles and instructional strategies as outlined by the SAFFIRE Program.

*Psychosocial distress.* Feelings of anxiety and/or stress that are caused by social and psychological deficits that negatively impact behavior and cognition.

*Serious emotional disturbance (SED).* Behavior that is characterized by assessment-identified emotional disturbance and aggressive and/or noncompliant behaviors that negatively impact ones' ability to learn or function productively (see EBD definition).

*Stressor.* Anything physical or psychological that produces stress that is negative or positive.

*Self-concept.* An individual's total thoughts and feelings that define one's self as an object.

*Self-esteem.* The extent to which people view themselves and their attributes.

*Sociobiology.* A scientific approach or discipline that involves the identification of the biological and genetic beginning of social behavior in humans and other animals.

*Social support.* The perceived comfort, caring, esteem, or help a person receives

from other people or social groups that make them less vulnerable to stress.

*Sociopath(y)*. An individual or having to do with an individual with an antisocial personality.

*Spiritual support*. Support that enables individuals to develop friendship networks where they find others who share common values, interests, and faith.

*Structured group elicitation technique*. A teaching technique that involves a question and response exchange between the instructor and parents in the group to engage parents in discussion about their feelings and desires for their children.

## Chapter 2: Review of Related Literature

### *Introduction to the Literature Review*

The writer completed a comprehensive review of the literature based on current empirical research, theory, meta-analyses, and other peer-reviewed publications. This study of the literature, with a particular focus on theoretical perspectives, provided an overview of problems in this area of interest and suggested possible solutions. After narrowing down the many aspects of the literature, it was determined that the solution lies with the parents of children and youth with antisocial behaviors. The review of the literature followed the path of identifying causes of antisocial behaviors in children to emerging themes in the research to a more focused review of biosocial, ethnic, and cultural factors and solution strategies related to families and minority youth with antisocial behaviors.

Children and youth exhibiting antisocial problems often do not receive adequate social and emotional support from their parents or their teachers. As a result, at-risk students are unable to function in social and academic settings, including school. The purpose of this meta-analysis is to discuss research that expressed an array of presumptions of why such students, considered at-risk for dropping out of school, are unable to function successfully in academic domains. Regardless of the reasons that such antisocial behaviors manifest, there is a relatively large niche of students who are not being served academically or therapeutically. It is the writer's intent to provide the reader with data on the factors related to children and youth with antisocial behaviors and the methods that should be explored for identification, prevention, and intervention among at-risk minority youth.

According to the Center for Effective Collaboration and Practice (CECP; 2002),

“Youth with learning and behavioral problems who are pushed out or otherwise do not complete high school are most likely to develop delinquent behaviors and be arrested” (p. 1). The research of the CECP also reported that the arrest rate among high school dropouts with disabilities was 56%, compared with 16% among graduates and 10% among those who were over 21 years of age. Among dropouts with SEDs, the arrest rate was 73% for 3-5 years after secondary school (CECP). Statistics imply that it is best to pay close attention to children and youth who are at high risk for developing emotional disorders as early as possible, in order to avoid future social adjustment problems and the emergence of delinquent tendencies.

The writer believes that society must consider the disturbing data and must play an active role in guiding school reform. Additionally, she believes that school reform must include components that meet the social and emotional needs of children and youth. The risk of social maladjustment can be diminished in the primary grades through student support services and by following the suggestions of Banks et al. (1998). These researchers believed that programs should be developed that focus on family and that programs must highlight teacher-driven services that teach and reinforce proper social behaviors. The cost now will be less than the cost and burden to society in the long run. The research of Nangle and Hansen (1998) revealed that students with social and behavioral problems must be targeted and treated early in their school careers. Similarly, Kolko (1996) stated that safeguards and methodologies should be in place to prevent borderline abnormal behaviors from escalating into socially inappropriate behaviors. According to the data, successful early intervention programs coordinate services at home, at school, and in the community (CECP, 2002). These data should be considered as professionals take time to develop specialized programs.

### *Causes of Antisocial Behaviors*

Genetic, physiological/medical, and toxin-induced conditions may cause emotional disorders that in many instances may account for antisocial behaviors. Research also revealed that environmental and biosocial factors and poor academic achievement account for the appearance of inappropriate behaviors in children. These factors should be considered when treatment and curricula are designed to meet the needs of students from diverse ethnic backgrounds and cultures.

Academic failure often demoralizes a child. Poor academic performance forces students to lose self-confidence and self-esteem. Feelings of inadequacy in children may damage their social and emotional relationships with teachers, parents, and peers and may cause them to discredit the values that authority figures promote. Feelings of helplessness and hopelessness emerge that cause students to feel that their efforts are insignificant and invaluable. The literature explored several major causes for antisocial adjustment in children and youth. The literature succeeded in providing a clear view of emerging themes of importance in regard to prevention, early identification, and intervention of antisocial behaviors.

Researchers Davies and Windle (2000) and Eber, Nelson, and Miles (1997) suggested that it is crucial to target at-risk behavior prior to the behaviors leading to academic and social problems. Similarly, Gresham (1997), Kolko (1996), and Nangle and Hansen (1998) agreed that early identification of inappropriate behaviors is paramount if such behaviors are to be kept from developing into disorders. The researchers also concurred that treatment is most successful if antisocial behaviors are targeted early. The data revealed that intervention is also crucial and should involve parents and families of at-risk youth. Abrams and Segal (1998) and Cheney (1998) agreed that a method of

intervention is to provide social and emotional supports to parents and families of at-risk youth. King-Sears and Bonfils (1999) believed that teachers of at-risk students should receive emotional and social supports in order to better prepare them to improve antisocial behaviors among their students.

Poor communications skills and social skills deficits are major problems that impact students with antisocial behaviors. Banks et al. (1998), McEvoy and Welker (2000), and Meadows, Melloy, and Mitchell (1996) all agreed that communication is a major part of social adjustment. According to McConaughy, Kay, and Fitzgerald (1998), “Limited expressive communications may cause frustration that manifest as social maladjustment,” (p. 87). According to Banks et al., parents must have an open line of communication with their children in order to provide adequate support to them and to limit the frustration of the child. Apparently social and familial norms vary among different cultures.

Children and youth with antisocial behaviors also experience problems that may impact their physical health. Masi, Favilla, Millepiedi, and Mucci (2000) discussed problems that included somatic complaints that impact school performance the next day, loss of appetite, and depression and/or withdrawal. Clearly, each of these areas of concern may ultimately cause a student who is emotionally fragile to deteriorate socioemotionally in the school environment.

Anderson (2000), Cheney (1998), and Cocoran and Stephenson (2000) succeeded in revealing difficulties that children and youth with antisocial behaviors experience at home. The problems included poor parent and sibling relations, abuse or neglect, and a lack of medical attention. Reverting back to the fact that students with socioemotional deficits often have poor communication skills, it becomes clear that they may have poor

parent and sibling relations. The issue of sibling rivalry is real among children without socioemotional deficits. Thus, one can imagine that the areas of tension among parent-child relationships and siblings are intensified if the child or one of the children has an emotional disability.

### *Emerging Themes*

The literature on the topic of antisocial behaviors and youth outlined several reoccurring themes that emerged throughout the research. The emerging themes may lead to a basis for determining plausible solutions for addressing social maladjustment among minority children and adolescents. A review of a substantial number of pertinent peer-reviewed articles in the field of emotional disabilities and children and antisocial behaviors led to an assessment of research findings that fit into one of the thematic categories. The emerging themes are as follows:

1. Environmental factors related to antisocial behaviors of children and youth.
2. Parent and family-centered treatment of antisocial behaviors for children with antisocial behaviors.
3. Address antisocial behaviors in schools through curriculum and instruction.
4. Identification, prevention, and early intervention of antisocial behaviors in children and youth through program design and implementation.
5. Medical and physiological indications and causes for antisocial behaviors in children and youth.
6. Ethnic and cultural diversity as related to manifestation and severity of antisocial behaviors in children and youth.
7. Biosocial perspectives on antisocial behaviors in children and youth.
8. Environmental factors related to antisocial behaviors in children and youth.

Henry (2000) and Synder and Schrepferman (1997) agreed that negative peer and family relationships may result in antisocial behaviors and school failure. Henry discussed variables within families living in urban settings that impact social adjustment in young people. Such variables include (a) family cohesion, (b) beliefs, (c) family structure, (d) parenting style, and (e) disciplining and monitoring practices. According to Synder and Schrepferman, “Reinforcement of aggression and affect dysregulation during family interactions may play complimentary roles in the development of antisocial behaviors” (p. 187). The two authors focused on two primary concepts. The concepts were negative reinforcement and affect dysregulation. Negative was defined by Synder and Schrepferman as “an unfavorable response to a behavior,” whereas affect dysregulation was “an unfavorable response that is a result of another unfavorable behavior or response” (pp. 187-188). The authors devised the theory that negative and antisocial behaviors among parents toward their children often cause children to display antisocial behaviors towards their siblings, parents, and peers. Henry concluded by making the assumption that “Poor family relations and unfavorable family conditions, as well as an affliction with deviant peers increase the likelihood of students developing anti-social behaviors and of school failure” (p. 103).

Many authors discussed the environmental factors of poverty and violence as major factors that cause youth to develop and exhibit antisocial behaviors. Community violence and other negative community experiences were topics of discussion for the researchers Banks et al. (1998) and Miller and Wasserman (1999). Both sets of researchers agreed that community violence and negative family and peer experiences may lead to social maladjustment among youth. Due to the disproportionate number of minorities who live in socioeconomically deprived communities, a large number of



minority students are impacted by community violence and other negative community experiences. Thus, this area of research focused primarily on African Americans and other minority youth who exhibit antisocial tendencies.

Miller and Wasserman (1999) studied high-risk boys living in urban communities. Their research included a sample of 97 boys considered at high risk for antisocial behavior. The designation of the high-risk status was based on their place of residence in an urban area with high violence, their gender, and the presence of a sibling with a juvenile court conviction. Fifty-one percent were African American, 45% were Hispanic, and 4% were of other ethnic backgrounds. According to Miller and Wasserman, the hypothesis was postulated that, "When youth experience high rates of community violence, they are influenced negatively and express antisocial behaviors" (p. 7). Based on the data, a general assumption may be made that minority youth who live in communities with high crime are at high risk for developing antisocial characteristics.

Miller and Wasserman's (1999) hierarchical multiple regression analysis evaluated the impact of lifetime violence exposure along with three components of the family environment. They found that aspects of the family environment included parent-child conflict, involvement, and monitoring. In its entirety, the subjects of the study all witnessed high levels of violence in their communities: 84% had heard gun shots, 87% had seen someone being arrested, 25% had seen someone get killed, and some boys were exposed repeatedly to the same violent events. Fifteen percent had witnessed three or more shootings, and 11% had witnessed three or more stabbings. Ninety-six percent had witnessed at least one violent act, and 75% had witnessed four or more different violent occurrences. Additionally, the study reflected that family environmental variables such as conflict and arguing did not impact youth violence or antisocial

behaviors to a marked degree. Miller and Wasserman stated, “Antisocial behaviors were primarily exhibited when family fighting was seen in concert with community violence” (p. 7).

Banks et al. (1998) made the assumption that the causes of aggression and violent behavior may include socioeconomic and socioemotional status. Possible causes of social maladjustment among poor minority males were mainly those associated with constant exposure to community violence and antisocial norms that may be accepted or necessary for acceptance in peer groups.

The Committee on Early Childhood, Adoption and Dependent Care (CEC; 2000) completed a meta-analysis on the effects of foster care on psychological aspects of child development. The meta-analysis revealed that large numbers of young children are entering foster care at early ages, when brain growth is most active, with serious and complicated physical health, mental health, or psychological problems. Thus, a positive and healing foster care experience may increase the chances of healthy brain development in the early years and may promote psychological health. At the same time, the chances of social maladjustment and the development of antisocial tendencies may decrease.

The CEC (2000) discussed the following developmental issues that are important to young children in foster care:

1. Implications or effects of abuse, neglect, and child placement on early brain development.
2. Establishment of the child’s attachment to caregivers.
3. Consideration of the child’s changing sense of time during the foster care experience.

4. The child's response to stress.
5. Parental roles and kinship care.
6. The parent-child relationship.
7. Comprehensive assessment and treatment of a child's developmental and mental needs.

Additional data on the role of parenting and the development of antisocial behaviors were provided by Copenhagen and Eisler (2000). They discussed the role of the paternal parent as they executed research to assist with the development and validation of an Attitude Toward Father Scale. More thorough research on family dynamics and children with psychological problems may occur if more information is gained by better understanding the father-child relationship.

Copenhagen and Eisler (2000) conducted correlational analyses and found a poor father-child relationship revealed higher scores on global measures of psychological symptoms and high scale scores for depression, anxiety, anger, and hostility. This research proved the validity of the Attitude Toward Father Scale and provided preliminary data supporting that father's have a role in children's behavior adjustment. A poor father-child relationship was significantly associated with adjustment behavior problems in the research.

McGue (1997) agreed in his meta-analysis on a behavioral-genetic perspective of the children of alcoholics. McGue hypothesized that, "Behavior resemblances between and among an intact family may result from shared genes or from the influences of their shared environment" (p. 210). Genetic and behavioral links are evident between parents and children who share common antisocial characteristics. McGue's study found that male children of alcoholics (COAs) genetic composition plays an important role in the

development of alcoholism and EBDs. The results were less convincing in female COAs. According to McGue, the frequency of this phenomenon was “1 in 50 in twin births among African-Americans, 1 in 80 among Whites and 1 in 125 among Asians” (p. 219). The results of this study are crucial because they may assist researchers, clinicians, and other professionals in predicting and providing intervention for various emotional and behavioral conditions partially based on race and gender. This study helped to verify that both environmental and genetic factors impact child behavior. The research of McGue indicated that the family profile is a crucial component in determining the behavior and mental/emotional status of the child.

Staudt (2001) concurred; however, he adhered more to the belief that the more direct maltreatment of children severely affects socioemotional development more pervasively than learned behaviors that is associated with environmental settings. In Staudt’s study on psychopathy, peer relations, and school functioning among maltreated children, he found that abused children are at risk of poor outcomes in certain areas. The areas were peer relations, school functioning, and internalizing and externalizing negative and inappropriate behaviors. Staudt agreed with McGue (1997) when McGue found that socioeconomic status (SES) and mother-child interaction were greater predictors of child behavior than abuse and neglect. According to McGue’s findings, maltreatment did remain a strong predictor of behavior among children. Both McGue and Staudt found differences in psychopathology by maltreatment type and gender. The results were that, according to Staudt, “Boys who were abused or neglected had more conduct disorders and displayed more aggressive behaviors than boys not maltreated” (p. 87). In summary, the data revealed that abused children were more withdrawn and isolated than their peers, although they exhibited more aggressive behaviors toward their peers than others. These

children often responded to aggression with aggression and were more likely to be unpopular, less socially inclined, and often had more externalized behaviors.

Staudt's (2001) meta-analysis progressed to cite additional research-based data, clearly supporting the belief that environmental factors impact the social and emotional development of children and youth. The treatment or maltreatment of youth shapes their social behaviors and influences their ability to interact with others in school and in other social settings. Clearly, cultural differences impact social and emotional development.

#### *Parent and Family-Centered Treatment of Children With Antisocial Behaviors*

The parent-child relationship is a key factor in child socioemotional adaptation. The research of Dishion and Patterson (1999) examined approaches for intervention into antisocial behaviors in children with family factors as the focus. Dishion and Patterson suggested, "Children's aggressive behaviors serve as a function, in part governed by the consequences" (p. 504). Family therapy that focuses on behavior by reducing observed aggression in the home, with an emphasis on family management as a key construct, has proven somewhat successful. The study found that when therapy focused on parenting skills and coping mechanisms for parents, the amount of aggression in school diminished for youth with antisocial behaviors.

Anderson (2000) believed that collaborative efforts between child services agencies and governmental agencies must increase to meet the needs of children with emotional disabilities and their families. Differing definitions and terms for the same emotional and behavioral disabilities is an obstacle in the development of collaborative efforts between service agencies. This leads to a lack of identification and misidentification of emotional disabilities (Anderson).

According to Anderson (2000), various community agencies servicing children

with EBD have differing definitions for emotional disabilities and can cause difficulty and ineffectiveness in identification, eligibility criteria, and treatment planning. The article also emphasized that more collaborative initiatives should be formed among community and governmental agencies to pool resources and expertise in an effort to support children with EBD and their families. Anderson also believed that children must be diagnosed based on the same standard criteria across the country so that EBD students are not misdiagnosed or misplaced in the school setting.

Collaborative efforts were highlighted in much of the research as a solution for addressing social and emotional deficits in students from all cultures. Cheney (1998) concurred with Anderson (2000) when he implied that by utilizing research, collaboration, and an action plan, educators and families can service youth with EBD effectively. The sample population of middle school students who were at risk were exposed to action planning research (APR) as a treatment. In Anderson's account, the individualized education plan process was used to evaluate the strengths and weaknesses of each student.

Participants agreed that the APR approach helped decrease isolation and build positive relations with parents. The APR approach involved clear steps as follows: (a) identification of youth needs, (b) organization of data, (c) discussion of data to develop interventions, (d) implementation of intervention strategies, (e) evaluation of the process, and (f) monitoring attendance and grades.

Kolko (1996) studied the behaviors of children who had experienced physical maltreatment from their parents. Kolko hypothesized that if families receive family centered treatment, then family relations and the socioemotional status of the physically abused child will improve. Children who are physically abused by their parents develop

and exhibit antisocial behaviors that impact their ability to function socially and academically. Treatments were child and parent cognitive therapy directed toward intrapersonal and interpersonal skills, family therapy/family counseling, and routine community services. The inference can be made that minority parents with children at risk for developing antisocial behaviors may require family treatment plans that address positive communication and coping skills.

#### *Addressing Antisocial Behaviors in Schools Through Curriculum and Instruction*

The literature suggested that there are numerous methods for positively addressing antisocial behavior through curriculum and instruction at the school level. Researchers discussed specific strategies for curtailing inappropriate behaviors by exploring technologically based and parent- and child-centered curriculum by adjusting school climate and by modifying academic instruction.

The National Center for Assessing the Curriculum (NCAC; 2001) supported the implementation of the universal design for learning (UDL) as a teaching method that can be aligned with the curriculum to meet the needs of diverse learners across academic domains. During a national workshop and symposium, current brain research and innovative media technologies were studied. The UDL approach enables teachers to address individual differences in learners. This approach allows teachers to be flexible with the instructional methodologies used. Students are able to express their understanding of lessons by using uncommon methods that bypass common learning obstacles. The foundation of the UDL is based on a digitized curriculum that is combined with teachers who are experienced with strategies, tools, and methods for using the program. The UDL curriculum included web-based products, compact discs, audiovisual aids, and hands-on technological exercises. Although the list of workshop participants

was impressive, it was difficult not to question the success of the UDL approach. The article failed to cite specific brain research that related to the approach. No empirical research data were revealed to support the methods used in the approach. NCAC continued to state that the approach would “open the door for diverse learners” (p. 92). This statement may be true; however, a special educator may have many questions in regard to methods; the link between the curriculum and individualized education plan goals and objectives; and, finally, the cost. The article did not address these areas. Realistically, many at-risk minority students are in school districts that cannot afford the curriculum.

Gunter and Reed (1997) suggested that scripted lessons be used to instruct students with emotional disabilities. The authors hypothesized that disruptive behaviors in the classroom would decrease if teachers provided more information related to a task before requiring the students to perform independent tasks. According to the article, more than 80% of the time, teachers require students to perform tasks before they are provided with the necessary data to perform the task (Gunter & Reed). Scripted lessons were recommended by the authors as a strategy to be used in the classroom and as a topic for staff development. Scripted lessons may help the inexperienced teacher and may help administrators to better monitor instruction. Teacher perception and cultural insensitivity may be less of an issue if the lessons are scripted.

According to Gunter and Reed (1997), scripted lessons are valuable for learners with EBD. The teacher is better able to manage disruptive behaviors because this method of instruction provides students with the data needed to perform academic tasks. Therefore, the student frustration level is decreased and adverse behaviors decrease as well. Gunter and Reed’s methods focus on teaching for mastery, repetition, continuous



positive reinforcement, and provision of pertinent information and modeling by the teacher. According to the authors, this method teaches teachers how to teach.

Another area of concern surrounds the topic of classroom dynamics and teacher preparedness. The teacher must have a clear understanding of the subject area and must be prepared daily. Lago-Delellio (1998) expressed that teacher attitudes and perceptions along with preparedness strongly impact academic progress among students with SED. The overwhelming trend toward full inclusion in the 1980s placed many at-risk students in classrooms with undertrained and unqualified teachers who were unable to appropriately provide support and instruction to culturally diverse students with potential emotional disabilities.

Lago-Delellio (1998) stated that at-risk students were “generally rejected by the teacher and the teacher spent much less time academically engaged with them than with the non-at risk peers” (p. 483). Finally, results of teacher statements indicated that at-risk students received many more nonacademic statements from teachers than non-at-risk peers. Clearly, classroom dynamics involving teacher and student, student and student relations, and instructional methods adversely impact the academic achievement of at-risk young children.

Research cited by the authors Van Acker, Grant, and Henry (1996) stated that, “Extreme poverty, unemployment, lack of supervision, and family trauma may contribute to the development of violent and aggressive behaviors” (p. 317). The article also explained that when children witness violence and aggression frequently, they often develop and present violent and aggressive tendencies. The authors used a molecular observational coding system for collecting data and lag sequential analysis to determine the antecedents and consequences to negative and positive behaviors manifested by the

students. Van Acker et al. also cited and supported the research by stating that, “Aggressive behavior is most likely to occur when a programmed reinforcement schedule is absent” (p. 323). Overall, the research supported the hypothesis of the authors that children who are at risk for the development of antisocial behaviors present more challenging behaviors than their peers and are treated more negatively by their teachers. These at-risk students receive differential treatment from teachers and have a more negative school experience. As a result, the differential treatment increases the probability of increased challenging behavior.

A relatively new domain in curriculum and instruction is that of the implementation of Afrocentric curricula. The curriculum is taught to African American male youth who display antisocial behaviors and who are involved with violence. Washington (1996) surveyed 64 low-income urban African American children and adolescents (33 females and 31 males) who ranged between 10 and 14 years of age. Participants were exposed to the Afrocentric Approach to Social Skills Training (SST) for African American Adolescents curriculum. Although students who received the Afrocentric curricula showed some improvement with their social skills development, the correlation or cause and effect relationship between the treatment(s) and the results were inconclusive. The social skills program is the Adolescent Alternatives and Consequences Training program. The study yielded results that supported the hypotheses that participants in a culturally relevant SST program will statistically show significant gains in social skills development. The Adolescent Alternatives and Consequences Training program showed no significant gains in the domains of assertiveness and self-control skills.

Limitations to Washington’s (1996) study were noted as the lack of a control

group with nonspecific curricula, the absence of longitudinal results, and the presence of all self-report instruments for anger and aggression scale results. Despite the noted limitations, the study revealed that SST among African Americans does improve their ability to deal with frustration and to problem solve. Additionally, there is the need to explore how cultural and subcultural experiences shape or impact social skills development among African American youth.

*Identification and Prevention of Antisocial Behaviors in Children and Youth*

McConaughy et al. (1998) discussed possible solutions for preventing SED through parent and teacher involvement and social skills instruction. According to this research, children identified as high risk for EBD by kindergarten teachers had much more difficulty with teacher interactions, were more disruptive in class, and spent more time in solitary play by the end of first grade than did low-risk peers. Students involved in the achieving, behavior, caring project and who received whole-class SST revealed improved social skills and decreased antisocial tendencies due to the parent-teacher action research (PTAR) approach. The research revealed a substantial reduction of externalizing (disruptive or aggressive behavior) and social problems from fall to spring in children with PTAR teams and minimal changes among the control group that received social skills instruction only after the first year. Teacher ratings showed a significant improvement across both groups for social skills, cooperation, assertion, and self-control. Parent-rating scales showed significant improvement in the cooperation domain only.

Overall, the achieving, behavior, caring project was successful but provided verification that the PTAR team approach with social skills instruction helps to diminish student antisocial tendencies. The fact that teachers are given the opportunity to choose their own social skills curriculum also empowers teachers to make professional decisions

for the students whom they know best.

Fryxell (2000) discussed prevention of emotional problems and aggression based on early identification of at-risk behaviors as well. The researcher hypothesized that children identified as showing high levels of anger and hostility at school appear to be at risk for a number of behavioral, social, academic, and physical problems. Four domains were discussed as they related to the development and manifestation of aggressive tendencies. They were (a) family domain, (b) peer domain, (c) school domain, and (d) individual domain. Fryxell found the mentioned domains to have an impact on student aggression and age prior to adolescence. According to the author, frequency and intensity of anger in school and with peers has a major impact on the cumulative negative experiences at home and at school. Additionally, high-anger students had lower academic grade point averages than did their low-anger peers.

Abrams and Segal (1998) researched discipline, behavior, and intervention and how to prevent aggressive behavior in children and youth. Based on research on the general population, literature reviews, and students who are aggressive in school, the article revealed that student aggression is directly related to teacher behaviors. The article also stated that teachers have the ability to modify their environments to reduce student aggression. Based on the research, the conclusion can be drawn that teachers must be trained to modify their behaviors, learn applied behavioral analysis, increase service learning, and consistently master behavior management techniques.

The research of Abrams and Segal (1998) concurred with that of Lago-Delello (1998) because both stated that teacher behavior, perceptions, and attitudes directly impact student behavior. Grant, Van Acker, Guerra, Duplechain, and Coen (1998) and Walker (1998) both discussed the fact that environmental stressors identified as social

toxins adversely affect student behaviors. Walker stated that “due to family violence, graphic media violence and a skewed sense of morality, the positive quality of life for many children is decreased” (p. 17). Although their research focused heavily on environmental causes for social maladjustment, Grant et al. agreed with Walker and stated that prevention should start with implementation of programs that focus on social skills development.

According to Guetzloe and Rockwell (1998), “Children can be taught to respond nonviolently, just as they have been taught to respond violently to specific situations” (p. 154). Causes of aggressive and violent behavior may be as follows:

1. Noxious prenatal influences (viral infections and maternal drug abuse).
2. Neuropsychological, cognitive, and psychiatric disorders.
3. A difficult temperament marked by impulsivity, irritability, and hypervigilance.
4. Sociocultural expectations (may be gang or peer-group related).
5. Modeling (of family, peers, or media).
6. Reinforcement (achieving awards through violence).
7. Being victimized by others (verbal, physical, sexual, etc.).
8. Inadequate parental management skills such as (a) harsh discipline, (b) lack of supervision, (c) criminality in family members, or (d) parental pathology (mental illness or substance abuse).

According to the study, Guetzloe and Rockwell (1998) found that over a period of 3 weeks, inappropriate behaviors decreased by avoiding physical restraint when possible and when providing a small, safe, and secure classroom environment. As students learn nonviolent alternatives and behaviors are met with positive reinforcement, they will continue to practice making better decisions when confronted with stressful situations.

The research of Ferguson (1998) revealed that prevention of aggressive and violent behaviors among children is a better than intervention. This is due to the fact that the target behavior is never allowed to exist. Thus, the negative characteristics associated with the behavior do not need to be addressed. Results revealed that students function favorably in a learning environment that is safe, well-organized, and predictable. Ferguson expressed that children who show early onset antisocial and oppositional behaviors are developing characteristics that cause adverse effects on their social and academic futures. Once again, this idea is closely matched by many of the other authors cited in this literature review.

Klevens, Restrepo, Roca, and Martinez (2000) took an even more serious approach to prevention and intervention research. The authors believed that the younger the child is when social maladjustment is recognized, the more likely that child will commit more violent crimes during his or her lifespan.

Additional views on curriculum and instruction include those expressed by King-Sears and Bonfils (1999). They believed that the problem is that middle school students with learning disabilities and emotional disabilities have limited self-management skills, including independence, decision making, and self-determination. When students are not actively engaged in instruction, they often get off task and begin to involve themselves with inappropriate activities that lead to disruptive behaviors. The teacher must create an academically and socially inviting classroom environment that facilitates learning. The research presented a 10-step instructional process framework that assists teachers with writing lesson plans and constructing materials that help students self-monitor. The target behavior is identified, and examples are demonstrated of the correct or desired behavior. Students are then

asked to verbally assess how they have performed relative to the task assigned. The self-monitoring process allows students with learning disabilities or emotional disabilities to monitor their own behaviors and places them in a position whereby they are in more control of their actions and self-determination, problem solving, and decision-making skills increase (King-Sears & Bonfils).

Copenhagen and Eisler (2000) addressed assessment procedures and validity of assessments. They expressed the importance of accuracy during disability determination. Likewise, Convoy and Davis (2000) discussed the importance of accuracy in determining a child's disability. According to the authors, disability determination should be related directly to instructional plan development. Klevens et al. (2000) agreed with Convoy and Davis after conducting research on the development of appropriate treatment plans and programs. They discussed the early onset of antisocial behaviors or EBD as a precursor to criminology in youth. Convoy and Davis conducted research on offenders in five Latin American cities that revealed that offenders who showed early onset of antisocial behaviors tended to commit more violent crimes and reportedly had more problems with behavior, family, substance abuse, psychological abuse, and low self-esteem. Limitations to the study included cultural differences associated with the subjects. Convoy and Davis discussed that despite the cultural differences among children, generalizations can safely be made in regard to antisocial behaviors that result in incarceration or deviant lifestyles. Based on this information, program design and implementation should be specialized to address preventative measures and must provide treatment measures that stop negative behaviors before they become criminal behaviors.

#### *Physiological Indications and Causes of Antisocial Behaviors in Children and Youth*

Masi et al. (2000) found that unexplained somatic symptoms in children and

adolescents are indicative of an anxiety or depressive disorder left untreated. Many children with somatic problems are found to later have anxiety or depressive disorders after they are untreated for various amounts of time. Sixty-two percent of the entire sample in their study had reported at least one somatic symptom with significant impairment in at least one area of functioning. According to the group of researchers, no physical illness could explain the following symptoms reported among subjects: (a) 50.6% headache, (b) 22.2% stomach pain, (c) 21.6% recurrent abdominal pains, (d) 20.3% pains in muscles, (e) 9.2% pseudoneurological symptoms (tremor, fainting, blurred vision, etc.), (f) 7.4% nausea/vomiting, and (g) 6.7% palpitations or other cardiac problems.

Based on the data of Masi et al., children and adolescents with unexplained physical ailments are at high risk for emotional and behavioral disorders. This is crucial data when considering ways to design and implement treatment plans for children with these symptoms.

Genetic and behavioral links between parents and children with antisocial behaviors were the topic of study for McGue (1997). The study found that in male COAs, genetic composition plays an important role in the development of alcoholism and emotional and behavioral disorders. The results were less convincing in females COAs. The frequency of this phenomenon was 1 in 50 in twin births among African Americans, 1 in 80 among Whites, and 1 in 125 among Asians (McGue). The results of this study are crucial because they may assist researchers, clinicians, and other professionals in predicting and providing intervention for various emotional and behavioral conditions partially based on gender, race, and genetic disposition. This study helps to verify that both environmental and genetic factors impact child behavior.



Mordecai et al. (2000) conducted a case study on suprasellar gerinoma presenting with psychotic and obsessive compulsive symptoms. The research studied a 13-year-old boy diagnosed with a suprasella germinoma (a cancerous tumor) that involved the bilateral basil ganglia (both sides of a structure at the base of the brain). He presented symptoms of left-sided weakness, diabetes insipidus, a decline in academic performance, and psychotic and obsessive-compulsive symptoms. Following chemotherapy and radiation treatment, the tumor was neutralized; however, the subject displayed multiple personalities and suicidal ideation. According to Mordecai et al., “Damage and/or irritation to the basil ganglia will cause irreversible psychotic and obsessive-compulsive features in youth even following treatment to the localized region of the brain” (p. 117). The subject initially was a well-adjusted 13 year old with no prior psychiatric history but with a 6-month history of diabetes insipidus, delayed puberty, a recent drop in school grades, abnormal germ marker cells indicating carcinoma (cancer), and decreased endocrine amounts. These all acted as variables in the study.

Two years later, the subject’s psychiatric symptoms had diminished significantly. The subject’s obsessive-compulsive behaviors abated; however, he no longer met criteria for mood disorder (Mordecai et al., 2000). The subject did continue to exhibit thought disorder. This study showed the impact that abnormal growths or trauma may have on sections of the brain. Such medical problems can have a negative affect on behaviors of children and on their academic performance. Following treatment, the subject continued to do poorly in school. However, he did show some behavioral improvements and psychotic episodes decreased. This is valuable data when servicing children with traumatic brain injuries or those who may be suspected of having such a condition. Subsequent research has found that frontal brain activity differs between emotionally

healthy children and oppositional children. With the use of electroencephalography and power spectral analysis, the details of frontal brain activity can be observed.

Baving, Laucht, and Schmidt (2002) observed a pattern of frontal brain activation that has been found in children and adults with emotional disorders. The scientists believed this pattern is present in the brains of children with disruptive behavior disorders. This study concluded that gender plays a role in brain structure as related to EBD. Similarities found among brain structures in children and adults with disruptive and emotional disorders may lead to the finding of genetic and/or environmental causes for these disorders that professionals may be able to prevent in the future. This research does concur with the previous findings of Mordecai et al. (2000) that brain structure and abnormalities of the brain are physiological variables that impact, alter, and may determine socioemotional status.

Benedict (1997), Gerring et al. (1998), and Max and Stephan (1998) all agreed that there are definite relationships between physiological conditions, medical conditions, and antisocial behaviors. These researchers focused on the impact of traumatic brain injury (TBI) on academic achievement and social development. They stated that there is a relationship between TBI and the presence of ADD and ADHD in children. Max and Stephan discussed frontal lobe abnormalities in the subjects diagnosed with ADHD.

According to Benedict (1997), many children who have head injuries experience socioemotional difficulties following the injury. Children who have disabilities may find the symptoms exacerbated following the head injury. Shy students may become more withdrawn and aggressive children often become violent. Benedict stated, "In primary and preschool students, TBI may be characterized by overt hyperactivity, distractibility, impulsivity, and temper tantrums" (p. 53). Adolescents may act impulsively, become

irritable and agitated, and may make inappropriate comments. Both groups of children may complain of somatic effects such as headaches and fatigue.

According to Benedict (1997), cognitive factors associated with impaired social competence include the following:

1. Poor awareness and perception of social and communicative events.
2. Inadequate retrieval of rules of social interaction.
3. Reduced ability to take alternative perspectives.
4. Disorganization at the level of introducing, maintaining, and terminating topics of conversation.

**5. Impulsivity and weak self-monitoring of verbal and nonverbal behavior that may result in the student**

6. Repeating information.
7. Making inappropriate and offensive remarks.
8. Demonstrating reduced comprehensions.

*Cultural Factors Related to Antisocial Behaviors in Children and Youth*

The goal of this chapter was to provide an overview of the factors associated with antisocial behaviors in minority students. The work of Frison and Wallander (1998) helped to expand on this topic. They studied cultural factors related to resiliency, maladjustment, and mild mental retardation in African American adolescents. They based much of their research on the strong theory that culture and SES may positively or negatively impact social adjustment and academic achievement. Participants who had high ethnic identity showed decreased risk for social maladjustment in this group, with low ethnic identity being associated with increased social maladjustment. Adolescents with high ethnic identity experienced fewer internalized emotional problems; in fact,

those who were even exposed to high-risk circumstances continued to show decreased social maladjustment within the population. Participants who had high ethnic identity showed decreased risk for social maladjustment in this group, with low ethnic identity being associated with increased social maladjustment. Adolescents with high ethnic identity experienced fewer internalized emotional problems; in fact, those who were even exposed to high-risk circumstances continued to show decreased social maladjustment within the population. The study found resiliency enhancers to be community involvement, extended family involvement, church involvement, and positive role model observations. This study verified that youth with mild mental retardation require strong ethnic ties and family relationships to increase their socially appropriate tendencies (Frison & Wallander).

Samples (1997) asked how Latino and African American youth compared and contrasted in regard to aggressive tendencies they present as children. The research revealed that a problem may be that minorities exhibit elevated levels of aggressive behavior due to the fact that they often live in poverty and are exposed to more violent and aggressive acts. The sample in the study included African American ( $N = 436$ ) and Latino ( $N = 387$ ) second through sixth graders. Ages ranged from 5.89 to 13.87 years. Fifty-three percent were Latino and 47% were African American. Fifty-two percent were boys and 48% were girls. The study was completed over a 4-year period in four waves.

Results of Samples' (1997) research indicated that African American children reported more aggressive fantasies and Latinos reported more prosocial fantasies and more normative beliefs about aggression. Ethnicity by grade interaction revealed that older Latino children and younger African American children had higher means levels for aggression to a significant degree. Based on the research covered in this review,

childhood aggression is the best single predictor for adult aggression. According to the findings, African American students are at higher risk than Latino children for aggression-related social cognitions and interpersonal negotiations strategies. The final conclusion drawn was that prevention programs and instructional strategies geared toward prevention must be designed and utilized to assist educators and families with addressing behaviors that are known as precursory to deviant behaviors.

Environmental stressors have also been shown to adversely affect child emotional development and adjustment. Environmental stressors such as gang violence, family discord, community violence, and poverty itself may cause student academic and social failure. The work of Singleton and Dale (1996) determined that interpersonal violence, substance abuse, and other mental disorders among African American youth arise from the same source, specifically environmental stressors. Psychological profiles showed that subjects with alcohol problems were less irritable, less resentful and angry, and more sophisticated socially than those without such problems. Subjects with conduct disorders and another mental disorder were more than 4 times more likely to have a coexisting alcohol problem. Finally, adolescents with profiles involving interpersonal violence proved to be more socially introverted and experienced a more pronounced sense of isolation than did nonviolent offenders. Surprisingly, the greatest risk factor for interpersonal violence was the presence of an older sibling in the home regardless of the sibling's history of interpersonal violence or arrest record (Singleton & Dale).

This article provided insight on the correlation between alcohol and drug usage and antisocial behaviors in African American students (Singleton & Dale, 1996). The data in regard to isolation of youth related to violence was valuable and will provide researchers and parents with needed knowledge to guide vulnerable youth. Another

important point that parents will benefit from is that alcohol alone rarely accounts for behavioral problems. Unfortunately, the presence of alcohol is usually accompanied by the use of another drug before antisocial or aggressive behaviors develop.

Cartledge et al. (2000) discussed the importance of cultural sensitivity during the delivery of services to children with SED. A problem cited in the research is that there is a lack of understanding about the dynamics of culturally diverse families and a lack of appropriate therapeutic and educational services for these families. The article discussed that professionals must learn family patterns and values of multicultural children. Specific areas were determined to help with understanding different cultures. The areas were (a) family structures and strengths, (b) family traditions, (c) establishing trust among families, and (d) being sensitive to the concerns of families when communicating with them (Cartledge et al.).

#### *Biosocial Perspectives on Antisocial Behaviors in Children and Youth*

Many of the researchers reviewed had findings based on the biosocial perspective. This perspective suggests that many social-emotional conditions are directly related to a combination of biological and sociological factors. Such factors include genetics, physiological conditions, and environmental elements that shape the personality and psyche of the child. Based on the research of Booth et al. (2000), "Biosocial studies is a theoretical model that conceptualizes the family as a system that is affected by and impacted by social, behavioral and biological processes" (p. 1018). The biosocial approach seeks to answer scientifically based and educationally grounded questions about student behavior. This article focused on the family themes of parenthood, early child development and parent-child relations, adolescents and parent-child relations, courtship and mate selection, and marital and intimate relations (Booth et al.). Biosocial studies

involve (a) behavioral endocrinology, the impact of hormones on behaviors; (b) behavioral genetics, genetic influence on behaviors; (c) evolutionary psychology, behaviors enhanced through generations; and (d) behavioral psychopharmacology and the family: medication used to regulate biological processes and behaviors.

The research of Booth et al. (2000) revealed that hormone levels, environmental factors such as family and community, and genetic inheritance, among other factors, impact social behaviors. Sexual development, dominance and aggression, sexual behaviors, parental relations, adolescent depression, and antisocial behaviors are all affected by the biosocial factors relevant to each individual. The authors concluded with a call to experts to add to the research in the field of biosocial studies.

Martens (2000) found that there are combinations of factors that directly relate to the development of antisocial behaviors in boys. The biochemical, physiological, environmental, and genetic factors directly linked to such behaviors require additional study. Research is under way to determine which children are predisposed to developing such disorders and to determine the most appropriate treatment for such disorders.

#### *Current and Early Theories*

*Early theories.* Although the research of Smith-Mullis (1999) is current, it was conducted as a study to support the early Adlerian model theory for the causes of aggression in youth. Her study supported Adler's well-known theory that hypothesized that "aggression in adolescents often begins with feelings of inferiority" (p. 138).

Smith-Mullis' study focused on adjudicated adolescents and determined that such youth who have been adjudicated for crimes often develop aggressive behavior patterns as a result of feeling rejected and/or unneeded by their parents and families. Once again, common variables are cited as being relevant in the status of subjects. Variables are

acknowledged to be sex, age, and race of participants as well as family stability, emotional status, and community setting.

Results of the correlational analysis conducted by Smith-Mullis (1999) showed that the beginning of aggression often begins with the child's feeling of weakness in the family. There was no significant relationship between parent rejection and physical aggression. These results also revealed that verbally and physically aggressive youth usually live in disengaged families that lack intimacy and family cohesion. There was also a noted correlation between anger arousal and trait anxiety and a linear relationship between trait anger and anger arousal in adjudicated adolescents. According to Smith-Mullis, the multiple aggression analysis showed that "Adjudicated adolescents that strive to overcome inferiority manifest these feelings with the development of lifestyles based on hostility and a lack of social interest" (p. 139).

Smith-Mullis' (1999) study also suggested that adolescents with parents who reject them may develop lifestyles that are based on ill or unjust feelings and attitudes that result in a lack of social interest and feelings of anxiety and low self-confidence. The fact that these children see rules and consequences as unimportant results in the threat of punishment for inappropriate behaviors as being an issue not taken seriously. Furthermore, the anxiety levels of these adolescents may become so intense they are unable to manage feelings of anger and aggression. The anxiety and anger of these young people seems to direct their attention and their interests, perceptions, and memory into paths of impulsive aggression that leads to criminal and aggressive activity.

Synder and Schrepferman (1997) proposed the theory of negative reinforcement and affect dysregulation. Negative reinforcement can be defined as an unfavorable response to a behavior and affect dysregulation is an unfavorable response that is a result



of another unfavorable behavior or response. According to Synder and Schrepferman, “Reinforcement of aggression and affect dysregulation during family interactions may play complementary roles in the development of antisocial behaviors” (p. 187). The evidence showed that parent behaviors greatly influence the behaviors of their children toward them, as parents, and their siblings. Synder and Schrepferman stated, “The data found on affect dysregulation may facilitate the derivation of a set of strategies that complement current behavioral parent training and family intervention” (p. 200). More data revealed that various strategies should be considered to address the methods of negative reinforcement that parents use with their children. There are some unproven assumptions in regard to what parents do while raising their children; why they do what they do; and at what point in time, developmentally, they do what they do to their children. However, the negative reinforcement model was consistent with the data and the affect dysregulation theory was a weaker theory, not as strongly linked to the antisocial behaviors of the participants.

Patterson’s coercion theory was explored by Cashwell and Vance (1996). This theory proposed that inadequate family functioning leads to a coercive interpersonal style leading to deviant peer involvement that results in delinquent behavior. Adolescent involvement with deviant peers was the strongest predictor of poor social behavior in the sample population.

*Current theories.* Similarly, the more current theoretical research of Booth et al., (2000) described the biosocial theory or approach. This is a theoretical model that conceptualizes the family as a system that impacted by social, behavioral, and biological processes. There is limited research and expertise in this area. The entire field of biosocial studies must be further researched as many answers and solutions may be found

that relate to antisocial behaviors. The biosocial approach links psychosocial factors to physiology, genetics, and evolution in an effort to solve problems that may cause youth to fail socially and emotionally. Conclusions drawn by the research indicate that hormone levels, environmental factors, and genetic inheritance may all shape emotional status.

Heights, Printz, Shermis, and Webb (1999) discussed a theoretical approach to adolescent stress and coping. They hypothesized that unhealthy adaptation to stress and inadequate coping skills may lead to socioemotional maladjustment. Their model failed to provide conclusive evidence about stress-buffering factors related to adolescent coping ability. The study also failed to support the belief that maladjustment increases the amount of negative life stress experienced by high school students. Findings revealed that adolescent social maladjustment is affected more by chronic stressful occurrences than discrete traumatic events. Daily events impact adolescent social emotional behavior to a marked degree. Additionally, subjects with minimal problem-solving skills were the least able to cope with stressful life events. Overall, findings suggested that the general perception by adolescents of problem-solving skills and their perceptions of family functioning better predict maladjustment than do their social skills.

Osborne (1999) discussed three theories that attempted to explain why African American boys fall below their White counterparts in academic achievement. The hypotheses are that environmental and psychological stressors cause underachievement in African American boys. The first theory is Steele's theory of stereotype threat. This theory argued that sociocultural factors negatively influence the ability of minority students to develop and maintain relationships with the academic society. It stated that minorities have added feelings of anxiety due to the fact that they are perceived as underachievers. As a self-protective measure, minority students may devalue or reduce

their identification with academics; thus, according to Osborne, they are able to reduce “stereotype-induced anxiety” (p. 557) by no longer being concerned with evaluation in this domain.

The cultural-ecological perspective (Ogbu as cited in Osborne, 1999) argued that minorities should be divided into two subgroups. The two groups included those who came to the United States by choice and those who did not. The involuntary group was said to often develop norms that are in opposition to those of their viewed oppressors. Osborne reported, “African American children are encouraged to value aspects of society that usually oppose European American values” (p. 559). This statement cannot be taken as a statement that speaks for all African Americans due to the fact that many minorities may struggle to keep their cultural identities without rebelling against the norms of society.

Finally, Osborne (1999) discussed Majors and Billson’s cool pose theory as it related to African American males who exhibit antisocial behaviors. Osborne cited Majors and Billson’s argument that African American males adopt a cool pose. This is a ritualized approach to masculinity that allows them to cope and survive in their usually socially and economically deprived environments. Osborne stated, “This pose allows them to cope with social oppression and racism, including that which is found in U.S. schools” (p. 558). This pose includes the projection of a facade of emotionlessness, fearlessness, and aloofness to counter internal pain caused by damaged pride, low self-esteem, and a fragile social presence as a member of a subjugated class of people (Osborne). The authors believed that such behavior leads to nonconformist behaviors that frequently are viewed as inappropriate and aggressive in society and in schools.

### *Research Results*

Research results focusing on specialized program interventions included social

skills training and communications skills training. Gresham (1997) and Nangle and Hansen (1998) found positive results. Both found that behaviors improved when children, parents, and school personnel were better communicators. Technology-based curriculum caused special needs learners to be more engaged and to have fewer conduct problems in class. The negative aspect is the cost, and many socioeconomically deprived students will not have access to the curriculum. Scripted lessons appeared to be effective for improving reading skills, and school-wide discipline procedures improved school climate and minimized disciplinary actions in the school. Teachers benefited more from whole-school discipline programs.

Positive results that are based on medical intervention include prescribed medication, psychiatric treatment, and more educator and physician collaboration. The school, parent, and medical community must make additional efforts to address medical conditions that adversely affect academic and social success by remaining culturally sensitive.

According to the research of Nangle and Hansen (1998), parent involvement and intervention are crucial areas that lead to student success. They also reported that students performed better in school as a result of wrap-around services (related services that are provided at school and outside of the school setting), family/child therapy, and individual and group child therapy.

Finally, the overall means for adapting the curriculum and instruction to assist students with behavior disorders involves basic individualized instruction and the institution of a consistent behavior modification program. Meadows et al. (1996) stated, "The effective teacher must teach new behaviors, provide social skills instruction, encourage friendship involvement, master intervention and conflict management and

rapidly identify a crisis” (p. 129).

#### *Problems Identified and Causal Factors*

The major problems identified as reasons that students develop antisocial behaviors and socially unacceptable behaviors are brain trauma, genetic predisposition, learning disabilities, a lack of prior instruction, learning disabilities, and a lack of cultural awareness. There are additional factors related to those listed that further create problems in young people. Such problems are addressed in the literature. As mentioned often, prevention and early intervention are the best weapons against student failure that is due to poor social behavior.

A summary of the many causal factors that initiate and increase the likelihood of antisocial behaviors among minorities should begin with negative environmental conditions that plague minority children daily. Frison and Wallander (1998) supported this belief. They stated that exposure to stressful life events, family distress, and low ethnic identity cause socially inappropriate behaviors to manifest in African American adolescent youth with mild mental retardation. This same theory holds true for youth who are not diagnosed with mental retardation. Heights et al. (1999), Samples (1997), and Singleton and Dale (1996) supported the belief that family discord, negative life events, and exposure to community violence all are factors contributing to the development of antisocial behaviors in youth. Singleton and Dale stated that this population is often unable to escape dangerous exposure to drugs, violence, premature sexual relations, and family discord that they may experience at home and in their communities. Poor sibling and peer relations also account for antisocial and delinquent behaviors. Minority students often have few or no positive role models. Also, many minority children suffer from undiagnosed or comorbid disabilities. Teachers, parents, and administrators may often

use negative reinforcements that increase poor behaviors. This often leads to minority students experiencing a lack of success. Researchers Cartledge et al. (2000) and Cashwell and Vace (1996) believed that practitioners lack the proper training and understanding of minority youths and their families to provide adequate treatment. Both research teams agreed that counselors must seek alternative methods for intervention and prevention programs for at-risk youth.

### *Solutions and Programs*

Solutions cited in the literature were in the form of programs and treatment plans. The most effective solutions appear to be treatment programs that focus on prevention and parental involvement. According to Booth et al. (2000) and Cashwell and Vace (1996), more programs would be successful if teachers had more comprehensive training and if parents were able to collaborate with clinicians, physicians, and educators. Cartledge et al. (2000), Heights et al. (1999), and Staudt (2001) believed school districts must work to promote family-centered and community-based treatment plans that address the needs of minority families and not just the child in isolation. Finally, the research targeted the fact that the child is a product of his or her environment. The child's behaviors may be more difficult to change if the environment remains unchanged. Thus, the much larger issue of poverty and crime must be considered as indicators for social maladjustment among minorities.

Banks et al. (1998), Frison and Wallander (1998), and Samples (1997) supported the belief that students and their families must learn how to manage their behaviors and feelings through programs designed to address social problem solving, anger management, and conflict resolution. Possible solutions discussed by Frison and Wallander and Osborne (1999) included curricula incorporating cultural awareness, self-

awareness, and character education to increase self-esteem. They expressed that students should be exposed to more minority mentors and positive role models. In addition to this, students must experience more culturally enriching experiences that take them outside of the perimeters of their communities.

Finally, when addressing the needs of minority students who are at risk for antisocial tendencies, the treatment plan must incorporate the principles and values of the student's culture. In order for the parent and the student to fully respect and cooperate with the treatment plan, a mutual respect must exist between the service provider and the student. This statement is supported by the research of Booth et al. (2000) and Samples (1997). Booth et al. discussed the need for additional research in the field of biosocial studies. They believed that programs would be more effective if the designers would employ the components of the biosocial approach and consider the variables of genetics, environment, hormone levels, sexual development, and other related factors prior to the design of a program or treatment plan.

#### *Critiques and Limitations of the Literature*

Based on an overall assessment of the literature, there were limitations to the studies reviewed, as well as cautions that developed because of the research conducted. To begin, technologically based curriculum was researched and was found to cause positive results with at-risk youth. However, due to the cost and availability of the software and hardware and teacher training, this is not often feasible for socioeconomically deprived school districts. Districts that would benefit the most from the technology often cannot afford it. Thus, technologically based curricula is not often affordable for the students who would most benefit from using it. The logistics and cost for these methods of instruction were not discussed in the literature in detail.

Very few program modules introduced provide specific directions for increasing parental involvement. The issue was discussed; however, methods and strategies to increase parent engagement were omitted. The methods and strategies are often the components most needed in the research. Educators desire to duplicate methods for improving in this crucial area. The data did not provide specific details in this area.

Another setback in the literature is that teacher accountability was not clearly measured or outlined in the research. The role of the teacher must be more significant in detailing the strategies and treatment plans for at-risk youth. The role of the teacher must be more pronounced as future research is executed. Additionally, administrators received minimal discussion in their roles as school leaders who must shape instruction to meet the needs of all learners in schools. There was no research on the cultural sensitivity of teachers and school-based personnel as related to student social and emotional status. The research lacked any discussion on the school's sensitivity to parents of different cultures as well. Finally, questions surfaced in the areas of multicultural diversity and sensitivity and the implementation of effective treatment plans. There were few treatment plans mentioned that actually addressed cultural differences; yet, many researchers mentioned that cultural sensitivity was important.

There was a gap in the research pertaining to the heavy role of the school. More school-based realistic research must be conducted that focuses on meeting at-risk minority students and their parents where they are able to function as assistants to their children. The professionals who are responsible for at-risk students every day must have a larger role in preventing antisocial behaviors and providing treatment on a more holistic level that includes the family. Thus, more research should be undertaken in these specific work settings.



*Summary and Conclusions*

The role of the African American parent needs to be expanded upon in the literature. Program components are not adequately discussed in the area of intervention strategies. Many of the research findings and methodologies for training have not varied much since the initial work of Alvy (1987) from the early 1970s to the late 1980s. In conclusion, many minority students continue to fail academically and socially due to a lack of guidance and support. Continuous efforts to improve the communication between the school, parents, related service providers, and medical professions must be made. The fact is becoming evident that the biological and social sciences are merging as related to socioemotional conditions. New brain research and sociological studies revealed that the teacher, the doctor, and the parent have an abundant amount of learning to do. As professionals in the field of education, it is paramount that our primary role be to find measures to ensure the academic and social success of every at-risk student.

The literature suggested that there is sufficient room for additional research on factors related to the prevention, early identification, and intervention of antisocial behaviors among minority students. Methods for providing minority parents and students with the needed support must be enriched with culturally sensitive structures that will curtail the emergence of socially unacceptable behaviors that ultimately harm the entire family unit and the community at large. Thus, there is room for programmatic approaches that consider the needs of the child, the parent, and the family unit along with the need for improved social skills, communications skills, and parenting practices as precursors to academic and social achievement.

## Chapter 3: Methodology

### *Program Methodology*

The study took place in a nonthreatening, family-oriented setting. The setting was a predominately African American Baptist church located in an urban city of the mid-Atlantic east coast of the United States. The church had a number of youth and community service programs that serviced youth, families, and the community at large. Participants were part of focus group discussions and completed a pretest and posttest. There were 28 subjects in the treatment program. The pretests and posttests that were used were the Rosenberg Self-Esteem (RSE) Scale (Rosenberg, 1965; see Appendix B), the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahglen, Zimet, & Farley, 1988; see Appendix C), and the Parenting Stress Index (PSI; Abidin, 1990; see Appendix D). Subjects were questioned on their feelings about their children and the parent-child relationship. Participant feelings of perceived social support were also assessed as well as parent self-esteem levels. Following the treatment program, the same areas were assessed to determine if the treatment had any evident relationship to new existent behavior(s) identified via the assessment scales. No children (individuals under the age of 18) participated in this experimental research design program.

Participants completed an informed consent form. No potential risks to participants were foreseen as a result of participation in the study. Plans to follow up on research were by telephone and in-person interview. A statement was included in the informed consent form asking for permission to follow up with a number of contacts to participants not to exceed two. Contacts could be in the form of telephone or in-person interviews, written or oral questionnaires, focus group participation, and written or verbal testimonials. The **writer has plans to follow up** with participants.

### *Research Design*

The research design was a quantitative between-subjects design that included a pretest and posttest comparative analysis. The choice of program subjects provided favorable external validity as it would provide a true depiction and realistic picture of society as it is for many inner-city children and their caregivers. The target population was obtained through program promotion during Sunday, Saturday, and weekday sermons. Flyers were posted in the church to provoke parent interest and recruit participants. Participants were expected to attend the entire 8-week session.

### *Program Participants*

There were 11 program participants, all females, between the ages of 22-55. Based on the data gathered during the classes, parents had an average of 2.6 children. The church congregation was composed of 90% African American parishioners. The average age of church members was 35 years of age. There were 3,500 members on the church roll, and 1,500 members were served per week during a total of three church services. Based on membership and baptismal records, 46% of the congregation was comprised of women between the ages of 18 and 84, 32% of the members were men between 18 and 75, and the remaining 26% of the congregation were male and female youth under the age of 18.

Study participant data on incomes was as follows: 12% of the sample population earned less than \$15,000 annually, 34% earned \$15,001- \$25,000 annually, 43% earned \$25,001- \$40,000 annually, and 11% earned more than \$40,000 a year. Academic background data were as follows: 37% had completed some high school, 40% received a high school diploma, 2% had some college, 13% had received a college degree, and 8% had completed or had some graduate school. Additionally, 93% of the participants were

single parents, 5% were married with two-parent families, and 2% of the participants were grandparents.

A general description of the participant recruitment strategy follows:

1. Regular announcement of the program in the church bulletin, during church announcements on Sunday, and during weekday Bible Study classes by the Bishop of the church 2 months prior to implementation occurred.

2. An initial workshop was conducted that introduced parents and caregivers to the SAFFIRE Program and the CREDIT approach, inviting them to register.

3. Registration materials were disseminated following the workshop and leading up to program implementation.

The change expected at end of implementation was that program participants would display a decrease in psychosocial distress that was associated with parenting. It was expected that the target population would have (a) increased positive perceptions about parenting and their competency as parents contributing to increased self-esteem, (b) decreased feelings of isolation that often contribute to psychosocial distress, and (c) increased perceptions of socioemotional support during the parenting process.

Methods used to measure any change included a pre- and posttest design with a midpoint progress report. The anticipated standard of performance, including the degree of frequency of change, was directly related to the pre- and posttests results. It was anticipated that the degree of positive change would increase from the pretest to the midpoint progress and then from the midpoint to the final posttest stage. The assessments were not given during the midpoint in an effort to decrease participant intimidation by testing and to decrease the possibility of subjects becoming familiar with the assessment instrument. Thus, the assessment instruments were only administered before and after the

treatment.

### *Procedures*

The writer acted in a leadership capacity as the Program Director. She consulted regularly with the Bishop, the Ministerial Alliance Director, the Generational Ministries Director, and the Family Life Director to review program progress and discuss the needs of participants within the scope of the program. The treatment strategy was called the SAFFIRE Program. The program focused on a six-point approach called CREDIT that emphasized to parents and caregivers that they are Competent, Resilient, Educated, Determined, Informed and Strongest When Working Together. The SAFFIRE Program was available to parents as an 8-week class in a series of courses that were a part of The Bible Institute.

The program began with a discussion on the New Program Rationale: The Pyramid of Success for Black Children by Alvy (1987). This involved a structured discussion on (a) the life goals that the parents have for their children, (b) the characteristics that their children should develop to achieve these goals, and (c) categories of activities in which African American parents should engage to foster the achievement of these goals. The SAFFIRE Program focused on improving African American parenting skills. The writer modified the profile of effective African American parenting written by Alvy to include objective descriptions. The original eight objectives were modified to seven objectives. Alvy stated that parents should meet the following objectives:

1. Develop self-esteem in children. This objective refers to how the child regards him- or herself as a person of worth and of acceptance by the parent. Through parental acceptance, effective parenting gives African American children a fundamental

opportunity to feel confident about their abilities. Parental acceptance includes being satisfied with the child's abilities and characteristics, seeking out the child to spend enjoyable time in the child's company, providing the child with physical and verbal appreciation and closeness, and scheduling regular and special time to get to know and talk with each child individually.

2. Develop African American pride in children. African American cultural pride acknowledges positive attitudes about African American people and the overall concept and nature of being an African American often referred to as "blackness." Effective parenting in this case focuses on teaching children about their African heritage and the courage and achievements of their ancestors.

3. Develop self-discipline in children. Self-discipline refers to the control and regulation of one's own actions and emotions in order to achieve positive goals for oneself, for others, and particularly for African American people as a group. Self-discipline includes the ability to delay receiving immediate gratification in order to receive a greater future achievement. This involves controlling emotions such as anger, jealousy, and aggression so that the individual and group benefits; being considerate and respectful (having good manners); behaving according to approved social guidelines of the family, group, school, and society as a whole; and resisting temptations to engage in unhealthy and illegal behaviors and life styles.

4. Develop academic skills in children. Academic skills include the basics of reading, writing, speaking in academically appropriate language forms, computing, planning, and problem solving.

5. Develop healthy physical habits in children. These habits involve healthy eating and drinking of nutritious food and drinks, sleeping enough, exercising regularly,

appropriately using health services, and avoiding unsanitary environmental conditions.

Parents should find time to exercise and diet as appropriate with their children to promote healthy living practices.

6. Provide basic living necessities. The parent must be able to provide basic living necessities including food, clothing, and shelter. This ability has been undermined by racism and socioeconomic deprivation. Difficulties in resource provision often cause psychosocial distress in parents and must be considered during the training process.

7. Utilize community services efficiently. Parents must seek and utilize the resources in place within the community in the form of medical services, community services, counseling services, and agencies that can be used to improve the development of their children and their abilities as parents. This includes seeking out and obtaining parenting information and training.

Parent practices were identified and classified to assist parents with determining ways to address various behaviors. Parents learned to classify child-rearing situations into four categories. These categories were as follows:

1. Situations where young children behave in positive or prosocial ways by following parental instructions or carrying out requests.

2. Situations where children behave in negative or antisocial ways.

3. Situations where child behavior reflects a need for parental nurturing and/or emotional support.

4. Situations where children are involved with peers who negatively impact their behaviors.

Parents then provided their responses to these types of behaviors for use in later group and Parent Co-op discussions. After reviewing their responses to these types of

behaviors, parents were asked to study and discuss the following behaviors. The instructor encouraged positive parental responses. Table 1 reflects the categories of parent responses.

Table 1

*Categories of Parent Responses*

Category	Description
1	Parent discussed, listened, explained, or suggested something with the child
2	Parent delivered global praise/nonspecific to the child
3	Parent delivered praise that was specific to the child's behavior
4	Parent delivered global appreciation of the child
5	Parent verbally expressed feelings toward the child
6	Parent qualifies positive reaction by encouraging similar future behavior
7	Parent gave or promised to give child a material/tangible reward
8	Parent engaged in or promised to engage in an activity with the child
9	Parent was physically affectionate

Another program component included the use of the structured group elicitation technique in which the parents were asked to discuss what type of adult they wanted their child to be. Parents responded and the instructor guided the responses to fall into the five categories shown in Table 2. The instructor then listed five activities of parental engagement that parents were responsible for carrying out in order to facilitate child



achievement. These were the components that created the Pyramid of Success for Black Children that were referenced throughout the program (Alvy, 1987).

Table 2

*Parent-Identified Life Goals, Child Characteristics, and Engagement Activities*

Life goals for children	Child characteristics	Engagement activities
Doing a good job	High self-esteem	Model and teach love and understanding
Achieving a good education	Pride in being an African American	Model and teach pride in “Blackness”
Developing loving relationships	Self-discipline	Model and teach self-discipline
Helping the African American community	Healthy physical habits	Model and teach healthy physical habits
Resisting the pressures of the “street”	Good school and study habits	Model and teach good school and study habits

*Solution Strategies*

The following solution strategies were a part of the program. This outline depicts the strategy for the program with the instructional and faith-based components described.

*Anticipated Outcomes*

The SAFFIRE Program anticipated outcomes were as follows:

1. Parents and caregivers will display higher levels of self-esteem.
2. Parent and caregiver feelings of isolation and depression will decrease, indicating a positive relationship between the training, the incentives, and the faith-based component.

3. Parents and caregivers will display a decreased level of stress that is directly related to parenting.

### *Instruments*

The pretest and posttests administered to subjects were the RSE Scale (Rosenberg, 1965), the MSPSS (Zimet et al., 1988), and the PSI (Abidin, 1990). Subjects were questioned on their feelings about their children and the parent-child relationship and their feelings of perceived social support and were assessed on their levels of self-esteem.

### *RSE Scale*

*Relevant projected outcome.* The writer anticipated that the pretest results of the RSE Scale would reveal that parents had a deflated level of self-esteem and self-worth. The writer anticipated that following the treatment, participants would demonstrate increased levels of self-esteem and self-worth during the posttest administration.

*Time allotted for administration.* The writer allotted 25-30 minutes for the administration of this assessment. Parents received the assessment and the directions were read aloud. The time given provided parents the time to carefully read and respond to each statement in an environment that was comfortable and in which they did not feel rushed. The assessment time did not exceed 30 minutes.

Documentation of reliability and validity. The RSE Scale was originally designed in the 1960s as a Guttman scale (a scale that measures whether constructs are nominal, ordinal, or interval) to measure unidimensional global self-esteem among high school juniors and seniors. Initially designed as a Guttman scale but rated as a Likert scale, the RSE Scale items were to represent statements aligned with varying degrees of self-worth that would be associated with individuals with high and low self-esteem. Rosenberg

(1965) scored his 10-item scale with responses ranging from *strongly agree* to *strongly disagree*.

The scale generally has high reliability, test and retest correlations are typically in the range of 0.82 and 0.88, and Cronbach's Alpha for various samples are in the range of 0.77 and 0.88. Multiple studies have been conducted to investigate the validity and reliability of the RSE Scale. Some studies have shown that the scale is a valid and reliable unidimensional measure of self-esteem.

### *MSPSS*

*Relevant projected outcome.* The writer anticipated that the participants would reveal scores that suggested a low degree of perceived social support and high feelings of isolation during the pretest administration of the MSPSS. The writer anticipated that the posttest assessment administration would yield an increase in the degree of perceived social support and feelings of isolation.

*Time allotted for administration.* Participants were given 15 minutes to complete this scale. The scale required the circling of the appropriate response and consisted of 12 statements. The participants were asked to indicate how they felt about each statement.

*Documentation of reliability and validity.* The MSPSS has shown excellent internal consistency (Cronbach's Alpha = 0.90 to 0.95) and validity. This Likert scale ranges from 1 to 7 with 1 being the indicator of the response, *very strongly disagree* and 7 being *very strongly agree*. This scale is often used for intervention and control groups to show, at baseline, the similarities between two groups in their perceptions of support. At the end of treatment, the same scale was effectively administered to measure perceived support after intervention.

## *PSI*

*Relevant projected outcome.* The writer anticipated that pretest results would reveal elevated levels of stress the subject experienced during the time of the study. The writer hoped to encounter decreases in feeling of attachment and depression and an increase in the subjects' sense of competence. Additionally, the writer expected to see an increase in positive social interests and improved health in the long run if the study was extended beyond the initial implementation period.

*Time allotted for administration.* Participants were given the abridged version of the PSI. They were allotted 45 minutes to read and answer the 45-item questionnaire.

*Documentation of reliability and validity.* The PSI is a self-administered standardized questionnaire that includes 100 statements. The abridged version of this social adjustment scale includes 45 statements. These statements produce a total score for the level of stress the subject is experiencing during the time of the study. The test and retest reliability is high using Cronbach's Alpha formula to determine reliability. Concurrent and predictive validity are positive. The parent's section includes statements about attachment, depression, sense of competence, social interests, and health. Parents are asked to rate their level of agreement with the statement on a 5-point scale. The general health questionnaire may be used to detect symptoms of depression and anxiety. Reliability and validity are high with a split half reliability of 0.95.

## *Types of Data to be Collected*

Qualitative and quantitative data sets were collected. Qualitative data indicate demographics, SES, marital status, gender, age, levels of formal education, and history of family or individual psychosocial treatment. Verbal responses to open-ended questions and group discussions and focus groups were recorded. All data were recorded and

archived without identifying information in order to protect the anonymity of each participant.

### *Plans for Analyzing and Presenting Results*

Additional quantitative data included pretest and posttest results on the PSI, the RSE Scale, and the MSPSS following the two administrations. The study was an AB design using an ordinal scale to measure psychosocial distress. The research design focused on data collection related to observations of subject behavior and frequency of targeted behavior change. Data analysis was used to determine if the treatment implemented had any direct effects on the targeted behaviors identified. Analyses considered parent social adjustment and self-esteem related to the parent's report of how they perceived their children to behave. Demographics, gender, SES, and the level of parent education was also considered during data analysis. The data were collected from the class registration form that the church uses for The Bible Institute.

The writer observed that parents and caregivers displayed higher levels of self-esteem, fewer feelings of isolation and depression, and decreased levels of stress that were directly related to parenting as a result of the treatment. The writer conducted a series of dependent  $t$  tests with the data set collected in order to evaluate the results.

Operational definitions of the observed behaviors were highlighted, and a minimal number of behaviors were targeted for change. Judgments were made about the degree of psychosocial distress by measuring the assessment results. Psychosocial distress is defined as having the presence of at least two out of three of the following characteristics: (a) low perception of social support and/or feelings of social isolation, (b) low self-esteem, and (c) increased feelings of stress that are directly related to parenting.

Methods used to gather the evidence were, once again, the administration of the

three standardized assessments. Data were collected from the class registration form, in-person interviews, and open discussion and focus groups. Data collected directly related to discussing the impact the solution strategies had on the problem. Assessment results, parent opinions, discussion notes, and researcher observations helped to reveal parent social status and levels of psychosocial distress before and after the treatment. Finally, data were presented within the dissertation in narrative form and tables as appropriate.

### *Expected Outcomes*

The problem that was addressed in this applied dissertation study was that parents and caregivers of socially maladjusted at-risk minority youth experience psychosocial distress that prohibits them from effectively supporting their children in academic and social environments. The following short-term outcomes were projected for this applied dissertation intervention:

1. Parents and caregivers will display higher levels of self-esteem.
2. Parent and caregiver feelings of isolation and depression will decrease.
3. Parents and caregivers will display a decreased level of stress that is directly related to parenting.

## Chapter 4: Results

The problem to be solved in this applied dissertation was, Parents and caregivers of socially maladjusted at-risk minority youth experience psychosocial distress that prohibits them from effectively supporting their children in academic and social environments. The following short-term expected outcomes were projected for this applied dissertation:

1. Parents and caregivers will display higher levels of self-esteem.
2. Parent and caregiver feelings of isolation and depression will decrease.
3. Parents and caregivers will display a decreased level of stress that is directly related to parenting.

The writer expected that with the social and spiritual support provided by the SAFFIRE Program, parents would experience short- and long-term benefits. The writer concurs with the literature of Neumann (1995) in his Buffalo State College paper entitled *Spiritual and Social Support as Coping Mechanisms and Their Benefits on Psychological and Physical Health*. Neumann stated,

Emotions tend to accompany stress, and people often use their emotions to evaluate their stress . . . emotion focused coping is directed at governing the emotional response to these stressful situations . . . spiritual and social support both, are ways that can effect or enhance these coping strategies. (p. 1)

This applied dissertation positively impacted the occurrence of the short-term effects of psychosocial distress that are associated with parenting and parent-child related issues.

### *Research Questions*

This applied dissertation sought to answer two research questions. The questions were as follows:

1. Will parents and caregivers have an improved perception of the parenting process and the behaviors of their children following program training?
2. Will the program reduce the presence of psychosocial distress (feelings of isolation, depression, low self-esteem, and stress) in parents and caregivers of socially maladjusted at-risk African American youth?

Methods and procedures used to address Question 1 were the use of a standardized assessment (PSI), group discussions, on-site ministerial counseling, on-site academic counseling on concerns related to the children, and instruction on child and adolescent development to increase the parent's knowledge on the child and adolescent psyche.

Methods and procedures used to address Question 2 were the use of standardized assessments (RSE and MSPSS), weekly roundtable discussions, group activities within the parent Co-op groups such as arts and crafts projects, field trips, regular Saturday morning breakfast meetings, weekly raffles, and consistent reading of Bible scripture to reinforce faith and the power of positive agreement.

### *Results*

This applied dissertation, the SAFFIRE Program, was conducted during an 8-week period of time using the curriculum outlined in the course description located in Appendix A. According to the definition of psychosocial distress that was developed by the researcher, two out of three adverse conditions must be present. These conditions include elevated levels of stress related to parenting, low self-esteem, and low perceptions of social support. The applied dissertation incorporated numerous procedures geared at addressing these procedures. Results were favorable in that parents responded well and encouraged each other to discuss problems and depend on one another for social



support. Based on standardized assessments (PSI, RSE Scale, and MSPSS) and anecdotal data, psychosocial distress, self-esteem, and perceived social support were in some way altered after the study. This can be seen when the posttest data are compared to the baseline data collected at the onset of the study.

Expected Outcome 1, “Parents and caregivers will display higher levels of self-esteem,” was addressed by the scores on the RSE Scale, a quantitative measure. Expected Outcome 2, “Parent and caregiver feelings of isolation and depression will decrease,” and Outcome 3, “Parents and caregivers will display a decreased level of stress that is directly related to parenting, were addressed by both qualitative and quantitative measures.” Measures included both standardized assessments (PSI and MSPSS) and anecdotal data based on observations and focus group discussion responses.

#### *PSI (Short Form)*

This was a 36-item, 5-point scale that is derived from the full-length test. The total stress score is derived from the following domains: parental distress related to parenting, parent-child dysfunctional interaction, and difficult child.

*Pretest.* A total of 11 subjects took the PSI pretest. Scores revealed that 57.3% scored greater than or equal to the 90 percentile indicating clinically significant stress related to parenting, 14.1% scored in the high stress range in the 85-99 percentile, and 28.6% scored in the normal range within the 15-80 percentile. The average PSI score was 89.3, indicating a mean score in the high stress range for stress related to parenting.

*Posttest.* A total 11 subjects completed the posttest. Posttest scores revealed 57.1% of participants scored in the clinically significant range (greater than or equal to the 90 percentile), 28.6% scored in the high range (85-99 percentile), and 14.3% scored in the normal range (15-80 percentile). The mean score determined that 87.4% of the

population scored in the high stress range falling within the 85-99 percentile.

The *t*-test showed no significant changes from pretest to posttest with a score of  $t = 0.338$ . The mean of the posttest was 85.6 with a mean difference of 0.81 from the posttest (86.4). The *SD* was 11.8 on the pretest and 7.3 on the posttest. The *SD* paired difference was 8.02 with an upper 95% confidence interval of the difference of 6.2. The average norm for total stress is 71.0 with a *SD* of 15.4. The sample population score was 17.0% higher than the norm with an average raw score of 85.6 on the posttest. This score was a minimal 0.82% decrease in parent stress when compared to the pretest.

*Other pertinent data from the PSI.* Based on responses averaged from the pretest and posttest, 23.4% of the subjects stated that the number of children they had was too many, 25.8% stated that they felt trapped by their responsibilities as a parent, and 43.1% agreed with the statement, "I feel that my child's needs control my life."

According to the PSI, Research Question 1, "Will parents and caregivers have an improved perception of the parenting process and the behaviors of their children following program training?" was answered positively. Outcome 3, "Parents and caregivers will display a decreased level of stress that is directly related to parenting," was met.

#### *RSE Scale*

The RSE Scale was administered to assess levels of self-esteem. There was a 3.2% increase in self-esteem. The mean on the posttest was 33.5, an increase from 32.4 on the pretest. There was a *SD* of 4.03 and a 95% confidence level of the difference of 0.3007 (upper) and -2.48 (lower) with a *t*-score of -1.74. The mean difference was -1.09 with a *SD* difference of 2.07. Based on the results of the RSE, Outcome 1, "Parents and caregivers will display higher levels of self-esteem," was met.

### *MSPSS*

The MSPSS is a Likert scale with scores ranging from 1 to 7 with 1 being the indicator of the response *very strongly disagree* and 7 being *very strongly agree*. Most parents scored in the moderately high range with 63.6% scoring in this range for perceived social support, 9.1% scored in the average range, and 27.3% scored in the moderately low range for perceived social support. According to the MSPSS, there was a minimal decrease of 0.09% in parent feelings of perceived social support; thus, subjects showed lowered feelings of social support following the treatment. The mean score on the pretest was 72.18 with a *SD* of 5.65, and the pretest score was 72.09 with a *SD* of 5.39. There was a 95% confidence interval of the difference of -1.107 (upper) and -9.25 (lower) with a *t*-score of 0.199. The mean difference was 0.0909 and the *SD* difference was 1.51.

The Research Question 2, “Will the program reduce the presence of psychosocial distress (feelings of isolation, depression, low self-esteem, and stress) in parents and caregivers of socially maladjusted at-risk African American youth?” was answered negatively. The results of the MSPSS also showed that Outcome 2, “Parent and caregiver feelings of isolation and depression will decrease,” was not met.

### *Anecdotal Data*

Anecdotal data were collected throughout the study as follows. Weekly roundtable whole-group discussions allowed parents to openly discuss concerns. Parents also constructed a collage of pictures highlighting their children, including the researcher’s children. The group divided into smaller, parent Co-op groups that provided friendship and ongoing support over the phone during the week. Ministerial Alliance members participated in the class and offered support during the classes. References to

Bible scriptures were offered and time was given to discuss child-rearing situations as related to the Bible (see Appendix A). Parent Co-op Groups also met for regular Saturday morning breakfast meetings, with children invited, to have discussions in a more casual and family-oriented setting. These activities were to assess parent feelings and perceptions informally on the parenting process and to assess feelings about social support mechanisms.

During the last 8-weeks, during a group discussion, parents were asked if their feelings had changed about their roles as parents. Responses were similar. Many parents said that they felt more friendship and unity among peers and looked forward to the group sessions and to implementing some of the strategies learned at home with their children. When asked what portion of the coursework they found most useful or helpful, they referred to the “Life Map” assignment. They agreed that they were inspired by looking back over their lives and seeing how they “survived tragedy to reach triumph.”

The Life Map exercise required that participants complete an illustrated synopsis of their lives written along a time line. The time line included life events from birth to present that subjects would later see had made them the people and the parents that they are today. Parents were asked to individually discuss their Life Maps as much as they felt comfortable. Detailed and often intense discussions of the Life Maps helped parents to focus on their parenting styles by beginning with how they were once parented. Parents focused on their life and life-altering decisions that had impacted their lives as individuals and parents.

Parents also reflected on how the child and adolescent development coursework helped them to better understand the developmental stages of their children. Parents regularly mentioned the “nature versus nurture” concept and engaged in a conversation

about how the environment impacts learned behaviors for both parents and children.

Additional positive comments were made about the role-playing scenarios used during the “Effective Communication Skills” module and how they appreciated the fact that the scenarios were realistic.

Qualitative research methods were employed in an effort to answer both research questions. Questions answered were 1, “Will parents and caregivers have an improved perception of the parenting process and the behaviors of their children following program training?” and 2, “Will the program reduce the presence of psychosocial distress (feelings of isolation, depression, low self-esteem, and stress) in parents and caregivers of socially maladjusted at-risk African American youth?” Based on anecdotal data, both research questions were positively answered. Levels of self-esteem could not fairly be assessed by the qualitative measures. Expected Outcomes 1, 2, and 3 were met.

#### *Summary of Results*

The results of the study are consistent in that two out of three expected outcomes were met based on the standardized assessments and that based on the qualitative data, all expected outcomes were met. A combination of instructional methodology, faith-based guidance, and support group methods favorably worked to assist with meeting the expected outcomes and to address the research questions positively.

## Chapter 5: Discussion

### *Introduction of Dissertation*

The applied dissertation proposed a study that focused on the parents and caregivers of children with antisocial behaviors as vital persons in the prevention, intervention, rehabilitation, and therapeutic solution for these children and youth. The study introduced a balance of academic training and instruction along with faith-based principles to parents. SAFFIRE Program used a six-point approach called CREDIT. This approach was developed by the researcher and repeatedly emphasized to remind parents that they are Competent, Resilient, Educated, Determined, Informed, and Strongest When Working Together (CREDIT). With the use of the structured group elicitation technique (Alvy, 1987), the SAFFIRE Program focused on parents identifying desired life goals for their children; identifying the characteristics their children need to develop to be successful; and, finally, identifying specific practices in which they must engage to guide their children. The program was made available to parents as an 8-week class in a series of courses that are a part of The Bible Institute. Parents were assessed in the areas of self-esteem, perceived social support, and stress related to parenting. Standardized assessments and qualitative measures were used to assess parents before and after the program was introduced.

### *Implications of Findings*

There were no significant changes demonstrated based solely on the results of the PSI, the RSE Scale, and the MSPSS. The PSI scores only decreased by 0.82% from pretest to posttest. This indicated an insignificant reduction in parenting-related stress. This cannot be directly related to the SAFFIRE Program as indicated by the *t*-score of 0.338, a score that is greater than 0.05. A score less than 0.05 would indicate a significant

difference or change in the two variables that could be associated with the treatment. The researcher believes that stress related to parenting is a dynamic that will require ongoing treatment and it may vary from day to day and from circumstance to circumstance.

Parenting stress is complex and would under normal circumstances be difficult to treat or alter during a short period of time. Many of these stressors are related to raising a family and life in general. The absence of some parenting stress could be considered abnormal; however, overall parenting stress remained unchanged after the treatment.

Additionally, the moderately high self-esteem average remained relatively constant from pretest to posttest with a slight increase. The mean on the posttest was 33.5, a 3.2% increase from 32.4 on the pretest. Thus, parents had moderately high self-esteem prior to and after the treatment, and the *t*-score of -1.74 indicated no significant change between variables. Possible factors that helped to instill self-esteem may have been the constant teachings of the Christian faith that focuses on love of God and love of self. Because God is believed to reside in each individual, loving one's self is a part of loving God. The participants are regular church attendees and on average attend church 3 days a week. The program and the church services and classes may have all impacted self-esteem. However, based on the results of the RSE, self-esteem was moderately high before and after the program was implemented.

According to the MSPSS, there was a minimal decrease of 0.09% in parent feelings of perceived social support; thus, subjects showed lowered feelings of social support following the treatment. The *t*-score of 0.199 indicated that there were no significant changes between variables. The results do not reflect the actual feelings of parents based on the anecdotal data that will be shared. Participants appeared to look forward to the classes and were able to gain support from each other, the researcher, and

the pastoral staff regularly.

Based on anecdotal data, significant positive changes were observed by the researcher during the focus group and parent Co-op group sessions. Parents showed significant growth with regard to completing group activities and by showing visible interest and concern for fellow classmates. Various activities led to self-reflection and often led to discussions that resulted in pastoral counseling. Such counseling occurred immediately because ministers were in class. Areas that participants identified about themselves that needed improvement included the need to control their children and their circumstances. These feelings led to frustration that parents admitted negatively impacted parenting skills.

Group discussions were always productive in that parents developed the ability to provide positive, noncritical feedback to each other. Parents learned to refer back to the class notes on developmental theory concepts. They referred to the teachings of John Locke, Jean Rousseau, Ana Freud, and Piaget. Later discussions about effective communication skills followed role-playing activities revealed that parents had a better understanding about positive communication techniques and how they may be used to improve parenting skills.

### *Limitations*

The following limitations impacted the internal validity of the study. Extraneous variables such as history and maturation also impact results. History indicated that other events may have occurred during the time of the study outside of the treatment setting that may have impacted the results positively or negatively. Maturation indicated that life changing events such as death, childbirth, natural disasters, and so forth may have changed participant state of mind or psychological status, impacting results. Other



limitations of the study may include testing and statistical regression. First participants became familiar with the test and scored better during the posttest due to familiarity with the instrument. At times, participants even discussed test questions with each other during their conversations following class.

Experimental mortality or attrition is a major concern that may have impacted study results. Some participants dropped out of the study and many missed the pretest or posttest. There were also time constraints whereby the researcher did not get the entire 2-hour block of time planned. Other church meetings often went over the allotted time and the room assigned was still occupied. This often occurred. Participants missed sessions in the course sequence. Partial treatment may have negatively impacted results of the study. The subgroup of participants who attended at least 50% of the classes and completed both the pretest and posttest were those whose scores were included in the findings. The implications of the Hawthorne Effect were also considered, whereby participants may have been aware of the hypothesis and due to receiving special attention, their performances may have improved. This could have impacted external validity. The study group thrived on personal attention they received from the researcher and the ministerial staff whom they only see from a distance during Sunday church services. These feelings may have caused them to feel better and to appear to exhibit an improved condition. Finally, the experiment effect is a possible issue. In this case, the teacher's (the writer) ability and style may have impacted results negatively or positive, thus external validity was challenged.

Additionally, the 8-week period did not appear to be enough time to implement the program components fully or to a level of mastery for the participants. The research determined that the participants would have benefited from additional time on adolescent

development and effective communication skills. Additional support from the pastoral and ministerial staff on Biblical concepts would have been helpful. The original goal was to tie the parenting class goals into the goals of the Bishop's Sunday sermons as often as possible. However, due to the Bishop's rigorous schedule, this was not easy to coordinate and may have been a minor limitation to the study as well.

Positive attributes of the study are that all participants received the treatment, thus no compensatory rivalry by a control group existed. This design promoted cooperation and support between participants and they looked forward to the weekly raffle and the inclusion of the research in weekly Bible study and during some Sunday church services. This allowed the writer to build trust and to better understand participants in a nonsterile and naturalistic environment.

#### *Recommendations to the Organization*

The church is an atmosphere that is relaxed and nonthreatening; however, more structure with regard to timeliness and scheduling may benefit the organization's ability to implement future programs effectively. Church decision makers should follow-up with additional classes on parent communications skills and should plan parent field trips, retreats, a babysitting network, and continue with the parent Co-op groups and a parent open discussion forum. Additional support from the pastoral staff should be provided in a group and individual setting. The church should continue to hold raffles and parent focuses incentives and social activities. This would expose parents to people and events that would enhance social repertoires, increase support systems, and increase self-esteem.

Parent stress may also be reduced if parent excursions to restaurants and the theater would occur. Continued courses in education and psychology could be offered for college credit. There are many additional components that could be added to the program

to enrich the already comprehensive modules.

The program outline may have been somewhat ambitious mainly due to time constraints. Guest speakers may have been received more graciously if parents received more exposure to professionals in the human service fields. There appears to be an “air” of distrust for human service and clinical professionals that may stem from unpleasant experiences in the schools of their children. These feelings may improve if more time were allotted to host an additional guest speaker series and to actually go out and hear expert child clinicians and educators in a clinical or university setting.

Overall, the program was successful and the applied dissertation effectively met more than half of the expected outcomes. Two out of three expected outcomes were met based on quantitative measures and 100% were met based on qualitative measures. The outcomes were consistent with the literature of Banks et al. (1998) who supported the belief that students and their families must learn how to manage their behaviors and feelings through programs designed to address social problem solving, anger management, and conflict resolution. The organization should utilize the findings of this applied dissertation to develop more programs that address the needs of parents as a major means for reaching children who exhibit antisocial behaviors.

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Appendix A

Overview of the SAFFIRE Program:

Instructional and Faith-Based Support Component

## COURSE DESCRIPTION

### Overview of the SAFFIRE Program- Instructional and Social Support Component

- A. (Session 1) Parent, Family and Caregiver Orientation
  - I. Introduction to the Course and Overview of the Class  
Coursework
  - II. Pretest 1, 2, and 3 (baseline data collection)
  - III. Module One: The Pyramid of Success for Black Children
  - IV. Direct Instruction with Scriptural Reference, Devotional and Affirmation
  - V. Open Forum: Assessment of Parental Needs in a Non-Threatening Realistic Environment

The format will include:

- I. Scenario exercises and “brain teasers” as ice breakers
  - II. Open-ended questions
  - III. Discussion/ Questions and Answers
  - IV. Drawing or Raffle
- B. (Session 2) Interactive Lecture: “Characteristics of At-Risk Minority and Students with Antisocial Behaviors: What Makes Our Children and Different From What the Textbooks Say and Why Your Faith Matters?”
  - I. Module Two: The Meaning of Disciplining Children: Traditional Black Discipline versus Modern Black Discipline (Alvy, 1987)
  - II. Overview of terminology, theory and parent goals and objectives

III. Direct Instruction with Scriptural Reference, Devotional and Affirmation

IV. Practical applications

V. Role Playing Exercise/ Independent Exercise

VI. Parent Drawing

C. (Session 3) Interactive Lecture: Overview on the Foundations of African American Parenting and Child and Adolescent Development

I. Module Three: Developing Self-Esteem and Pride in Being an African American

II. Introduction of the Five Categories of Life Goals for Children

III. Introduction of the Five Categories of Activities for Parent Engagement

IV. Direct Instruction with Scriptural Reference, Devotional and Affirmation

V. Guest Speaker

VI. Parent Door Prize

D. (Session 4) “Strategies for Problem Solving: Real-Life Problems, Real-Life Solutions, Real-Life Faith” (Part I)

I. Module Four: Introduction to the Parent Cooperation (Co-op) Team Concept (A parent-peer support model that is original to the writer)

a. Designation of teams

b. Introduction Team Guiding Principles (CREDIT Approach)

- i. Competent
    - ii. Resilient
    - iii. Educated
    - iv. Determined
    - v. Informed
    - vi. (working) Together
  - II. Review of the Five Categories of Life Goals for Children
  - III. Review of the Five Categories of Activities for Parent Engagement
  - IV. Scriptural Reference, Devotional and Affirmation
  - V. Guided Activities that Focus on Faith, Problem Solving, and Resiliency
  - VI. Parent CoOp Team Discussion
  - VII. Parent Raffle
- E. (Session 5) “Strategies for Problem Solving: Problems, Solutions and Action-Driven Faith” (Part II)
- I. Module Five: Problem Solving, Resiliency and Advocacy for African American Parents
  - II. Focus on The Pyramid of Success for Black Children (Alvy, 1987)
  - III. Direct Instruction with Scriptural Reference, Devotional and Affirmation
  - IV. Parent CoOp Team Discussion
  - V. Guest Speaker

- VI. Discussion
- VII. Parent Drawing
- F. (Session 6) “Building Effective Communication Skills: Parents and Caregivers Take the Leading Role by Eliminating Strife in the Home Environment ” (Part I)
  - I. Module Six: Action and Words Can Heal or Harm
  - II. Presentation on Parent Communication by the writer
  - III. Direct Instruction with Scriptural Reference and Devotional
  - IV. Word Association, Scenario and Role Playing Exercises
  - V. Group Activity
  - VI. Parent Co-op Team and Whole Group Discussion
  - VII. Parent Door Prize
- G. (Session 7) “Building Effective Communication Skills: Parents and Caregivers Take the Leading Role in the Home Environment” (Part II)
  - I. Module Seven: Integrating Knowledge and Problem Solving with Positive Parenting Skills and Spirituality
  - II. Direct Instruction with Scriptural Reference, Devotional and Affirmation
  - III. Parent Presentations
  - IV. Parent Co-op Team Reporting
  - V. Whole Group Discussion
  - VI. Parent Door Prize
- H. (Session 8) Final Overview of the Course

- I. Brief Lecture with Interactive Discussion
  - II. Scriptural Reference, Devotional and Affirmation
  - III. Posttests 1, 2, and 3
  - IV. Exit Questionnaire: Course Evaluation
  - V. Remarks from the Bishop
  - VI. Parent MEGA-Drawing
- H. SAFFIRE Program/Parent CREDIT Program Completion
- I. Parent Recognition Ceremony
    - 1. Greetings/ Program History
    - 2. Guest Speaker
    - 3. Distribution of Certificates of Completion
    - 4. Closing Remarks from Program Director and the Bishop
    - 5. Refreshments/ Celebration
  - II. Collection, Organization, and Reporting of Final Program Data

## COURSE DESCRIPTION

### OVERVIEW: The SAFFIRE Program- The Faith-based Biblical Component

The following Biblical components were taken from the Women’s Devotional Bible: New International Version (NIV)(1995). The devotional excerpts that will be used for instructional purposes are also referenced in this edition of the NIV Bible and will be cited appropriately with the appropriate page number and “NIV (1995)” included as part of the citation.

The following Scriptural components will be aligned with the instructional and social support components identified in sessions one through eight in the program outline. The Biblical Scriptural components contain Bible verses that pertain to parenting and devotionals are included that expand upon Biblical concepts. The devotionals are added as a means to relay interpretation of Biblical context in a nonthreatening manner and as a lead into focus groups and group discussions.

#### A. (Session 1) Parent, Family and Caregiver Orientation

##### Bible Scripture(s):

1. Genesis 24:1-9
2. Exodus 2:1-4
3. Exodus 6:20
4. Numbers 26:59

##### Devotional(s):

1. *Our Children Can Not Go Back* by Gladis and Gordon DuPree
2. *Jochebed* by Euginia Price

#### B. (Session 2) Interactive Lecture: “Characteristics of At-Risk Minority and Students

with Antisocial Behaviors: What Makes Our Children and Different From What the Textbooks Say and Why Your Faith Matters?”

Bible Scripture(s)

1. Deuteronomy 6:1-9
2. Psalms 78
3. 1Thessalonians 1:2-10

Devotional(s): *Remember* by Janis Long Harris

C. (Session 3) Interactive Lecture: Overview on the Foundations of African American Parenting and Child and Adolescent Development

1. Bible Scripture(s): Psalms 78:5
2. Devotional(s): *Love Teaches* by Grace H. Ketterman

D. (Session 4) “Strategies for Problem Solving: Real-Life Problems, Real-Life Solutions, Real-Life Faith” (Part I)

1. Bible Scripture(s)

- a. Proverbs 31:28
- b. Proverbs 17:6
- c. Acts 2:39

2. Devotional(s)

- a. *Grandma: A Glorious Crown* by Nancy Corbett Cole
- b. *Just Call Me Ma!* by Jean E. Syswerda

E. (Session 5) “Strategies for Problem Solving: Problems, Solutions and Action-Driven Faith” (Part II)

1. Bible Scripture(s)

- a. Psalms 12:8



b. Proverbs 17:6

2. Devotional(s): *Reflect* by Ruth Bell Graham

F. (Session 6) “Building Effective Communication Skills: Parents and Caregivers Take the Leading Role by Eliminating Strife in the Home Environment” (Part I)

- Bible Scripture(s)
  - Jeremiah 17:8
- Devotional(s)
  - *Good Roots* by Marjorie Holmes

G. (Session 7) “Building Effective Communication Skills: Parents and Caregivers Take the Leading Role in the Home Environment” (Part II)

- Bible Scripture(s)
  - Jeremiah 31:17
  - Ezekiel 22:30
- Devotional(s)
  - *Hope for Your Future* by Shirley Pope Waite
  - *Standing in the Gap* by Shirley Pope Waite

H. (Session 8) Final Session of the Course

- Bible Scripture(s)
  - Nahum 1:7
- Devotional(s)
  - *Is God in Everything?* by Hannah Whitall Smith

Session Number	Topic	Bible Reference	Devotional Title, Author and Writer's Note
1	The Pyramid of Success (Pretests)	Genesis 24:1-9	<i>Our Children Can Not Go Back</i> by Gladis and Gordon DePree
1	The Pyramid of Success (Pretests)	Exodus 2:1-4 Exodus 6:20 Numbers 26:59	<i>Jochebed</i> by Euginia Price "The Greatest Mother in History: Mother of Moses, Aaron and Miriam"
2	Disciplining Black Children	Deuteronomy 6:1-9, Psalms 78, 1 Thessalonians 1:2-10	<i>Remember</i> by Janis Long Harris "Good parents nurture spiritual values in their children's Lives..."
3	Self-Esteem and African American Pride	Psalms 78:5	<i>Love Teaches</i> by Grace H. Ketterman "One of the most essential ingredients of education is the parents' attitude..."
4	Introduction to the Parent Co-op Team Concept	Proverbs 17:6 Acts 2:39	<i>Grandma: A Glorious Crown</i> by Nancy Corbett Cole
4	Introduction to the Parent Co-op Team Concept	Proverbs 31:28	<i>Just Call Me Ma!</i> by Jean E. Syswerda
5	Problem Solving, Resilience and Advocacy	Psalms 12:8 Proverbs 17:6	<i>Reflect</i> by Ruth Bell Graham "I can look back on circumstances involving our children...as God brought order out of chaos."
6	Building Effective Communications Skills (Part I)	Jeremiah 17:8	<i>Good Roots</i> by Marjorie Holmes
7	Building Effective Communications Skills (Part II)	Jeremiah 31:17	<i>Hope for Your Future</i> by Shirley Pope Waite
7	Building Effective Communications Skills (Part II)	Ezekiel 22:30	<i>Standing in the Gap</i> by Shirley Pope Waite
8	Final Overview (Posttests)	Nahum 1:7	<i>Is God in Everything?</i> by Hannah Whitall Smith

## Appendix B

### RSE Scale

### ROSENBERG SELF-ESTEEM SCALE

The scale is a 10-item Likert scale with items answered on a four-point scale- from strongly agree to strongly disagree. The scoring for some items needs to be reversed so that in each case the scores go from less to more self-esteem.

**INSTRUCTIONS: BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU STRONGLY AGREE, CIRCLE SA. IF YOU AGREE WITH THE STATEMENT, CIRCLE A. IF YOU DISAGREE, CIRCLE D. IF YOU STRONGLY DISAGREE, CIRCLE SD.**

Rosenberg Self-Esteem Scale				
	Strongly Agree	Agree	Disagree	Strongly Disagree
1. On the whole, I am satisfied with myself.	SA	A	D	SD
2.* At times I think I am no good at all.	SA	A	D	SD
3. I feel that I have a number of good qualities.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5.* I feel I do not have much to be proud of.	SA	A	D	SD
6.* I certainly feel useless at times.	SA	A	D	SD
7. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
8.* I wish I could have more respect for myself.	SA	A	D	SD
9.* All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
10. I take a positive attitude toward myself.	SA	A	D	SD

\* Items scored in reverse

*Note.* From *Society and the Adolescent Self-Image* (p. \_\_\_), by M. Rosenberg, 1965, Princeton, NJ: Princeton University Press. Reprinted with permission.

Appendix C

MSPSS

### Multidimensional Scale of Perceived Social Support

**Instructions: I am interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.**

**Circle the “1” if you Very Strongly Disagree**

**Circle the “2” if you Strongly Disagree**

**Circle the “3” if you Mildly Disagree**

**Circle the “4” if you are Neutral**

**Circle the “5” if you Mildly Agree**

**Circle the “6” if you Strongly Agree**

**Circle the “7” if you Very Strongly Agree**

- |     |  |   |   |   |   |   |   |   |
|-----|--|---|---|---|---|---|---|---|
| 1.  | There is a special person who is around when I am in need.           | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2.  | There is a special person with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3.  | My family really tries to help me.                                   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4.  | I get the emotional help and support I need from my family.          | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5.  | I have a special person who is a real source of comfort to me.       | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6.  | My friends really try to help me.                                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7.  | I can count on my friends when things go wrong.                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8.  | I can talk about my problems with my family.                         | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9.  | I have friends with whom I can share my joys and sorrows.            | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. | There is a special person in my life who cares about my feelings.    | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. | My family is willing to help me make decisions.                      | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. | I can talk about my problems with my friends.                        | 1 | 2 | 3 | 4 | 5 | 6 | 7 |