Social Isolation Among Caregivers of Court-Involved Youth:
A Qualitative Investigation

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Social Isolation

Abstract

This investigation examines the lives of caregivers of court-involved youth through qualitative research methodology. Caregiver social isolation emerged as a salient theme across six areas including overall lack of support, lack of school support, and isolation from self. Implications for counselors, including brief descriptions of several evidence-based therapies, are discussed.
Social Isolation Among Caregivers of Court-Involved Youth: A Qualitative Investigation

Delinquency and violence among youth are paramount public health concerns that impact multiple segments of society: families, schools, communities, practitioners, and government officials at all levels (Tarolla, Wagner, Rabinowitz, & Tubman, 2002; Thornton, Craft, Dahlberg, Lynch, & Baer, 2000; U.S. Department of Health and Human Services, 2001). According to U. S. Office of Juvenile Justice and Delinquency Prevention statistics, 2.4 million arrests of juveniles were documented in 2000 (Snyder, 2002). In that year, juveniles accounted for 17% of all arrests and 16% of all violent crime arrests (Snyder, 2002). Trend data, however, indicate steady declines in juvenile arrests and violent juvenile crime arrests since the early 1990s.

Nonetheless, communities, schools, and child and adolescent service providers continue to devote significant resources to addressing the deleterious consequences of youth delinquency and violence. Perhaps the individuals most directly and inextricably linked to youth delinquency and violence are the primary caregivers of the juvenile offender population. Despite research on the causes and correlates of delinquency (Hawkins et al., 2000; Lipsey & Derzon, 1998; Thornberry, Huizinga, & Loeber, 1995; U.S. Department of Health and Human Services, 2001), the mental health needs of juvenile offenders (Cocozza & Skowyra, 2000; Huizinga & Jakob-Chien, 1998; Milin, Halikas, Meller, & Morse, 1991), and promising, evidenced-based interventions (Lipsey & Wilson, 1998; Samples & Aber, 1998), much less attention has been paid to the lived experiences of the caregivers of these youth.

An ecological framework underscores the importance of elucidating the associations among parenting, child and adolescent development, and the multi-layered social contexts of development (Bronfenbrenner, 1979, 1995). Moreover, an integrated ecological framework
provides a foundation to link stressors and challenges of caregivers of court-involved youth with system-level ameliorative strategies. If counselors and mental health practitioners are to be effective agents of change for court-involved youth and their families, theory-based services and interventions must be grounded in the challenges and concerns facing the caregivers of delinquent youth. Therefore, predicated on the notion that effective interventions for youth violence must simultaneously address caregiver needs, the purpose of the current investigation was to examine, through qualitative inquiry, a central challenge in these caregivers’ lives, that of social isolation.

*Parenting and Youth Delinquency*

Considerable research documents the association between parenting practices and antisocial child and adolescent outcomes such as delinquency and violence. That association is robust across the developmental continuum from early childhood (e.g., Snyder & Patterson, 1995) through adolescence (e.g., Pettit, Bates, Dodge, & Meece, 1999). Even the most recent and comprehensive biopsychosocial models of antisocial behavior in adolescence (Dodge & Pettit, 2003) include parenting as a key predictive construct. Parents of delinquent and violent children are usually less warm and offer less support to their children, and also use inconsistent supervision and punishment (Amato & Fowler, 2002; Bourdin, Pruitt, & Henggeler, 2001; Dishion, 1990; Loeber & Stouthamer-Loeber, 1986; Simons, Lin, Gordon, Brody, Murry, & Conger, 2002). Across ethnic groups and socioeconomic status levels, strong empirical evidence indicates that harsh punishment and poor parental monitoring are related to increased youth delinquency and violence risk (Capaldi & Patterson, 1996; Gorman-Smith, Tolan, & Henry, 1999; Loeber & Farrington, 1998).
Parenting and Social Support

Less than optimal parenting is clearly related to numerous stressors, including poor neighborhood (Ceballo & McLoyd, 2002), employment status, financial difficulties, and educational level (Gyamfi, Brooks-Gunn, & Jackson, 2001), and youth behavior (Thornberry, Lizotte, Krohn, Farnworth, & Jang, 1991). One common ameliorating factor among all of these stressors, however, is that of social support. Beyond the abundant evidence describing the beneficial impact of social support on physical and psychological health (Cohen & Syme, 1985; Mitchell & Trickett, 1980), research has demonstrated that overall social support is positively related to more optimal parental functioning (Colletta, 1981; Colletta & Lee, 1983; Jennings, Stagg, & Connors, 1991; Sheldon, 2002).

According to Belsky’s (1984) process model of parenting, social support derived from the marital relationship, parents’ social network, and work is positively related to effective parenting. Polansky, Gaudin, Ammons, and Davis (1985) found that neglectful mothers tended to view their neighborhoods in a negative light and had fewer social contacts within their neighborhoods than the non-neglectful mothers in those neighborhoods. Using data from the National Survey of Families and Households, Hashima and Amato (1994) found that low-income parents with low levels of perceived social support were especially likely to be punitive with their children. Moreover, low-income families with greater perceived social support were less likely to report problematic parental behavior (i.e., frequent yelling and slapping; absence of praising and hugging). Finally, Ceballo and McLoyd (2002) found that social support had a positive impact on parenting in single African American mothers of 7th and 8th graders, although that positive impact was lessened when the family lived in poorer, more dangerous neighborhoods.
Research clearly documents a positive association between the supportive social ties that caregivers maintain and their level of parental functioning. It remains unclear, however, how the presence or absence of social support is experienced by caregivers of court-adjudicated youth. Moreover, little attention has been paid to extracting detail and description from the lived experience of these caregivers through open-ended, qualitative methods. In this study, we examine social isolation among caregivers of court-involved youth as well as measures that can be taken to dissolve that isolation, thereby allowing them to become better functioning individuals and parents.

Methodology

Program Description

The current study was couched within a broader community-university partnership designed to address youth delinquency and violence. To address the needs of court-referred youth and their caregivers through a System of Care approach, two masters level social workers were employed as service coordinators by a mid-sized university in the southeastern United States and were housed at the juvenile court offices in an adjacent city (approximate population = 86,000). After a youth was adjudicated in the local court office, juvenile court counselors referred the family to the service coordinators. If a family was interested in the program, the service coordinators then linked them with community resources according to the System of Care approach, including strength-based assessment, team formation, and construction of a child and family team plan. The System of Care philosophy places the family at the center of service coordination (Stroul, 2002). The goals of this approach are holistic in nature, meaning that mental health services are not provided in isolation from other services that the child and family need for optimal functioning, but in conjunction with other arenas of service such as social,
educational, health, and vocational services. An individualized treatment plan is created for each
family and is specifically catered to the family’s needs (Stroul, 2002).

Participants

Participants were 16 caregivers (14 female, 2 male) of court-involved youth (12
biological parents, one grandparent, one aunt, one uncle, one adoptive stepparent). Two of the
caregivers had 2 of their children involved in the project. Ten of the participants had a high
school diploma or GED, and the educational level ranged from grade school through some
college but no degree. Five of the caregivers reported annual income of $10,000-$14,000, with
the range being from less than $5,000 to $50,000-$74,999. Five of the caregivers reported that
they had never been married, 4 married to the child’s father, 1 divorced, 2 widowed, and 3 did
not specify. The youth, both boys and girls, ranged in age from 13 to 16 and had been
adjudicated on a variety of charges including assault, disorderly conduct, possession of weapon
on school property, larceny, and breaking and entering.

Procedures and Measures

Both quantitative and qualitative data were gathered in the larger project, but the
qualitative data are the focus in this article. The intake process for each family included paper-
and-pencil questionnaires to assess overall functioning as well as one in-depth, semi-structured,
qualitative interview with both the youth and their caregivers. Because the interview served
primarily as an initial needs assessment, there were no subsequent interviews after program
implementation began. The interview format for the project’s qualitative component was
developed collaboratively by researchers (from a university-based center focusing on community
research partnerships) and community members (including parents, pastors, juvenile justice
professionals, police officers, and school personnel).
A review of relevant research literature identified important developmental challenges and contexts for both youth and their caregivers (e.g., Browning, Huizinga, Loeber, & Thornberry, 1999; Ellickson & McGuigan, 2000; U.S. Department of Health and Human Services, 2001; Wasserman, Miller, & Cothern, 2000), which formed the basis for an initial interview protocol. Several team members were parents who drew upon their own experiences and insights to develop appropriate questions. Key questions were developed across thematic areas such as family, school, neighborhood, peer group, and personal strengths and weaknesses. The interview protocol was revised and refined until both community members and university researchers were comfortable with content, length, and style. Sample questions from the final version included, “What would you say are your child’s greatest strengths?” and “What are the difficulties you see your child facing right now (or, what do you think is going wrong right now)?” and “What support do you need as a parent to help your child make positive changes in his/her life?”

**Interviewers and Researchers**

It was acknowledged early on in project planning that interviewers play a significant role in the outcome of qualitative studies. Specific to this study, it was believed that the best-fit interviewer would be one who was a local community member, had a strong interest in helping youth in his/her community, and had at least some common experiences with the families involved. Because of the history of the community-university partnership within the city of focus, and based on other ongoing projects there, these community members were easily identified. Five community members (3 women and 2 men) volunteered to conduct the interviews. The interview team was composed of individuals from diverse backgrounds, and included a teacher, a community volunteer, a youth minister, and a concerned parent. The
community interviewers completed intensive training conducted by a Ph.D.-level anthropologist specializing in qualitative inquiry. The anthropologist was available for further support after the initial training was complete. Community members conducted the interviews after consent was obtained from the participating families both verbally and in writing. The interviews took place in a location convenient and comfortable to the families, usually in the families’ homes. The interviewers were instructed to interview the youth and the caregivers separately, and only the caregiver data are reported in this article.

The research team engaged in the project with two overarching values. One was a commitment that community perspectives should be infused into university research. Second, the study team believed that this research, and the implications of it, could positively impact families, service providers, educators, and communities. The first author of this study is a Master’s level student in counseling and has a research assistantship within the university center. This researcher has a background in psychology and was a juvenile probation officer in a mid-sized southeastern county for two years. The second author holds a doctorate in human development and family studies and directs a youth violence prevention division at the university center. The third author, also a Master’s level counseling student, specialized in adolescent counseling and development. The authors of this paper were committed to a process of inquiry that would link relevant research, qualitative methods, and implications for practice.

Data Analysis

The interviews were tape recorded, transcribed, and entered into qualitative analysis software (Qualis Research Associates, Ethnograph 5.06, 1998). Ethnograph was selected as the software platform for these analyses since the university’s research computing department was able to provide training, technical assistance, and troubleshooting if needed. The researchers
utilized the constant comparative model (Glaser & Strauss, 1967; Strauss & Corbin, 1990) throughout the analysis. As data were being gathered, the researchers began the process of reviewing available interviews and coding for thematic content (Marshall & Rossman, 1999). Each researcher reviewed and coded the interviews separately, and then converged to determine agreement (reliability). Operational definitions of each theme were constructed and then used to assign themes to subsequent interviews. Codes were developed in a hierarchical manner. For example, one of the higher-order codes developed was “caregiver’s report of parenting practices.” Under the higher-order code of “parenting practices,” two sub-codes were created: “caregiver’s report of general parenting practices” and “caregiver’s report of specific parenting practices.” All of these were coded from the perspective of the caregiver, not the interviewer or researchers. Coders worked closely to clarify themes, monitor for thematic overlap, and add and modify thematic categories as analysis proceeded. Each level of codes (i.e., higher-order and sub-) was treated independently so that sub-codes were not restricted to apply only to the higher-order code under which they were originally developed. Coding continued on a rolling basis until the research team concluded that thematic saturation had been reached (Creswell, 1998; Unrau & Coleman, 1997). If a code was developed and then used less than ten times throughout all of the interviews, it was then eliminated and those lines of text were incorporated into other previously developed codes. Multiple codes could be and often were applied to the same line of text, demonstrating the great overlap in the various areas of an individual’s life.

Findings

In accordance with the study’s ecological orientation, seven domains of reference emerged for the caregivers: family, work, neighborhood, personal philosophies, system, child’s peer, and child’s school. Although the structure of the interview directed the caregivers to focus
on most of the emerging domains, caregivers often shared their perspectives on the system and their personal philosophies without prompting. Many noteworthy themes emerged from the text of the interviews, but an especially strong and consistent theme was a certain level of social isolation among caregivers. In all 16 interviews, the caregivers reported some degree of isolation or withdrawal that related to at least one of the seven domains identified in the interviews.

**Overall Lack of Support**

Unrelated to any specific domain, several caregivers reported a belief that they are solely responsible for taking care of their families. A female caregiver spoke about the police in the area, saying, “…but it looks like the police are gonna stop runnin’ the streets now, but like, they can’t…the only time they can be here like they said, five or six o’clock in the evening, that’s only time they step foot in here, in this neighborhood. The rest of the night is up to us.” A male caregiver showed lack of faith in the system, saying, “…we’ve got to look out for our future. Because the government shore not going to. Social security not going to. We’ve got to do something to help ourselves.” Another male caregiver spoke of not only a lack of faith in the system, but of society in general: “Because I don’t feel that the system, the society we live in, is doing as much as it’s supposed to or as it could for the people.”

**Isolation/Withdrawal from Neighborhood**

Eight (44%) caregivers reported some degree of isolation or withdrawal from their neighborhood. A female caregiver spoke about moving to a new area: “See, all my family is in (nearby city). My mom, everybody. I don’t know anybody in (current city) actually, nobody. …I, I really don’t get real friendly with my neighbors, never have….” A female caregiver instead spoke about her choice to isolate from her neighbors. After being prompted to talk about positive aspects of her neighborhood: “I don’t know really (interviewer’s name) cause I don’t
really go nowhere but in the house and out the house. I don’t interact with people down there and I don’t sit down and hold a conversation.” It was common for a caregiver to mention that they did not know neighbors because they were new in the neighborhood. A male caregiver stated, “I don’t know anybody over here. I know one person that just moved over here that works near my job and that’s the only one I know.”

*Lack of School Support*

Nine (50%) of the caregivers described negative feelings about or negative experiences with their child’s school. A large portion of interview text related to the caregiver’s belief that the school staff and/or administration were negatively biased toward their child, as reflected when a female caregiver stated, “…that school did not even try to help my child and I resent that school to this day.” Another was more straightforward in her assertion, “I believe that the teachers don’t like him over there, and they’re already, they already got something out for (child). Period.” Another female caregiver complained about her child being categorized. She stated, “…back when (child) was on probation, before we were having a meeting, and it was like, 6 people at the table and (principal) said, ‘Kids like (child)’ and that just kind of, you know, what do you mean ‘kids like (child)’”? One caregiver spoke about her personal experiences when she as a child had attended her child’s school: “They acted like, you know, that just, that just one kid in thousands that’s here, you know. We, they never even spent no time with us. Wouldn’t even speak to us…this is the way it was when I was there. And I’m sure it was the way it was when (child’s father) was there too. I mean it has not changed.” A male caregiver spoke about his disagreement with school policy: “(Child’s school) has a way of changing the policy in the middle of the year, and students don’t know, and all the sudden they get written up for and they getting detention and things.”
The caregivers’ negative feelings for their children’s schools translated into low levels of school involvement. Four (22%) reported some level of participation in Parent Teacher Association (PTA) or other positive school activities. Only three (17%) described any intention to become active in the positive aspects of their child’s school in the future. There were several caregivers who reported attending parent teacher conferences and being available when the school needed them. However, all of the contacts were the result of their child experiencing school difficulties of some sort, usually behavioral.

*Isolation from Child’s Peers*

Eight (44%) of the caregivers reported a disconnection with their child’s social network and peer contacts. Each of the eight reported a lack of knowledge about their child’s friends, ranging from not even knowing who they were, “That’s just it, I don’t even know her friends” to having seen them, but not attempting to get involved, “Cause I don’t, cause he call they names but I really don’t know no kids by name. I barely, I see ‘em, but I don’t really sit underneath them to find out who they are cause they his buddies and I don’t want to embarrass him like that.” In some cases, the caregiver knew only a few of their child’s friends, “I only know him to hang with a few and I don’t really know the rest.” Although it is common for adolescents to be secretive with their personal relationships, most of the comments made by the caregivers indicated their own lack of inquiry and not the child’s reluctance to divulge.

*Isolation from Family*

A somewhat less salient indicator of isolation was the caregivers’ isolation from family. Several caregivers were dealing with geographical isolation from their families, but most poignant were those who were dealing with emotional isolation from their family members. One female caregiver spoke of differences of opinion that she and her mother share in regard to
parenting, “And I think she talks negative to him, as far as, um, she talks negative about me, you know…I need to be doing this, …So, she, you know…thinks I should be doing more, and I don’t know what to do, and that’s what my mom thinks.” A male caregiver spoke about the lack of support he and his wife received from his mother-in-law, “As a matter of fact, well to tell you, to tell you how that goes. That situation goes that when she found out that (wife) was pregnant was, well, ‘I hope you have a miscarriage. I hope you lose it. That’s not my grandbaby.’” Although she did not elaborate, one female caregiver simply stated, “I don’t associate with my family period.”

*Isolation from Self*

In some instances, caregivers even seemed to feel isolated from themselves. When asked what they needed to make their situations better or easier to deal with, they were much more likely to answer with either what their child needed to improve or with an inability to identify needs, rather than answering with what they needed. A female caregiver stated, “…if I had a man that would not be afraid to help me discipline him and a just help me be firm with him.” Another female caregiver stated, “I mean, really nothing for me, I mean…just for her, like making sure she gets what she needs, stayin’ on track and stuff.” Some of the caregivers also reported that their primary daily activity is work, leaving little energy for much else. One caregiver in particular stated this struggle very vividly, “I work constantly just to take care of my family. I don't even get child support from my ex-wife. All I do is work. Um, that's basically it man, I just work….It's taken every inch of my body, all my efforts. I don't have any activities for myself. I haven't even had time to socialize with females or anybody else because when I 'm not working I'm home trying to get some rest. There's nothing else in my life. I just work.”
Discussion

It has been documented in the literature that parenting affects child behavior (e.g., Dodge & Pettit, 2003) and that, reciprocally, child behavior affects parental functioning (e.g., Thornberry, Lizotte, Krohn, Farnworth, & Jang, 1991). It is logical then that researchers and practitioners examine various aspects of the lived experience of caregivers of court-involved youth with the end purpose reducing youth delinquency and facilitating the development of more optimally functioning caregivers. In this study, through qualitative methodology, we found a key theme of these caregivers’ lives to be a cross-contextual (e.g., neighborhood, family, etc.) expression of social isolation.

Caregivers of court-involved youth are often immersed into various systems (i.e., social services, vocational rehabilitation, and employee assistance programs) that are designed to provide generic services based on generic needs. In some cases, the services offered to families are not necessarily services the family needs or wants. Although the services are essential, caregivers are often not seen as individuals but as statistics or categorical labels. Caregivers are often shuffled from one service provider to another, so that in combination with other factors, they often do not make personal connections with their service providers. Stewart, Simons, Conger, and Sacramella (2002) found that once youth are involved in juvenile justice system, the label they receive contributes greatly to continued antisocial tendencies and further upheaval in parenting. In light of these factors, it is not surprising that caregivers of court-involved youth experience a certain level of social isolation.

Bonds, Gondoli, Sturge-Apple, and Salem (2002) reported that regardless of level of parenting stress, parents who had access to parenting support and general social support functioned more optimally within their role as parents. In our findings, caregivers were unlikely
to have associations with same-aged peers, and often experienced a lack of support within their household. Barton, Roman, Fitzgerald, and McKinney (2002) found that single African American mothers of premature infants were more likely to be aware of the formal parenting support available to them if they had more than 5 informal social contacts over the previous month. Both parenting support and general social support lead to more optimal parenting, and informal supports are more likely to lead to awareness of available formal parenting support. Our findings that caregivers of court-involved youth did not seek or receive informal social support is a central challenge for them to function optimally as caregivers.

Madden-Derdich, Leonard, and Gunnell (2002) in a qualitative study on family process among inner-city families with delinquent youth, noted that youth were more likely to report that there were communication difficulties between them and their parents. Parents, however, were more likely to report that the problem centered more on their child’s attitudes and behaviors. One explanation could be that parents seemed to be preoccupied with external influences on their children so that their focus was diverted from interactions within the home. Another suggestion was that parents felt that they had little or no power over their children. In the current study, it was apparent that caregivers were preoccupied with external influences on their child. Caregivers reported feeling as though their children are not getting the support they need from school, that the neighborhoods were not safe or desirable, and that the system was not serving them appropriately. Although Madden-Derdich et al. ’s (2002) second suggestion was not addressed specifically in the current study, caregivers often reported feeling helpless and uncertain concerning the situation they were in with their children. It appears that reported helplessness is directly related to a lack of empowerment. Dunst and Paget (1991) explain in detail the complexity of empowerment and the intricate process involved in its attainment,
including three main tenets: (a) that it is necessary to have a proactive stance toward help
seekers, (b), that enabling experiences provide the backbone for developing and promoting
competence, and (c), that empowerment, then, is the feeling of control that a person gets as a
result of the enabling experiences.

Perhaps what our data suggest is that until caregivers are empowered, they will be unable
to feel that they have more influence on their children than do external influences. Concerning
school, some of the caregivers reported that they did not have a good relationship with school
staff/administration and that their child was being treated unfairly at school. Few reported
having any positive school involvement, and few expressed intentions to become involved in the
current school year. Sheldon (2002) found that parents who interacted with other parents with
children at the same school as their own children were more likely to be involved in their child’s
schooling. These data showed that having a variety of social connections (e.g., family, friends,
educators) was a predictor of parental involvement in the home, and that social pressure may
lead parents to be more involved in their child’s school when they may otherwise not be inclined
to do so. In other words, social networks influence a parent’s perception of involvement norms
with their child’s school and home environment. Based on current findings about caregivers’
negative attitudes toward school and their lack of association with adult peers, it seems unlikely
that these caregivers are immersed in the social interactions that have been shown to strengthen
involvement at home and at school.

Hill and Jones (1997) found that when examining parents’ perceptions of their children’s
exposure to violence in urban neighborhoods, parents who reported less exposure than did their
children also received less social support. Although caregivers in the study weren’t asked
specifically about violence in their neighborhoods, they were asked about their general
perceptions of their neighborhood. Caregivers seemed to be aware of the negative aspects of their neighborhood, but did not necessarily address their child’s exposure to or involvement with these negative aspects. The current data is somewhat contradictory to the findings of Hill and Jones (1997). That is, there seemed to be little to no relationship between awareness of neighborhood risks and level of social support.

**Implications for Counselors**

Our findings show that even though caregivers of court-involved adolescents may not have the solutions to the problems that they and their families are facing, when listened to with a genuine and non-judgmental ear, they can offer service providers tremendous insight into the needs of their families. It also seemed that the caregivers in our study had become somewhat disengaged with their own needs, suggesting that caregivers of court-involved youth may need help focusing on their individual needs as opposed to identifying primarily the needs of the family as a unit or other individuals within the family.

Because of the salience of parent-child interactions and the fact that parenting has been shown to have an effect on youth behavior, many efforts have been made to “correct” ineffective parenting techniques. Mandatory parenting classes are not uncommon in the cycle of juvenile delinquency, whether through juvenile court sanctions or at some point in the process of juvenile probation, incarceration, or aftercare. When traversing through the juvenile justice system, parents of juvenile delinquents are often told what to do as opposed to being helped to choose what is best for their families. Schaffner (1997) writes candidly about parenting skills classes for caregivers of court-adjudicated adolescents at a Northern California detention facility. She reported three perspectives that emerge throughout the process: (a), the caregivers of juvenile delinquents are viewed as delinquent themselves; (b), the parents then rebel at the juvenile
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Justice’s perspective, seeming to indicate that even if they didn’t know the answers, the probation department surely didn’t; and (c), both the juvenile justice staff and the parents agreed that there were common problems in the culture of juvenile delinquency, including gangs, offensive rap music, sexy girls, and violent movies. Schaffner’s (1997) investigation provided needed insight into the complex challenges facing caregivers of court-involved youth.

Caregivers who are immersed in the juvenile justice system are often shuffled from one caseworker to another. They often transition between jobs more than average and may move from one neighborhood to another with relative frequency, leaving little opportunity for social bonds to develop. Our findings demonstrate the lack of connections these caregivers feel with their neighborhoods, their children’s schools, and the system in general, perhaps in part due to the absence of genuine concern they receive from others. The counseling situation can offer a different dynamic. The counselor will know the face and the name of his/her clients and come to know them as individuals. In the midst of such a lack of stability and even chaos, the counselor can provide the backbone for a caregiver’s journey through the various parts of the juvenile justice system. Through this acknowledgment and understanding, change is much more likely to occur. Counseling is one of the few elements of the system designed to facilitate personal and intimate one-on-one relationships between provider and client. In doing so, an environment is created in which the client is respected and valued for who he or she is and one in which that client is encouraged to explore possibilities for optimal development.

Relevant to counselors who work with court-involved families and youth, MacKinnon-Lewis, Kaufman and Frabutt (2002) described four factors that contribute to the ineffectiveness of current mental health treatment of court-involved youth: (a) services are not catered to the individual needs of the family, (b) families are not being treated as a whole unit but individual by
individual, (c) families are not being treated with a strengths based perspective, and (d) community resources and extended families are not being used as tools in the treatment process. Especially when interacting with the school system, caregivers in our study reported that interactions were hardly ever strengths-based but were centered on the misbehavior of their children. Caregivers in our study also indicated being frustrated with service providers in all sectors because they felt as though they were not being heard, an indicator that services were not being catered to their needs. Bertolino (1999) echoed the emphasis on collaboration in treatment, suggesting that traditional rehabilitation/therapy with troubled adolescents is relatively ineffective because of a focus on conversations centered on interpreting, labeling, and a furthering of understanding. However, if approached using a collaborative conversation style in which all parties are considered experts of their own lives (adolescents, parents, and therapists), there would be a much higher success rate in therapy with troubled adolescents (Bertolino, 1999). Trivette, Dunst, and Hamby (1996) reported that of the three broad service provision types of family-centered, family-allied, and professional-centered, participants rated those services that were family-centered as generating a higher level of perceived personal control within participants and as being generally more empowering than the family-allied and professional-centered service provision styles.

Because of the emerging sense of social isolation revealed in our findings, services that would be most beneficial to the caregivers of court-involved adolescents would be those that are evidence-based, family-focused, and those that incorporate a strong element of social support. Given the challenges of social isolation of caregivers in this study, and the promise of the counseling relationship to facilitate both change and support, several evidence-based, model intervention programs offer great potential for counselors and mental health practitioners. One
effective form of therapy for serving the needs of youth and their caregivers is multidimensional family therapy (MDFT). Based on the premise that each individual in a family is important as well as the interactions among them, a multidimensional family therapist rotates between individual sessions, partial family sessions, and entire family sessions. The term “multidimensional” refers to the fact that “…it accesses individual family members through a number of channels (cognitive, behavioral, emotions, and via different temporal dimensions [past as well as present])” (Liddle, 1995, p. 48). Central to the success of MDFT is the presence of engagement, which is a process that must occur throughout the duration of therapy, and a process that must be approached differently with each family member.

Functional Family Therapy (FFT) has been demonstrated as an effective intervention for families (Alexander & Parsons, 1973). As the title suggests, the primary focus of FFT is the family. It utilizes a bi-directional approach, acknowledging that “positive and negative behaviors both influence and are influenced by multiple relational systems” (Sexton & Alexander, 2000, p. 2). The intervention is strengths based and begins with a focus on increasing each individual’s belief in the possibility of change. The three stages are engagement and motivation, behavior change, and generalization, each of which is traversed by using a multisystemic, multilevel approach.

Multisystemic Therapy (MST) is an intervention that has been shown to be effective in working with even the most serious juvenile offenders (Edwards, Schoenwald, Henggeler, & Strother, 2001). Although this approach also involves the entire family, the primary focus is on the child. The interventions include family therapy, parent training, and cognitive behavioral therapy (CBT) with the child. As with the aforementioned approaches, MST involves the family
in treatment planning and implements much of the therapeutic intervention within the family’s home (Araki, Braunscheig, Conant, & Dabel, 2002).

**Limitations**

Although qualitative data provide a much richer depiction of the life stories of the participants, it is still impossible to decipher the entirety of the caregivers’ stories by picking quotes out of the interviews as a whole. The researcher often had a feeling or perception of a caregiver’s life story that couldn’t be identified through specific quotes, but through the interview in its entirety. For example, the first author had a strong feeling that the caregivers were isolating from self. However, when attempting to extrapolate quotes to demonstrate the concept in the findings, it was much more difficult than anticipated. Upon further reflection and readings of the interviews, it became apparent that isolation from self was a theme that emerged from the whole interview, not its discrete parts. Qualitative researchers generally believe that the whole is greater than the sum of its parts, which fits perfectly with the current dilemma.

While employing community interviewers is certainly a strength of the study, all interview methodologies exert some “interviewer effect” on the outcome of the individual interviews. There was often variation in caregivers’ responses depending on the type of questions (open-ended vs. closed-ended) and the manner in which they were delivered. Caregivers were more naturally inclined to answer questions in detail, whereas the youth were more inclined to answer with short responses unless prompted to give more information. In the future, it would be interesting to determine whether more intensive and ongoing training would have an impact on this detected variation in caregiver responses.
Directions for Future Research

Caregiver social isolation was a theme that emerged from the ethnographic interviews in the current study. However, measuring social isolation was not the a priori goal of the research. To examine the “process” of social isolation more closely, it would be interesting to know the level of social isolation the caregivers of these court-involved youth experienced before their children were involved with the juvenile justice system. Did the court involvement increase levels of social isolation, or did the level of social isolation remain constant over time? Do they desire more social contacts or are they resistant to them? A possibility is that the resistance is a result of a mismatch between services offered, and services needed. It seems, then, that it would be much easier to assist these caregivers in forming social bonds if that is something that they see as ultimately beneficial. If they do not see the benefits of maintaining social contacts, then a different approach would have to be taken in increasing optimal parental functioning.

Regardless of their desire for social connectedness, what do these caregivers perceive as barriers to forming social bonds? Are the barriers external ones, or internal?

Another fruitful research direction is to explore how social isolation may serve an adaptive function. Isolation can serve as a coping mechanism in many situations. For example, a child who has been unmercifully teased at school can shut down by sitting in the corner of the classroom and blankly staring out the window during the day. The caregiver of a court involved adolescent can withdraw from his or her neighborhood, lose connection with his or her family, assume that there will be no support from the schools and other systems, so that disappointment is expected and not truly disappointing. Caregivers may have a predisposition to isolate, they may have isolated as a result of stressful situations, or a combination of the two. Because
isolation among caregivers seems to be creating a barrier toward the achievement of optimal parental functioning, future investigations are needed to disentangle these processes.

Finally, an interesting avenue of investigation could explore whether caregivers of court-involved youth experience similar or different levels of social isolation than do caregivers of non-court-involved youth with similar demographic profiles. Although it is nearly impossible to indicate causation as a result of identifying a correlation, by comparing caregivers of court-involved youth to those of non-court-involved youth, a clearer picture of the contributors to social isolation may be captured.
References


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