

THE IMPACT OF FAMILIAL INSTABILITY  
ON ADOLESCENT BEHAVIORAL  
OUTCOMES

by

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ABSTRACT

THE IMPACT OF FAMILIAL INSTABILITY  
ON ADOLESCENT BEHAVIORAL  
OUTCOMES

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As the definition of what is considered a family changes in our society, the family unit itself continues to undergo changes. These changes can sometimes lead to decreased stability within the family unit. This study focused on how this instability impacts adolescents who are brought up in unstable families, specifically within the context of their behavioral outcomes. Variables surrounding family stability as well as several indicators of maladaptive behavioral outcomes were used to measure this concept. This study used a longitudinal, non-experimental approach, guided by a comprehensive literature review and the theoretical application to Skinner's theory of applied behavior.

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## CHAPTER 1

### PROBLEM STATEMENT

With the many changes to family makeup and family dynamics occurring today, many questions can be asked about the impact of different family functions, dynamics, structure, and interactions, particularly related to the development of children. All families today are in a perpetual state of change. Some families, however, experience much more significant, impactful change than others, creating very hectic, chaotic, and/or unstable environments for the children living in those families.

There are many different issues surrounding why families are constantly experiencing marked change. These issues may include more women working outside of the home, rising divorce rates, single parent households, and/or the increasing rates of poverty. Whatever the issue, all impact the family in a certain way. These significant changes could have far reaching effects on the social, emotional, and behavioral development of children of all ages being raised in these situations.

The link between family characteristics and childhood behavioral outcomes has been studied at length, specifically as it relates to adjustment and success later in life. Due to the implications that early childhood behavioral delays have on later adulthood success (Fronstin, Greenberg, & Robins, 2005), it is important that attention be given to the issues surrounding familial characteristics and caregiver interactions. Predictability within in the family, the nature and quality of relationships among family members, and feelings of safety and security for children within a family unit are all concepts that have been examined and discussed in this area. It is imperative that all of these aspects be taken into consideration when examining and determining the impact that family interactions have on children as they develop and mature into later childhood and adolescence.

### 1.1 Focus on Family Stability

To this point, the majority of the literature surrounding the concept of family life and behavioral outcomes has focused on family functioning as a whole. Looking at a broad range of familial functions has been the focus of much research. The concept of family stability is one that has largely been overlooked. For this reason, the purpose of this study is focused only on issues surrounding predictability, safety, and caregiver interaction. This concept will be defined as family stability.

Assumptions (derived from conceptual and empirical literature) made going into this study are that stable families provide feelings of predictability, safety, and other positive aspects of child development. On the other hand, families that operate with constant instability leave children with feelings of uncertainty, unpredictability, and questions regarding safety and closeness.

### 1.2 Increasing Changes in Family Dynamics

In today's American culture, the "traditional" nuclear family is becoming less and less common. With the change in the economy, technology, medical advances, and many other factors, families are undergoing marked, constant change. These changes can be small in nature, such as a decrease in the development of regular family routines (i.e. family dinners), to issues that are much more disruptive, such as divorce or loss of a primary caregiver. The amount of change today's families are facing is rising, which could significantly impact the development of children being raised within these families. For the purpose of this study, the family will take on the loose definition of a guardian(s) and any makeup of people that are included in the residence of a child.

#### *1.2.1 Caregiver Status*

The fluctuation in the number or structure of caregivers children experience in their lives is one of the most obvious concepts to examine when looking at the idea of family structure and



predictability. Today, more than ever before, children are less and less likely to be raised in a home with a “traditional” set of parents (two caregivers raising a child from birth to age 18).

#### 1.2.1.1 Divorce

One of the most common and frequent disruptions within the familial unit is the occurrence of divorce. The rate of divorce has increased significantly and regularly across the United States over the past fifty years. Of first marriages, the divorce rate in 1959 was 15 percent. That same statistic increased to a divorce rate of 37 percent in 1989 (U.S. Bureau of Census, 1992). Finally, the most recent data reflects that the rate of divorce had climbed to over 49 percent in 2008 (National Department of Health and Human Services, 2009). This 34 percent increase in divorce in just the last fifty years indicates that there is much more fluency in family structure and makeup in this current time than ever before. Children are much more likely to be in single-parent homes, or homes with multiple changes in primary caregivers now than even twenty years ago.

In addition to the obvious loss of or decrease in time spent with a primary caregiver due to the termination of a marriage, children also face several other factors taking away from the ability to develop a regular routine, primarily immediately following divorce. These issues include visitation changes such as a child living primarily with one parent but visiting the other parent for extended periods of time, such as weekends, holidays, and summers. Furthermore, divorce also subjects children to chaotic and changing home environments due to the financial stress it could place on the caregivers. Caregivers who are accustomed to dual incomes may find themselves facing the challenge of raising a family on a single or reduced income, leading to significant changes in that family’s routines. These could include less access to social activities (sports activities, social clubs or groups, or extra-curricular school related activities) as a result of the limited financial resources of the newly divorced parents.

The rising instance of divorce in the U.S. today could have significant impact on children's ability to form significant attachment with caregivers, to develop predictable routines, and to function within the confines of a stable family.

#### 1.2.1.2 Change in Caregivers/Cohabitation

Divorce is logically not the only cause for instability and unpredictability within the makeup of the caregiver-child relationship. Over the past ten to twenty years the number of couples who have elected to cohabit rather than marry has increased dramatically. The change in social norms and conventions has led to cohabitation as a much more acceptable and suitable alternative for marriage. The number of people cohabitating without marriage has risen from 500,000 couples in 1970 to almost 5 million in 2000 (U.S. Census Bureau of the Census, 2001). The high occurrence and frequency of cohabitation presents the possibility of several notable disturbances within the family stability for children in a home that is the product of parents cohabitating without marriage, or for children in a home with a parent that is in a cohabitating relationship.

The occurrence of cohabitation may be brought about by the idea that cohabitation is easier and less restricting than marriage in a legal sense. This leads to the issue, however, that couples cohabitating have a much higher probability of separation or relationship termination than couples following through with a legal marriage (Ermisch & Francesconi, 2000). Children residing in homes with cohabitating caregivers are more likely to face a higher occurrence of loss of a primary caregiver because of this probability. Although the biological caregiver would more than likely stay constant throughout many of these changes, individuals that are open to cohabitating with partners as opposed to marriage are more likely to have multiple cohabitating partners than those who choose to marry.

Another aspect of cohabitation that could result in inconsistencies with caregivers is the idea that couples that cohabit and do get married are more likely to have marital conflict, ultimately leading to divorce (Brown, Sanchez, Nock, & Wright, 2006). With the likelihood of

couples to choose cohabitation over marriage, the instances of divorce may also rise, leaving children with the issues of stability surrounding divorce previously discussed.

#### 1.2.1.3 Single-Parent Households

The increase in both divorce and cohabitation among couples obviously leads to the increase in single-parent households. Because of their nature, single-parent households can also lead to less stability and development of predictability of family functioning. The idea that single-parents have less physical “clock” time to spend with their children due to the financial constraints placed on raising a family on a limited income could impact the relational aspects of child development. Families that do not have as much time to spend together are put at a disadvantage when forming relationships with one another as opposed to families with dual caregivers that might not have the same time and financial obligations placed on them. The idea that children that are raised in a single-parent home may not have the same bond with a caregiver due to the lack of time spent with that person is worth exploring as it relates to later development.

#### 1.2.2 Socio-Economic Status

Another factor relating to the concept of family stability is that of socio-economic status (SES). Much research has been conducted investigating the idea that socio-economic status, namely families in poverty, are much more likely to have children with various developmental abnormalities, such as learning disabilities or behavioral difficulties. Logic might suggest that the simple lack of finances alone would not impact the development of a child, but it is more the issues surrounding those in poverty that would have direct implications on development and family stability. These issues could closely resemble those faced by children with divorced or cohabitating parents. The instability brought about by poverty would be the issue that warrants examination, not poverty alone.

Stating that, research does indicate that children suffering from poverty are more likely to develop behavioral difficulties as they get older (Carlson & Corcoran, 2001; Ackerman,

Brown, & Izard, 2004). Poverty has always been present in American culture, however, poverty is increasing at a dramatic rate. From 2000-2001 the overall median household income fell 2.2 percent. The number of families living in poverty rose by 1.3 million. In the last thirty years, the number of persons living in poverty has increased at a steady rate. In the U.S., 12 percent of the population currently lives in poverty (U.S. Census Bureau, 2004).

Poverty also impacts children in that the recent increase of divorce and separation of families has led to what some refer as the “feminization” of poverty. This implies that more women that are put in the position of heading households as the primary source of income. This is also compounded by the fact that although the cumulative income for women is at an all time high, women still make only 77 cents per every dollar earned by men in this country (U.S. Census Bureau, 2004).

### *1.2.3 Race*

Much like the issue of poverty and socio-economic status, race is another issue researchers have long tied to child development. Also much like SES, logic might lead to the conclusion that a person’s race would not directly impact their development, primarily development of maladaptive behaviors or other disabilities. The issues surrounding race are the factors that need to be examined as they relate to later outcomes. Issues such as poverty can be closely tied to race. For instance, while the median income for the U.S. as a whole fell 2.2 percent from 2000-2001, incomes for African Americans, Asians, and Pacific Islanders fell 3.4 percent to 6.4 percent (U.S. Census Bureau, 2004).

With the increase of racial and cultural diversity in the U.S. today, it is important that the issue of race be addressed when considering the stability and development of children in families.

### *1.2.4 Mobility*

Although mobility has definite ties to SES, it is also another aspect of family stability that needs to be examined. Families in poverty or of lower SES have a much higher likelihood of

frequent relocation. It is not only families of low SES that are at risk for frequent mobility. With the foreclosure rate in the U.S. at an all time high, families from all SES are being forced to move in and out of homes. It is estimated that at least one child in every classroom is currently at risk of losing his/her home and being forced to move due to his/her family not being able to pay its mortgage (Mortgage Bankers Association, 2009).

The increase both in the level of poverty in today's culture and the current economy calls for a close examination of the concept of mobility as it relates to family stability and childhood development.

### 1.3 Adolescent Behaviors

Behavioral concerns among children and adolescents are an issue that has been examined and examined from many different viewpoints across a broad spectrum of professions and disciplines. Research in the area of criminal justice and violence points to the idea that overall juvenile delinquency is down due to the decrease of violent crimes committed by juvenile offenders in the past fifteen years (Snyder & Sickmund, 2006). Examining only violent crime or crimes against other people is not adequate, however, when determining the overall behavioral well-being of adolescents in the U.S. currently. Other factors surrounding the issue of behavior and social choices children and adolescents are exhibiting need to be examined as they relate to the familial issues previously described. The overall mental and behavioral well-being of a child must be taken into consideration when determining if there is truly a troubling phenomenon of the development of maladaptive behaviors among children and young adults. Social behaviors, mental health indicators, as well as crime and delinquency rates must all be considered to determine if this is an area that is actually in need of further examination.

#### *1.3.1 Mental Health*

Mental health issues and problems among youth in the U.S. are increasing at a dramatic rate. The Surgeon General's Report on Children's Mental Health (2001) shows that

currently in the U.S., at least one in 10 children is suffering from a mental illness severe enough to cause some level of debilitation or impairment. This problem is even more serious for children of color in this county. Non-white children in the U.S. have a much higher probability of being misdiagnosed or undiagnosed (Cocozza & Skowrya, 2000).

From an educational standpoint, the number of children diagnosed with some sort of behavioral disorder also continues to rise in the United States. Disorders such as Serious Emotional Disturbance (SED) are being identified at a rate higher than ever before. It is expected that one in every 20 children currently meets federal criteria for SED (Costello, Messer, Bird, Cohen, & Reinherz, 1998), a serious diagnosis saved for children suffering from maladaptive behaviors often leading to violence or other anti-social outbursts. Other behaviors that contribute to a diagnosis of SED include severe depression, inappropriate social skills, social withdrawal, inappropriate emotional responses, and inability to empathize with others.

Other diagnoses associated with behavioral concerns have also shown a dramatic increase in recent history. Between 1990 and 2000 the number of school children diagnosed with some form of autism (disorder with behavioral related delays and difficulties) increased 435 percent (U.S. Department of Education, 2003). Since 1998, the overall increase of children identified with an educational related diagnosis (according to the Individuals with Disabilities Educational Act) has increased 3.39 percent (U.S. Department of Education, 2009).

### *1.3.2 Juvenile Delinquency*

The current behavioral concerns in the U.S. are not just limited to those with formal diagnoses. Although the overall juvenile delinquency rate has dropped in the U.S. in recent years, examination of trends concerning when delinquent behaviors actually occur is noteworthy. According to the Office of Juvenile Justice and Delinquency Prevention (Snyder & Sickmund, 2006), the majority of crimes committed by juvenile offenders occur in the hours directly before or after school (8 am and 3 pm respectively). The argument can be made that if

the children had a stable family routine in-place, or a stable environment to go home to, these crimes would not be as likely to occur.

An additional finding of the above report involved adolescent gang involvement. When examining what the most frequent reasons were for youths to become involved in illegal gang activity, one of the most frequent answers given was a “non two-parent structure” within the home (p. 83).

#### 1.4 Purpose of the Study

This study will attempt to answer the question “what is the impact of family stability on adolescent behavioral outcomes?” This study will take a two pronged approach to answering this question. First, this study will examine the literature surrounding this phenomenon to include many aspects of family stability. Unlike previous studies, both conceptual and empirical data will be used in attempts to identify what family stability is or is not. Both concrete family structure information as well as relational information will be examined, taking into account all aspects of family stability. Secondly, this study will use these included variables of family stability to determine its impact on the most common behavioral issues surrounding adolescents today. Using the definition obtained from the review of the literature, this study will scrutinize the various constructs of family stability, and each one of those individual construct’s effect on childhood behavioral outcomes in order to determine which aspect of family stability has the greatest impact on adolescent behavioral success. Doing so will make great gains toward forming a more concrete definition of what family stability is, using only the aspects of family stability (both relational and structural) that impact later adolescent success.

#### 1.5 Importance to the Field of Social Work

The results of this study will hopefully shed light on what is a growing problem in today’s society. The findings could have far reaching implications in the field of social work, in the realm of practice, policy, and research. This study could provide insight to practitioners working directly with families, especially families at higher risks for instability. These implications could

play a role in working with child welfare agencies, specifically within the placement and foster care systems, as well as adoption agencies evaluating potential families. Additionally, these findings could lead to development of appropriate treatment techniques for children with behavioral issues, specifically from unstable families. Public policies regarding the placement of children with families, the removal of children from abusive families, as well as other policies pertaining to the placement of children could be impacted based on the findings of this study. Finally, this study aims to point future research in this field to truly help understand the impact of family stability on all types of child development, not just behavioral outcomes.



## CHAPTER 2

### LITERATURE REVIEW

The purpose of this review is to analyze the body of literature surrounding the concept of family stability and its impact on later childhood behavioral outcomes. This analysis should not only address the overall strengths contained within the literature, but also bring to light some areas in which the literature is still lacking. This review aims to point future researchers toward a more centralized definition of the concept of family stability in order to facilitate more concise research and understanding around familial relationships and predictability. Finally, this review will conclude with implications for practice, policy, and research that will bring about by the discussion of literature.

#### 2.1 Definitions

In order to fully grasp and comprehend what exactly impacts childhood success and behaviors, it is essential that the terms and aspects contained in this review be defined. Although one of the stated purposes of this study is to find a common definition (namely for family stability) for use in future research, a working definition of this phenomenon must be identified in order to conduct a review.

##### *2.1.1 Family Stability*

By and large, researchers have traditionally not settled upon one singular definition of what a stable family is or is not. Many different authors view this concept through varying lenses, which leads to inconsistency throughout the literature, as discussed later in this review.

Customarily there have been two separate approaches taken when attempting to gain insight into family stability, specifically when defining it: conceptual and empirical. This review will primarily focus on the empirical research surrounding this phenomenon.

Perhaps one of the most well known researchers in this field is David Olson. Olson's Circumplex Model of Marital and Family Systems is the basis for much of the research conducted in most recent history. Throughout his research, Olson has attempted to bridge the gap between theoretical/conceptual and practice/research (Olson, Russell, & Sprenkle, 1989). Olson (2000) discusses a continuum of family relationships that shifts from rigid to chaotic. Olson continues that a family dynamic that is chaotic in nature is one in which there is little structure, with frequent changes and shifts in family relationships and predictability. Furthermore, in a chaotic household, roles tend to be unclear or frequently changing with little stable leadership. Olson theorizes that those raised in chaotic homes will have significant relational problems later in life.

Much research has been conducted supporting this concept. In order to take a closer look at this phenomenon, the question must first be asked "what are the familial characteristics associated with chaotic home environments that are common among children with negative behavioral outcomes?" Some authors define family instability as frequent changes that lead to adversity in a child's life, such as frequent changes in employment, changes in caregiver relationships, and continual changes in stable residences (Ackerman, Kogos, Youngstrom, Schoff, & Izard, 1999). Other definitions include fluidity of family structure. This includes divorce, single parenthood, cohabitation, remarriage, or a combination of these (Cavanagh & Huston, 2006). Finally, another aspect of literature surrounding familial stability chooses to focus on the relational aspect of family interaction. These familial characteristics range from marital satisfaction or discord (Emery, 1982; Goldberg & Easterbrooks, 1984; Long & Forehand, 1987; Webster-Stratton, 1988), family cohesion or bonding (Cashwell & Vacc, 1996; Cooper, Holman, & Braithwaite, 1983; Lucia & Breslau, 2006; Olson, 2000), or family rituals/routines (Eaker &

Walters, 2002; Kiser, Bennett, Heston, & Paavola, 2005; Schuck & Bucy, 1997). The purpose of this review is to determine if there is a consensus throughout the literature on what family stability is, and synthesize this information to help better understand the concept of family stability. Therefore, for the purpose of this review, family instability will be defined as frequent changes or levels in the dynamics listed above either in combination, or singularly occurring multiple times.

### *2.2.1 Negative Behavioral Outcomes*

Maladaptive behavioral outcomes are concepts that are also studied at large throughout the body of literature. There are many definitions as to what constitutes maladaptive behaviors or inappropriate behavioral outcomes in later childhood and adolescence. Some of the more prevalent literature in this area uses a conjunction of different measures or indexes to define childhood behavioral outcomes and/or childhood problematic behavior. Much research relies on often used measures such as the Achenbach Behavioral Rating Scale (Ackerman et al, 2004; Carlson, 2006; Carlson & Corcoran, 2001; Cavanagh & Huston, 2006; Gyamfi, 2004; Nelson et al, 2007). Other researchers depend not on measures of childhood adjustment and behavior, but on actual diagnoses of behavioral disorders. The number of serious emotional disorders (SED) continues to rise in today's society, especially children of school age (Costello et al, 1998). SED, like many other behavioral disorders, carries serious ramifications for a child. SED, a broad behavioral diagnosis, is the criterion many researchers use to operationalize negative behavioral outcomes for children. Diagnosis of SED, as determined by the U.S. government (1993) is given to children up to age 18 who currently (or at any time during the past year) "have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration" (p. 29425). Finally, other studies elect to examine data such as arrests or criminal offenses committed by youths.

Due to the prevalence of these definitions, this review will rely on literature that defines negative behavioral outcomes through each of these avenues.

## 2.2 Methods

The review was conducted using the online search tools of Academic Search Complete, Psych Info, and Social Work Abstracts data bases with the following search terms in various combinations: behavior, outcome, family, characteristic, SED, structure, stability. Several articles focusing on a number of variables relating to the topic were chosen. Additionally, studies that were consistently cited throughout those articles were also considered for this review. General concepts that were agreed upon by those studies were then researched specifically to find additional studies focusing on more specific criteria. Only studies conducted within the last 15 years, found by electronic search, were chosen. A few citations that were consistently cited throughout other studies older than 15 years old were also included.

## 2.3 Results

The findings of the literature review are quite broad, however they contain a fair amount of consistency. The research yields a continuum of results, ranging from concrete to more abstract or conceptual. The concrete indicators tend to be more nominal and measured in a quantifiable manner, while the conceptual variables lean more toward relational aspects of family stability.

### *2.3.1 Concrete Variables*

Although measured differently on an operational level, conceptually many authors tend to have a relative consensus about what family instability is. Most studies examining the simple concrete variables surrounding family instability conceptualized it (at least on some level) as persistent inconsistency within family functioning and makeup. This definition can range from any type of change in family structure (Cheng, 2004; Hou & Xie, 2002), to more complex inconsistencies. These inconsistencies can be manifested as frequent changes in parenting makeup (i.e. frequent change in father figures in and out of the home), infrequent discipline techniques, unpredictable living situations, constant change in location, etc. (Ackerman et al, 1999; Cavanagh & Huston, 2006; Ram & Hou, 2003; Nelson et al, 2007). These authors

hypothesize that when all of these key aspects of child rearing and parenting are not consistent and/or predictable, the child is more likely to engage in problematic behaviors, possibly due to feelings of unease or insecurity. Changes in family structure (inconsistency) aggravate children's behavioral and emotional outcomes (Ram & Hou, 2003). Instability (chaos and unpredictability) within the familial unit significantly predicts internalization of behaviors as early as 5-6 years old, both at home and in school environments. This instability is also a predictor of children's inability to adjust to new environments throughout their childhood and into adulthood (Ackerman et al, 1999; Cavanagh & Huston, 2006). Instability within the home from birth has a significant impact on many different aspects of childhood problematic behavior, many times manifesting when the child transitions to elementary school (Ackerman, D'Ermo, & Izard, 2002; Cavanagh & Huston, 2006), possibly because inconsistency within the parenting construct or within the household suppresses a child's ability to trust the family environment to provide safety and protection (Forman & Davies, 2003). This distrust can easily be generalized across settings outside of the home environment, namely school environments or other environments in which a child may interact socially.

Other common changes in a child's family or household that could be considered more concrete have also been studied. Specifically, frequent relocation has been tied to behavioral outcomes (Ackerman et al 1999; Adam & Chase-Lansdale, 2002; Hoglund & Leadbeater, 2004; Humke & Shaefer, 1995; Milan & Pinderhughes, 2006). These studies found that children, especially school age, struggle more when moving, possibly due to the inability to build and maintain consistent and constructive friendships in the short time they are in one location. Additionally, Hoglund and Leadbeater (2004) found that frequent transitions had greater behavioral ramifications for students who were reportedly shy or socially withdrawn. This is important primarily because relocation is one of, if not the most common event occurring in families within the construct of family stability (Milan & Pinderhughes, 2006).

A different yet common concept identified throughout the literature was the effect of the mental well-being/functioning of the maternal figure on childhood outcomes. This concept has a two pronged effect on the issue of family stability. Although maternal stress and well-being is independently predictive of behavioral outcomes, it also accounts for partnership instability, which will be discussed later in this section (Osborn & McLanahan, 2007). Either way, children whose mothers display a higher risk of depression or have generally lower psychological functioning are more likely to display behavioral difficulties (Carlson & Corcoran, 2001; Halligan, Murray, Martins, & Cooper, 2007; Nelson et al, 2007). The time in which children are exposed to maternal depression also plays a role in development of adolescent psychiatric disorders and/or behavioral disorders. Younger adolescents exposed to maternal depressive symptoms show elevated rates of affective disorder by their early teen years (Halligan et al, 2007).

Intellectually, mothers with higher scores on standardized IQ tests, as well as mothers with higher educational attainment tend to have children with higher developmental levels (Crockett, Eggebeen, & Hawkins, 1993).

Studies also indicate that children from chronically poor families exhibit greater behavioral difficulties and problems than those who are not (Carlson & Corcoran, 2001; Ackerman et al, 2004). Persistent poverty is a likely predictor for externalization of problematic behaviors (Ackerman et al, 2004), however it is important to note that lack of financial resources alone is not at all related to other aspects of family instability (Ackerman et al, 1999). Although involved in the construct of family stability, low SES cannot stand alone as a single indicator for the predictability or stability within a familial unit (Milan & Pinderhughes, 2006).

There are several explanations for why low socioeconomic standing (SES) does relate in some way to behavioral outcomes in children. Gyamfi (2004) points out that caring for a child with a behavioral disorder adds stress to family interactions which could compound the effect of behavioral outcomes. Additionally, families with a higher SES could possibly have more or better resources to obtain medication/treatment for the disorders, minimizing the behavioral

consequences. On the other hand, families with lower SES may not have the ability or knowledge (due to lack of access to resources) to obtain help for the identified child(ren). Finally, although poverty has been linked to negative behavioral outcomes, it has been shown to be less of a predictor than frequent changes in family structure (Herrenkohl, Herrenkohl, & Egolf, 2003).

The number of relationship changes by a primary caregiver is also an indicator of behavioral maladjustment. One change in partners is only able to predict minimal amounts of behavioral outcomes; however, multiple partner changes by a primary caregiver show to predict depression and aggressive behaviors in young children (Osborn & McLanahan, 2007).

Along those same lines, a significant amount of focus is placed on families without a continuous father figure and serious behavioral and emotional issues with children in those families. A commonly accepted goal for children is to live in a stable household. Historically this is considered to be a household consisting of a traditional nuclear family with both a mother and father figure (Hetherington, Bridges, & Insabella, 1998). Studies indicate that a child in a mother-only family or in a family that does not have one father figure throughout the key developmental years of that child is more likely to suffer from behavioral difficulties (Carlson, 2006; Carlson & Corcoran, 2001; Teachman, Paasch, Paasch, Carver, & Call, 1998). Furthermore, the lack of a continuous "traditional" family (one consisting of two parenting figures), or multiple disruptions within a family structure may also be an indicator of antisocial, aggressive, drug related, and other problematic behavioral outcomes (Ackerman et al, 2002; Carlson & Corcoran, 2001; Herrenkohl et al, 2003; Osborne & McLanahan, 2007; Teachman et al, 1998; Thornberry, Smith, Rivera, Huizinga, & Stouthamer-Loeber, 1999). The difference between child behavioral outcomes measured across time between one and two parent families is very stable (Teachman et al, 1998). Father involvement within a family significantly reduces almost all statistically significant family structure effects on negative adolescent behavioral outcomes (Carlson, 2006).

### *2.3.2 Relational Variables*

It is impossible to have a discussion of family stability and functioning without giving proper attention to the relational aspect of family life. Logically a researcher cannot simply look at concrete information and state that family structure or makeup alone impact behavioral outcomes. Olson (2000) argues that the quality of relationships and the interaction of family members is what is what truly impacts the development of children.

Perhaps one of the most common issues faced by children in today's society when considering relationship within a family is that of parental separation. Divorce/separation was determined to have an almost immediate effect on behavioral outcomes for children. If divorce occurs anytime other than immediately after birth, there is also a detrimental impact on the child(ren) in that children removed from a major primary caregiver are found to immediately suffer from attachment related issues (Fanchel, Finch, & Gundy, 1990; Sroufe & Rutter, 1984). Research continues to indicate that the earlier these issues begin to take form, the more detrimental they can be for later childhood outcomes.

Divorce or separation alone cannot be completely to blame for these outcomes. This could be likely due to the assumption that most families facing divorce or separation are already in some amount of relational distress prior to the breakup of the parents (Ram & Hou, 2003). Marital satisfaction has long been tied to emotional and behavioral development in youths (Emery, 1982; Long & Forehand, 1987; Margolin, 1981; Webster-Stratton, 1988). Children who are in a family in which there is a high amount of conflict between partners are much more likely to experience feelings of unease and uncertainty, leading to unpredictability within the family's daily living. Marital distress is easily transferred onto children, resulting in development of maladaptive feelings or behaviors, depression, or other forms of behavioral difficulty. Conflict between parental figures that cannot be resolved tends to be projected upon children, which places stress on the child, increasing the likelihood of anxiety, stress, and depressive symptomology with that child, possibly leading to externalizing behaviors (Wang & Crane,



2001). Furthermore, the quality of relationship between husband and wife has been tied to the development of task-behaviors of younger children (Goldburg & Easterbrooks, 1984). Children developing in a home with a lower quality of relationship between parents are more likely to experience attention or task related delays or difficulties.

Another relational aspect of family stability that has been examined by some is the idea that the time (actual clock hours) spent with families can impact development. This specific concept was not included in this review due to Olson's (2000) hypothesis that clock hours alone do not account for family development, but instead it is the bonds and cohesion formed as a result that is done within the time families spend together that is important. Family cohesion is an extremely important concept to include in any discussion of family stability. Any or all of the other indicators discussed in this review could impact perceptions of family cohesion and feelings of closeness.

Family cohesion can be explained as the closeness a family feels to one another, or the bond and trust that is formed between parent and child(ren) on an emotional level. Family cohesion provides a strong influence on possible adolescent delinquent behavior (Cashwell & Vacc, 1996). Youths with higher levels of family cohesion have been found to experience fewer internalizing behavioral problems as well as attention related problems as those who could be classified as more disengaged from their parental figures or primary caregivers (Lucia & Breslau, 2006). Classic studies such as those done by Copper et al (1983) even found that perceptions of family cohesion leads to appropriate development of self-esteem in children. On the other end of that spectrum, children that are disengaged from their families, or those who do not feel bonds of trust and closeness with a care giver figure had a much higher probability or risk of developing negative or socially unacceptable behaviors.

Olson (2000) warns against both extremes of engagement or cohesion. He states that families who become too enmeshed are also in danger of development of inappropriate boundaries. The development of inappropriate or the complete lack of boundaries within a

family is easily transferable into other aspects of a child's life, such as relationships with peers or future relationships in that child's life as they mature.

It is also important to examine how family cohesion is achieved. Although there is not a great deal of consistency among the literature about this concept, there is discussion about how families spend their time when they are together. This concept is largely identified as family routines or rituals. Family rituals can be defined as habits or behaviors that families engage in together. These rituals or routines can be daily routines such as meals together, or they can be something classified as a tradition, such as celebrations or holidays. Research points to the idea that engagement in and development of constant, predictable routines and rituals within a family leads to better social development and overall happiness (Eaker & Walters, 2002). Families that take part in family activities, or "quality time" together at an early onset in their child's life create a much more stable, safe environment for the child in which to develop. Participation in regular family rituals leads to development of identity and healthy behaviors (Schuck & Bucy, 1997). These behaviors can be something as simple as using appropriate social and conversation skills to development of appropriate boundaries. Families that engage in these regular behaviors and routines tend to have higher levels of functioning (both within the family as well as within other systems) and lower levels of problematic behaviors (Kiser et al, 2005). Family rituals assist in developing a sense of belonging and identity for family members (Viere, 2001). This sense of belonging to a family unit is hypothesized to be a strong predictor to development of appropriate relational qualities later in life.

When examining the results of the above review of literature, it is important to keep in mind that children/ families from different cultures and backgrounds function differently in their day-to-day interactions. In his Circumplex Model of family interactions, Olson (2000) hypothesizes that families that are well balanced in these relational areas (communication and cohesion), no matter what culture or ethnicity, will be the most successful. Olson theorizes that families that function within healthy levels of all of these relational components, but are still

flexible enough to function when these qualities are not always present will be the most successful and develop in the healthiest manners.

On the other hand, the higher the levels of instability are within a family, the higher levels of maladjustment can be expected (Milan & Pinderhughes, 2006). To compound these results, the amount of instability that occurs within one year, particularly in regards to the concrete indicators (i.e. the number of relocations, the number of times the maternal figure has been hospitalized, the number of partners the primary caregiver has allowed into the family environment) specifically impacts the level of behavioral maladjustment exhibited by children.

#### 2.4 Conclusion of Review

When examining the results of the review above, several conclusions may be drawn about the concept of stable families. First, taking into account all of the findings, it is fairly evident that the children that have been identified as the most successful throughout this body of research are from families in which there is a high amount of predictability and stability present simply from a physical and concrete standpoint. These families optimally tend to be families in which children do not have uncertainty about who their primary caregiver(s) may be (Ackerman et al, 1999; Cavanagh & Huston, 2006; Ram & Hou, 2003; Nelson et al, 2007; Osborn & McLanahan, 2007), children that have a predictability about where they will live (Ackerman et al 1999; Adam & Chase-Lansdale, 2002; Hoglund & Leadbeater, 2004; Humke & Shaefer, 1995; Milan & Pinderhughes, 2006), children with a maternal figure that is functioning at a healthy, stable level (Carlson & Corcoran, 2001; Nelson et al, 2007), and children that have interaction with a continuous father figure (Ackerman et al, 2002; Carlson, 2006; Carlson & Corcoran, 2001; Halligan et al, 2007; Herrenkohl et al, 2003; Osborne & McLanahan, 2007; Teachman et al, 1998; Thornberry et al, 1999).

These variables alone do not make sense as indicators of stability and cannot be considered to impact behavioral outcomes just by themselves. For example, the fact that a child does not have a consistent father figure alone does not impact their achievement. The

emotional result of these factors must be considered when examining what a stable family is. This is the reason that this review, unlike others, has taken into account some of the most researched aspects of the relational variables surrounding family stability. To continue the definition (as deduced from the findings of this review) of what a true stable family is, the definition should include children from a home in which there is a high level of marital/relationship satisfaction between partners (Emery & O'Leary, 1982; Goldberg & Easterbrooks, 1984; Long & Forehand, 1987; Wang & Crane, 2001; Webster-Stratton, 1988), children with high levels of cohesion and closeness with their caregiver(s) (Cashwell & Vacc, 1996; Lucia & Breslau, 2006; Copper et al, 1983), and children that take part in regular, predictable routines or rituals within their family unit (Eaker & Walters, 2002; Schuck & Bucy, 1997; Kiser et al, 2005; Viere, 2001).

This review has attempted to bring together the broad literature base surrounding the issues impacting behavioral development of children. Whatever the exact and precise operationalization of family stability is throughout this body of research, whether it be measured structurally or relationally, it is fairly agreed upon that on some level a combination of many of the aforementioned constructs do have a significant impact on childhood behavioral outcomes (Ivanova & Israel, 2006; Ackerman et al, 1999; Ackerman et al, 2006).

### 2.5 Strengths and Limitations of Literature

This body of literature, while very broad and diverse, contains several strengths that lend credibility to researchers and practitioners, as well as some limitations that call for caution to be used when relying on the results. Although the studies examine different aspects of family stability and include different definitions of family stability as well as behavioral outcomes, there are some common, cumulative strengths and limitations.

Possibly the biggest limitation to the cumulative body of literature is the lack of a consistent and coherent agreement to what the concept of family stability or instability is. Many different studies refer to family instability, however, the definition of this phenomenon is seldom

agreed upon by multiple authors. To complicate the matter, while some authors elect to define family stability as multiple factors occurring in the family environment, other researchers only focus on one specific factor that could impact later childhood behavioral outcomes without controlling or accounting for other factors that may coincide or co-occur with these singular factors. While many of the factors examined in the body of research impact behavior in some fashion, the lack of a definition of family instability, chaos, adversity, or change makes it difficult to state with any certainty what family instability is, much less whether it does or does not have a significant relationship either way with adolescent success or failure. Due to this lack of a concise, determinable definition, the remainder of this review will look at the different definitions of family instability given by the body of literature, and examine the strengths and limitations of the studies based on these different definitions.

One of the most consistent definitions provided by the literature of what is family instability is the idea that stable families are families in which there is not a lot of change. In addition, these families are typically families where there is predictability and consistency. This, in turn, would define family instability as persistent change and fluctuation of the familial environment (Ackerman et al, 1999; Ackerman et al, 2004; Ackerman et al, 2002; Adam et al, 2002; Carlson & Corcoran, 2001; Evans et al, 2005; Forman & Davies, 2003; Hogland & Ledbetter, 2004; Ivonna & Isreal, 2006; Nelson et al, 2007; Shanahan, Sulloway, & Hoefler, 2000).

When reviewing these studies, the main strength is the fact that these authors did not limit family stability to simply one factor, but instead considered a broader definition of change and fluctuation in family occurrences. These studies took into account that much of the literature supports the concept that familial inconsistency impacts later childhood/adolescent behavior, even if the literature did not always agree upon what that change is. The agreement that frequent changes can impact later behavioral success is a strength over the studies that only

examine one aspect of familial change without accounting for other changes that could occur prior to or in conjunction with a singular change.

Noting that, there is still a large inconsistency within this cohort of studies of what changes should be considered when examining family stability. Many of these researchers included family moving and mobility as a major contributing factor to family stability (Ackerman et al, 1999; Forman & Davies, 2003; Hogland & Ledbetter, 2004; Shanahan et al, 2000), however, the other factors included in these studies were not agreed upon, which could obviously change the legitimacy of the argument that mobility has a singular impact on behavioral outcomes. For instance, two studies (Ackerman et al, 1999; Forman & Davies, 2000) included illnesses occurring in family members as a contributing factor in their studies, while Hogland and Ledbetter (2004) as well as Shanahan et al (2000) looked at mobility in conjunction with socioeconomic status. All studies stated that mobility had an impact on behavioral outcomes, however, the families included in each of these cohorts could have completely different dynamics. Families that are suffering from chronic or serious illness are likely facing completely different challenges and dynamics than families that are moving due to financial constraints. While mobility may in fact play a significant role in later childhood success, the other events that co-occur within these families will also play a role, which is not accounted for across these studies.

Another strength of the research that accounts for multiple changes is that a number of these studies rely on one another for a previous knowledge base. These studies do much to further the knowledge base already existing around the concept of family stability. While the earlier studies in this area focus specifically on explicit changes in the familial environment, later investigations include a broader range of changes and chaos. One of the most encompassing studies that built upon previous knowledge was conducted by Forman and Davies (2003). In this study the authors took what were previously identified as contributing factors and expanded it to include other common changes in the familial environment such as the marital relationship

between parents, other types of familial transitions, as well as caregiver status. These were all examined in relation to family cohesion and parenting quality, factors that had not previously been examined in this type of study.

One of the biggest criticisms of these articles is that they only consider physical factors of instability, and pay little to no attention to the emotional or relational impact that these issues have on children, which is arguably the biggest factor in healthy emotional and social development.

Evans and colleagues (2005) looked at this concept of change in a different light. Instead of examining changes in family makeup, mobility, etc., these authors examined what “went on” in the home outside of the physical changes. Noise, foot traffic, crowding, and general confusion were all included as factors that contribute to socio-emotional development and outcomes. This study opened the door to a much different and broader interpretation as to how family stability and chaos could be viewed.

Given those strengths, the studies that include multiple aspects of family stability have some limitations and cautions that should be taken when examining the actual research conducted. Many of the studies cannot be considered generalizable due to the sampling methods and participants involved in the studies. Several of these studies elected to only include a certain demographic or group in their samples due to several factors such as convenience and/or response rate. Much of the research done included mostly, or solely families from a specific socio-economic group, namely those in poverty (Ackerman, et al, 1999; Ackerman et al, 2004; Ackerman et al, 2002; Adam et al, 2002; Carlson & Corcoran, 2001; Evans et al, 2005). Other studies only included specific populations based on other reasons, such as only examining participants who have received mental health services due to their behaviors (Ivonna & Isreal, 2006), only selecting a certain sex (Adam et al, 2002; Carlson & Corcoran, 2001), or only examining a very specific age group of participants (Hogland & Ledbetter, 2004).

Attrition was a noted concern in several of these articles (Ackerman et al, 2004; Evans et al, 2005). Authors noted that attrition was more than likely an issue due to the population that was being studied, which could be a concern for future studies in this area. The reason behind this statement is that chaotic families tend to be much more mobile and inclined to relocate, possibly impacting the results of the studies.

The final limitation noted in the articles that accounts for multiple changes in their definition(s) of family stability is the lack of discussion of the possibility of a relationship between variables. When including many different aspects of family change and stability, there is the definite possibility that the variables could have a correlation, or even a reverse causal relationship with one another. When including the variable of paternal presence in an unstable family, Ackerman et al (2002) noted that there is a distinct possibility that the father leaving the family was not a contributing factor to the behavior outcomes, but a result of the maladaptive behavior. In other words, there is a possibility that the father is no longer present in the family because he left due to the negative behaviors of the child(ren). This type of concern is a possibility for this entire body of literature. One aspect of change could easily lead to or be the cause of another major change. A father leaving the family could be a mitigating factor for the family being forced to relocate. Low socio-economic status could lead to significant illness due to lack of access to healthcare. Great caution should be exercised when interpreting the results due to possibilities such as these.

To combat these limitations, some authors have opted only to study certain aspects of family stability. The limitation to choosing this route was discussed earlier; however, there are definite advantages to this type of study as well. By examining only certain changes within a family, it is possible to determine what specific shifts in family dynamics cause behavioral changes in children. Examining singular factors could lead to a more specific definition of family stability in the future.



One of the most discussed changes in family dynamics is the lack of a consistent parental figure, or a change in family structure (Carlson, 2006; Cavanagh & Huston, 2006; Crockett et al, 1993; Osborn & McClanahan, 2007; Ram & Hou, 2003; Teachman, 1998). These bodies of research elected to examine the relationship between family structure and behavioral outcomes. One of the biggest limitations to this research was previously discussed: the possibility of negative behaviors causing changes in family structure instead of the other way around (Carlson, 2006). Another limitation to the study is the lack of generalizability due to the samples included in the cohorts. Several of the articles did not include a nationally or ethnically representative sample (Cavanagh & Huston, 2006; Crockett et al, 1993; Ram & Hou, 2003). Additional issues with sample size included the inability to distinguish between mothers that have been married, cohabited, or never married (Teachmen et al, 1998). Furthermore, questions could be raised over design methods in some of the studies, such as the study only including in their sample children who have faced adversity or changes in the first three years of their lives, ignoring changes that occur in later childhood (Osborn & McClanahan, 2007). On the other end of that spectrum, Teachman et al (1998) only included information on children after their entrance into the school system, ignoring events occurring early in childhood.

As mentioned earlier, an aspect of family stability that has been examined at length is that of poverty and socio-economic status. Gyamfi (2004) elected to study only this aspect of family stability. In this study the criteria chosen to evaluate childhood behavioral outcomes was the diagnosis of an emotional disturbance. Examining only children diagnosed as ED allowed for a very concrete and measurable determining factor for which children were considered, for the purpose of this study, to have maladaptive or unacceptable behavioral outcomes. Obvious limitations to Gyamfi's study surround the issue that family stability is more than poverty. Questions could be raised as to whether the actual poverty leads to the diagnosis of emotional disturbance, or if these children are being impacted by some other aspect of family chaos of

family stability, and that low socio-economic status is simply a symptom of other frequent changes or chaos that is occurring within the family.

Maternal well-being or maternal mental health is another aspect of family stability that some have elected to examine specifically as it relates to the behavioral outcomes of children (Halligan et al 2007; Diaz-Coneja & Johnson, 2004). One of the strengths of the article by Halligan et al (2007) was the fact that this study was a thirteen year longitudinal design, allowing for a very deep analysis of the data, lending to the credibility of the results. This study was limited, however, by the modest sample size (61 participants), making the findings only preliminary.

The study by Diaz-Coneja and Johnson (2004) is different than other studies in this area in that it is solely qualitative. The information gathered throughout their study was rich and insightful, including in depth interviews with mothers suffering from depression or related issues. Due to the nature of qualitative research, however, several limitations are noted. The sample size of 25 is very small which does not allow for generalization to larger populations. Furthermore, the sample of participants was taken only from one community agency, also decreasing the randomness of the sample.

A unique study in this body of literature conducted by Wang and Crane (2001) focuses not just on the marital structure or lack of a caregiver, but on the actual marital relationship between non-separated parents. These authors focus in the impact of marital satisfaction and issues of family triangulation as predicting factors of childhood behavioral outcomes. Limitations to this study include the selection of mostly white, middle-class families. Additionally, the only behavioral indicator used in this study was the presence of childhood depression as indicated by an administered scale.

Of the factors included that discussed specifically the relational aspects of stability, there were several strengths and limitations as well. Family cohesion is identified as a major contributing factor to future adolescent or adulthood success. The authors that chose to

examine this concept took into account many of the concrete factors listed above in their research (Cashwell & Vacc, 1996; Lucia & Breslau, 2006). Not all factors were included however, which Lucia and Breslau acknowledge could have skewed their results.

Overall, the strengths of this body of literature, including the literature that includes multiple changes in the definition of family stability, is the articles that focus only on one aspect of this phenomenon, as well as the articles that examine the relational aspects of family stability include agreement on the idea that significant changes early in life, whether it be within the structure of the family, mobility, cohesion, etc. can have a great impact on later childhood behavioral outcomes. The research does not point to any one change that can be attributed with the highest amount of negative behavior outcomes, however. Furthermore, the biggest drawback to this lack of specificity is that no one can say with any amount of certainty as to what a stable family truly is. Articles that include relational components don't always include significant components of family structure, and vice versa. This leads to the identification of the current gaps in this body of research.

### 2.6 Gaps in the Literature

When taking into consideration all of the information and findings of this review of the literature, several significant gaps still remain that need to be addressed in future research.

One significant gap identified is the fact that few studies take into consideration both relational and concrete family structure variables when determining the stability of the family. Logic might suggest that the relational issues surrounding family stability would obviously be the impacting factors when examining the impact on child development, but these variables are not the ones research traditionally examines. A model that includes the structural components of a family, but also examines these structural component's impact on relational variables leading to behavioral outcomes would do much for understanding family stability.

### *2.6.1 Current Approach*

Based on this review, this study will approach the phenomenon of family instability and adolescent behavior in attempts to fill in the gaps identified throughout the current body of literature. Utilizing a model that includes the different aspects of family stability as defined by the studies mentioned will take steps to identify which aspects of family instability impact behavior more significantly, and which aspects of family stability (both concrete and relational) should be examined more closely in the future.

## CHAPTER 3

### THEORETICAL FRAMEWORK

The body of literature surrounding the phenomenon of family stability, specifically related to behavioral outcomes and expectations of adolescents, does not contain a great deal of theoretical research. While some researchers have chosen to only take an empirical approach to studying this concept, others have chosen to rely heavily on previous conceptual work conducted in this area such as that done by Olson and colleagues. When examining some of the widely accepted and studied social theories and theorists that focus specifically on children and adolescents, primarily regarding development, there are additional theoretical explanations and frameworks that are extremely applicable.

Skinner's theory of applied behavior will be examined to determine the root for maladaptive behaviors theoretically exhibited by children from unstable homes. Finally, the integration this theory will be utilized in formation of a theoretical framework for understanding the concept of family stability and behavioral outcomes.

#### 3.1 Applied Behavioral Theory

Applied behavioral theory, also known as behaviorism, is the theoretical approach within the social sciences that studies animal and human behavior (Forte, 2007). Behaviorism focuses on learning, specifically how behavior is shaped over time by its antecedents and consequences (McDonell, Strom-Gottfried, & Burton, 2006). The theory of applied behavior is one which is broadly applicable throughout the field of social work. The key concepts, beliefs, and goals of this theory center around the idea of understanding behavior, where it is learned, then taking that information and applying it in order to shape and predict future behavior (Thyer, 1988).

### *3.1.1 Historical foundations*

Applied behaviorism began with the work of Ivan Pavlov. Pavlov was mostly known for his work in the area of classical conditioning, using dogs and inanimate stimuli to elicit physical responses in those dogs. His work is still used today in the treatment of fear and phobias (Forte, 2007). Another key figure in the history of this theory was John Watson. He has been labeled by some as the “father of behaviorism.” He argued that psychology should liken itself to natural science, leaving little to no place for subjectivity. He also proposed that all of a child's behavior is conditioned (Forte, 2007).

B.F. Skinner was the first psychologist to truly study operant conditioning, doing much of his research in the relationship between consequences and behavior. He argued that positive reinforcement is much more effective in changing behavior than using punitive consequences. Unlike applied behaviorists before Skinner, he condemned the concepts of psyche and mind in the use of therapeutic approaches to examining behavior, stating that only observable, concrete behaviors could truly be measured (Forte, 2007). Skinner was one of the first researchers to examine behavior from a truly functional point of view, postulating that all behavior is a function of its consequence (Hogan & Smither, 2001). Skinner postulated that one's drive to survive is the primary motivating factor for behaviors (McDonell, Strom-Gottfried, & Burton, 2006), and furthermore, that one's behavior is explained best by genetics and environmentally determined stimuli histories, not personal beliefs or feelings (Forte, 2007). Works primarily of Skinner and Pavlov have lead to the field of behaviorism that is currently referred to as applied behavior analysis, in which behavior is managed and shaped through manipulation of consequences and antecedents (Gambrill, 1994).

### *3.1.2 Key assumptions*

The first key concept of the applied behavior theory is that understanding, controlling, and predicting behavior are priorities. The second concept on which this theory focuses is the belief that all behavior is a function of its consequence (Forte, 2007). All behavior, both on the

conscious and subconscious levels, is exhibited based on the consequences that behavior evokes. All functions of behavior can be classified into one of two categories: socially mediated positive reinforcement and socially mediated negative reinforcement. Social mediated positive behaviors aim to obtain something (i.e. attention, tangible items, preferred objects/activities). The word positive in this instance does not refer to behaviors that are considered positive and acceptable, rather that someone exhibits behaviors because they gain something from the behavior (they are positively reinforced). Socially mediated negative behaviors attempt to escape or avoid a non-preferred activity (i.e. escape a negative demand, an internal physical pain, a non-pleasant work activity) (Maag & Kemp, 2003).

The third assumption of this theory is that all behavior is learned through one of three ways: classic conditioning (the association of stimuli with reflex responses), operant conditioning (consequences determine whether a person's behavior is more or less likely to occur in the future), and observed learning (behavior is learned by observing others). The concept that the basic learning processes are universal is the final theoretical underpinning of applied behavior (Thyer, 1994). The learning process of behavior, whether it be through classic or operant conditioning, or through observed learning can be predicted and will look identical across all situations and populations.

### *3.1.3 Application to study*

Applied behavioral theory, primarily the concept of operant conditioning, focuses specifically on the behavior exhibited by adolescents theoretically as the result of being from an unstable family situation. As stated earlier, the two main functions of behavior for all organisms is either to gain (socially mediated positive) or to escape (socially mediated negative). When examining the specific maladaptive behaviors displayed by the adolescents targeted in this study, this theoretical line of thinking is very relevant. Behaviors mentioned in the review of the literature included antisocial behaviors such as theft, risky sexual behaviors, drug use, aggression, emotional disorders, and isolation. Each of these behaviors can be explained from

this theoretical point of view. Adolescents that are not getting needs met at home (from an unstable family situation) are more likely to exhibit socially mediated positive behaviors in order to meet those needs either in the home, or in other situations such as school, with peers, etc. Examples of this could be a child that is not receiving adequate attention at home due to a parental figure not being there constantly, or being emotionally unavailable would be likely to act out in an effort to obtain this need of attention in maladaptive ways, such as tantruming, aggression, theft, or a myriad of other behaviors that are likely to obtain the attention absent in an unstable home. An adolescent lacking the predictability and structure that a chaotic home environment does not have would be likely to act out in an attempt to gain this structure in other ways. Examples of this could include acting out in school to obtain the structure of a more predictable setting (i.e. an alternative disciplinary setting or juvenile justice setting). These behaviors could manifest themselves in gang related activities as well. Adolescents that are not receiving predictability and/or safety at home could be drawn to a gang type situation and behave in ways to obtain that approval and attachment to fellow gang members.

These maladaptive and problematic behaviors are not limited only to socially mediated positive reinforcement. Behaviors could be the result of socially mediated negative reinforcement as well. If a child has been subjected to the emotional pain of caregiver abandonment, that child may be more likely to exhibit behaviors that are escape motivated in the future to avoid similar or perceived pain. An example of this may be a child who has suffered abandonment by a primary caregiver, and as a result acts out aggressively toward any other perceived caregiver in an attempt to escape the potential pain possibly caused by future abandonment. Emotional disorders of this kind can be very typical and expected from children with multiple separations from primary caregivers. The development and explanation of specific problematic stemming from instability behaviors can be seen in Figure 3.1.



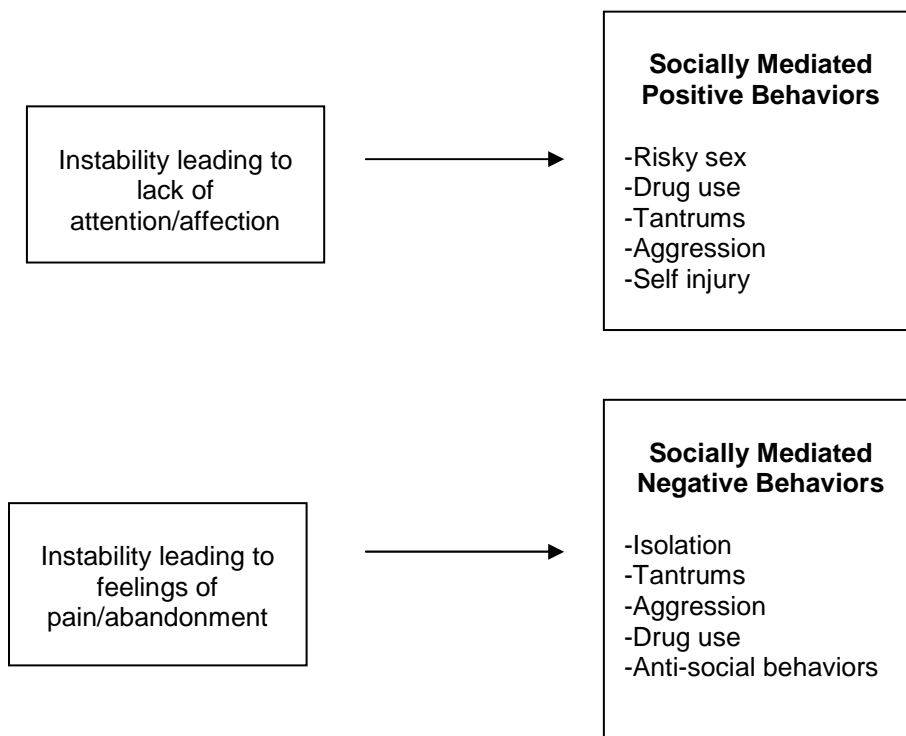


Figure 3.1. Visual depiction of home experiences leading to the exhibition of both maladaptive socially mediate positive and negative behaviors. Although some of the behaviors are the same in both positive and negative, it is possible that they serve two different functions.

### 3.2 Framework

The integration applied behavioral theory goes to great lengths to explain theoretically why children and adolescents from unstable families are more likely to exhibit problematic behaviors than those who are from predictable, stable families.

Figure 3.2 depicts this theoretical framework into the concept of family stability. Family stability, as clarified by the definitions identified throughout the review of the literature is made up of both concrete and relational variables. The stability or instability of a family leads to the ability of a caregiver to be involved in the formative and developmental years of the child (parental involvement/"quality" time spent with child). This parental involvement, due to the

family's stability level, is crucial in the meeting of biological and emotional needs. Whether these needs are met or left unmet child leads to the child exhibiting both socially mediated positive and negative behaviors. The determining factor as to whether or not those exhibited behaviors prove to be socially appropriate functional behaviors (i.e. seeking attention/affection appropriately) is whether the child has learned to meet their needs appropriately or inappropriately.

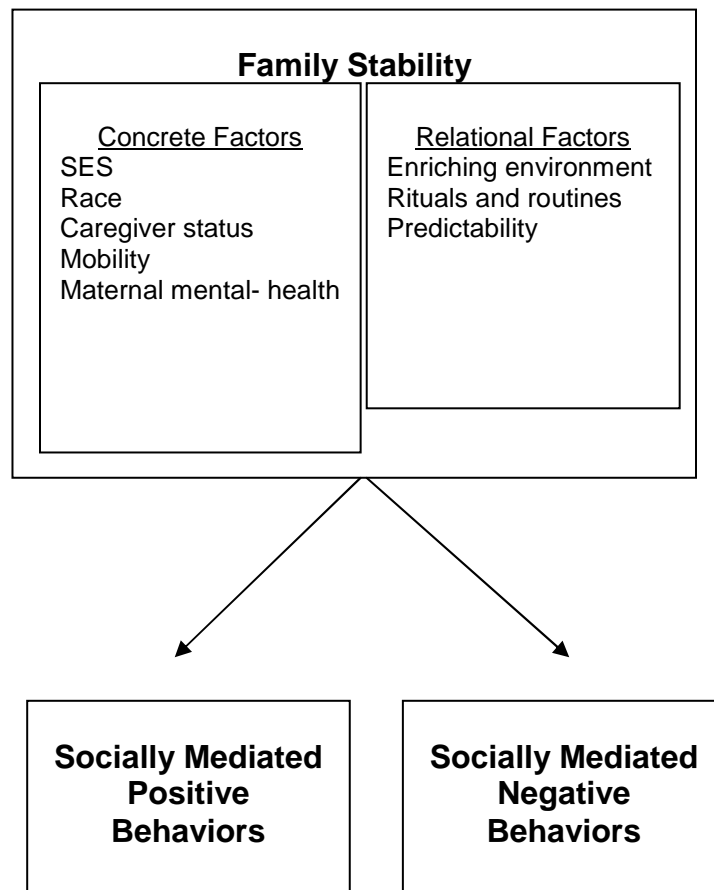


Figure 3.2. Model of family stability and behavioral outcomes utilizing Skinner's theory of applied behavior.

### 3.2.1 Strengths and limitations of framework

The primary strength of this framework is the inclusion of a mainstream and widely accepted theory. The applied behavioral approach is very scientific and empirically based,

allowing it to be researched and observed fairly easily. The use of applied behavioral theory allows this theoretical framework to explain why children may be more likely behave in certain ways if they are from unstable families.

### 3.3 Application to Current Study

This theoretical framework will be applied to the proposed study in an explanatory way. The results of this study will be examined based on the proposed theoretical framework. When examining the results from previous studies as well as this proposed study, it is not clear as to why children from unstable families may be more likely to exhibit maladaptive behaviors. Furthermore, it is not clear why some specific behaviors are exhibited more than others by these adolescents. This proposed theoretical framework could take steps to shed light on this phenomenon and help researchers understand the formation of maladaptive behaviors more clearly.

The application of this theory also lead to selection of dependant variables used in this study. Examination of the literature within the context of the applied behavioral framework discussed above suggests that a portion of maladaptive behaviors could be considered motivated by gaining (attention, affection, etc). Because of this, variables that took behaviors such as these into account were selected. These variables included behaviors such as criminal/delinquent behavior, vandalism, substance abuse, and risky sexual behavior. On the other hand, this theoretical framework also lead to careful selection of escape motivated behaviors. These included substance abuse, aggression/assault, and other antisocial activities.

## CHAPTER 4

### METHOD

The purpose of this study was to examine family stability as it relates to adolescent behavioral outcomes. The hypothetical formulation guiding the current study is that *children from unstable families (families with low predictability, safety, and caregiver interaction) are at risk to exhibit maladaptive behaviors in adolescence*. The research question this study attempts to address is *what is the impact of family stability on adolescent behavioral outcomes?*

Data from the National Longitudinal Survey of Youth, 1997 (NLSY97) was used to conduct a time-series/repeated measure analysis of family stability and adolescent behaviors using data from Rounds 1 and 4 (1997 and 2000 respectively). The choice to conduct a secondary data analysis instead of collecting primary data was made because the NLSY97 has a large sample, provides an accurate representation of the target population for this study, and contains longitudinal data. Collecting primary data for this study would be difficult due to time constraints and expense. The NLSY97 data focused on variables selected in this proposed study.

#### 4.1 Description of the National Longitudinal Survey of Youth 1997

The NLSY97 was funded by Bureau of Labor Statistics of the U.S. Department of Labor. The primary purpose of the project was to gather information on the effects of schooling and other factors on youth entering the labor market. Additionally, the NLSY97 collected data on environmental factors such as health, family formation and background, attitudes, behaviors and the use of time, among others that researchers could use to study this cohort (Center for Human Resource Research, 2002).

#### *4.1.1 Participants*

The NLSY97 cohort includes 8,984 respondents drawn from two independent cluster samples, and a purposive oversample of Black and/or Hispanic respondents. The NLSY97 was comprised of youth born between 1980 and 1984 who were between the ages of 12 to 16 as of December 31, 2006. All household residents, including those who were away at school, in the hospital, or currently residing in an institutional facility, were eligible for the NLSY97. A total of 6,819 unique households participated in the study, with 1,862 households including more than one NLSY97 respondent.

The current study utilizes data from Round 1 and Round 4 of the NLSY97. Youth were between the ages of 12 and 18 in Round 1 and between the ages of 15 and 21 in 2000. Over half of respondents were male (n=4,599, 51.2%), 26% were Black (n=2335) and 21.2% were Hispanic (n=1901). Youth categorized as Mixed Race/Non-Hispanic were excluded from this analysis due to the extremely low number (n=83, 0.9%).

##### *4.1.1.1 Sampling*

The initial interview for the NLSY97 utilized a cluster sample of young people living in the United States during Round 1 and born January 1, 1980, through December 31, 1984. Probabilities of selection were based upon total homes in a geographic area. The NLSY97 cohort was selected in two phases. Phase one consisted of a list of housing units for the cross-sectional sample and the oversample was derived from two independently selected, stratified multistage area probability samples. This took steps to ensure an accurate representation of the population defined by factors including race, income, and geography. In the second phase, subsamples of the eligible persons identified in the first phase were selected for interview. Following the initial screening process, 7,327 individuals from this sample were selected to be interviewed in the NLSY97 survey; of those, 92.1 percent, or 6,748 respondents, completed the round 1 interview (NLSY97, 2006).

#### 4.1.1.2 Oversampling of Hispanics or Latinos and Blacks

In order to obtain a sample representative of the minority population, a purposive oversampling of Hispanics or Latinos and Blacks was designed to gather participants living in the United States during Round 1 and born January 1, 1980, through December 31, 1984. For this, stratification sampling specifically for these groups was used. Oversample respondents were chosen with a probability based on size measures for these groups rather than for the general population. This made it possible to equalize the distribution of the targeted groups among the various sampling units more than would otherwise be the case (NLSY97, 2006).

#### 4.1.2 Interviewing methods

Round 1 of the survey was administered in 1997 and included both youth and parent interviews. Youth were interviewed annually from 1997 to 2006. Interviews were conducted in English and Spanish by professional field interviewers using Computer-Assisted Self Interviewing and audio computer-assisted self-interview (ACASI). The preferred mode of interview was in person, however during sensitive portions of the interview such as criminal or drug history, the respondents entered their answers directly into the laptop rather than interacting with the interviewer. This self-administered portion, ACASI, included an audio option so that the respondents could listen to the questions and answers being read via headphones if preferred. The audio component theoretically improved response quality when the respondent's literacy was in question (NLSY97, 2006).

##### 4.1.2.1 Selection of respondent

Each youth selected as a participant for this survey was interviewed based on questions contained in the *Youth Questionnaire*. For each responding household, one parent or primary caregiver was designated for questions on the *Parent Questionnaire*. The choice of the preferred responding parent was based on the pre-ordered list in Table 4. If the youth did not live with a parent-type figure, or lived with a guardian or parent not listed, no parent was interviewed. (NLS97Y, 2006).

Table 4.1 Priority for Choosing Responding Parent: Taken from NLSY97, 2006

Priority	Role
1	Biological mother
2	Biological father
3	Adoptive mother
4	Adoptive father
5	Stepmother
6	Stepfather
7	Guardian, relative
8	Foster parent, youth lived with for 2 or more years
9	Other non-relative, youth lived with for 2 or more years
10	Mother-figure, relative
11	Father-figure, relative
12	Mother-figure, non-relative youth lived with for 2 or more years
13	Father-figure, non-relative youth lived with for 2 or more years

#### 4.1.2.2 Respondent incentives

For Rounds 1-3 of the NLSY97, respondents (both youth and responding parent) received \$10 for completion of the interview. During Round 4, survey administrators offered different levels of incentives to respondents in an effort to study the effects of incentive level on survey participation. Three levels of compensation were offered: \$10, \$15, and \$20. In addition, half of the respondents at each level were paid in advance and half were paid upon completion of the interview. During Rounds 5 and 6, each respondent received \$20. Respondents who had not completed the Round 6 interview were then selected for an incentive experiment where respondents in the experimental group were offered an additional \$5 for each consecutive round in which they had not participated (up to a maximum of an additional \$15), while

respondents in the control group were offered the standard \$20 incentive. Additional incentive experiments were conducted during the final four rounds of the NLSY97 (NLSY97, 2006).

#### *4.1.3 Protection of human subjects*

The U.S. Office of Management and Budget (OMB) reviewed the procedures and interviews conducted in each Round of the NLSY97. The OMB is responsible for setting standards for statistical analysis and collecting data on human subjects from all racial, ethnic, and cultural groups for all federal agencies. In addition, OMB sets standards on whether and how much respondents to Federal surveys can be paid for their participation, an issue of particular concern in the NLS program (NLSY97, 2006).

In addition to OMB review, the NLSY97 is reviewed and approved by the institutional review boards (IRBs) at the institutions that manage and conduct the surveys. Those institutions are The Ohio State University and the National Opinion Research Center (NORC) at the University of Chicago.

After receiving OMB approval, the NLSY97 began sending advance letters to potential participants of the survey. The advanced letter arrived at least two weeks prior to personal contact, and contained information such as the voluntary nature of participation in the survey, time taken in interviews, nature of use of data to be collected, and confidentiality and how confidentiality will be protected. A sample of this letter can be found in APPENDIX A. On the reverse side of this letter was also the privacy and disclosure statement, which can be found in APPENDIX B (NLSY97, 2006).

##### *4.1.3.1 Protection of minors*

Due to a large amount of information being obtained by minors in Rounds 1-5 of the survey (the only rounds in which the respondents were under the age of 18), additional steps and measures were taken to ensure protection for this population. For respondents age 17 and younger, parents were asked to complete a written Parental Permission to Interview Youth form prior to the youth completing the interview. The youth respondents were asked to complete a



written Youth Assent to Participate form prior to completing the interview. This procedure also applied to respondents whose interviews were completed by a proxy (cases in which a disabled respondent could complete the interview only with the assistance of a parent, guardian, or other caretaker). Respondents who were age 17 or younger and had attained independence or were considered "self-supportive" were not required to have a parent complete a permission form (NLSY97, 2006). After Round 6 of the survey, each respondent (18 years or older) verbally consented prior to completing the interview. They read a consent statement similar to those used in previous rounds, but they no longer needed to sign any documents. For incarcerated respondents and respondents whose interviews are completed by proxy, a signed consent was still required as an additional safeguard against possible coercion (NLSY97, 2006).

#### 4.2 Study Design

A time-series/repeated measure design was used for this study. Data from Rounds 1 and 4 (1997 and 2000 respectively) have been included. This study was non-experimental because there is no control group and no experimental group. The goal of this study was to predict relationships between the chosen variables.

##### *4.2.1 Threats to Internal Validity*

1. *History*. History can be described as extraneous events occurring throughout the course of research that may confound results (Rubin & Babbie, 2001). History is a legitimate threat to this study due to the longitudinal nature of the proposed research. Because data is collected over a long-term time period (four years) history could be a possible cause for changes in the outcome of the study. History cannot be controlled for as by definition it is extraneous and uncontrollable events that are co-occurring with the research process.
2. *Maturation*. Maturation is the likelihood of an individual changing due to the simple process of growing older and changing, whether taking part in research or not (Rubin & Babbie, 2001). Maturation poses a significant threat to this

specific study due to the age of the respondents. Adolescents are naturally progressing through a significant maturation by nature (i.e. puberty), and experience significant life changes anyway simply by being an adolescent (moving from elementary to middle school, middle school to high school, etc.). Respondents may be relaying less accurate data, or experiencing changes simply based on the process of aging and their own natural changes. Maturation cannot be controlled because it is the aging process and the natural process of time. These events extend beyond the control of the research design.

3. *Social Desirability Bias*. Social desirability bias is the likelihood that a participant will answer a certain way based on what they perceive the interviewer wants to hear (Rubin & Babbie, 2001). Because the NLSY97 uses face to face interviewing, this bias causes some concern in the present study. This is combated by the fact that all respondents were instructed to enter their responses to certain sensitive questions into a computer instead of relaying them directly to the interviewer, ensuring complete confidentiality. Clients were also assured confidentiality throughout the survey and given the option to refuse to answer any question they were not comfortable answering.
4. *Attrition*. Attrition is the loss of participants throughout the process of the research study (Vogt, 2005). Due to the large sample size of the NLSY97, attrition could possibly be an issue when examining results. To combat attrition, the proposed study will only use data from participants that were present in both the 1997 round and the 2000 round of the NLSY97.

#### 4.2.2 External Validity

External validity refers to the ability of the causal results of a study to be generalized outside of the study conditions (Rubin & Babbie, 2001). Because the NLSY97 is a large

longitudinal study, researchers went to great lengths (as described previously) to select a sample that is representative of the overall adolescent population of the United States. The findings of the study, therefore, will be both generalizable and applicable to the adolescent population in general.

### 4.3 Variables

This current study utilized variables gathered in the NLSY97 due to their reflection of, or close approximation of the concepts and factors identified in the review of the literature section of this study. Each of the independent and dependent variables was selected because of the information contained in them that represents data either identifying aspects of family stability/instability or maladaptive behavioral outcomes in adolescents.

#### *4.3.1 Dependent Variables*

This study reports results for four adolescent behavioral outcomes. The dependent variables selected for this study were selected due to indications of negative behavioral outcomes as identified by the literature. These variables were selected based on behaviors that can be considered as maladaptive or risky.

The Delinquency Index was selected because it encompasses many of the behaviors considered by researchers as maladaptive. The Substance Use Index was chosen because of its inclusion of risky behaviors that are not included in the Delinquency Index. The use of birth control was included due to its reflection of risky sexual behaviors (unprotected sex as a teen/adolescent). Finally, the age at first sex was used to determine if youths from unstable families are more likely to have sex at earlier ages

All data pertaining to the dependent variables comes from the 2000 round of the NLSY97, which is the most recent data available for these variables.

##### 4.3.1.1 Delinquency Index

The Delinquency Index items were developed and modified by Del Elliot in order to gauge delinquent and/or criminal behaviors in the National Youth Survey. Youth were asked

about their participation in risky behaviors such as (a) running away/leaving home; (b) carrying a hand gun; (c) gang affiliation; (d) vandalism; (e) shoplifting; (f) theft; (g) selling stolen goods/misrepresentation of goods; (h) fighting/assault; (i) dealing/selling drugs or narcotics; (j) being arrested for criminal or illegal activities other than minor traffic violations.

Based on answers to the above questions (yes or no) an index was created summing the responses of the number of delinquent or criminal activities committed by the youths for a score ranging from 0 (no criminal offenses) to 10 (high incidents of delinquency).

#### 4.3.1.2 Substance Use Index

The Substance Use Index looks to identify risky substance abuse behaviors by youths ages 10-17. Use by participants was considered delinquent for this study due to its illegality and age of the respondents. Participants answered questions regarding their use of any/all of the following substances: (a) cigarettes; (b) alcohol (i.e. beer, wine, and/or liquor other than childhood sips respondents may have taken from older person's drink); (c) marijuana in any form.

Based on the answers to the above questions (yes or no) a total score ranging from 0-3 was created, with higher scores indicating more instances of substance abuse.

#### 4.3.1.3 Use of Birth Control

Respondents were asked to estimate the amount of times they have used birth control, including condoms, during sexual intercourse since the previous round's interview. Respondents gave answers ranging from 0-100 percent based on their estimations.

#### 4.3.1.4 Age at First Sex

Respondents were asked about the age in which they first had sexual intercourse.

### 4.3.2 *Independent Variables*

The independent variables for this report were selected based on their relevance and indication of family predictability, change, and stability as identified in the review of literature. All information gathered pertaining to the independent variables (with the exception of change in

parenting relationships and mobility) comes from the 1997 round of the NLSY 97, which is the most recent year such data is available.

#### 4.3.2.1 Demographic information

For this study, general demographic information was gathered for each respondent for the purpose of examination of subgroups. Demographic information included variables such as ethnicity, gender, and age at interview.

#### 4.3.2.2 Index of Family Routines

Due to the relationship between behavioral outcomes and family routines/rituals implied by the literature, the Index of Family Routines 1997 will be utilized in this report. The items on this index were modified from the Family Routines Inventory (FRI) (Jenson, James, Bryce, & Hartnett, 1983). Youths ages 12-14 were asked about activities occurring in their family in any/all of the following family routines: (a) family dinner(s); (b) housework occurring at appropriate times (i.e. cleaning up after dinner, doing dishes, taking out the trash); (c) doing something fun as a family (i.e. playing a game, go to a sporting event, go swimming, etc); (d) doing something religious together (i.e. go to church, pray, read scripture).

The scores given range from 0-28 based on the number of days in a week a family participates in the above routines, with scores closer to 28 indicating more days spent in routine activities with the family.

#### 4.3.2.3 Change in parenting relationship

Because the NLSY97 does not contain information pertaining to changes in parental status or relationships (change in caregiver's marital status, change in cohabitation of caregiver, etc), this variable was created for the purpose of this study. Data was examined between the years 1997 and 2000 to examine whether or not there was a change in caregiver status. Participants (youths) were coded as "yes" if they had experienced a change in caregiver status, and "no" if their caregiver's status had stayed the same between the years measured. This variable is nominal since information was not contained in the data set as to how many changes

in caregiver there were, just whether a change had taken place at all. This variable was created to examine whether or not a change in caregiver status (including divorce) contributed adolescent behavioral outcomes.

#### 4.3.2.4 Family Home Risk Index

The Family Home Risk Index is based on Caldwell and Bradley's Home Observation for Measurement of the Environment (HOME; Caldwell & Bradley, 1984). This index was selected due to its inclusion of many different aspects of home life/family predictability, parental status, family cohesion, and family relationships that are indicated as having some impact on behavioral outcomes in the body of literature. This index is made up of thirty questions pertaining to life in and around the home of the respondents. Respondents (parents of youths ages 12-14) were asked questions in six separate areas: (a) home physical environment (home's physical condition); (b) neighborhood (physical condition and safety of the neighborhood); (c) enriching activities (access to computers and/or dictionaries in the home); (d) religious behavior (participation in religious activities); (e) school environment (participation in their child's school activities/meetings); (g) family routines (participation in family rituals, routines, or activities); (h) parent characteristics (physical/mental disabilities of parent(s), parental substance abuse, discipline techniques, parent/child relationship).

Based on the answers to the above items, an index was created with scores ranging from 0-21, with higher scores indicating higher risk environments.

#### 4.3.2.5 Mobility

Mobility was determined by asking youth respondents in how many residences they had lived since the age of 12. The data for this question was taken from the 2000 round of the NLSY, the most recent round available for all participants.

#### 4.3.2.6 Socio Economic Status (SES)

SES was determined by asking parent respondents about their total gross household income the previous year. Numbers were gathered in exact amounts, starting at zero. Data was gathered from the 1997 round of the NLSY97.

#### 4.4 Overarching Research Question

The overarching research question for this proposed study is “what is the impact of family stability on adolescent behavioral outcomes?” In order to answer this question, statistical procedures were used to examine each aspect of family stability as defined in the literature to determine which, if any, had an impact on adolescent behavioral outcomes. Each statistical procedure and variable selected was done in attempts to answer this overarching research question.

#### 4.5 Approach of Current Study

The current study utilized the NLSY97 to determine if the specific aspects of family stability described above impact behavioral outcomes in adolescents. The study used appropriate statistical procedures to determine whether family instability is a predictor of maladaptive adolescent behaviors. The dependant variables were examined individually as well as cumulatively to make this determination.

#### 4.6 Hypotheses

Each hypothesis examined in this study was derived out of the overarching research question. The first hypothesis postulated by this study is that children from families with higher levels of instability are more likely to exhibit maladaptive behaviors in adolescence. This hypothesis was formed based on the results of the literature review that point to the idea that children living in unstable conditions are more likely to exhibit maladaptive behaviors.

The second hypothesis identified for examination is of the identified aspects of family stability, the relational aspects alone (an increase in family routines and a decrease in family risk) will result in a significant impact on the decrease in each of the measures of maladaptive

behavior. This hypothesis was formed largely off of the work of Olson (2000), referring to the idea that family stability is more impacted by relationships, and time spent with family than simple concrete variables, such as the amount of money a family makes or the race of the child.

The final hypothesis proposed by this study is that of the children in families with higher levels of instability, males will have higher instances of maladaptive behaviors than females. While there is quite a bit of literature in existence examining the relationship of variables such as income and race as it relates to behavior and family stability, there is little out there looking at gender as a factor in this phenomenon. The majority of the research surrounding gender involves the presence or absence of a father figure (Carlson, 2006; Crockett et al 1993; Teachman et al, 1998; Webster-Stratton, 1988). This hypothesis was formulated based on the assumption that inclusion of additional variables surrounding family stability would yield similar results.

#### 4.7 Data Analysis

All statistical tests utilized for this study were chosen based on their level of rigor, as well as on the level of data contained in each variable. Due to the use of a large sample, effect size for this study will be set at .01 ( $p = .01$ ).

##### *4.7.1 Descriptive Statistics*

Descriptive statistics were run on all variables in this study. Frequencies were run on participants in the study, including ethnicity age at interview, and gender. Means will be run to demonstrate the average Index of Family Routines, Family/Home Risk Index, Age at First Sex, and Use of Birth Control.

##### *4.7.2 Multiple Regression*

Multiple regression is a statistical procedure used to evaluate the effects of multiple predictor variables on a criterion variable (Vogt, 2005). Multiple regression was used in this study to test the hypotheses 1 and 2. The regression models were run on Rounds One and Four for each of the dependent variables to determine findings for each of the measures of



adolescent behaviors. Included in the multiple regression model were the independent variables of Index of Family Routines, Family Home Risk Index, mobility, and change in primary caregiver.

Linear regression was selected based on the assumption that each of the variables indicating family stability had a linear relationship with the indicators of maladaptive behavior. The variables indicating family stability were entered into the regression model in no particular order due to the fact that the literature did not indicate that any one variable was more impactful than others. The variables were entered in identically for each regression model run as to ensure consistency in the results.

#### 4.7.3 ANOVA

Analysis of variance (ANOVA) is used to assess the differences in means between two or more samples (Rosenthal, 2001). ANOVA was used in this study to assess the differences between males and females when analyzing hypothesis 3.

#### 4.8 Study Limitations

This study had several limitations. The discussion and recognition of these limitations will help not only to define this study and the shortcomings, but will also serve to direct future research in this area.

The use of secondary data is one of the largest weaknesses of this study. Using data available from the NLSY97 limited the ability of this study to fully investigate the impact of all study variables.

The first example of the limitations of using this is the investigation of risky sexual behaviors. Neither variable dealing with risky sexual behaviors (use of birth control and age at first sex) differentiated between those participants who have not had sexual intercourse from those who refused to answer the question. The likelihood of an adolescent having sexual intercourse or not as it relates to family stability is certainly worth studying, however with the data available in this study, it was not possible. Additionally, the extremely low number of

participants that answered the questions regarding birth control did not truly allow for an accurate measure of how family stability relates to the likelihood of an adolescent using birth control.

The lack of data surrounding lesbian, gay, bisexual, or transgendered people is also problematic. For instance, a lesbian adolescent may have answered questions regarding sexual intercourse based on the assumption that intercourse takes place between a male and female, therefore not truly reflecting sexual activity in LGBT people. If respondents only answered questions regarding sexual activity based on that assumption, this study failed to examine the implications of family stability on risky sexual behaviors of this population.

Another variable that could possibly be problematic is that of caregiver change. Because this data set did not measure the number of caregiver changes that were present, a variable had to be created to measure this occurrence. This resulted in a nominal variable only indicating whether or not there had been a change in primary caregiver, not how many changes were actually present. For instance, a teen who had parents going through a divorce was classified as having gone through a caregiver change just as a teen who had suffered through multiple caregiver changes due to occurrences such as multiple foster homes, adoption, etc. These are obviously two completely separate circumstances that would impact adolescents in two very different ways; however, because of the way the data was collected, instances such as these were coded the same.

Because of the use of secondary longitudinal data, several threats to internal validity were identified. Maturation was a potential limitation because the respondents in the study are naturally aging and therefore may be exhibiting more or less behaviors simply because of changes in maturity. Social Desirability Bias is also a limitation as data was largely gathered face-to-face. Although sensitive questions were given via a computer, respondents may have been tempted to answer questions of a sensitive nature in a manner which could please the

interviewer. Sensitive material may have to do with income, sexual behaviors, substance use, delinquency, or criminal activity.

The age of the data could also present a significant limitation. Although the data set is a relatively new one, the data obtained from this data set is only from the first four years. The fact that this data is already several years old could present problems to the credibility and accuracy of the results and generalizability to modern family populations. Families and family dynamics are constantly changing due to societal influences. This is true for the data collected in this study. It cannot be assumed that the results of this study would mirror results found in modern families and adolescents.

## CHAPTER 5

### RESULTS

The study variables were analyzed to test the hypotheses designated for the study. The results will reflect analysis of all study variables, including those that make up family stability (number of residence since age 12, Index of Family Routines, Family/Home Risk Index, and change in primary caregiver) and the indicators of maladaptive behavior (age at first sex, use of birth control in previous year, Delinquency Index, and Substance Abuse Index). The findings for each hypothesis follows.

#### 5.1 Utilized Sample Description

Data from the 1997 and 2000 waves were used for this study. The sample was limited to only those who participated in both rounds of the study.

##### *5.1.1 Description of control variables*

The distribution of gender, ethnicity, and age at first interview are included in Table 5.1.

Table 5.1. Control Variable Description

Descriptor	N of Sample	Raw	%
		8984	100.0
Gender			
	Female	4385	48.1
	Male	4599	50.4
Ethnicity			
	Black	2335	25.6
	Hispanic	1901	20.8
	Mixed Race Non-Hispanic	83	0.9
	Non-Black Non-Hispanic	4665	51.2
Age at First Interview			
	12	1169	12.8
	13	1726	18.9
	14	1858	20.4
	15	1877	20.6
	16	1719	18.9
	17	614	6.7
	18	21	0.2

#### 5.1.1.1 Gender

The breakdown of sample by gender was provided. The sample was comprised of approximately 48% females and 50% males.

#### 5.1.1.2 Ethnicity

The racial breakdown of the sample is provided. The sample included approximately 26% Blacks, 21% Hispanics, 1% mixed race non-Hispanics, and 51% non-Black non-Hispanics. Due to the extremely low number of mixed race non-Hispanics (N=83, 0.9%), this population was excluded from analysis in this study.

#### 5.1.1.3 Age at First Interview

The age of the youth respondents in the sample were considered. As previously stated, youths participating in the first wave of the NLSY97 (1997) were between the ages of 12 and

18. The study was comprised of approximately 13% age 12, 19% age 13, 20% age 14, 21% age 15, 19% age 16, 7% age 17, and >1% age 18. The mean age of youths in the first round of the study was 14.35 (SD = 1.488).

#### 5.1.1.4 Previous Year Income

Income as reported the previous year is displayed in Table 5.2.

Table 5.2. Mean of Previous Year Income

Descriptor	N	Mean	SD
Previous Year Income	6585	\$46,392.49	42126.45

Of the 6585 respondents that reported income from the previous year, the mean income was \$46,392.49.

#### 5.1.2 Description of Independent Variables

The means of the ratio level independent variables of this study are displayed in Table 5.3. The distribution of changes in primary caregiver is given in table 5.4. These variables consisted of number of residence since age 12, Index of Family Routines, Family/Home Risk Index, and change in primary caregiver.

Table 5.3. Means of Independent Variables

Variable	N	Mean	SD
Number of Residence Since 12	7155	2.71	2.103
Index of Family Routines	5372	15.04	5.512
Family/Home Risk Index	4772	2.801	2.33

Table 5.4. Distribution of Change in Primary Caregiver

Variable		Raw	%
	N of Sample	8984	100
Change in Primary Caregiver	No	4887	53.6
	Yes	4097	44.9

#### 5.1.2.1 Number of Residence Since Age 12

From information gathered in the 2000 wave of the NLSY97, respondents reported a mean number of residence since age 12 of 2.71.

#### 5.1.2.2 Index of Family Routines

On the Index of Family Routines, scores had a possible range from 0-28, with scores closer to 28 indicating more days spent in routine activities with the family. Routines could include regular meals together, scheduled family time, schedule religious activities, etc. The mean score for this measure was 15.04.

#### 5.1.2.3 Family/Home Risk Index

The Family/Home Risk Index was scored between 0-21, with scores closer to 21 indicating higher risk environments. Determinants of high risk homes included the physical condition of the home, the school environment, parent characteristics, neighborhood characteristics, and descriptions of religious activities. The mean score for this variable was 2.801.

#### 5.1.2.4 Change in Primary Caregiver

Of the respondents in the study, approximately 54% had not experienced a change in primary caregiver, while 45% had experienced such a change.

### 5.1.3 Description of Dependant Variables

The means of the dependent variables for this study are displayed in Table 5.5. These variables consisted of age at first sex, use of birth control in the previous year, the Delinquency Index, and Substance Abuse Index.

Table 5.5. Means of Dependant Variables

Variable	N	Mean	SD
Age at First Sex	5123	15.00	2.23
Use of Birth Control in Previous Year	268	73.97	38.826
Delinquency Index	8022	0.48	1.146
Substance Abuse Index	7994	1.23	1.097

#### 5.1.3.1 Age at First Sex

Of the respondents that reported having sexual intercourse at least one time during their lives, the mean reported age at first sexual intercourse was 15. There was no differentiation made between participants who did not answer the question because they had not had sexual intercourse and those who did not answer the question for other reasons.

#### 5.1.3.2 Use of Birth Control in Previous Year

Of the respondents that reported having sexual intercourse on at least one occasion in the previous year, the mean percentage of birth control use was 73.97. The extremely low response rate for this variable must be noted (N = 268). Approximately 86% of respondents skipped this questions. Reasons for not responding to this question included not having sexual intercourse in the previous year, never having had sexual intercourse, and refusal to answer the question. No differentiation was made between those who did not have sexual intercourse during the previous year and those who had never had sexual intercourse. For this reason, all respondents that did not answer this question were counted as missing data in the analysis of this variable.

#### 5.1.3.3 Delinquency Index

The Delinquency Index obtained scores ranging from 0-10 with scores closer to 10 indicating higher instances of delinquency. Questions were asked of youth regarding their



participation in risky behaviors such as (a) running away/leaving home; (b) carrying a hand gun; (c) gang affiliation; (d) vandalism; (e) shoplifting; (f) theft; (g) selling stolen goods/misrepresentation of goods; (h) fighting/assault; (i) dealing/selling drugs or narcotics; (j) being arrested for criminal or illegal activities other than minor traffic violations. For the respondents in this study, the means score for this variable was 0.48.

#### 5.1.3.4 Substance Abuse Index

The Substance Abuse Index obtained scores ranging from 0-3, with higher scores indicating more instances of substance abuse. Questions were asked of youth regarding their use of any/all of the following substances: (a) cigarettes; (b) alcohol (i.e. beer, wine, and/or liquor other than childhood sips respondents may have taken from older person's drink); (c) marijuana in any form. The mean score for this variable was 1.23.

### 5.2 Hypothesis 1

Hypothesis 1 predicted that children from families with higher levels of instability are more likely to exhibit maladaptive behaviors in adolescence. To test this hypothesis, a multiple linear regression was calculated to predict each of the dependant variables based on the measures of family stability (see tables 5.6, 5.7, 5.8, and 5.9). Based on the information explained below, after controlling for ethnicity, gender, age, and income, it is apparent that with the exception of use of birth control in the previous year, the indicators of family stability (number of residence since age 12, Index of Family Routines, Family/Home Risk Index, and change in primary caregiver) were significant predictors of each of the indicators of behavioral outcomes (age at first sex, use of birth control in the previous year, the Delinquency Index, and Substance Abuse Index) in adolescence.

#### 5.2.1 Age at First Sex

The effect of family stability on reported age at first sexual intercourse was found to be significant ( $R^2(\text{adj})=0.147$ ,  $p<.01$ ). Thus, the null hypothesis was rejected as regression

indicates that family stability has statistically significant impact on the age an adolescent will first have sexual intercourse. The impact of each independent variable can be seen in Table 5.6.

Table 5.6. Regression Analysis of the Influence of Family Stability on Age at First Sex

Predictor	R <sup>2</sup> (adj)	F	β	SE
	0.147	38.3		
Change in Primary Caregiver			-.053	.097
Number of Residence Since 12			-.062*	.024
Index of Family Routines			.009	.009
Family/Home Risk Index			-.16*	0

\*p ≤ .01

### 5.2.2 Use of Birth Control

Family stability was found not to have a statistically significant impact on the likelihood of an adolescent using birth control ( $R^2(\text{adj})=0.015$ ,  $p=0.37$ ). Thus, this model failed to reject the null hypothesis as regression demonstrated that family stability was not a significant predictor of birth control use in adolescence. Caution must be used when interpreting these results, however, due to the extremely low number of respondents for this variable ( $N = 268$ ). The impact of each independent variable can be seen in Table 5.7.

Table 5.7. Regression Analysis of the Influence of Family Stability on Birth Control Usage

Predictor	R <sup>2</sup> (adj)	F	β	SE
	0.015	1.11		
Change in Primary Caregiver			-.187	11.207
Number of Residence Since 12			-.102	2.256
Index of Family Routines			-.207	.997
Family/Home Risk Index			-.302	.022

### 5.2.3 Delinquency Index

Family stability was found to be a significant predictor of delinquency ( $R^2(\text{adj})=.058$ ,  $p<.01$ ). Thus, the null hypothesis was rejected as regression indicated that family stability significantly impacts score on the Delinquency Index. The impact of each independent variable can be seen in Table 5.8.

Table 5.8. Regression Analysis of the Influence of Family Stability on Delinquency

Predictor	R <sup>2</sup> (adj)	F	β	SE
	0.058	26.094		
Change in Primary Caregiver			.073*	.044
Number of Residence Since 12			.089*	.011
Index of Family Routines			.073*	.044
Family/Home Risk Index			.078*	0

\* $p \leq .01$

#### 5.2.4 Substance Abuse

The effect of family stability on adolescent substance abuse was found to be significant ( $R^2(\text{adj})=0.085$ ,  $p<.01$ ). Thus, the null hypothesis was rejected as regression indicates that family stability has statistically significant impact on adolescent substance abuse. The impact of each independent variable can be seen in Table 5.9.

Table 5.9. Regression Analysis of the Influence of Family Stability on Substance Abuse

Predictor	$R^2(\text{adj})$	F	$\beta$	SE
	0.085	38.972		
Change in Primary Caregiver			.075*	.041
Number of Residence Since 12			.079*	.011
Index of Family Routines			-.120*	.004
Family/Home Risk Index			.021*	0

\* $p \leq .01$

#### 5.3 Hypothesis 2

Hypothesis 2 predicts that of the identified aspects of family stability, the relational aspects alone (an increase in family routines and a decrease in family risk) will result in a significant impact on the decrease in each of the measures of maladaptive behavior. To test this hypothesis, a multiple linear regression was calculated to predict the influence of only these two aspects of family stability on each of the dependant variables (see Tables 5.10, 5.11, 5.12, and 5.13). After controlling for gender, ethnicity, age, and income, the results of the regression mirrored that of those tested for Hypothesis 1, where the relational variables were statistically significant predictors of each of the dependent variables save use of birth control.

### 5.3.1 Age at First Sex

Of the two variables included in the model, the only significant one was that of Family/Home Risk Index. That being said, the overall model was found to be significant ( $R^2(\text{adj})=0.142$ ,  $p<.01$ ). Thus, the null hypothesis was rejected as regression indicates that the relational variables had a statistically significant impact on the age an adolescent will first have sexual intercourse. The impact of each independent variable can be seen in Table 5.10.

Table 5.10. Regression Analysis of the Influence of Family Routines and Family/Home Risk on Age at First Sex

Predictor	$R^2(\text{adj})$	F	$\beta$	SE
	0.142	64.061		
Index of Family Routines			-.002	.008
Family/Home Risk Index			-.202*	0

\* $p \leq .01$

### 5.3.2 Use of Birth Control

Family Routines and Family Home/Risk Index were found not to have a statistically significant impact on the likelihood of an adolescent using birth control ( $R^2(\text{adj})=0.06$ ,  $p=0.079$ ). Thus, the model failed to reject the null hypothesis as regression demonstrated that family stability was not a significant predictor of birth control use in adolescence. Caution must be used when interpreting these results, however, due to the extremely low number of respondents for this variable (N = 268). The impact of each independent variable can be seen in Table 5.11.

Table 5.11. Regression Analysis of the Influence of Family Routines and Family/Home Risk on Birth Control Usage

Predictor	$R^2(\text{adj})$	F	$\beta$	SE
	0.06	1.971		
Index of Family Routines			-.269	.784
Family/Home Risk Index			-.386	.019

### 5.3.3 Delinquency Index

The included relational variables were found to be a significant predictor of delinquency ( $R^2(\text{adj})=.043$ ,  $p<.01$ ). Thus, the null hypothesis was rejected as regression indicated that the two included variables significantly impacted score on the Delinquency Index. The impact of each independent variable can be seen in Table 5.12.

Table 5.12. Regression Analysis of the Influence of Family Routines and Family/Home Risk on Delinquency

Predictor	$R^2(\text{adj})$	F	$\beta$	SE
	0.043	33.991		
Index of Family Routines			-.052*	.003
Family/Home Risk Index			.128*	0

\* $p \leq .01$

### 5.3.4 Substance Abuse

The effect of family routines and home risk on adolescent substance abuse was found to be significant ( $R^2(\text{adj})=0.068$ ,  $p<.01$ ). Thus, the null hypothesis was rejected as regression indicates that these two variables have statistically significant impact on adolescent substance abuse. The impact of each independent variable can be seen in Table 5.13.

Table 5.13. Regression Analysis of the Influence of Family Routines and Family/Home Risk on Substance Abuse

Predictor	$R^2(\text{adj})$	F	$\beta$	SE
	0.068	54.773		
Index of Family Routines			-.097*	.003
Family/Home Risk Index			.059*	0

\* $p \leq .01$

### 5.4 Hypothesis 3

Hypothesis 3 predicted that of the children in families with higher levels of instability, males will have higher instances of maladaptive behaviors than females. To test this hypothesis, it first had to be determined how the sample population would be divided into those from families with unstable family situations as opposed to those from stable families. Because that there is not a significant literary basis for making this determination within the variables provided for this study, this differentiation was done using the means of the independent variables. Youths were selected as having high levels of instability if they met the following criteria:

1. They have had more than the sample mean (2.71) changes of residence since the age of 12.
2. Their Index of Family Routines score fell below the sample mean (15.04), indicating less routine family interaction.
3. Their Family/Home Risk Index score fell above the sample mean (2.801), indicating high levels of home risk.
4. They have had a change in primary caregiver.

Satisfaction of each of these four criteria yielded a sample of 311 children from families with high levels of instability.

A one way ANOVA was run to then determine if there was a statistically significant difference between males and females exhibiting maladaptive behaviors as defined by the dependant study variables.

The results of the ANOVA yielded that of the four variables determining behavioral outcomes, only age at first sex had a statistically significant result between males and females ( $F=12.01$ ,  $p<.01$ ). Therefore, it was determined that there is no difference between males and females from unstable families that exhibit maladaptive behaviors. The results of the ANOVA are displayed in Table 5.14.

Table 5.14. ANOVA Analysis of Gender Differences

Variable	F	Sig.
Age at First Sex	12.08	.001
Use of Birth Control	.418	.530
Delinquency Index	5.366	.021
Substance Use	5.294	.022



## CHAPTER 6

### DISCUSSION

This chapter will provide an explanation of the major findings from the previous chapter. Implications and recommendations for social work practice, research, and policy will be discussed.

#### 6.1 Explanation of Major Findings

This study revealed findings concerning the impact of family stability, as defined by number of residence since age 12, Index of Family Routines, Family/Home Risk Index, and change in primary caregiver on adolescent behavioral outcomes, as defined by age at first sex, use of birth control in previous year, Delinquency Index, and Substance Abuse Index. This chapter will discuss the impact of family stability on age at first sex, use of birth control in previous year, Delinquency Index, and Substance Abuse Index, as well as the impact of family stability on behavior as a whole.

##### *6.1.1 Age at First Sex*

This study focused on the impact of family stability on the age an adolescent would first have sexual intercourse. This study indicated that family stability has a statistically significant impact on the age an adolescent will first have sexual intercourse, meaning that children from families with higher levels of instability are more likely to experience sexual intercourse at younger ages than those from families with higher levels of stability. This is consistent with the theoretical approach described in CHAPTER 3 of this study. With the presented theoretical approach of applied behavioral theory, adolescents that are not experiencing stability at home may not be receiving the appropriate level of attention and affection from a caregiver. Because of this lack of attention, these adolescents may be more likely to behave in ways outside of the home that may not be considered socially acceptable, such as experiencing sexual intercourse

at younger ages. These adolescents may be seeking this intimacy outside of the home in the form of sexual contact to obtain the attention they are not receiving in a home environment. This would be consistent with Skinner's theory in that these adolescents are acting in ways to gain, specifically attention and intimacy.

It is worth mentioning that this study did not separate those participants who had never had sexual intercourse from those who simply refused to answer the question. Adolescents who have never had sexual intercourse were not examined in this study because they were not identifiable.

#### *6.1.2 Use of Birth Control*

The likelihood of family stability impacting adolescent use of birth control was examined. This study found no statistical significance between family stability and birth control usage. As stated before, these results need to be interpreted with caution. The first reason is that the number of responses to this question was extremely low (N = 268). With a number this low, it is difficult to determine the impact of family stability on birth control usage. Additionally, as mentioned previously, this study did not differentiate between those who had not had sexual intercourse in the previous year and those who simply refused to answer the question. Finally, there was no differentiation between those who had sexual intercourse over the past year with multiple partners and those who had sexual intercourse within the confines of a relationship or with few partners. To examine the concept of risky sexual behaviors as identified in the literature, these differentiations would need to be made. This will be discussed more in the implications section of this chapter.

#### *6.1.3 Delinquency Index*

This study examined the relationship of family stability with delinquency as measured by the Delinquency Index. It was found that family stability has a statistically significant impact on delinquency. This is consistent with applied behavioral theory in that children from families that do not have high levels of stability are more likely to seek this stability (gaining behaviors) in

other, perhaps socially unacceptable ways. To examine this further, consider the different dimensions that the Delinquency Index measures. Behaviors examined include running away from home, gang affiliation, vandalism, shoplifting, theft, selling stolen goods, fighting/assault, dealing/selling drugs or narcotics, being arrested for criminal or illegal activities. It can be theorized that many of the adolescents that exhibit these behaviors are doing so to gain attention, or other feelings not experienced in the context of the home. Gang affiliation could be sought by these children because it gives them feelings of belonging, safety, and closeness that were not met at home because of the lack of stability. Even activities such as theft, vandalism, assault, etc. could possibly be attention seeking behaviors. Adolescents could be taking part in these activities to gain attention and acceptance from peers. Additionally, adolescents could be acting out in these ways in an attempt to seek attention from adults, whether it be attention from law enforcement, or even from the caregivers at home. For example, a teen that is not receiving attention in his home due to a recent divorce, death of caregiver, or simple lack of a consistent caregiver present in the home may act out in one or more of these ways because it will guarantee forced interaction with their parent or caregiver. Although the interaction may not be considered positive by some, it is still attention that this adolescent would not otherwise be receiving.

It is also possible that behaviors measured in the Delinquency Index be escape motivated as well. The simple act of running away or leaving home by an adolescent could obviously be an attempt to escape the pain and suffering felt at home as a result of being from a family with high levels of instability.

#### *6.1.4 Substance Abuse*

This study found that the impact of family stability on adolescent substance abuse was statistically significant. This implies that adolescents from families with higher levels of instability are more likely to become involved in substance use. This is consistent with the theory of applied behavior. Although this substance abuse could be considered gaining behaviors, it

could be likely that adolescents from unstable families are motivated by escape, and therefore become involved in substance abuse. In other words, a teen may be experiencing feelings of rejection, hurt, and abandonment in a home with high levels of instability. This could be due to the loss of a primary caregiver (death, divorce, imprisonment, etc.), the absence of the primary caregiver in the home, or frequent moves from an established residence. Due to these feelings, these adolescents may be likely to behave in ways to escape this hurt, abandonment, and rejection. One way that could be easily accessible is the use of substances. Adolescents may elect to use drugs or alcohol because of the physical high they receive, therefore allowing them to escape these internal feelings brought on by being part of a family with high levels of instability.

*6.1.5 Overall Impact of Family Stability on Behavior*

With the exception of use of birth control, it is apparent when examining the results of this study, that family stability does in fact have an impact on adolescent behavioral outcomes. The results point to the conclusion that children from families with higher levels of instability could exhibit higher levels of maladaptive behaviors. This holds true to the fundamentals of applied behavioral theory. Adolescents from unstable families could likely exhibit socially unacceptable or risky behaviors to either gain or escape feelings brought on by being in these unstable home environments. Each of the behavioral variables examined in this study are consistent with this theoretical approach. Each of the behaviors found to be statistically significantly tied to family stability are displayed in Table 6.1 and Table 6.2.

Table 6.1. Escape Motivated Behaviors  
Brought on by Family Instability

Behavior	Purpose of Behavior
Running from home	Escape unstable situation at home
Substance abuse	Escape feelings of rejection, hurt, abandonment

Table 6.2. Gaining Motivated Behaviors  
Brought on by Family Instability

Behavior	Purpose of Behavior
Gang affiliation	Gain acceptance, safety, belonging
Vandalism	Gain attention (peer, caregiver, adult)
Shoplifting/Theft	Gain attention (peer, caregiver, adult)
Selling stolen goods	Gain attention (peer, caregiver, adult)
Fighting/assault	Gain attention (peer, caregiver, adult)
dealing/selling drugs	Gain attention (peer, caregiver, adult)
Arrest for illegal activities	Gain attention (peer, caregiver, adult)
Sexual activity	Gain attention, intimacy, relationship

## 6.2 Implications and Recommendations for Social Work

Social workers are skilled in working with families and adolescents, therefore the findings of this study are essential to social workers on an individual level, as well as the practice of social work as a whole. Social workers must continue to increase their knowledge about families as well as the impact of specific family dynamics as they relate to other outcomes.

### *6.2.1 Practice*

This study is beneficial to social workers, particularly to those that work in the areas of child welfare, school social work, family preservation services, adoption and/or foster care, residential care, family and/or adolescent therapy, or any other avenue of social work in which the social worker has direct contact and capacity to change the ways families or adolescents function in the home environment.

It is essential that social workers in these areas of practice understand the ramifications and outcomes of this study. When working with children inside of their home environment, whether it be in a traditional home setting, a foster home, group home, or residential care setting, it is essential that caretakers and social worker understand the importance of a stable home environment. As this study points out, the implications of stability within the family unit are great when it comes to considering behavioral development of adolescents.

In the realm of child welfare, family preservation, and foster care, social workers must take into consideration the well-being of the child from a stability standpoint. When considering whether or not to remove a child from a home due to possible abuse or neglect, the ramifications of doing so must be considered on more than just an immediate level. Obviously the first priority of a social worker in this situation must be to protect the child physically, but if there is a question as to whether or not a child would be greater served in or out of the care of their primary caregiver(s), the disruption of this relationship must be placed under extreme scrutiny. The disruption of the stability of the caregiver-child relationship must be considered before breaking that tie and separating that child from the caregiver. Doing so would immediately disrupt family stability, putting this child in danger of the behavioral implications indicated in this study.

Placing a child in foster care must be given equal consideration. If separation from a caregiver is determined to be needed, the stability of the child must be examined when finding a foster placement. Questions must be asked regarding the stability of a possible foster placement, feelings of safety and security of the child in this placement, etc.

In a group home or residential care setting, careful attention must be given to the availability of a primary caregiver substitute for the children in care. In a group setting, it is essential, given the knowledge obtained in this study, that adolescents are given specific attention as it relates to that obtained by a primary caregiver. Obviously the need to be in a group home or residential care setting alone points to the fact that separation from a caregiver

has already taken place, therefore special attention needs to be given in order to reduce possible further feelings of abandonment and loss for these adolescents.

For social workers practicing with families inside of the home environment, or social workers that work with families that are not necessarily facing the risk or possibility of losing their children, the findings of this study also hold great importance. Social workers working with families or children in therapeutic and clinical settings must consider the concept and importance of family stability as well. When facilitating change within families, social workers need to strive to create stable, safe, and predictable home environments. This could include having families focus on the amount of time they spend with their children, therefore building intimate relationships, developing predictable routines, such as meals together, scheduled family time, and/or family rituals. Social workers working with families need to stress these concepts as they are important for meeting the emotional needs of their children. As seen by the results of this study, children that do not have these needs met at home are in danger of exhibiting maladaptive behaviors in order to possibly obtain these needs in other aspects of their lives.

On a relational level, clinical social workers should fully understand the results of this study. Clinicians working with families need to understand the importance of creating a cohesive, trusting bond between family members. Clinicians also need to realize which therapeutic techniques are best to utilize when attempting to form these bonds between caregivers and children.

The development of a standardized measure (also discussed in the research implications of this study) to identify unstable families would be extremely useful and beneficial in practice. Practitioners in the field as well as clinical social workers could use such a tool to identify which children are at risk for behavioral difficulties based on levels of instability and tailor their interventions and techniques based on providing stability for families. This would enhance and strengthen social work specifically from an evidence-based perspective.

### 6.2.2 Research

This study revealed several areas where further research is needed. While the variables of birth control usage as well as age at first sexual intercourse were examined as they related to risky sexual behaviors, these two variables certainly did not exhaust the realm of this concept. As stated earlier, neither of these variables differentiated between adolescents that had experienced sexual intercourse and those that had not. Certainly the fact of whether or not an adolescent has had sexual intercourse at all is a variable that needs to be considered when looking at risky sexual behaviors. With the data provided in this study, it was only possible to examine those who had admitted to actually participating in sexual intercourse. Those that had elected not to have sexual intercourse were not considered at all in this examination of family stability as it relates to risky sexual behaviors.

In addition to exclusion of those who had not had sexual intercourse from this study, this data did not consider the context in which adolescents were having sexual intercourse. When asked for the estimated frequency of birth control usage in the previous year, the respondents were not allowed to elaborate on their sexual relationships. It is quite possible that when asked about use of birth control, the respondent could have been an 18 year old involved in a committed relationship, or even a married person who was not using birth control because s/he desired pregnancy. This would not be considered an inappropriate behavior by many. Future research should focus on the specifics of sexual relationships in order to truly examine the impact of family stability on risky sexual behaviors.

Further research should also focus on how family stability impacts lesbian, gay, bisexual, or transgender people. This study did not differentiate between sexual preference, identification, or orientation in regards to any variable, but specifically as it relates to sexual behavior.



Aside from measurement of risky sexual behaviors, future research could also benefit from the development of an appropriate single tool to measure the concept of family stability. While this study did much to combine the relational and concrete aspects of family stability, it still was forced to rely on a combination of tools and measures to quantify this construct. The combination of these measures as well as possible other measures as identified throughout literature could yield the development of a singular instrument designed to measure family stability.

Additional research also needs to be done to continue the differentiation of the relationship and concrete variables surrounding family stability. Although this study did examine the relational aspects of family stability separately, doing so did not yield any information that truly made relational aspects stand alone as they relate to behavioral outcomes. Furthering the work of Olson, specifically his Circumplex of Family Systems (2000) by looking at relationships as they relate to family stability instead of only examining concrete factors of family stability, such as race and income, would still produce a great knowledge base as this concept is further examined.

One of the glaring questions still evident is “what exactly is family instability?” This study has provided a glimpse into what some consider stable, non-chaotic families, but there is hardly a consensus as to what a stable family truly looks like. It is clear that changes that occur frequently in life can have an impact on childhood behavior; however, there is not a consensus on what changes really provide the greatest threat to behavioral outcomes. Research needs to be conducted on whether it is a specific change that causes the most significant behavioral changes in children, or if it is the nature of change itself. Comparative studies examining the types of changes faced by similar families could take steps into determining whether or not change itself is a determining factor in behavioral outcomes. It should be considered, based on the results of this study, that changes happening at a high frequency in childhood could have a

negative behavioral impact on children, even if the changes that occur are not always the same. Studies conducted in this area could begin to answer this question.

### *6.2.3 Policy*

The implications for policy that this study yields are possibly much more complex than mere research or practice. Developing family policy is always a complicated process that will not impact all people and families the same. Likewise, given the results of this study, there are some definite implications on the policy front that could impact families in a positive way.

One of the ways that formation of public policy could help families create a stable environment is the provision of in-home services for at-risk families. Children who are at-risk are currently evaluated on the campus level through public school systems. At-risk children include children that have a high mobility rate or are homeless. Currently the only children that are mandated to receive in-home or parent training services at no cost through the school system are children diagnosed with autism. If similar funding could be used to provide in-home support for children from unstable homes, these families could receive much needed education and help in developing a stable, non-chaotic home environment for their children. Funding that would allow for professionals such as social workers with education and experience working with families could open the door for effective treatment to help these at-risk families. Treatments ranging from case management services to more intensive, solution-focused family counseling could go a long way to helping create stable functioning environments. Other approaches taken in the home, including parent education could also prove useful. Education on things such as how to manage money, keep an organized physical space in the home, and provide consistent discipline and reinforcement could be a step parents need in order to create stable homes. Other, more therapeutic education of parents, such as how to provide appropriate attention and develop intimacy with their children is also something in-home support could make possible. Providing a policy that would allow for this support could positively impact millions of families and children throughout the nation.

A broader, economic policy could also assist families in development of a stable home environment. Federal or state policies that assist families in danger of having to move due to financial constraints, or even due to change in parental makeup (death of caregiver, divorce, etc.) keep their primary residence would greatly cut down on the number of chronically mobile families. Stricter child-support laws requiring parents to help families stay in one primary residence could also do much for creating stable family environments.

### 6.3 Conclusion

The purpose of this study was to determine the impact of familial instability on adolescent behavioral outcomes. The study was supported by the literature review as well as Skinner's theory of applied behavior. As this study indicated, there does appear to be a relationship between the stability of a family and the behavioral outcomes exhibited by adolescents.

The importance of this study should not be understated in the realm of social work. Seeing as social workers are at the forefront of assisting families in making significant changes, it is essential that family stability be a key factor in determining which changes need to be made. The impact that family stability has on behavioral development is crucial to comprehend to assist families in making substantial, meaningful changes to benefit the children being raised in these families.

Noting the importance of these findings, it is also important to realize that further research in this area is needed to determine what exact factors of family stability lead to maladaptive behaviors. Also, further inquiry specifically regarding risky sexual behaviors exhibited by adolescents is also warranted.

APPENDIX A  
SAMPLE NLSY97 ADVANCE LETTER

### Shed a Little Light

**In the dark.** That's where researchers and policymakers will be stuck...without your help. Through the NLSY97, you can help us understand the needs and concerns of your generation. You can put the spotlight on what is really important to you and tell us how things are going in vital areas like your job, education, children, and health.

All of us who work with the NLSY97 appreciate your continued participation and dedication to this study, which is sponsored by the Bureau of Labor Statistics of the U.S. Department of Labor.

We realize you are very busy. As always, our interviewers are very flexible and willing to arrange the interview at a convenient time and location for you. And remember, all your answers are protected and secure. Please see the back of this letter for more information about privacy and confidentiality.

Please take a few minutes to update your contact information below or visit the NLSY97 website at [www.norc.org/nlsy97/](http://www.norc.org/nlsy97/). If you have any questions please feel free to contact our toll-free project hot line at (800) 789-1346.

Thanks for helping us to shine a light on the issues facing young adults today!

From *NLSY97 Users Guide 2006*, Rounds 1-11

APPENDIX B

PRIVACY AND DISCLOSURE STATEMENT (FOUND ON THE REVERSE SIDE OF  
THE ADVANCE LETTER)

## **WHY IS THIS STUDY IMPORTANT?**

Thanks to your help, policymakers and researchers will have a better understanding of the work experiences, family characteristics, health, financial status, and other important information about the lives of people in your generation. This is a voluntary study, and there are no penalties for not answering questions. However, missing responses make it more difficult to understand the issues that concern people in your community and across the country. Your answers represent the experiences of hundreds of other people your age. We hope we can count on your participation again this year.

## **WHO AUTHORIZES THIS STUDY?**

The sponsor of the study is the U.S. Department of Labor, Bureau of Labor Statistics. The study is authorized under Title 29, Section 2, of the United States Code. The Center for Human Resource Research at The Ohio State University and the National Opinion Research Center at the University of Chicago conduct this study under a contract with the Department of Labor. The U.S. Office of Management and Budget (OMB) has approved the questionnaire and has assigned 1220-0157 as the study's control number. This control number expires on October 31, 2008. Without OMB approval and this number, we would not be able to conduct this study.

## **WHO SEES MY ANSWERS?**

We want to reassure you that your confidentiality is protected by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002, the Privacy Act, and other applicable Federal laws, the Bureau of Labor Statistics, its employees and agents, will, to the full extent permitted by law, use the information you provide for statistical purposes only, will hold your responses in confidence, and will not disclose them in identifiable form without your informed consent. All the employees who work on the survey at the Bureau of Labor Statistics and its contractors must sign a document agreeing to protect the confidentiality of your data. In fact, only a few people have access to information about your identity because they need that information to carry out their job duties.

Some of your answers will be made available to researchers at the Bureau of Labor Statistics and other government agencies, universities, and private research organizations through publicly available data files. These publicly available files contain no personal identifiers, such as names, addresses, Social Security numbers, and places of work, and exclude any information about the States, counties, metropolitan areas, and other, more detailed geographic locations in which survey participants live, making it much more difficult to figure out the identities of participants. Some researchers are granted special access to data files that include geographic information, but only after those researchers go through a thorough application process at the Bureau of Labor Statistics. Those authorized researchers must sign a written agreement making them official agents of the Bureau of Labor Statistics and requiring them to protect the confidentiality of survey participants. Those researchers are never provided with the personal identities of participants. The National Archives and Records Administration and the General Services Administration may receive copies of survey data and materials because those agencies are responsible for storing the Nation's historical documents.

**HOW MUCH TIME WILL THE INTERVIEW TAKE?**

Based on preliminary tests, we expect the average interview to take about 60 minutes. Your interview may be somewhat shorter or longer depending on your circumstances. If you have any comments regarding this study or recommendations for reducing its length, send them to the Bureau of Labor Statistics, National Longitudinal Surveys, 2 Massachusetts Avenue, N.E., Washington, DC 20212.

**WHERE CAN I FIND MORE INFORMATION?**

To find additional information on the National Longitudinal Survey of Youth (NLSY) visit [www.bls.gov/nls](http://www.bls.gov/nls). Click on the National Longitudinal Survey of Youth 1997 link under the heading General Overviews.



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