

**Guards or Guardians?
A Theoretical and Empirical
Analysis of Parenting Styles in
Juvenile Correctional Programs**

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Abstract

*This study examines juvenile correctional staff interactions in the context of the *parens patriae* model—that is, whether the state, or specifically the program staff who act as agents of the state, act in a manner that is consistent with effective parenting. We measured staff-resident interaction styles in four residential programs, from the perspective of 72 residents and 77 staff members, drawing on rating scales used to assess two dimensions of parental effectiveness in the community—warmth/involvement and strictness/supervision. We found that staff respondents consistently rated warmth/involvement higher than residents, but that residents and staff did not differ in ratings of strictness/supervision. Residents tended to rate clinicians as more warmly involved than other categories of staff (teachers, line staff, or advocates). However, custodial line staff were rated differently – and theoretically, as more effective – when placed in an “advocate” role. Implications for further research and program policies are discussed.*

About the Authors

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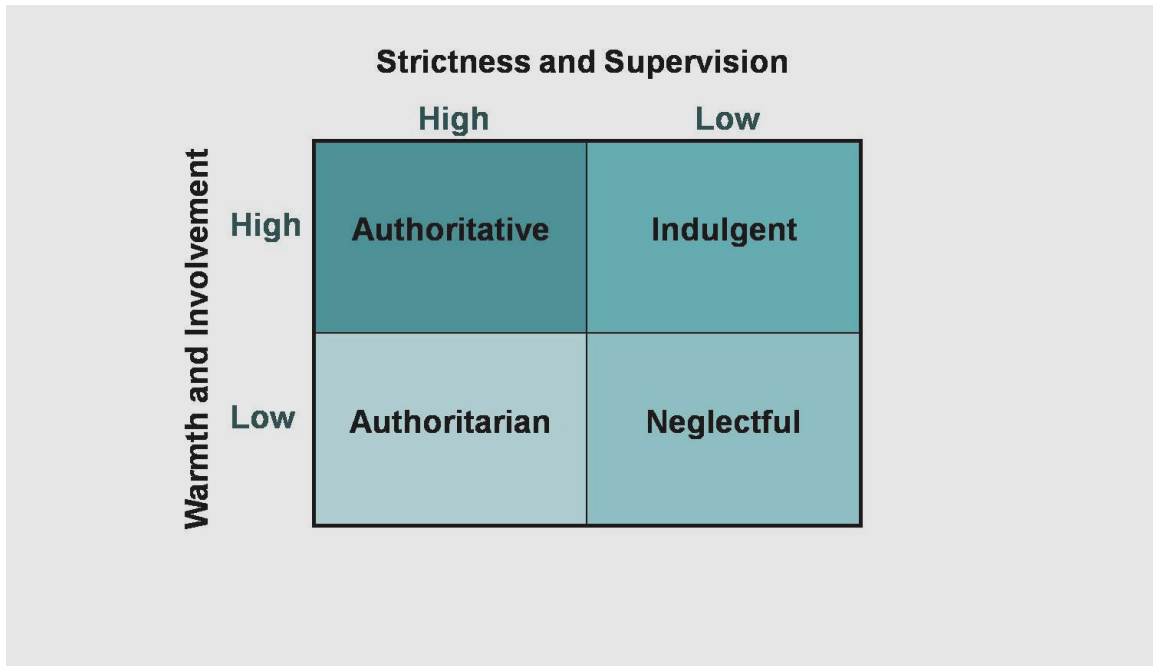
Guards or Guardians? A Theoretical and Empirical Analysis of Parenting Styles in Juvenile Correctional Programs

Introduction

The present study involves understanding how staff interact with residents of juvenile correctional programs, and whether they do so in a manner consistent with an effective style for internalizing socially responsible behavior. We propose that correctional staff within the juvenile justice system, as agents of the *parens patriae* model, can reasonably be examined based on standards applied to parents and guardians in the community. To develop a methodology to investigate this question, we turned to studies of effective parenting, outside of the domain of criminal justice. An emerging body of research on parenting styles is based on a theoretical framework asserted by the psychologist Diana Baumrind (1971), elaborated by Maccoby and Martin (1983) and operationalized by Steinberg et al. (2006). The theory argues that parenting styles are best indicated by the interplay between *parental strictness/supervision* (high expectations and setting appropriate limits) and *parental warmth/involvement* (affection, acceptance, encouragement of individuality, positive support, willingness to respond and negotiate based on the child's individual needs). Specifically, parents can be typed according to their behavioral emphasis of these concepts, producing a four-fold typology as shown in Figure 1 below. The typology's quadrants consist of high strictness/high warmth (authoritative parenting); high strictness/low warmth (authoritarian parenting); low strictness/high warmth (permissive or indulgent parenting); and low strictness/low warmth (neglectful parenting).¹

¹ Some research on parenting style typologies in the community has identified additional categories of parents beyond the original four-fold model (see Dixon, 2002).

Figure 1. Four-fold Parenting Typology. (Adapted from Baumrind 1971; Maccoby and Martin, 1983; Steinberg et al., 2006.)



The cumulative research in the field of child development has established that the authoritative parenting style (high strictness and high warmth) is the ideal parenting style for children and adolescents, regardless of demographic variations in social class, gender, and race because it “balances control with warmth and judicious demands with responsiveness” (Baumrind, 1996, quoted in Hay, 2001). According to Dixon (2002), authoritative parenting focuses on the personal growth of the child; sets firm rules but is willing to modify these rules in cooperation with the child, which allows for negotiation and mutual persuasion; values the opinions of the child as distinct from those of the parent; and provides explanations when establishing rules. More complex than other approaches, authoritative parenting leads to both social responsibility and self-assertion in children. Children raised by authoritative parents are more psychosocially mature (Fletcher et al., 1995; Lamborn et al., 1991; Steinberg et al., 1994); self-reliant (Steinberg

et al., 1991); and perform better in school (Steinberg et al., 1991; Steinberg et al., 1994). Children raised by authoritative parents are less apt to internalize and externalize problems (Fletcher et al., 1995; Steinberg et al., 1994), and are less likely to show symptoms of depression or anxiety than those raised by authoritarian, indulgent, or neglectful parents (Steinberg et al., 1991).

In addition to the positive effects of authoritative parenting, researchers have found that, compared with other parenting styles, authoritative parenting is related to the prevention of unwanted behaviors. Although these studies are few in number, their findings offer important connections between the fields of child development and criminology. Children and adolescents with authoritative parents are less likely to engage in problem behaviors, such as drug and alcohol use, including cigarettes, marijuana, and other drugs; school misconduct, including cheating, copying homework, and tardiness; and delinquency, including carrying a weapon, theft, and getting into trouble with the police (Lamborn et al., 1991; Steinberg et al., 1994). Using similar constructs, criminologists Wright and Cullen (2001) found that a wide range of delinquent behaviors was reduced by not only parental control, but the combination of control and support. Other research has found that youths raised by authoritative parents are also less likely to affiliate with deviant peers (Fletcher et al., 1995; Simons et al., 2005), and are less likely to engage in delinquent behavior (Baldry and Farrington, 2000; Lamborn et al., 1991; Steinberg et al., 1991), than those raised by authoritarian, indulgent, or neglectful parents.

Other studies provide insights into the intervening linkages between parenting styles and youth behaviors. An important study of university students suggests that

authoritative parenting encourages adherence to norms by encouraging guilt and reducing shame (Abell and Gecas, 1997). The students, who rated their parents as authoritative, coercive (relying on punishment), or affective (relying on withdrawal of affection), were given hypothetical vignettes about misbehaviors. As authoritative parenting increased, so did students' guilt about norm violations. Guilt was associated with an increased responsibility to adhere to moral and social norms. The guilt-prone students also had fewer self-destructive feelings of shame. The study found that their mothers not only explained the social and personal consequences of rule-breaking, but did so in the context of a warm mother-child relationship. Their parenting approach was characterized by maternal support combined with verbal reasoning and discussion of consequences for misbehaviors, and drew attention to their children's behavioral responsibilities to others without diminishing the children's self-image.

In addition to the beneficial effects of the authoritative style, studies have found negative consequences of the other parenting approaches. Authoritarian parenting emphasizes complete obedience, parents having the final "say," and forceful, punitive discipline to resolve parent-child conflict (Dixon, 2002), and has been linked negatively to children's internal moral judgments (Hoffman, 1970) and levels of empathy (Feshbach, 1974). Permissive, or indulgent, parenting occurs when the parent serves as a resource for the child; is non-punitive, completely accepting and always positive toward the child's whims; and places few demands on the child's behavior (Dixon, 2002). Permissive parenting has been associated with impulsive, aggressive children lacking social responsibility and independence (Baumrind, 1971). Finally, neglectful parenting provides little structure in the form of rules; is rejecting of children; and does little to

nurture a child's independence (Dixon, 2002). Neglectful parenting has been linked with a decline in adolescents' pride in successfully completing tasks and attachment to school, and significant increases in delinquency and use of alcohol and drugs (Steinberg et al., 1994).

Studies in criminology which examine case histories of family relationships among juvenile offenders have well established the importance of parent-child interactions in understanding why delinquency occurs. Three dimensions of socialization in the family – discipline, supervision/monitoring, and attachment – are consistently related to delinquency (see Laub and Sampson, 2003, 1988; McCord, 1991). Indeed, one of the primary criteria used by the juvenile court in determining whether to commit an adolescent to a correctional agency is whether parents are able or willing to supervise their child. Consequently, correctional agencies oversee adolescents who are not only lawbreakers, but often who are judged to have ineffective parents, further justifying the state's obligation in assuming the parenting role.

Conceptually, our study addresses the issue of how closely the staff of juvenile correctional programs, acting in roles similar to parental surrogates, adhere to the ideal model of authoritative parents. Theoretically, the research also examines the question of how the state translates its underlying philosophy of *parens patriae*, or the state acting as a parent, into the practices of caregivers. The original vision of the juvenile justice system was well articulated at the turn of the last century, when the juvenile court was first established, by Judge Julian Mack (1909, p. 107): “Why is it not just and proper to treat these juvenile offenders, as we deal with the neglected children, as a wise and merciful father handles his own child whose errors are not discovered by the authorities?”

Yet when juvenile correctional agencies were established in the latter half of the last century, the promise of a strong parental figure dissolved into competing concepts of “control” and “treatment,” represented by custodial line staff and therapeutic staff in fundamentally opposing roles. A related and more recent trend in the juvenile correctional system involves the use of adult correctional models and policies—uninformed by understandings of adolescents and disregarding differences between adolescents and adults—which exacerbate behavioral problems in facilities. The Chief of Special Litigation Services at the U.S. Department of Justice, who enforced the Civil Rights of Institutionalized Persons Act (CRIPA) along with a provision of the 1994 Violent Crime Control and Law Enforcement Act to correct violations of juveniles' federal rights by juvenile justice administrators, observed that “many of the problems we see in juvenile facilities, particularly those running on an adult model, not only violate specific legal rights of juveniles (for example, to be free from excessive force or arbitrary discipline), but also undermine the underlying [rehabilitative] mission of the facility” (Rosenbaum, 1999).

Although juvenile correctional systems have drifted far from Judge Mack’s early observations and tend to ignore key opportunities for intervention with adolescents, a growing body of recent scientific evidence has established that adolescents’ brain and emotional development continues well past the age of eighteen. Certain aspects of late-stage maturation, including the refinement of decision-making abilities and impulse control, rely on one of the latest brain regions to mature, and are theoretically influenced by positive environments (Giedd, 2004; Grisso and Schwartz, 2003). Although correctional facilities have shown no interest in developing objective standards to

interpret the role of the “wise and merciful” parent, in light of the evidence on adolescent maturation, our study suggests how parenting styles might translate to a juvenile correctional program, and how a typology of parenting approaches would be useful in developing program guidelines and measuring effectiveness. Our primary notion is that correctional program staff – including teachers, clinicians, line staff, and advocates² – are, in fact, surrogate parents to incarcerated youths, in the sense that they are in a position to offer regular advice, correct misbehaviors, provide encouragement, and perform other roles associated with parenting. In this new light, the question is whether staff tend to use theoretically effective, authoritative interaction styles in regard to their own understanding and the understanding of the juvenile offenders whom they oversee.

These questions relate to an unresolved debate within the study of juvenile correctional programs involving the assessment of program effectiveness. In particular, criminologists are divided into those who perceive a possibility of rehabilitation in residential programs in the juvenile justice system (e.g., Andrews, et al., 1990; Blevins et al., forthcoming; Cullen, 2005; Cullen and Gendreau, 1989; Cullen and Gilbert, 1982; Cullen and Wright, 2002; Van Voorhis et al., 2000), and those who are more skeptical that such a result can be achieved. While research has shown that program staff express support for rehabilitation as a goal of juvenile corrections, skeptics have warned that criminologists are following an “elusive ‘rehabilitative’ grail” (Feld, 1999: 281) due to weak intervention effects (Lab and Whitehead, 1988, 1990; see also Snyder and Sickmund, 2006: 234-235); the predisposition of institutions to exploit clients under their

² Line staff primarily perform a custodial role in maintaining order and security. As a matter of program policy, each new resident is assigned to one of the line staff who serves as an occasional advocate, or liaison, between the resident and various aspects of the program. The advocate is expected to convey the needs or concerns of the resident when deemed appropriate.

supervision (Bartollas et al., 1976, 2007; Bortner and Williams, 1997; Sykes, 1958; Zimbardo et al., 1974); the probability of class and race bias in staff-resident interactions (Inderbitzen, 2007); and the implications of the “new penology’s” emphasis on short-term bureaucratic goals, including reduction of risk and behavioral management (Feeley and Simon, 1992; Tipton, 2002). The dichotomy of treatment versus custody has stimulated much debate among criminologists, but it is only one way to examine the impact of juvenile correctional programs. We argue here for a new approach, which considers the relationship between staff and residents in much the same way as researchers have studied parents’ interactions with their children, and therefore transcends the treatment-custody issue.

The conclusions of several recent studies in juvenile corrections and juvenile law lend support to our premise that an overarching parenting philosophy would improve the long-term effectiveness of correctional programs. Many youths in the care of juvenile correctional programs are raised by neglectful parents, spend little time with their parents while incarcerated, are in custody for increasingly longer periods, and are expected to develop into adults within locked facilities (Inderbitzin, 2005). Thus there exists both a situational need and a psychological opportunity for intervention which would, in theory, have a positive effect on cognitive and emotional development in juvenile offenders. In addition, such intervention is not merely hypothetical, but certain aspects have been implemented with promising results. For instance, researchers have found that when staff are trained in family counseling and youth skills development, they administer fewer punitive responses to incarcerated juvenile offenders (Marsh and Evans, 2006), suggesting that such training increases order and control in juvenile correctional

programs. Also within the scope of juvenile corrections, comprehensive family therapy (e.g., functional family therapy or FFT), includes teaching positive parenting skills to parents of delinquent youths, and has been found to be an effective approach for reducing recidivism in court-involved juveniles (Alexander et al., 2000).

An early case study of a juvenile correctional institution of the 1960s (Street et al., 1966) describes how the program model specified roles for staff as surrogate parents. The study focused on staff who were employed as “cottage parents,” whose job responsibilities, on paper, included treating youths individually and forming supportive relationships. The research found that despite the job title and expectations for building relationships with residents, in fact their function was group management based on administering rewards and sanctions. Looking back on this finding, we now know that the psychological tool of positive reinforcement is only useful as long as the desired behavior is continually reinforced. Once the reinforced action ceases to be reinforced, as when a youth re-enters the community, the subject undergoes an extinction process (with the absence of consistent reinforcement, the subject will display the action less and less). Therefore, the behavioral modification approach, at its best, is only effective in the short term, whereas parenting techniques are shown to affect children well into adulthood and throughout their lives (Dixon, 2002). The case study may be read as a warning of how behavior management models, which are commonly used in juvenile corrections today, encourage only superficial interactions, rather than developing relationships similar to the parent-child ideal. The findings of the case study suggest that in the cottage model, staff chose to emphasize rewards and sanctions, tied to in-program behaviors, rather than adopt authoritative parenting techniques focused on youth development. Even close

adherence to the behavior modification model, which is based on addressing behavioral violations using positive reinforcement techniques, can only represent the parenting dimension of strictness and supervision, but inherently lacks the requisite warmth and involvement for socializing youths over the long term.

To date there has been no comprehensive study of parenting styles among *de facto* surrogate parents of delinquents in congregate settings, including correctional staff who interact with juvenile offenders. In fact, there is very little research on authoritative parenting among lower- and working-class families in general (Tirrell, 2007). Short of a small handful of studies (see, for example, Steinberg, et al., 1991), researchers have hypothesized that authoritative parenting is a good fit for middle-class parents, but have failed to consider its applicability to other social classes. Ever since the developmental field of parenting practices was in its infancy, three decades ago, there has been resistance in both the academic literature and public discourse as far as recommending authoritative parenting outside of middle-class families, because the type of warmth, support, and negotiation that is indicative of authoritative parenting was thought to be beneficial only to children who would eventually become questioning scholars or negotiating professionals.³ However, for lower- and working-class youths, who were assumed to be destined for blue-collar or no-collar jobs, this parenting practice was seen, at best, as irrelevant and at the worst, as detrimental. If authoritative parenting produced

³ The original source for the belief that authoritative parenting styles should be limited to middle-class families can be found in the widely-cited elaboration of the Baumrind typology by Maccoby and Martin (1983, p. 84), who wrote, “Clearly the nature of the parent-child interaction that occurs, and the nature of its outcomes, depends on the social structure within which a family is functioning. What are the societal conditions that determine whether it is the middle-class American pattern of frequent close and democratic interaction, or a more authoritarian pattern, that will prove best adapted to turning out well-socialized individuals?”

critically-thinking adults, it would be in conflict with most lower-class occupations which call for compliant, unquestioning workers (see Inderbitzen, 2007; Rubin, 1976).

Although assumptions, rather than empirical findings, tended to frame early definitions of effective parenting in class-based terms as the developmental field of parenting studies was becoming established, more recent studies have used a broader empirical approach to measure demographic variation, including gender, race and class. Such an approach extended the analysis of parenting styles to previously unstudied groups and refuted earlier assumptions by showing that, in fact, lower, middle, and upper class youths benefit equally from authoritative parenting (Steinberg et al., 1991). Methodologically, recent research has further specified Baumrind's concepts of strictness and warmth into reliable scale measures of parental strictness/supervision and warmth (Steinberg et al., 1991; Steinberg et al., 1994; Steinberg et al., 2006). Recognition of authoritative parenting as the ideal for all children, regardless of socio-economic status, should encourage the fields of developmental psychology and, by extension, criminology and juvenile justice, to progress further in regards to socio-economically disadvantaged children, including juvenile offenders.

Method

Our research was designed to study the concepts of warmth and strictness in staff as parental surrogates by operationalizing these concepts into Likert scale measures of warmth/involvement and strictness/supervision. Using self-administered questionnaires, our study examined how residents described their interactions with the staff of juvenile correctional programs, and how staff described interactions that occurred between other staff and residents. We analyzed the differences in perceptions between residents and

staff concerning staff-youth relationships using measurement instruments that are based on previously developed scales used to study parenting styles in the community (Steinberg et al., 1991; Steinberg et al., 1994). Questionnaires were administered to 72 juvenile offenders and 77 staff from four residential programs contracted by the Massachusetts Department of Youth Services (DYS). Our sample controlled for geography and staffing policies, due to the fact that all programs were overseen by the same parent agency and were located in the same geographic region in Massachusetts. Our sampling frame consisted of the entire population of youths for whom we obtained the necessary parental consent permitting their participation in the study, as well as program staff (first- and second-shift line staff, teachers, and clinicians) during the summer of 2007. The programs consisted of three 25-30 bed programs for boys (detention, assessment, and treatment) and one multi-purpose 25-bed program for girls.

Our procedure involved four stages. First, residents and staff were separately told about the general purpose of the study and were invited to participate. Second, program caseworkers obtained parental consent for all youths possible who expressed interest. The majority of parental consents that were not obtained were due to parents being unreachable because their whereabouts were unknown to the program. Third, questionnaires were administered to each respondent with a researcher present to explain the questionnaire and offer any needed clarifications. Finally, the respondents were debriefed and, in the case of the youths, their understandings of the questions were verified by a researcher to ensure that there were no incorrectly recorded or missing items.

For both staff and residents involved in a variety of interactions, our questionnaire measured two main dimensions of effective parenting. Staff warmth/involvement was measured using four nine-item Likert scales, including measurements of teacher warmth/involvement, clinician warmth/involvement, line staff warmth/involvement, and advocate (individual line staff assigned to each resident) warmth/involvement. Our warmth/involvement scale included such items as: “The residents can count on teachers/clinicians/advocates/line staff to help them out, if they have some kind of problem,” “When the teachers/clinicians/advocates/line staff want residents to do something, they never explain why” (reverse coded), and “The teachers/clinicians/advocates/line staff keep pushing residents to think independently and avoid peer pressure.” Staff strictness/supervision was measured using a ten-point Likert scale based loosely on parenting literature, but which also accounted for the extensive emphasis on rules in correctional facilities, and included such items as: “Residents know that rules against contraband will be strictly enforced,” “Residents of this program get away with breaking rules during family visits” (reverse coded), and “Rules during recreation periods are strictly enforced.” (See Appendix A for all scale items.) For purposes of reliability testing, the questionnaire was divided into five subscales and we obtained Cronbach’s alpha for reliability as follows: Teacher Warmth ($\alpha = .89$); Line Staff Warmth ($\alpha = .89$); Advocate Warmth ($\alpha = .91$); Clinician Warmth ($\alpha = .88$); and Strictness/Supervision ($\alpha = .80$). We analyzed the ratings of behavior exhibited by four categories of program staff (clinicians, teachers, line staff, and advocates) using paired-sample *t*-tests and ANOVA to measure interpretations of staff behaviors from both residents and staff.

Our analysis resulted in four main findings. In summary, first, we found a “ratings gap” between residents and staff such that staff respondents gave higher ratings of staff warmth/involvement than residents. Second, we found consensus between staff and residents as far as their ratings of strictness and supervision. Third, in nearly all comparisons, residents rated clinicians as significantly more warmly involved than other categories of staff. Fourth, in the treatment program only, we found that advocates were rated similarly to clinicians, and higher than line staff, by both residents and staff members. These findings are explained in greater detail as follows.

A two-way between subjects ANOVA was conducted to determine the variation in ratings of warmth/involvement and strictness/supervision. The between-subjects factors were respondent type, with two levels (residents and staff), and program type, with four levels (detention, assessment, treatment, and girls). Each of the four warmth/involvement subscales (which rated clinician warmth, line staff warmth, advocate warmth, and teacher warmth) was analyzed independently. As regards to clinician warmth, line staff warmth, advocate warmth, and teacher warmth, significant main effects were found for respondent type (see Table 1 below). These findings show that staff consistently rated warmth and involvement differently, and higher, than residents. As far as strictness/supervision ratings, there were no significant differences between residents ($M = 36.7$) and staff ($M = 38.5$). These combined findings suggest that the two groups of respondents, staff and residents, shared similar perceptions of strictness/supervision, yet differed in their perceptions of warmth/involvement.

Table 1. ANOVA results of staff and residents' ratings of warmth/involvement.

	Staff Ratings		Residents' Ratings	
	N	M (SD)	N	M (SD)
Clinician	76	38.1 (6.1)	67	33.6 (6.3) ¹
Line Staff	77	34.9 (5.9)	69	28.1 (6.8) ²
Advocate	77	35.2 (6.0)	72	30.3 (6.7) ³
Teachers	76	36.4 (5.7)	68	29.9 (7.0) ⁴

¹ $F(1, 135) = 16.6, p = .001.$

² $F(1, 138) = 40.4, p = .001.$

³ $F(1, 141) = 17.4, p = .001.$

⁴ $F(1, 136) = 37.6, p = .001.$

To further examine the variation in warmth/involvement, we separately analyzed ratings given by staff and residents to determine how each group rated each of the four occupational categories (clinicians, line staff, advocates, and teachers). When we examined residents' ratings of warmth and involvement independently from staff, using paired-sample t-tests, a consistent pattern emerged. Residents rated program clinicians as more warmly involved with them than line staff, advocates, or teachers. Results of paired comparisons between clinicians and each of the other occupational categories are shown in Table 2 below.

Table 2. Resident ratings of clinicians' warmth/involvement and other occupational types.

		<u>Clinician</u>	<u>Line Staff</u>	<u>Advocate</u>	<u>Teacher</u>
	N	M (SD)	M (SD)	M (SD)	M (SD)
Detention	12	35.6 (5.9)	27.7 (7.0) **	30.6 (4.5) **	29.9 (6.4) *
		35.6 (5.9)			
		35.6 (5.9)			
Assessment	18	35.3 (5.0)	31.2 (6.6) *	30.4 (5.1) **	31.6 (7.9) **
		35.3 (5.0)			
		35.3 (5.0)			
Treatment	14	32.5 (6.9)	26.5 (7.1) ***	33.8 (8.3)	27.7 (8.3) *
		32.5 (6.9)			
		32.5 (6.9)			
Girls	20	31.6 (7.0)	27.6 (6.5) **	27.9 (7.7) *	30.7 (6.1)
		31.6 (7.0)			
		31.6 (7.0)			

Significance levels determined using *t* tests (two-tailed). Scale means can range from 9 to 45.
 * $p < .05$. ** $p < .01$. *** $p < .001$.

We found that staff responded differently from residents as far as their ratings of warmth and involvement in staff-resident encounters. When we examined warmth/involvement ratings provided by staff members, shown in Table 3 below, we found that staff reported fewer significant differences in warmth and involvement, across occupational types, than residents. Although clinicians were rated as more warmly involved with residents than all other occupations in the detention program, and more so than line staff in the treatment program, they were rated no differently than other occupational types in the assessment and girls' programs. Overall, there were fewer

significant differences noted in staff member ratings of staff warmth and involvement, as compared to residents' ratings of staff warmth and involvement.

Table 3. Staff ratings of clinicians' warmth/involvement and other occupational types.

		<u>Clinician</u>	<u>Line Staff</u>	<u>Advocate</u>	<u>Teacher</u>
	N	M (SD)	M (SD)	M (SD)	M (SD)
Detention	18	38.8 (4.6) 38.8 (4.6) 38.8 (4.6)	33.6 (4.8) **	34.0 (4.6) **	36.1 (4.5) *
Assessment	21	37.2 (8.5) 37.2 (8.5) 37.2 (8.5)	35.1 (6.5)	34.4 (7.8)	35.2 (6.8)
Treatment	20	38.8 (3.8) 38.8 (3.8) 38.8 (3.8)	35.1 (5.5) **	36.5 (4.8)	36.5 (5.2)
Girls	16	38.5 (6.4) 38.5 (6.4) 38.5 (6.4)	35.1 (6.8)	35.6 (6.5)	37.7 (6.2)

Significance levels determined using *t* tests (two-tailed). Scale means can range from 9 to 45.
* $p < .05$. ** $p < .01$. *** $p < .001$.

One unexpected finding had to do with the residents' departure from the pattern of rating clinicians higher than all other occupational categories.³ In the treatment program, residents rated advocates similarly to clinicians, and gave both groups significantly higher warmth/involvement ratings than they gave to line staff (see Table 4). The difference in ratings between line staff and advocates is particularly interesting because an "advocate" is not a staff position *per se*, but rather an occasional role within the job responsibilities of line staff. In the other programs that we studied (detention,

assessment, and girls), we did not find significant differences in ratings of line staff versus advocates.

Table 4. Residents' and staff ratings of advocates' and line staff warmth/involvement in the treatment program.

		Line Staff	Advocate
	N	M (SD)	M (SD)
Residents' Ratings	18	26.5 (1.9)	33.8 (2.2) **
Staff Ratings	20	35.1 (5.5)	36.5 (4.8) *

Significance levels determined using *t* tests (two-tailed). Scale means can range from 9 to 45.
 * $p < .05$. ** $p < .01$.

Conclusion

It would seem that the authoritative interaction style, which balances strictness and supervision with an equally strong emphasis on warmth and involvement, is a skill which has relevance for correctional programs where adults oversee the welfare of adolescents. Research on child development strongly demonstrates that the more relationships that youths have with caring adults, the lower their risk-taking behavior and the greater likelihood that they will resist dangerous influences, succeed in school, and exhibit fewer behavior problems including delinquency (Baldry and Farrington, 2000; Fletcher et al., 1995; Lamborn et al., 1991; Simons et al., 2005; Steinberg et al., 1994; Steinberg et al., 1991; Wright and Cullen, 2001). Such relationships with adults offer occasions for youths to be mentored to adhere to positive norms and values, and they also

facilitate access to concrete opportunities for growth and development (Benson, 2006; Scales, 2003).

When we measured the two key dimensions of authoritative parenting—strictness/supervision and warmth/involvement—from the point of view of residents and staff, we found no disagreement between the two groups about the amount of program strictness and supervision, whereas residents significantly disagreed with staff as far as their relatively high warmth and involvement ratings. There are several possible explanations for these findings. The lack of disagreement in ratings of strictness/supervision may be partially explained by the professional culture of correctional programs, which tends to be centered on goals of short-term order, safety, and behavioral management. Over the last several decades, these short-term goals have challenged the more complex ideal of rehabilitation for juvenile offenders, both at the societal and organizational levels (Guarino-Ghezzi, 1988). Given the external pressures from state and local governments, parent agencies, and society at large, correctional programs' priorities have shifted to order maintenance and short-term behavioral control, affecting staff selection, training, and supervision (see Bortner and Williams, 1997; Hubner, 2005). The increased programmatic emphasis on these goals likely translates into more uniform adherence to practices of supervision and rule enforcement.

As far as the differences in warmth ratings between youths and staff, an initial explanation is that staff inflated their ratings of warmth and involvement precisely because caring behaviors tend to be infrequent in programs that emphasize custody over rehabilitation. In such contexts, if caring behaviors are aberrations from the norm, they might stand out in staff perceptions, even though the total number may be far fewer than

actions involving strictness and supervision. Related to the use of positive reinforcements as part of the programs' behavior management models, it is also possible that staff confused the use of behavioral control techniques with a warm and caring approach. Another explanation for the comparatively lower ratings provided by residents is that incarcerated youths systematically deflate their perceptions of staff warmth and involvement for such reasons as overall dissatisfaction with the program, alienation from DYS generally, or unrealistic expectations of staff members. It is well known that juvenile offenders tend to resist overtures by correctional staff due to previous experience with parental abuse, neglect, negative encounters with authority figures, and feeling stigmatized by the correctional system (Guarino-Ghezzi and Loughran, 2006). A fourth possible explanation is that staff had fewer opportunities to observe staff-resident interactions than youths, and lacking direct knowledge, provided warmth/involvement ratings based on their own experiences with other staff, group loyalties, or a tendency to perceive their program environment in the most progressive light.

We also found that staff respondents were generally less discerning of differences in warmth and involvement across occupational types than residents. In 10 out of 12 analyses, residents reported significant differences between clinicians and other professional categories, most of which were not reported by staff. Staff members' relative unawareness of occupational distinctions in warmth/involvement could be a sign that they are indifferent to the value of warmth/involvement, compared to youths, who may place a higher value on such behaviors, resulting in relatively more refined perceptions. Similar to the explanation for higher warmth ratings by staff discussed above, the differences in discernment of occupational warmth could also be due to less

frequent opportunities for staff to observe members of other occupations interacting with residents, resulting in inflated or generalized ratings based on incomplete understandings.

Despite these differences, we found that ratings of warmth and involvement tended to favor clinicians more than any other type of staff. There are a number of possible explanations for this pattern. Clinicians are educated in the fields of social services or psychology, and it would seem that their backgrounds and/or predispositions would encourage the development of interpersonal skills, including authoritative parenting. In addition, clinicians, compared to other occupational types, tend to be the most familiar with residents' social and psychological histories, perhaps leading to relatively empathetic understandings of residents, and a more caring interactive approach. While we did not include demographic variables in our analysis, the clinicians in our sample also tended to be women, which may have influenced their ratings. In addition, clinicians' contacts with residents tended to be limited to scheduled meetings, with little opportunity to observe rule violations throughout other aspects of the program. With relatively fewer and more structured encounters, perhaps clinicians could more easily focus on positive interactions with residents.

Conversely, line staff, who had frequent interactions with residents throughout the day and evening, and who were most likely to observe youths misbehaving and to enforce the rules, were rated as less warmly involved. Thus it seems that those staff who are most likely to confront youth misbehaviors tended to do so in an authoritarian way, as custodians, without the context of a positive relationship. Combined with our finding of warmth and positive involvement in clinicians, the relative lack of warmth and involvement in line staff may be explained by the two groups adopting different goals

with regard to residents. Whereas clinicians may focus more on rehabilitation and, consequently, develop a positive authoritative approach to accomplish that goal, line staff may develop a custodial authoritarian approach because it best accomplishes their goal of maintaining order.

Our findings suggest that the theoretical relationship between correctional goals and interaction styles is best represented by an interdisciplinary framework. Research conducted by criminologists in correctional settings has found that the existence of oppositional goals between treatment and custodial staff causes conflicts among staff in programs, and undermines program stability (Gordon, 1999; Hepburn and Albonetti, 1980; Josi and Sechrest, 1996; Van Voorhis et al., 1991). Furthermore, research literature on parenting and adolescent development sheds light on why imbalanced patterns of warmth and involvement among staff may be unhealthy for program residents in particular. Using the authoritative model as a standard, the compartmentalization of warmth in certain occupational roles is problematic because it contradicts scholarly recommendations for disciplining children effectively in the community (Baumrind, 1971; Steinberg et al., 2006). In addition, an inability of youths to perceive warmth in all staff, including line staff and teachers, would seem to reduce opportunities for youth development and increase opportunities for adverse encounters between staff and residents overall.

The research on positive youth development in the community would seem to advise correctional staff to place greater emphasis on warmth and involvement because adolescents tend to learn social responsibility when rules are enforced by adult guardians who emphasize both dimensions equally: warmth and caring, on the one hand, and

strictness and supervision, on the other. The research shows that the best practices of these dimensions are not mutually exclusive, but in fact both need to be used together to provide a developmentally sensitive skill of rule enforcement. Contrary to these best practices, our data suggest that rules in juvenile correctional programs are generally enforced by line staff who are perceived as authoritarian custodians, because of their emphasis on strictness over warmth, and who thus lack the context of an invested, nurturing relationship with residents which is needed to develop youths' understanding of consequences of misbehaviors, both for themselves and for others. Theoretically, catching youths in rule violations and administering discipline in the context of an effective authoritative relationship may be a valuable opportunity for encouraging social responsibility (Abell and Gecas, 1997). Additionally, if line staff are not using authoritative approaches, it is likely that they are resorting to other sources of power – “rank,” intimidation, force, and so on – which could have an adverse impact on residents and undermine the stability of the program in the long term (Sykes, 1958). Even the use of behavior modification (e.g., point-level systems) as the main source of authority may be detrimental in its relative long-term impact on juvenile offenders, compared to the theoretically positive socializing effects of authoritative discipline.

While warmth and involvement does exist in juvenile correctional programs, it tends to be compartmentalized into the role of clinicians. However, in the treatment program, the compartmentalization of warmth also seems to take place within the advocate/line staff roles. Although the advocates and line staff are the same individuals, residents of the treatment program perceived differences in how they related to them. We did not find differences between advocates and line staff in the detention, assessment, or

girls' programs, suggesting that there might be characteristics unique to the treatment program – the longer length of stay, for instance, or less bifurcation of program goals – that encourages and supports a nurturing relationship between advocates and residents. Nevertheless, this finding is surprising, given that advocates and line staff are one and the same; line staff receive little training or program incentives for serving as advocates; and previous research has found that line staff tend to be in conflict with treatment goals (Van Voorhis et al., 2000). Perhaps as residents' length of stay increases, so does the investment of staff, and they learn through experience that a caring relationship is an effective source of authority. Whether drawing on their backgrounds, parenting experience, trial and error, or some other influence, line staff act differently – and theoretically, more effectively – when placed in an “advocate” role.

Further research must continue to examine staff interaction styles in juvenile correctional settings using the four-fold parenting typology as a guide. In particular, the effectiveness of staff interactions should be studied as a function of authoritative versus other styles, and authoritative interaction styles should be compared to outcome measures within programs to determine whether the effectiveness found in the community can be generalized to correctional settings. If so, subsequent research should also examine the factors which influence line staff to adopt an authoritative approach to rule enforcement, and whether this approach affects other aspects of correctional programs. Using the authoritative model of effective parenting as a resource, correctional program settings provide researchers with unexplored opportunities to examine the skills and investment of staff and how such characteristics relate to positive social development in juvenile offenders.

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Appendix A: Scale Items

Warmth/Involvement Scale

Note: This scale was administered for each of the four occupational categories. The response options were a five-point Likert scale ranging from Strongly Disagree to Strongly Agree.

1. I can count on my teachers/the line staff/my advocate/my clinicians to help me out, if I have some kind of problem.
2. My teachers/The line staff/My advocate/My clinicians keep encouraging me to do my best in whatever I do.
3. My teachers/The line staff/My advocate/My clinician never spend[s] time just talking with me.
4. My teachers/The line staff/My advocate/ help me with my schoolwork if there is something I don't understand.
5. When my teachers/the line staff/my advocate/my clinicians want me to do something, they never explain why.
6. When I get a poor grade in school, my teachers/the line staff/my advocate/my clinicians encourage me to try harder.
7. When I get a good grade in school, my teachers/the line staff/my advocate/my clinicians praise me.
8. My teachers/The line staff/My advocate/My clinicians keep encouraging me to think independently and avoid peer pressure.
9. Program residents and teachers/line staff/advocates/clinicians never do fun things together.

Strictness/Supervision Scale

1. Residents of this program get away with breaking rules in the classroom.
2. Rules during recreation periods are strictly enforced.
3. Residents of this program get away with staying awake after lights out.
4. Residents of this program get away with not doing chores.
5. Rules during group meetings are strictly enforced.
6. Rules during mealtimes are strictly enforced.
7. Residents of this program don't have to worry about doing their homework.
8. Residents of this program get away with breaking rules during family visits.
9. Rules during TV time are strictly enforced.
10. Residents know that rules against contraband will be strictly enforced.