



# Parental Guidance and Accountability in the Court of Law

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# Parental Guidance and Accountability in the Court of Law

## **Cover Page Footnote**

The faculty mentor for this project was Cynthia Ashman, Criminal Justice.

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## Abstract

What does it mean to be a young individual classified as a juvenile delinquent at such a young age? When is there a boundary line between accountability amongst the child versus the parent? In many programs provided in Kansas, multiple variations of programming are fixated on reflecting on the child's behavior, aiding the child in learning to better understand and become familiarized with the law, and demonstrating how a child must be held accountable for their actions committed. However, many programs do not focus on the therapy of both the individual (offender) and the parental aspect. It is critical to hold the parent to a specific set of standards of accountability, just as the law holds the young offenders also known as juvenile delinquents, to a certain standard of accountability in the court system. By implementing the program, "Functional Family Therapy," a program founded and based in Washington, D.C., the court system of Kansas will be able to aid more effectively with both the young offender and the parent, separately and as a whole, through psychological, physical, and emotional need ("Functional Family Therapy (FFT)," n.d.). The "Functional Family Therapy," program will also target factors involving violence, substance abuse, and other behavioral problems such as conduct disorder or oppositional defiant disorder ("Functional Family Therapy (FFT)," n.d.). In result, the program will address complex and multidimensional problems through critical practice that is culturally and flexibly structured sensitively. It will also provide a clinical concentration on decreasing risk factors and increasing protective factors that directly affect adolescents with a specific emphasis on familial factors ("Functional Family Therapy (FFT)," n.d.).

*Keywords:* Juvenile delinquency, family structures, influencing factors, parental accountability, programming, stability, and family cycles.

## Parental Guidance and Accountability in the Court of Law

The general population assumes the role of the law as punishing towards parents in the court system. This occurs specifically when the issue involves holding a parent accountable in the justice system. Many generations are quick to assume that the law is meant to be a consequence of breaking a rule, rather than a safety net of guidance. The circumstance which is critical to the community and the individuals directly involved, involves the understanding that the law is not meant for simply punishing a person; instead, the law was established to reinforce guidance, structure and accountability for those involved and to reinforce safety, guidance, accountability and structure for everyone around.

### **The Importance of the Contract**

The importance in writing a contract is to build awareness amongst the community and the law and the issue of parental accountability is critical. The contract will discuss programs in the state of Kansas and their implementation, which currently involve both the juvenile delinquent and parental accountability in one. The implementation of “Functional Family Therapy, FFT,” will be discussed and reviewed for the Kansas court appointed programs, in the aiding of young offenders, also known as juvenile delinquents; however, instead the program “FFT” will also aid with the involvement of accountability amongst the parents of the young juvenile offenders. The mission of this contract is to make it notable and aware it is critical to hold parents to the standards of accountability in the court of law, just as the court holds young juvenile delinquents accountable in the courts and justice system of the law. Further information regarding family dynamics/cycle, environmental/financial factors, statistics, etc. will also be discussed.

## Defining Juvenile Delinquency

Juvenile Delinquency is defined as “the habitual committing of criminal acts or offenses by a young person, especially one below the age at which ordinary criminal prosecution is possible” (“Defining Juvenile Delinquency in Kansas - Bing," n.d.). Many individuals breaking the law, whom are classified as a juvenile delinquent, tend to have dysfunctional families, no role models, and negative influential factors such as the environment they may live in, and those who they associate with outside of the home. Many factors which contribute to an individual becoming classified as a juvenile delinquent are the following; but, are not limited to: poor education, peer pressure, low attendance in school, poor socioeconomic status, family structure, parental guidance and substance abuse (National Institute of Justice, 2017). These factors are the commonalities amongst young individuals who become categorized as “juvenile delinquents,” and whom do not have the proper guidance from those in the home such as parental influences and those whom are the peers associated with the young individual.

### Kansas Statistics: Juvenile Delinquents.

Kansas: Year by Age Population Estimates

Search:

Count	12	13	14	15	16	17	Total
2010	39,787	39,110	39,289	39,700	39,920	40,434	238,240
2011	39,950	39,780	39,015	39,303	39,679	40,103	237,830
2012	41,042	39,811	39,764	38,945	39,286	39,766	238,614
2013	40,339	40,852	39,706	39,657	38,910	39,495	238,959
2014	39,188	40,164	40,709	39,606	39,616	39,124	238,407
2015	40,040	38,985	40,043	40,670	39,528	39,705	238,971
2016	40,166	39,790	38,875	39,832	40,567	39,499	238,729
Total	280,512	278,492	277,401	277,713	277,506	278,126	1,669,750

Suggested Citation: Puzanchera, C., Sladky, A. and Kang, W. (2017). "Easy Access to Juvenile Populations: 1990-2016." Online. Available: <http://www.ojjdp.gov/ojstatbb/ezapop/>

According to the Office of Juvenile Justice and Delinquency Prevention “OJJDP,” juvenile delinquency is expected to increase consistently from the 1980’s into 2060. The factors

which affect delinquency and will continue to do so, involves social changes (i.e. moving populations, changing economic conditions, and social climate (health care, education etc.) (Office of Juvenile Justice and Delinquency Prevention, n.d.). Statistics demonstrate in the year 2010, provided in the graph above, juveniles ranging from 12 to 17 were at a total population of 238,240. However, in comparison, the year of 2016 being most recent, the juvenile population from ages 12-17 have increased by 489 juveniles, resulting in 238, 729 total for the year of 2016 (National Center for Juvenile Justice, n.d.). In result, totality of both the year of 2010 and 2016 combined, the populations of juveniles were a total of 476,969. In addition, a column of percentage population involving the juvenile population has been provided below. The graph below demonstrates the steady and constant rate of juvenile delinquency continuing to occur each year from 2010 to 2016. In result the graph displays juvenile delinquency as a growing and constant issue amongst the state of Kansas; but, also as a global issue amongst youth delinquency and the country.

Kansas: Year by Age Population Estimates

Search:

Col %	12	13	14	15	16	17	Total
2010	14.2%	14.0%	14.2%	14.3%	14.4%	14.5%	14.3%
2011	14.2%	14.3%	14.1%	14.2%	14.3%	14.4%	14.2%
2012	14.6%	14.3%	14.3%	14.0%	14.2%	14.3%	14.3%
2013	14.4%	14.7%	14.3%	14.3%	14.0%	14.2%	14.3%
2014	14.0%	14.4%	14.7%	14.3%	14.3%	14.1%	14.3%
2015	14.3%	14.0%	14.4%	14.6%	14.2%	14.3%	14.3%
2016	14.3%	14.3%	14.0%	14.3%	14.6%	14.2%	14.3%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Suggested Citation: Puzanchera, C., Sladky, A. and Kang, W. (2017). "Easy Access to Juvenile Populations: 1990-2016." Online. Available: <http://www.ojjdp.gov/ojstatbb/ezapop/>

***Environmental & Financial Factors.***

Environmental factors impacting youth, which lead up to formalizing an individual as a juvenile delinquent involves dysfunctional family influences (i.e. psychopathology in the parents, coercive parenting styles, physical abuse, and family conflict) ("Genetic and

Environmental Influences on Antisocial Behavior: A Meta-Analysis of Twin and Adoption Studies," 2002). These factors have been found to show a dramatic influence amongst youth whom become juvenile delinquents. Other factors which impact juvenile delinquency involves the following; but, are not limited to, neighborhood structural factors (i.e. poverty, residential instability, single parenthood, etc.), racial/ethnic segregation of neighborhoods (i.e. urban areas), economic/social segregation (i.e. social class and financial differences, etc.), resources to stimulate learning (i.e. education, libraries, parks, etc.) and social organizations (i.e. role models, monitoring, supervisions by parent, etc.) (Brooks-gunn.pdf). These factors have a great influence amongst young adolescents who display behaviors of criminality and demonstrate the traits of a juvenile delinquent. In result, youth who are influenced in their everyday lives with these factors are commonly known for becoming juvenile delinquents and create a reputation of delinquency behavior up into adulthood.

### ***The Family Cycle & Structure.***

The family structure and the family cycle have a variety of impacts on youth adolescents. Specifically, single parent homes often have limited financial resources, greater social isolation, and fewer coping resources compared to those with parents in traditional two-parent families with youth ("Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes," n.d.). Studies have found that youth from single parent homes are more likely to be prone to peer pressure and are more commonly found to make decisions without parental input. In result, this may be a influence amongst the behavior of the youth; however, parental guidance has also had a greater impact amongst youth than any other factoring influence among adolescents. Research has demonstrated "poor parenting practices are associated with similar negative behavioral outcomes among adolescents. Poor parental monitoring has been

found to be associated with higher rates of adolescent substance use, particularly in terms of initiation of use at earlier ages” (“Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes,” n.d.). Studies have also demonstrated that poor parent—child communication and poor parental support are frequently associated with greater youth substance abuse and negative behavioral outcomes among adolescent behavior (“Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes,” n.d.). Individuals, specifically adolescents, who lack positive parental guidance and positive reinforcement and structure from the parent(s), are at a greater risk for developing negative behavior, often categorized as delinquency, than opposed to young individuals who have the proper guidance, structure, and parental influences in the home and as a foundation. To be more specific, “factors that may promote successful adjustment in adolescence are the following: good parenting, including close parental monitoring, frequent communication about important issues, and regular daily involvement and interaction between parent and adolescent. These parenting factors may have a particularly strong protective effect on high-risk youth, resulting in the decreasing of negative behavioral influences among youth” (“Neighborhoods They Live in: The Effects of Neighborhood Residence on Child and Adolescent Outcomes,” n.d.). Research involving studies of parent/child relationships, have examined adolescent problem behaviors in the context of family structure, focusing on quality of the parent child relationship. In result, studies have found the problem behaviors displayed in troubled adolescents, have been a result in the poor quality of the parent child relationship and a lack of parental guidance and the foundation structure in the home.

### ***Consequences: Youth Actions & Parental Involvement***

The parent child relationship is a critical role in determining the involvement of adolescents in delinquency. According to Gary F. Jensen, the nature of parent-child relationships is a fairly important determinant of involvement in delinquency ("Genetic and Environmental Influences Studies," 2002). Therefore, evidence of delinquent peers and paternal supervision and support were both found to influence delinquency involvement regardless of definitions favorable and unfavorable to the violation of the law. The family, peers, and definitions relevant to law breaking appear to exert independent effects on delinquency ("Genetic and Environmental Influences Studies," 2002). Hence, the consequences in which the juvenile delinquent suffers are the charges of their convictions whether or not it is justifiable in the court of law. In result, parental involvement and the relationship between the child and the parent is not enforced nor acknowledged. In comparison, the conviction and accountability of the adolescent, whom is categorized as a juvenile delinquent, is set at a higher rate of standards of accountability in the court of law, opposed to the set of standards of accountability held among the parent of the offender. Thus, causing the issue of a continuance in negative parental responsibility and the continuance of not acknowledging the lack of parenting going on in the home of the offender. The parent is not held to their responsibility nor accountability of the child and in result, dysfunctionality in the home is continued and the parent is not held to the same standards of accountability as the child in the courts of law. Hence, resulting in a cycle of a dysfunctional, negative influenced home for the child, the family, and the parent.

### ***Kansas Programs: Treating Delinquency & Family Dynamics***

Many programs in the state of Kansas offer the aid in treating high risk youth. However, majority of the programs provided in Kansas courts' solely focus on the accountability of

the child and treating the troubled youth in efforts to reduce violent crimes, victimization, and prevent juvenile delinquency. Specifically, programs such as the “Tribal Youth Program,” “The National Gang Center,” “The Independence Youth Court,” and “Adults In The Making (AIM),” are multiple programs which are provided in areas of the state of Kansas aiding in which was previously stated as reducing violent crimes, victimization, preventing juvenile delinquency, and holding the offender accountable in the law.

However, these programs may have missions for realistic results, but, these programs along with many others in the state of Kansas are very limited in the idea of being inclusive and/or efficiently effective. To be more specific, an example would be “The Independence Youth Court.” The Independence youth court focuses on the diversion for young offenders; the program focuses to reduce the occurrence of juvenile crime by diverting youth ( “Independence Youth Court,” 2013).

The program meets the age requirements of 7 to 16 years of age. However, the program solely focuses on Caucasian males and females located in urban and suburban areas. In addition, the program setting is only available in the court and the target population of the program is solely for first time offenders and young offenders (“Independence Youth Court,” 2013). In the overview of effectiveness involving this program, would be ideally categorized as inconsistent. Hence, solely because only one study has been used involving “The Independence Youth Court Program.” This program is a clear example of how limited the majority of the Kansas programs are for juvenile offenders. In addition, majority of the programs for troubled youth do not have the focus of holding the parent accountable, solely focusing on the juvenile delinquent instead. Another specific example would be the program “Adults in the Making (AIM).” AIM programming focuses on a

family centered intervention designed to enhance the family protective process and self-regulatory competence to deter escalation of alcohol use and development of substance use problems ("Adults in the Making (AIM)," n.d.). The mission of AIM is great; however, the program has only had one study involved, solely targets African Americans located in rural areas, and who are of the ages 16 to 18 years of age. In addition, the setting of the program is located in another entire community causing transportation to be a must.

These programs have missions which are realistic and aid a juvenile in some form or fashion. However, the accessibility, effectiveness, cost, inclusiveness, and resources in aiding the entire family and youth in multiple variations are very slim. The importance of a court ordered program is to provide aiding to the youth and the family entirely; more specifically, the child and the parent. Although, it is clear that the Kansas court ordered programs lack in both, holding the parent accountable for their part, and solely focusing on specified offenders through aiding in one or two variation of the programs. Essentially, variations in programming of juveniles are very limited, and have multiple limitations to which offenders the program can treat, meanwhile, without continuously holding parents accountable at the same time.

### ***Functional Family Therapy: An Overview of the Program***

The "Functional Family Therapy, FFT" program was established in the state of Washington, D.C. FFT is a family based prevention and intervention program for high risk youth ranging from ages of 11 to 18 years of age. The "Functional Family Therapy," program is a treatment which will assist in both males and females, while also meeting various ethnicities (i.e. American Indians, African American, Caucasian, Hispanic,

Asian/Pacific Islander, Alaska Native, etc.). The target population of this program involves serious/violent offenders, young offenders, and families ("Functional Family Therapy (FFT)," n.d.). The targets of youth are generally at risk for delinquency, violence, substance use, and/or other behavioral problems such as conduct disorder and oppositional defiant disorder. In addition, the FFT program also aids in many areas of geographic locations (i.e. suburban, rural, and urban). This specific program provides aiding to address complex and multidimensional problems through clinical practices, which are very flexibly structured and culturally sensitive ("Functional Family Therapy (FFT)," n.d.). In addition, the FFT program consists of 8 to 12 one hour sessions over a time span of 3 months. Essentially, providing up to 30 sessions of direct service for families in differentiated situations of severity. The setting of this program can take place in either a home or clinic; it can also take place at schools, child welfare facilities, probation, parole offices, or aftercare and mental health facilities ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.). The FFT provides transportation, trained probation officers, and other specialists with mental health degrees and backgrounds. In addition, multiple studies utilizing this program have demonstrated to be very effective. FFT has demonstrated throughout studies to have reduced recidivism rates greatly, and when delivered by high adherent therapists, the results of effectiveness were even more significant ("Functional Family Therapy (FFT)," n.d.). The program has established a positive impact on youth by reducing risky behavior, increasing strengths, and by improving functioning across key life domains ("Functional Family Therapy (FFT)," n.d.). The Functional Family Therapy clinical model concentrates on reducing and decreasing risk factors, increasing protective factors that directly affect the

adolescent, and provides a emphasis on familial factors ("Functional Family Therapy (FFT)," n.d.). The FFT program consists of five different components: engagement, motivation, relational assessment, behavior change, and generalization. Each of the five components consists of its' own goals, strategies and techniques.

The first component, engagement, consists of enhancement involving the family members' perceptions of therapist responsiveness and credibility. The second component, motivation, includes creating a positive motivational context by decreasing family hostility, conflict and blame, while increasing hope and building balanced alliances with family members ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.). The activities of the motivational component involve interruption of highly negative interaction patterns, changing meaning through a strength based relational focus, pointing process, sequencing and reframing themes by validation of negative impacted behavior; meanwhile, also introducing possible benign/noble motives for behavior ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.). The third component, relational assessment, focuses on identifying the patterns of interaction within the family to understand the relational "functions" or interpersonal payoffs for individual family members' behaviors. In addition, the focus is directed to intrafamily and extra family context and capacities (i.e. values, attributions, functions, interaction patterns, etc.). Lastly, the strategies of relational assessment consists of activities involving observation, questioning, inferences regarding the functions of negative behaviors, and switching from an individual problem to a relational perspective ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.).

The fourth component, behavior change, is a phase which reduces and/or can eliminate referral problems by improving family functioning and individual skill development. The behavior change component includes formal behavior change strategies that specifically address relevant family processes, individual skills or clinical domains (i.e. depression, truancy, substance use); the strategies of behavior change involve evidence - based cognitive - behavioral strategies for addressing family functioning and referral problems. The phase activities also include modeling and prompting positive behavior, providing directives and information, and developing creative programs to change behavior ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.). In each of these activity phases, the continuous sensitivity to family member's abilities and interpersonal needs are kept. The fifth component, generalization, is a phase which extends the improvements made during behavior change in many areas and for future challenges endured. This phase involves extending positive family functioning into new situations, planning for relapse prevention, and incorporates community systems into the treatment process (i.e. teachers, probation officers). The main focus of the fifth component, generalization, is to focus on relationships between the family members and multiple community systems ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.). The activities of generalization involve knowing the community, developing and maintaining contacts, initiating clinical linkages, creating relapse prevention plans, and helping the family develop independence ("Clinical Model - About FFT Training - Functional Family Therapy," n.d.). Lastly, after describing each component, its' strategies and focuses, it is also critical to understand that each component intervention is matched to the families

relational functions. Therefore, it can vary amongst each family and may not be the exact same set of criteria (i.e. activities) depending on the severity and functions of the family. However, critical implementation of each component to meet the needs of the family and their functions are taken into equivalent and yet, serious acknowledgment to meet the proper needs and provide the best strategized activities for the family.

### ***Functional Family Therapy, FFT: Parental Accountability***

After reviewing and providing an overview of the Functional Family Therapy program and its key elements, it is clear the program does not only meet the critical needs of the adolescent (offender) both physically and mentally; but, it also aids significantly on the members of the family, and specifically, in the parental foundations and functioning. Many individuals assume the phrase of “holding a parent accountable in the law,” means to charge the parent, or sentence a parent to some form of punishment through the law. However, the reality of the issue is not punishing the parent in a harsh manner, or sentencing them to jail or community service; but, instead providing the parent with the proper needs of therapy and proper guidance of functioning just has the adolescent (offender) needs therapy and proper guidance for functioning too. It is not simply smacking an individual on the hand and informing the person to “get their act together;” but, simply taking the time to provide the proper resources, therapy, and needs of both the parent and the adolescent, to aid in a better environment at home, and to teach and provide the proper guidance to the adolescent and the parent. Hence, in order to stop a cycle of improper parenting, improper family functioning of communicating and involvement, and a vicious cycle of the unknowing issues one was dealt and only knew how to do. Therefore, the program “Functional Family Therapy, FFT” is a suitable

program in holding a parent accountable. Thus, because it provides therapy, guidance, and meets both mental and physical issues of the parent and the adolescent, to equip in a better environment of both the individuals, and the home, overall. A foundation cannot withstand without the proper materials needed, just as a parent cannot teach a child what they do not know, except for what only they have been taught and know, resulting in a dysfunctional cycle.

### ***Similar Programs of Functional Family Therapy***

Many programs as mentioned earlier in the text, meet certain requirements similar to those of the “Functional Family Therapy,” program such as ranges of ages, some ethnicities, some geographic locations, and some elements of treatments (i.e. substance use). However, many other programs that were researched such as “MultiSystemic Therapy,” only aimed in aiding individuals specifically with antisocial behaviors. The “MultiSystemic Therapy,” program targeted treatment in multiple factors linked to antisocial juvenile behaviors (Coalition for Evidence Based Policy, 2015). Another program known as “Cognitive Therapy,” specifically targeted for juvenile delinquency focused on the consciousness of one's' thoughts, and actions (National Institute of Justice, 2010). However, their targeted populations were substance abuse users and violent offenders of both adult and juvenile offenders. Therefore, not allowing for very much inclusiveness for other types of offenders or individuals with multiple needs outside of violent behavior and substance use. Lastly, another program titled “Family Integration Counseling,” worked closely with probation officers to help facilitate and meet the needs of the family. However, the treatments of this program provided support with the legal system, staff meetings and regular communication with all members of the treatment

team (Designed by Contexture International | <http://www.contextureintl.com>, n.d.). Essentially, meeting the needs for legal support, but, nothing further. Overall, though these programs may be great and effective for specific targeted youth, none of these programs are essentially the best for being neither inclusive nor benefiting in varieties of programming for youth and the family, solely or combined.

### ***Review of Similar Programs & the Importance of FFT***

Many programs have been introduced such as AIM, Integrated Family Counseling, MultiSystemic Therapy, Cognitive Therapy, Tribal Youth Programming, and the National Gang Center. Each of these programs targeted delinquency of either young or older offenders, both male and/or female offenders with a range in ages. However, some focused on a specific ethnicity, or a specific problem such as substance abuse. A variety of these programs have been effective for some offenders. Although, none of these programs were either beneficial in a variety of forms nor were any of the programs highly inclusive for many different offenders with many different sets of needs of treatment. But, the one program that was both very beneficial to the offender and the family, while also being very inclusive to offenders and the families involved the program “Functional Family Therapy.”

It is critical to understand to be more effective in decreasing delinquency amongst youth in the community and aiding in stopping the vicious cycle of dysfunctional families, which many adolescent offenders come from, it is necessary to implement a program that meets a variety of youth and families in one, physically, mentally, and therapeutically. It is the key in recovering and aiding offenders and the families of the offenders. By implementing the “Functional Family Therapy” program in multiple areas

such as the Kansas courts (i.e. Topeka, Olathe etc.), and in other areas such as Chicago, New York, and Los Angeles, individuals of the courts, the juvenile system, and the community will see a significant decrease in delinquency, dysfunctional families of offenders, and a decrease in many negative factors influencing delinquency amongst adolescents (i.e. gangs, substance use, violence).

### ***Conclusion Overview***

In many areas of the U.S., juvenile delinquency is a continuous issue amongst adolescents, families, and the community that surrounds them. It is clear there are multiple factors that negatively encourage delinquency amongst many youth ranging from multiple ages. However, as there are many outside factors such as the environment one lives in, there are also foundation factors that begin at the home of the adolescent. To be more specific, parental guidance in parenting is a critical foundation that youth are first introduced into at the beginning of life and growing into adulthood. In order to correct the issues of dysfunctional parenting, a foundation of an adolescent, and the behaviors of the offender, it is critical as a community and as the courts of the juvenile justice system, that the implementation of “Functional Family Therapy,” is crucial in aiding such issues. To reduce delinquency, dysfunctional parenting, and dysfunctional families, the first step is by implementing the FFT program into the Kansas Juvenile Court Systems (i.e. Topeka, Olathe). As a community, and in the laws of Kansas, let's be the first state to demonstrate what it is to hold a parent accountable in the Kansas courts, just as we hold the young adolescents (offenders) accountable in the Kansas court; but, in doing so through efficient resources, therapy, and both physical and mental health needs.



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