

How Parental Monitoring Increases the Onset Age of Alcohol Use and Reduces the  
Associated at Risk Behavior

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How Parental Monitoring Increases the Onset Age of Alcohol Use and Reduces the  
Associated At-Risk Behavior

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## Abstract

### How Parental Monitoring Increases the Onset Age of Alcohol Use and Reduces the Associated At-Risk Behavior

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Under the Supervision of Dr. Cheryl Banachowski-Fuller

#### **Statement of Problem**

The vast majority of adolescents will experiment with drugs and alcohol but only about 10% of those carry this risk behavior into adulthood where it becomes a significant problem. Determining which individuals will develop drug and alcohol abuse is difficult. Adolescents who exhibit this type of risk behavior are at a higher risk for engaging in other risky behavior such as sexual activity, violence and other criminal activities. Adolescents who become adult addicts are not productive members of society. In order to provide the best defense for this, programs should be targeted at all children.

The best way to prevent this type of behavior is to build strong relationships between children and parents. This is done by educating parents and adolescents on effective methods of communication, conflict resolution and the importance of monitoring and providing limitations.

Most broad school based programs as well as treatment or intervention programs do not provide the specific parenting focus that is needed to reduce this type of behavior.

Broad programs should begin in middle school. Engaging parents to participate is a big obstacle. Providing programs to those first referred to school officials, law enforcement and counselors for exhibiting this risk behavior should be referred to programs that provide a strong parental component. Most social intervention programs do not include a strong, family focused component.

### **Method of Approach**

The methodology will consist of secondary data sources, primarily from empirical studies that provide information about what reduces substance use. These studies provide information that effective parenting is the best defense and provides concrete information about what parenting techniques should be implemented. The theoretical framework is based around the principles of the Social Bonding Theory as well as the characteristics associated with social attachment and social control.

### **Results of the Study**

The contributions made to the field of criminal justice will be providing information about what programs are actually successful. Most programs of any kind, either once the adolescent has been referred to counseling or those just experimenting with this risk behavior do not engage parents in the prevention. Parents need to be an integral part the prevention of substance use because they provide the greatest protectiveness for preventing this behavior. The theoretical framework is based on the principles of the Social Bonding Theory as well as the characteristics of social attachment and social control.

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## **I. Introduction**

In 1919 lawmakers believed by changing the U.S. Constitution to prohibit the sale and consumption of alcohol, many social ills would be cured. This proved to be untrue and many of the same legislators were forced to repeal the amendment 24 years later. The law may have changed, but what did not change was the cultural attitude that drinking is an acceptable pastime for many adults. While the negatives of adult alcohol overconsumption continue to plague our societies, it is the impact on children that has been the most devastating. Even children as young as 10 years old recognize alcohol and begin to form opinions about it (Windle et al, 2009). What is more concerning is the evidentiary connection between early alcohol use and its effect on deviant type behaviors. Despite these serious and complicated issues, it is hopeful to know that recent research points the way to the simple and effective solution of greater parental monitoring.

In the 1990's alcohol use dropped among adolescents but in recent years its use has begun to level off, and is presently at a surprisingly high rate. Alcohol is the most commonly used drug of adolescents in the United States (Komro and Toomey, 2002; Fagan, 2006; Oman et al, 2007). In fact, alcohol is the most frequent type of risk-taking behavior of adolescents (Fagan, 2006; Oman et al, 2007).

According the Center for Disease Control, nearly one-half of all high school students have consumed an alcoholic drink within the past thirty days. The age of alcohol consumption onset hits 52% by the 8<sup>th</sup> grade (Komro and Toomey, 2002; Beck, Boyle and Boekeloo, 2003, Fagan, 2006; Stephenson, 2009). An adolescent that begins drinking alcohol at age 12 or 13 has a higher risk of becoming an alcoholic by age 23 (Koning et al, 2009). Yet each year of delay reduces the risk by fourteen percent of

becoming an alcohol abuser into young adulthood (Koning et al., 2009). But this early onset of alcohol use not only increases the likelihood of alcohol abuse in adulthood, it increases the likelihood that a teen will engage in other at-risk behavior.

**A. Statement of Problem –High levels of parental monitoring or supervision may prevent early age alcohol use.**

When a teen begins drinking at a young age, such as middle school, there is a strong relationship between the alcohol use and other social, emotional and behavioral problems (Komro and Toomey, 2002). Alcohol use in teens is a strong predictor of future at-risk or delinquent behavioral patterns (Stoolmiller and Blechman, 2005).

As young adolescents of middle school age are just beginning to assert themselves and develop their own identities, these types of complications can lead to an increase in sexual activity, violent behavioral patterns and poor performance in school. During this development of identity stage, many teens experience a stronger sense of peer influence. Bonding between individuals who have commonality is a way for young teens to exert their independence and new found freedoms. Therefore a teen who is experimenting with alcohol will feel more at ease with other teens engaging in the same behavior. This may expose an adolescent to other forms of at-risk behavior and may explain the correlation between alcohol use and other at-risk or negative behavioral patterns.

Access to alcohol may also explain why this type of at-risk behavior is so popular among middle school and high school teens. Even though parent's disapproval of teen drinking, most young adolescents report very little difficulty in obtaining alcohol (Beck, Boyle, Boekeloo, 2003). Teens are bombarded on a daily basis through many media

outlets including TV and music with images and songs that glorify and try to diminish the negative aspects of alcohol consumption (Windle et al, 2009).

While some risk taking is normal for adolescents, the added risky behavior associated with early age onset alcohol use has a negative effect on society as a whole (Fagan, 2006). By leading to higher sexual activity, unwanted pregnancies may be a direct consequence of that behavior. A pregnant teen has a much greater chance of dropping out of high school and children born to teen mothers have a greater risk less education (Fagan, 2006). The result is a population of uneducated individuals that will become dependent on governmental programs instead of contributing in a positive way to society.

#### **B. Purpose of study and statement of possible solutions**

More than one-half of teen engage in drinking by 8<sup>th</sup> grade, yet almost one-half do not. One answer as to why some children have early age onset drinking and others do not may lie in the level of parental monitoring that is present in a child's life. The family is the most influential factor in an adolescent's life (Fagan, 2006; Austin, Macgowan and Wagner, 2005). Parents who set restrictive rules and monitor behavior especially in reference to underage drinking have children who delay the onset of alcohol use (Koning et al., 2009). When parents use simple questions such as inquiring about parental supervision at sleep over or at parties, it may serve as a protectiveness factor and reduce the age of onset drinking for young teens.

High level of parental involvement is characterized as frequent interactions (Crawford and Novak, 2007). When this is utilized as monitoring and control, it is a good measure of lowering a risk of negative or delinquent behavior. When children feel

a high level of parent support, often expressed through high levels of monitoring and involvement, it provides the greatest level of protectiveness in preventing alcohol use (Oman, Vesely, Tolma and Aspy, 2007).

Yet this may be a matter of perception. When a teen perceives a high level of parental involvement or monitoring, deviant behavior is reduced (Barnes, Hoffman, Welts, Farrell and Dintcheff, 2006). Conversely a child who perceives an emotional detachment with their parents is at a higher risk for at-risk behavior such as alcohol use (Crawford and Novak, 2007).

Monitoring can be as easy as questioning the whereabouts of a child. Providing solid, understandable behavioral guidelines such as curfews and study times are also a positive form of parental monitoring. By providing this stability to a young teen, the parent opens lines of communication but also has clear expectations. By providing an out, such as, “my mother will find out I am somewhere I shouldn’t be”, the teen does not risk losing status in the group setting and may find more courage to decline offers of engaging in negative behavior. One caveat is this effect may be beneficial to girls exclusively who are influenced by both peers and greater parental monitoring equally (Steinberg, Fletcher and Darling, 1994).

The family is the most influential factor in a child. Parents provide love and support which becomes a protective factor for such risky behavior as alcohol use (Barnes, Hoffman, Welte, Farrell, and Dintcheff, 2006). Barnes, Hoffman, Welte, Farrell and Dintcheff (2006) found that when comparing predictive factors with preventative factors, family support and monitoring showed significant effect on reducing an adolescent’s inclination to use or misuse alcohol. They also found that teens who were monitored

more than others not only showed a decline in alcohol use, but also in other substance use and delinquent behavioral patterns (Barnes, Hoffman, Welte, Farrell, Dintcheff, 2006).

Studies like this provide strong support for the idea that parental monitoring has a greater influence on adolescent, especially prior to high school years, than any other factor.

These findings are consistent even after controlling for socioeconomic status, individual differences and peer influence level (Barnes, Hoffman, Welte, Farrell, Dintcheff, 2006).

This paper will initially discuss the onset age of alcohol use by adolescents in the United States and its relationship to other at-risk behavior as well as residual effects of early alcohol use on adulthood. Secondly it will explore the empirical evidence of the protectiveness of greater parental monitoring on middle school age teens. The result of this exploration will be a tool available to public policy makers to determine if any of these suggestions should be implemented as community and school based prevention plans or implemented in existing intervention programs. It will also serve to spring board future research to develop a solution that is malleable and designed to reduce the devastating effects of early onset alcohol use by middle school adolescents.

## **II. Literature Review**

Risk taking among adolescents is a normal part of their development (Fagan, 2006). Part of that risk taking often includes alcohol use. Alcohol use among adolescents, older teens and young adults is so pervasive and accepted that it is often considered normal (Steinberg, Fletcher and Darling, 1994). Consequently, alcohol use is the most frequent type of risk taking behavior that adolescents engage in (Fagan, 2006; Oman et al, 2007). The problem is so prevalent that more teens drink alcohol than smoke and take drugs (Surgeon General Report, 2007). Despite this alcohol is the leading preventable health risk among adolescent users (Macaulay, Griffin, Gronewold, Williams and Botvin, 2005)

### **A. Alcohol use by adolescents**

The problem in this situation is that alcohol use among teens especially middle school children age thirteen to fifteen can be dangerous and harmful. The alcohol dependence rate of young people between eighteen and twenty years of age is among the highest of any populations (Surgeon General Report, 2007). Many of these young adults began drinking not only before the legal drinking age of twenty-one but before entering high school.

By the end of high school, four out of five teens have consumed alcohol and one-fifth of all eighth graders report to being drunk at least once (Fagan, 2006). Some figures are even higher with self-report information provided showing forty-one percent of eighth graders using alcohol regularly and almost twenty percent reporting being drunk at least once (Windle et al, 2009). Frequency of alcohol use among eighth graders becomes alarming with more than one-quarter of them reporting they had consumed alcohol in the

last thirty days (Beck, Boyle and Boekeloo, 2003). For twelfth graders the figure jumps to sixty percent. Alcohol use age onset rates hit over fifty percent by eighth grade (Komro and Toomey, 2002; Beck, Boyle and Boekeloo, 2003; Fagan, 2006; Stephenson, Quick and Hirsch, 2009).

While the fact that almost one-half of all teens are engaging in the risky behavior of underage drinking, the figure that may be the most influential in reference to future alcohol use is the age of onset alcohol use. Most teens who are drinking before age twenty one had an initial onset age of thirteen or fourteen (Surgeon General Report, 2007). An early age of onset alcohol use increases the likelihood of alcohol abuse into adulthood. (Koning et al, 2009). Therefore a child who begins drinking at the age of twelve or thirteen has a higher risk of becoming an alcoholic by the age of twenty-three than an adolescent who waits until the legal age of twenty-one to engage in drinking. This may explain why alcohol dependence rates are the highest among teens age eighteen to twenty (Surgeon General Report, 2007).

Because adolescent's bodies and minds are still developing at middle school age, alcohol affects teens differently than it does adults. Damage to the liver or brain that may take years of abuse from an adult alcohol user, may be accelerated in a developing teen (Surgeon General Report, 2007). Alcohol use during early adolescence can cause alterations in the structure and function of the developing brain (Windle et al, 2009). Teens using alcohol at early ages may experience developmental achievement gaps. These gaps can put those teens at risk for poor adjustment and psychological disorders in adulthood (Becker, 2002).

When a child uses alcohol at an early age, it can set the stage for many adult psychosocial problems not just an increased risk for alcoholism (Barnes, Hoffman, Welte, Farrell and Dintcheff, 2006; Fagan, 2006; Wall and Kohl, 2007). Alcohol affects personal relationships as well as attachment and bonding. Adolescence is an important time for learning how to develop healthy attachments and personal relationships. Considering the adolescent does not have the full maturity to handle the complications alcohol can cause on these relationships, early alcohol use can be especially damaging.

Early alcohol use can also affect the risk an adolescent takes in reference to personal safety and safety of others. Of the three highest causes of death among young people, injury, suicide and homicide, alcohol is the most dangerous risk factor (Fagan, 2006). Adolescents are not as physically or psychologically mature as adults and early consumption of alcohol affects them differently. Alcohol, in general, interferes with a person's judgment in reference to risk and sound decisions (Surgeon General Report, 2007). Because a teen's ability to make quality judgment is not fully matured these interferences can be amplified.

The situations in which teens engage in drinking can be of concern, especially for younger drinkers. While many adult patterns of alcohol use include drinking in a social atmosphere, teens almost exclusively drink in social settings and without their parent's knowledge (Beck et al, 2004). When parents are not monitoring adolescents, especially after school, there is a prime risk for them to engage in alcohol use (Kiesner, Poulin and Dishion, 2010).

This may be a perfect storm situation for a middle school age teen. Between ages ten and fifteen children begin a period of dramatic biological, cognitive and emotional

change and children engage in risky behavior (Windle et al, 2009). By this time parents begin to assign some responsibility such as allowing teens to monitor themselves or younger siblings after school. A vulnerable teen may succumb to influences and peer pressure by other older adolescents and create a double layer risk of harm (Kumpfer and Alvarado, 2003). The initial risk is the alcohol use and the second layer becomes the risk of victimization by older teens. It is the co-mingling of other risk behavior with alcohol use that causes concern for many criminal justice professionals and complicates the problem of early onset alcohol drinking by adolescents.

### **B. Alcohol use and its relation to other at-risk behaviors.**

There are a number of factors that create a greater risk for teen becoming either delinquent or engaging in negative types of behaviors. While risk factors can exist independent of each other, many risk factors are interrelated. Alcohol use is often not only found in conjunction with some risk factors it can lead to others. Alcohol use by teens can increase the risk for a whole range of additional psychosocial and public health consequences (Latendresse, Rose, Pulkkinen, Kaprio and Dick, 2007).

Alcohol use is related to social problems such as poor academic performance, delinquency in general and misconduct (Mogro-Wilson, 2007). These types of situations put teens in a high risk situation, not only of perpetrating delinquent behavior, but also at a greater risk of becoming a victim of crime (Beck, Boyle and Boekeloo, 2003). Poor performance in school is considered at-risk behavior on its own but it can also be a signal that an adolescent is using alcohol (Windle et al, 2009). Alcohol use is also associated with tobacco use and other drug abuse (Windle et al, 2009).

Technically alcohol use is a delinquent behavioral pattern because the legal drinking age in all states is twenty-one. It is in general a minor offense from a legal standpoint, but is a strong predictor of other delinquent behavior (Mogro-Wilson, 2007). Some research has shown that based on self-reports of parents and teens, youth who used alcohol at a young age, primarily middle school age, have a seventy percent greater likelihood to engage in other delinquent or deviant behavior (Stoolmiller and Blechman, 2005).

The lower the age of onset drinking, the greater the risk for alcohol abuse behavioral patterns ten years later (Koning et al, 2009). Not only does delaying the onset age of alcohol use prevent the negative effects of alcohol abuse, delaying can form a protectiveness factor. Teens who have not abused alcohol prior to age twenty -five are unlikely to develop serious alcohol use problems as adults (Fagan, 2006).

When teens use alcohol at a young age, their risk for dependency is increased. That chronic alcohol use by teens can develop into poor peer, family and community relations (Fagan, 2006). Alcohol use by teens also increases the chance of engaging in sexual behavior or other health risks (Fagan, 2006; Peterson, Buser and Westburg, 2010). Substance use such as alcohol use can predict future incidence of recidivism or initial deviant acts (Stoolmiller and Blechman, 2005).

Part of the concern over alcohol use by teens is the way in which they use it. Often they engage in drinking to excess, referred to as binge drinking, rather than having a few drinks daily. While neither drinking pattern is beneficial for teens or adults, the binge drinking pattern elevates a teen's risk of harm to themselves or others (Beck, Boyle and Boekeloo, 2003).

Because teens often drink less often than adults, they end up drinking more alcohol at one time and this type of binge drinking can lead to serious alcohol problems when they become adults (Fagan, 2006). In fact, forty percent of adults who began drinking prior to age fifteen show signs of alcohol dependence (Surgeon General Report, 2007). That alcohol abuse rate is four times higher than for those who wait until age twenty-one for an initial onset age of alcohol use (Surgeon General Report, 2007).

Alcohol consumption is also associated with engaging in sexual intercourse and risky sex behavior (Windle et al, 2009). The consequence of this type of behavior is unwanted pregnancies that can cause financial and societal problems. A further consequence is sexual transmitted diseases that may not only cause social isolation but can also cause serious health problems.

### **C. Peer Influence and early age alcohol use**

In reference to initiation and experimentation, peers also have a strong influence over teens, but the most influential is the attitude and behavior of parents as well as the quality of family life and parenting practices (Miller-Day, 200). Parental influence is important but often the most underutilized tool in reference to influence of adolescent behavior in reference to alcohol (Miller-Day, 2008). As perceived family sanctions increase, adolescent involvement in activities such as alcohol use decreases (Miller-Day, 2008).

Teens tend overestimate the number of peers that are using alcohol (Fagan, 2006). This may add pressure on adolescents to engage in alcohol use. It may appear that alcohol use is a rite of passage and necessary to experience before moving into adulthood. This often arises because teens tend to focus on the positives of activities

rather than determining if the perceived benefits are greater than the perceived risks (Fagan, 2006). Teens may also only relay to others the benefits of drinking rather than the negatives.

As children of middle school years begin to spend more time unsupervised (Windle et al, 2009), friends and activities outside of the home often become a primary focus of the teens life rather than the parents. Adolescents who are unsupervised in neighborhoods are more likely to be exposed to older youth who may influence their behavior (Windle et al, 2009). The decision to drink may be as much a statement of rebellion and finding who she is as to experiencing the intoxicating aspects of alcohol (Windle et al, 2009).

#### **D. Teens and access to alcohol**

Access to alcohol by adolescents is a contributing factor to early age onset alcohol use. Crawford and Novak (2008) found that adolescents in single parent homes had more opportunities for alcohol use possibly due to the less restrictive parenting practices. But he also found that it was the family dynamic versus the family structure that dictates alcohol use through level of attachment (monitoring) and opportunity (Crawford and Novak, 2008). Because the drinking age in the United States is twenty-one, adolescents generally get their alcohol from adults (Surgeon General Report, 2007).

Parents play a pivotal role in providing alcohol to early adolescents (Koning, 2009). Parent child interaction is an important predictor in the adolescent's negative attitudes about drugs and alcohol (Miller-Day, 2008). Parents who have permissive attitudes towards alcohol have children that are more likely to use alcohol in the future (Macaulay, Griffin, Gronewold, Williams and Botvin, 2000).

Between ages nine and thirteen youth begin to form positive opinions about alcohol (Surgeon General Report, 2007). Children as early as age ten can recognize alcohol (Windle et al, 2009). They also begin to form opinions on its use and consequences. Children between age ten and fifteen often begin experimenting with alcohol (Windle et al, 2009).

Parents who suffer from alcohol dependence also indirectly influence an adolescent's alcohol use (Latendresse, Rose, Pulkkinen, Kaprio and Dick, 2007). Forty-one percent of teens say their parents would not necessarily disapprove if they were drinking one or two drinks per day (National Center on Addiction and Substance Abuse, 2005). Part of the problem of the message conveyed is that parents often think they have no control over their children's alcohol experimentation (National Center on Addiction and Substance Abuse, 2005). Sixty four percent of eight graders report that alcohol is easy or fairly easy to get (Windle et al, 2009). Other teens report that despite parental disapproval, there is little difficulty in obtaining alcohol (Beck, Boyle and Boekeloo, 2003).

Because many of these teens have already formed opinions about alcohol and are becoming more and more influenced by peer pressure, the most positive way to prevent early onset age alcohol consumption may be increasing the level of parental monitoring.

#### **E. Definition of parental monitoring and its impact on alcohol use.**

In preventing initial onset age of drinking, family factors such as supervision, monitoring and consistent discipline are the major protective factors (Kumpfer, Alvarado, Whiteside, 2003). High levels of monitoring insulate teens from many types of

misbehaviors including drinking alcohol and young teens are almost doubly protected from initial onset of alcohol use (Steinberg, Fletcher and Darling, 1994).

While other influences play a role in determining a child's risk for alcohol use, the most important is parents (Beatty, 2008). Parental monitoring is the foundation of a positive family management (Fagan, 2006). It is a strong familial attachment that reduces risky behavior of alcohol use (Peterson, Buser and Westburg, 2010). Most researchers define healthy families as those with high levels of monitoring, closeness and communication (Romero and Ruiz, 2007).

Parental monitoring is knowing who a teens friends are, where they go, what they do in their free time and where they spend their time after school (Steinberg, Fletcher and Darling, 1994; Romero and Ruiz, 2007). Monitoring also includes things like checking homework, setting rules, talking about friends and things they do together as well as explaining what is allowed and what is not allowed (Romero and Ruiz, 2007). Hands-on parents monitor TV, internet and whereabouts of children (Beck, Boyle and Boekeloo, 2003).

Parental monitoring does not mean adult supervision exclusively by parents. It can also be in the form of proxy monitoring (Oman et al, 2007). Children who are involved in activities like sports or other constructive after school programs with strong non-parental adult role models are less likely to engage in alcohol use. Even using various definitions of parental monitoring, adolescents who have a greater level of monitoring are less likely to become involved in alcohol (Beck, et al, 2004). Parental monitoring is often associated with lower occurrences of all risk behaviors (Romero and Ruiz, 2007).

When parents restrict rules and have high levels of monitoring children are more likely to postpone the age of initial onset (Koning et al, 2009). But these rules should be clear, concise and follow through for rule breaking is important (Fagan, 2006). Effective monitoring and limit setting decrease the risk of problem behaviors, such as alcohol use, even when other risk factors are present (Stormshak and Dishion, 2009).

Parents who exercise more control through monitoring over their teens are less likely to use alcohol (Driscoll, Russell and Crockett, 2008). The benefits of monitoring extend to other risk factors associated with alcohol use such as risky driving, sexual activity and violence (Beck et al, 2004). The protectiveness of monitoring is true for thirteen and fourteen year olds as far as their initial onset decisions and for seventeen year olds in reference to decisions about the frequency of intoxication (Latendresse, Rose, Pulkkinen, Kaprio and Dick, 2007).

Monitoring also involves discussing strategies to avoid and handle difficult situations with alcohol (National Center on Addiction and Substance Abuse, 2005). When parents are familiar with friends and peers, they are better able to prevent risky situations and intervene if necessary. This is especially true for individuals of middle school age because these adolescents are five times likelier to drink if they have friends who drink (National Center on Addiction and Substance Abuse, 2005).

For middle school age children, at the highest risk of alcohol use, parental monitoring increases were accompanied by lower rates of alcohol use (Stormshak and Dishion, 2009). Controlling and monitoring behavior of middle age school children restricted the opportunities of these children to initiate alcohol use (Driscoll, Russell and Crockett, 2008).

Parental monitoring is not exclusively knowledge of a teen's whereabouts, but also includes disciplinary practices and acceptable behavior rules as well as follow-through. This provides parents and children with strict guidelines of acceptable behavior (Romero and Ruiz, 2007). A by-product of high levels of monitoring may be the strength of the parent-child bond and increased closeness. The teen may in turn be more willing to disclose information (Romero and Ruiz, 2007) and youth behavior may be more influenced by the parent's knowledge.

Adolescent disclosure to parents is the primary source of information and teen behavior is based on their perceptions of what their parents know (Romero and Ruiz, 2007). Parental monitoring encourages and flourishes disclosure. Parents who supervise teen parties in their homes were less likely to have a teen ever come home drunk (Beck, Boyle and Boekeloo, 2003). Parental monitoring is associated with less initial exposure to alcohol (Beck, Boyle and Boekeloo, 2003).

Monitoring delays the initial onset of alcohol use and can therefore deter substance use (Steinberg, Fletcher and Darling, 1994; Koning, 2009). Monitoring is especially effective because it is a skill that can be learned and utilized even in high risk populations (Steinberg, Fletcher and Darling, 1994). If a teen is already engaging in deviant type behaviors such as alcohol use, increasing parental monitoring can reduce the incidence of alcohol use. Beck, Boyle and Boekeloo (2003) found that when children were highly monitored, it reduced their risk of initial exposure to alcohol and their likelihood to drink after initial onset.

Monitoring may be more effective as a primary strategy rather than secondary. Monitoring is most effective when paired with a contract of rules and responsibilities that

are jointly discussed and created by both parties (Fagan, 2006). Parental support, most often in the form of monitoring, is a protective factor for alcohol use (Barnes, Hoffman, Welte, Farrell and Dintcheff, 2006).

Passive forms of monitoring such as direct participation in activities and adolescent disclosure may help create the strong, trusting relationship between parent and child that is most beneficial when delaying the initial onset age of alcohol use (Latendresse, Rose, Pulkkinen Kaprio and Dick, 2007). Parents who have high expectations, consistently monitor whereabouts, have high levels of peer knowledge have children who are less likely to engage in alcohol use at an early age (National Center on Addiction and Substance Abuse, 2005). Increased levels of monitoring were found in Mexican decent youths where there was a high degree of familialism. Romero and Ruiz (2007) found these adolescents have a delay in age of initial onset for alcohol use.

Parental monitoring can work as a buffer to counter the sometimes negative influence of peer pressure (Barnes, Hoffman, Welte, Farrell and Dintcheff, 2006). Insufficient monitoring may make individuals more vulnerable to deviant peers (Stoolmiller and Blechman, 2008).

Parental monitoring is an external method of control (Stoolmiller and Blechman, 2008), but it can affect the development of the internal locus of control. This provides teens with tools of support for fending off peer pressure of the initiation of alcohol use. The influence of peer pressure was traditionally thought of as the major reason for an adolescent to begin engaging in delinquent behavior, but recent research shows that parental disapproval is cited as the primary reason not to initiate alcohol use (Kumpfer and Alvarado, 2003).

When monitoring and support are combined the negative effects of associating with deviant peers is reduced and the risk of alcohol use is also reduced (Barnes, Hoffman, Welte, Farrell and Dintcheff, 2006). Poor parental monitoring has been associated with higher rates of adolescent initiation alcohol use (Macaulay, Griffin, Gronewold, Williams and Botvin, 2000).

Strong families, often characterized by high levels of communication and monitoring or supervision, are critical to preventing many adolescent associated issues (Kumpfer and Alvarado, 2003). A positive family environment created by strong families is the reason many youth do not engage in delinquent behavior. The protectiveness effect may reduce adolescent exposure to alcohol as well as other risk situations (Beck et al, 2004).

#### **F. Attachment and monitoring**

Parental attachment, which is strengthened by strong monitoring, is a more effective protectiveness factor than family structure as once was thought (Crawford and Novak, 2008). Therefore children raised in strong, healthy environments with high levels of monitoring have a lower risk of alcohol use rather than an increased risk due to homes with single parents or stepfamilies. One explanation for correlations between higher levels of alcohol use among step families and single parent homes has more to do with less restrictive parenting styles generally employed than the structure itself.

Parenting factors, negative and positive, are the strongest predictors of alcohol use (Henderson, Rowe, Dakof, Hawes and Kiddle, 2010). Family structure changes may not directly affect the initial age onset of alcohol use, but they do contribute to the parent-child level of communication, closeness as well as monitoring which has been shown to

contribute to reducing initial onset age (Weissberg, Kumpfer and Seligman, 2003). In households with few rules and inadequate parental supervision or monitoring, there is an increase risk of delinquent behavior such as alcohol use (Caldwell, Horne, Davidson and Quinn, 2007).

The combination of parental attachment and parental monitoring is what makes the healthiest families (Romero and Ruiz, 2007). Family cohesion, support and communication which are created by high levels of monitoring correlate to positive child adjustment (Caldwell, Horne, Davidson and Quinn, 2007). Family communication that is either a direct result of monitoring or accompanies parental monitoring has been shown to prevent the young initial age of alcohol use onset (Oman et al, 2007).

The relationship between strong families, particularly those with high levels of monitoring and reducing the initial onset age of alcohol use by adolescents is clear. Strong families are often defined by high levels of attachment between parents and children. These strong attachments, often implemented with monitoring techniques provide protections to adolescents for all types of risk, especially alcohol use. Therefore parent-child attachment and social bonding theories also lend support to the idea that high parental monitoring decreases the likelihood of early age initial alcohol use.

### **III. Theoretical Framework**

Theory and research have shown that explanations of why individuals engage in criminal acts is complicated and complex. Explaining delinquent behavior can be even more difficult because it involves not only the adolescent's behavioral triggers but adds the layer of parent actions. Many theories encompass ideas about ineffective parenting when explaining delinquent behavior, but Travis Hirschi's Social Bond Theory (Cullen and Agnew, 2006) may be one of the best when determining delinquent behavior, specifically early age onset drinking patterns. But there are important elements of the General Theory of Crime developed by Michael Gottfredson and Travis Hirschi that also may shed light on adolescent drinking patterns.

#### **A. Social Bonding Theory**

Hirschi's social bond theory is made up of four elements. Those are attachment, commitment, involvement and belief (Cullen and Agnew, 2006; Durkan, Wolfe and Clark, 1999; Foshee and Bauman, 1992). It is through the positive development of these four elements in an individual, especially an adolescent, that prevents the natural motivation to participate in delinquent activities (Cullen and Agnew, 2006). It is the social bonds created with the community and families anchored in the four basic elements that play a primary role in preventing delinquent behavior (Peterson, 2010). The definition of social bond is the connections created between individuals and others as well as connections to society (Durkan, Wolfe and Clark, 1999)

When things like attachment to parents or commitment to community are lacking, proper social bonds are not developed in an individual. Therefore if those types of bonds are lacking, the Social Bond Theory posits that deviant behavior occurs (Durkan, Wolfe

and Clark, 1999). Yet when there is a strong attachment between individuals deviant behavior is less likely to happen. In terms of preventing early age onset of alcohol consumption, the most important attachment for children and young adolescents prior to high school is the bond with their parents (Durkan, Wolfe and Clark, 1999).

The bonds or attachments created between an adolescent and parent can be defined as the strength of respect and affection for the positive individuals and groups in an adolescent's life (Peterson, 2010). These can comprise of parents, teachers, coaches, peers and other adults who have an influence or connection to the adolescent.

Attachment is closely related to the level of involvement the adolescent invests in his/her society or education although the parental attachment is the most important (Durkan, Wolfe and Clark, 1999). The greater the involvement, the greater the attachment and the deeper the commitment the stronger the bonds formed become.

As these bonds are increased, preventing a situation that could destroy or weaken those relationships that are important become critical to the adolescent. This may be why strong attachments can reduce delinquency (Peterson, 2010). It is theorized that when there are strong bonds, individuals do not want to endanger those relationships and that essentially puts restraint on delinquent behavior (Durkan, Wolfe and Clark, 1999)

Those without strong attachments lack the connectiveness with other individuals and are less concerned about the expectations of others or of their individual impact of their actions on others (Peterson, 2010). There is less empathy or concern for the community around them. Children who are involved in conventional activities either school sanctioned or community based do not have time to engage in deviant behavior (Durkan, Wolfe and Clark, 1999).

Peterson (2010) found that as social bonds increased, so did a youth's self esteem and participation in the community around them. This higher level of connection can lead to a reduction in alcohol use. How this relates to parental monitoring is that greater parental monitoring helps to strengthen and create the social attachments and bonds. Ineffective parenting includes, but is not exclusively defined, by a failure to monitor a child's activities (Unnever, Cullen and Agnew, 2006).

While the Social Bond Theory discusses the relationship with external influences and how that plays a role in juvenile delinquent behavior, the General Theory of Crime developed by Michael Gottfredson and Travis Hirschi tries to explain the intrinsic motivation of preventing crime through social control mechanisms (Cullen and Agnew, 2006). Both theories lend to the idea that greater parental monitoring may be a key to preventing delinquent behavioral patterns especially early age onset drinking.

Gottfredson and Hirschi, (in Unnever, Cullen and Agnew, 2006), present in their General Theory of Crime the primary cause of juvenile crime is that children do not develop proper self control because of ineffective parenting.

According to Unnever, Cullen and Agnew (2006) this theory is a major departure from the Social Bond Theory. Yet just as Hirschi's Social Bond Theory believes that parental attachment or particularly the lack of contributes to delinquency, the General Theory of Crime argues that parental attachment is a prerequisite for effective parenting. In both instances effective parenting is defined with a high level of parental monitoring. As research has shown that greater parental monitoring decreases the likelihood of early age onset drinking, both theories may be partially correct.

Unnever, Cullen and Agnew (2006) state parental attachment in the theory does not have a direct effect on self-control or delinquency. What they fail to realize is as a child matures self-control also matures, so the greater the parental monitoring until the child's own self control matures, the less likely delinquent acts will occur.

Gottfredson and Hirschi's General Crime Theory purports juveniles do not commit crime because of motivational factors alone. Those motivational factors are inherent in all individuals. It is the need for gratification of needs and desires, instant and effortless, that causes individuals to commit crimes (Unnever, Cullen and Agnew, 2006).

Children have greater difficulty delaying gratification and by monitoring these children until they have learned to delay the satisfaction or gratification can indirectly provide a protectiveness factor and therefore contribute to the lessening of a desire to commit delinquent acts (Finkenaur, Engels and Baumeister, 2005). Juveniles are influenced by peers for the exact reason that they cannot delay this gratification. As adolescents mature positively, the skills of independent thinking and acting become stronger and the juveniles are less influenced by peers and may be less likely to engage in immediate gratification behavior (Lamborn, Mounts, Steinberg and Dornbusch, 1991). High levels of parental monitoring can positively contribute to this process.

Hirschi argues that theories should be independent and in conflict of each other rather than integrating them together (Unnever, Cullen and Agnew, 2006) yet the most likely explanation of most if not all criminal behavior will be developed from a melding of many elements from different theories. Developing the perfect intervention or prevention program will likely follow the same pattern. It will encompass different aspects and techniques to become applicable to the largest population possible.

#### **IV. Program Review**

After establishing the probable relationships between early age onset alcohol consumption by juveniles and parental monitor, a plan of action must be implemented. The choices of possible programs are extensive and varied. Many are not only not evidence based or theory driven, but some are not even empirically tested (Austin, 2003). Therefore the need for evidence based intervention and prevention programs for juveniles at risk of early age onset drinking is immediate and necessary.

Often public institutions such as human service or public health departments and court sanctioned intervention programs do not consist of programs that provide a family focus (Quinn and VanDyke, 2004; Nation et al, 2003). Community based strategies often focus on reducing the access to alcohol and establish and reinforcing a community's role in preventing alcohol use. While access and involvement are important, engaging and recruiting parental participation with these types of programs can be difficult at best, if not impossible at times (Molgaard, Spoth and Redmond, 2000). School based programs often times are also not empirically tested or when there is evidence it is the result of questionable analysis (Gorman, Conde and Huber, 2007).

##### **A. Strengthening families program (SFP)**

One program that has been empirically tested and which does show some promise is the Strengthening Families Program. This program was originally created by researcher Karol Kumpfer (Molgaard, Spoth and Redmond, 2000). It began in 1983 as a four-year prevention research project (Kumpfer and Tait, 2000). With help from associates, she developed the program for parents and young people aged ten to fourteen.

The initial program comprised of seven two-hour sessions with four booster sessions than are not mandatory. The original program sessions were shorter than is currently recommended (Kumpfer and Tait, 2000).

The parents and juveniles have separate instruction for the beginning part of the session. The second half of the session is with both parties together. The purpose of the different sessions is to teach parents about the importance of monitoring as well as imposing consequences and managing conflict and anger issues alone, but to facilitate increased bonding and attachments through the joint sessions (Kumpfer and Tait, 2000). While the program is targeted to many types of at risk behavior, the parental training sessions are quite specific and include specifics on the risk of drug and alcohol use (Molgaard, Spoth and Redmond, 2000). Likewise the children sessions focus on effective communication which can increase the parent child bond which is something of particular importance for juveniles at risk of early age onset drinking (Peterson, 2010).

The program was originally intended to provide drug abusing parents with ways to improve their parenting skills in the hope those improved skills would diminish the risk to their children of also being drug abusers (Kumpfer and Tait, 2000). The age of the participant children has also been modified slightly. Originally SFP was targeted to reduce risk in children age six to ten (Kumpfer and Tait, 2000). While these children are relatively young on average to target for onset age of drinking, opinions on alcohol can be formed this early (Surgeon General Report, 2007) and the program has subsequently been modified in some ways to target those youth aged ten to fourteen who may be at a higher risk for early age onset alcohol consumption (Molgaard, Spoth, and Redmond, 2000).

Its primary function by design was to reduce the risk factors to a child and improve the protective factors in reference to any delinquent behaviors (Kumpfer and Tait, 2000). Original research results showed that the focus on the combination of parenting skills, child skills and family skills was the most successful (Kumpfer and Tait, 2000). Because the family is one of the strongest determinates of alcohol consumption especially early age onset, this program is a logical choice for individuals with increased risk of that type of behavior (Kumpfer and Alvarado, 2003). Even though the current program is generally applied to all delinquent behavior modification for application exclusively to the risk of early age onset alcohol use may be quite successful (SAMHSA, 2008)

The program teaches parents that attachment and supervision are the best strategies to use when trying to prevent an adolescent from engaging in high risk behavior such as early age alcohol consumption (Kumpfer and Tait, 2000). Parental support, often provided through monitoring, attachment and bonding, is one of the most powerful predictors of all types of delinquency but especially alcohol use (Kumpfer and Alvarado, 1998). Increase parental supervision can mitigate peer influence of early adolescents (Kumpfer and Alvarado, 1998).

Because interventions and preventions with a strong parental focus tend to improve the overall family interactions, those that include training on improving skills like supervision levels and positive conflict resolution can be the most successful (Caldwell, Horne, Davidson and Quinn, 2006). Programs that focus on the family unit as a whole rather than the individual parts, parents and children, as separate entities have a greater impact on the participants (Kumpfer and Alvarado, 2003).

The program has been evaluated and replicated in many different settings from inner-city Detroit, MI to urban Utah with similar findings that parental involvement, particularly strong bonds and attachments and high levels of supervision, prevent adolescents from engaging in risky behavior such as alcohol use (Kumpfer and Tait, 2000; Molgaard, Spoth and Redmond, 2000). Subsequent research has shown the effectiveness of this concept with parents that are not drug or alcohol abusers and with families of diverse backgrounds (Kumpfer and Tait, 2000).

Analysis of the program has provided information showing significant improvements in parenting behaviors and overall family function (Molgaard, Spoth and Redmond, 2000). This program, originally derived from the Iowa Strengthening Families Program, has earned a ranking of exemplary from US Department of Education and is considered a model program by SAMHSA (Gorman, Conde and Huber Jr, 2007). While analysis of previous research by Gorman, Conde and Huber Jr (2007) concludes the success of the program is fragile at best, the findings did acknowledge a reduction in onset alcohol use albeit a slight reduction. Rather than providing evidence to dismantle the program and start anew, this may actually provide a catalyst for improvement and evidence of a path to success.

Recruitment for this program is not through the school system or court system. Generally it is from a community organization that provides programs for families such as a YMCA or Cooperative Extension Services (Molgaard, Spoth and Redmond, 2000). Recruiting the target groups becomes difficult in these situations because it can be difficult to persuade parents to participate and maintain engagement (Beatty, Cross and Shaw, 2008). When law enforcement or schools are not the primary provider of risk

information, encouraging participation can be less than desirable (Molgaard, Spoth, and Redmond, 2000).

This type of recruitment may be more beneficial especially when targeting preventing alcohol use because most school based programs are used to target large groups of children at one time but seldom have a parenting component (Stormshak and Dishion, 2009). Because it is only a specific population that may require this type of intervention, a more targeted recruitment is more cost effective and a better use of the time resources. The most obvious avenue for encouraging and engaging participation may be through the criminal justice system. One program that is similar to SFP uses this type of recruitment but may not be the most beneficial for preventing alcohol consumption prior to engagement in the delinquent activity.

#### **B. Functional family therapy (FFT)**

Functional Family Therapy (FFT) is a highly successful family focused program that many juvenile justice systems are embracing. FFT is similar to SFP in respect to the participants, the targeted ages (although SFP does provide separate programs for younger children) and provides strong focus on the family (Sexton and Alexander, 2000). It is different, in that the primary focus is intervention and creation of a positive family change through therapy to build individual inner strength and help families build on those strengths (Sexton and Alexander, 2000). This type of programs may be highly successful in some situations but may not be the best choice for specifically preventing early age onset alcohol use.

Because there is no magic bullet that can provide successful intervention or prevention for all high risk behavior, programs must be flexible and have a set of

coordinated strategies that can be molded to individuals communities rather than rigid models that may not be applicable to different situations (Weissberg, Kumpfer and Seligman, 2003). Despite this need for flexibility, certain strategies, such as family focus or participation, should be an integral part of all programs. Family focus programs are imperative because many problems of youth as well as other aspects of society are interconnected with the breakdown of family functioning especially in reference to caring for the children and providing stability, guidance and support (Kumpfer and Alvarado, 1998). Proper monitoring and supervision can counter many of these negative parenting aspects.

In the United States, there are most likely as many different programs as there are different communities. Communities within the same large cities or smaller communities that are only a few miles apart can vary vastly in their specific needs and social problems. Developing prevention and intervention programs that treat all communities as a one-size-fits-all model are from the start non-effective and may actually do more damage to the community than to provide positive results. This is most likely why there are so many different courses that are used today. Yet despite these difficulties, there are number of empirically tested strategies that can be implemented in most programs that provide flexibility and effectiveness for most communities.

## **V. Recommendations**

The subject of alcohol consumption can bring strong responses both for and against. If the subject is modified to include underage drinking, the opinions are intensified. While it is unlikely that any responsible person would advocate for onset alcohol consumption to begin during middle school ages, it is responsible and realistic for juvenile justice professionals, teachers, counselors and parents to acknowledge this behavior exists and must be addressed. In fact, in some communities, early onset age alcohol consumption may be perceived as an epidemic. In order to combat this, prevention programs must be reliable and valid. It is not imperative that all programs be modeled after a particular specific mold, but there are some general recommendations that should be incorporated into most if not all programs whose purpose or function is to prevent early onset alcohol consumption.

### **A. Intervention/prevention must include strong family focus**

As has been shown from various pieces of peer-reviewed literature throughout this paper, parents are the most important factors in a young person's life. This is especially true of pre-teens who may not be influenced by their peers as much as older teens are. Because of this, parents need to have tools to provide their children with the ability to make informed, positive choices as they mature and spend less and less time under the parental restraints.

Peers have a great influence over teen's behaviors especially as they approach high school. During middle school years, peers are just beginning to influence the behavior of pre teens but the most influential is parental attitude and parenting practices as well as the quality of family life as a whole. If parents have an active role in a middle

school aged child's life by providing a high level of supervision, the perception of possible sanctions at an older age increases and the teens involvement in risk activities such as alcohol use will decrease.

Intervention is more effective when all those who may contribute to or prevent negative behavior are involved rather than focusing exclusively on the individual excluding the family. Often times it is a combination of family functioning and juvenile behavior that leads to delinquency. By engaging each member of the family and reinforcing the importance of those roles, as well as creating the attachments and bonds this mutual respect fosters, initial acts of delinquency like early age drinking can be eliminated. This positive result can be viewed cumulatively and may prevent other more serious criminal acts in the future.

Parents should also be shown that passive monitoring often referred to as a high level of parental involvement is beneficial in preventing early age drinking. Many parents do not have the time or opportunity to take an active role in volunteering for school or other extra-curricular activities, but parents need to understand that involvement can be anything from actually coaching a little league team to asking specific questions about the school days activities or just showing an interest in the pre teen's world. This creates strong relationships which will delay the initial onset of alcohol use. It is these types of strong, positive families that prevent most children from engaging in delinquent behavior.

The biggest benefit to a program that encourages a high level of parental involvement via greater supervision and monitoring to prevent early age alcohol is that monitoring is a skill that can be learned. Not only can it be learned but it can be learned

in a relatively easy manner. As the SFP shows, for relatively minimal hour long sessions, parents can be taught the importance and techniques of providing high levels of monitoring. This is true even for high risk populations such as those with low SES situations. Providing information on the importance of supervision primarily by parents, but also the benefits of other adult role model monitoring can be done for a relatively low cost.

Therefore the first recommendation is provide parents with information about the effects parent monitoring has on alcohol use. An easy way to provide this type of quick, fast information is through media sources. For example, middle school parent newsletters and fact sheets provided by community organizations is an excellent way to facilitate this. Another emerging avenue that provides instant information is through social media sites such as Facebook and Twitter.

### **B. Target all adult members of the community not just parents**

Another recommendation is to create community programs that are teachable moments for all adults in the community. Because much of the alcohol consumed by pre-teens is provided unknowingly by adults in the child's life, educating those individuals on what can happen and how monitoring and supervision by all adult individuals can benefit the society as a whole and prevent early age onset drinking is important. Most teens will report that access to alcohol is not difficult at any age. This is not because parents are the only persons facilitating the acquisition of alcohol

All adult members of the community have a role in underage teens obtaining alcohol. Members of the community also need to understand that the negative impact of teens who become delinquents or adult alcoholics have a tremendous impact on the

society in which they live. All adults must understand that the permissive attitudes expressed by everyone towards alcohol makes children's attitude to be more tolerant to the possibility of early age alcohol use.

Children that are involved in activities such as sports or other positive after school activities with strong non-parental adult role models are less likely to engage in alcohol consumption. Because of this, adults involved in these types of activities should also understand the importance of their role in preventing alcohol use.

By informing every adult in the community how their actions can be potentially harmful to pre-teens, teens, families and themselves, programs empower those around the teens to engage in a form of social control. These campaigns can also be done for relatively low monetary cost through many of the same vehicles used for parental outreach.

As previously stated, high levels of monitoring and supervision form a protectiveness factor for many youth at risk for delinquent behavior particularly early age alcohol use. While the ideal and most logical form of this oversight is parental involvement, there is no requirement it must exclusively be parent. Adolescents who are unsupervised are more likely to be exposed to negative behavioral patterns of older teens, but neighborhood imposed social controls can provide a protectiveness factor that is almost as successful as parental involvement.

By engaging the community and neighborhood, the adolescent is more likely to create a social bond and attachment to the entire community and be less likely to engage in the negative behavior. So if community organizations provide information learning sessions or presentations to all members of the community as a function of the prevention

program, all those involved understand how each person has a vested interest in decreasing early age alcohol consumption.

### **C. Early age intervention for easier recruitment and greater success of preventing delinquent behavior**

Intervention with young children may be more successful than older children for a variety of reasons. Young children are often more dependant and trusting of the adults in their lives. This is one reason that intervention at an early age produces better results. Parents are also more involved in children's lives and the opportunity for intervention via the parents is often easier.

The negative effects of alcohol use and abuse are much more dangerous and harmful for pre teens than for older young adults. Damage to liver or brain may take years of abuse from adult alcohol user but may be accelerated in a young teen. These teens may also experience developmental gaps that will affect them for years to come. These are children that may eventually be placed in special education classes. There is a monetary as well as a social and psychological cost to this happening at a younger and younger age.

Many parents, in fact most parents, will likely provide sufficient supervision and monitoring. Unfortunately it is these parents that will also most likely receive and review the information. Parents whose children are at risk may have so many other distractions and obligations where that is the cause of lower levels of supervision initially. It is those individuals who will benefit the most from an outreach but may be least likely to receive the outreach. When children are younger, parents in general are more engaged mostly

because children at a young age, for example elementary school age, cannot be left alone for long periods of time if at all.

This type of outreach does not need to be long and intense. It just needs to be enough information to pique the interest and get the attention of a parent and to provoke further investigation by parents or at least a referral of where to get more information. This abbreviated type of outreach is a perfect fit for most types of social media, school newsletters and community flyers.

The biggest benefit to this type of outreach is that it can be implemented and targeted before there is any type of juvenile justice system interaction or police contact. So the most benefit comes from the creation of a media campaign targeting middle school or even elementary parents providing information prior to initial onset. Because most young children have not yet begun to engage in at-risk behaviors, this type of subtle intervention will be most beneficial. Parents who believe they and their children may benefit will seek out more information prior to delinquency being a problem.

To compliment this type of outreach, schools and community organizations including health and human service offices can provide students with information on the importance of parental monitoring and supervision. This can be from the perspective of providing these youth with confidence and promoting healthy productive life styles. Because youth at this age are still fairly dependant on their adult counterparts, this may not only engage parents of high risk children but may provide school personnel or social workers with those families that might need extra outreach and recruitment.

Having the parents as an engaged party in the intervention or prevention process from the start may also provide an added benefit of retention. If a parent deliberately

seeks out help with parenting skills or requests information about how increasing parental monitoring can increase the age of onset drinking, there is a vested interest in change.

Community programs can be difficult to implement because recruitment can be difficult. Unlike schools where there is a captive audience of all pre teen children in a society, community programs are dependent on families that actively engage in their activities rather than passively absorb the information.

**D. Devise programs using empirically tested techniques and evaluate programs often for the most effective strategies**

Finally, by providing all families who request more information with access to programs such as Strengthening Families Program as a prevention or Functional Families Therapy for an intervention before behavior escalates is the best way to prevent and combat middle school onset alcohol consumption. Because alcohol use in teens is a strong predictor of future delinquent behavior, providing the intervention is the most effective strategy available. Early age alcohol use also contributes to alcohol abuse in adult which in turn can contribute to dysfunction in general and the possibility of criminal behavior is increased. For these reasons, early age prevention is the best possible solution.

Most current prevention programs used in many arenas today are implemented after there has been a negative act on the part of the juvenile, often with some type of law enforcement interaction. It is at that time the juvenile is encouraged to participate in programs. The problem is many of these programs are focused only on the juvenile because of the structure of the criminal justice system. These programs are built around the individual but many studies show this type of intervention is least effective.

Often school based programs are not based on empirical testing and intermitted and not consistent due to the logistics of trying to adapt a new program to an already overcrowded curriculum. Because of this programs that are fully facilitated through schools are not the best implementation of prevention.

#### **IV. Conclusion**

The challenges and struggles that young people face today are many times described in more extreme terms than generations ago but in many ways not much has changed. Youth have always wrestled with the adjustment from childhood to adulthood and how each individual fits into their particular society. Part of what makes that transition a tranquil one versus a frenzied one is how the child has been prepared by parents to cope with the changes ahead.

Rebellious behavior like consuming alcohol is one of the ways teens find their path to adulthood. Preventing all alcohol consumption prior to the legal drinking age is the idyllic situation but may not be the most realistic. Thus prolonging the onset of this type of experimentation until the child has reached a level of maturity where the possibility of negative consequences is reduced in the largest way is the best that can be hoped for. Parents can have a direct impact on this by increasing supervision and monitoring of the child during the formative middle school years. Not only does this prevent the chances of alcohol consumption, it provides the individuals (parents and children) with a course to creating strong family bonds and attachments that will have a tremendously positive effect on both child and parent for the rest of their lives.

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