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Hopelessness as a predictor of juvenile delinquency in at-risk youth

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**HOPELESSNESS AS A PREDICTOR OF JUVENILE DELINQUENCY
IN AT-RISK YOUTH**

A Thesis

Presented to

The Faculty of the Department of Psychology

San José State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

by

Michelle A. Tomishima

August, 1995

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ABSTRACT

HOPELESSNESS AS A PREDICTOR OF JUVENILE DELINQUENCY IN AT-RISK YOUTH

by Michelle A. Tomishima

Hopelessness, defined as a negative expectation toward oneself and the future, has been noted as a feature of various psychopathological conditions. In children, previous research revealed its relationship to depression and suicidal ideation (Kazdin, French, Unis, Esveltd-Dawson, & Sherick, 1983). This study focuses on hopelessness in at-risk youth and its relationship to juvenile delinquent behaviors. The participants were 51 families in which the mother and child were of focus. The participants were individually interviewed in a structured format. The measures administered were the Child Behavior Checklist, the Piers-Harris Children's Self-Concept Scale, the Self Report Delinquency Scale, and the Hopelessness Scale for Children. The results indicated that hopelessness was related to overall psychopathology, externalizing behavior, and delinquent behavior. Common risk factors for at-risk children are discussed as well as the limitations and implications of this study.

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Hopelessness as a Predictor of Juvenile Delinquency

in At-risk Youth

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Footnotes

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Abstract

Hopelessness, defined as a negative expectation toward oneself and the future, has been noted as a feature of various psychopathological conditions. In children, previous research revealed its relationship to depression and suicidal ideation (Kazdin, French, Unis, Esveltd-Dawson, & Sherick, 1983). This study focuses on hopelessness in at-risk youth and its relationship to juvenile delinquent behaviors. The participants were 51 families in which the mother and child were of focus. The participants were individually interviewed in a structured format. The measures administered were the Child Behavior Checklist, the Piers-Harris Children's Self-Concept Scale, the Self Report Delinquency Scale, and the Hopelessness Scale for Children. The results indicated that hopelessness was related to overall psychopathology, externalizing behavior, and delinquent behavior. Common risk factors for at-risk children are discussed as well as the limitations and implications of this study.

Hopelessness as a Predictor of Juvenile Delinquency in At-risk Youth

Hopelessness, defined as negative expectancies toward oneself and toward the future, has been noted as a feature of various psychopathological conditions. Previous theory and research has related hopelessness to several different constructs. Hopelessness has been recognized as a component of depression (Beck, 1976) and has also been implicated in other phenomena such as suicide (Beck, 1963), schizophrenia (Laing & Esterson, 1965), alcoholism (Smart, 1968), sociopathy (Melges & Bowlby, 1969), and physical illness (Schmale, 1958).

Hopelessness was first studied in adults with the creation of a Hopelessness Scale (Beck, Weissman, Lester, & Trexler, 1974). This measure of pessimism was constructed to study hopelessness in a variety of psychopathological conditions. A principal components analysis with varimax rotation revealed three factors: affective, motivational, and cognitive. Beck, Weissman, Lester, and Trexler (1974) asserted that hopelessness in adults was composed of feelings about the future, a loss of motivation, and future expectations.

Research investigating the role of hopelessness in children is fairly recent. For example, in 1983, Kazdin, French, Unis, Esveltd-Dawson, and Sherick modeled the Hopelessness Scale for Children after the scale used for adults (Beck, Weissman, Lester, & Trexler, 1974). Beck, Weissman, Lester, and Trexler (1974) found the Hopelessness Scale to have a high degree of internal consistency and a relatively high correlation with clinical ratings of hopelessness and other self-administered measures of hopelessness. To adjust the scale for children, the scale was modified by rewording a few complex items.

The bulk of studies assessing hopelessness in children have focused on its relationship to depression, suicidal ideation, and social behavior (Asarnow & Guthrie, 1989; Kashani, Reid, & Rosenberg, 1989; Kazdin, French, Unis, Esveltd-Dawson, & Sherick, 1983; Kazdin, Rodgers, & Colbus, 1986; Spirito, Williams, Stark, & Hart, 1988). In general, results

have indicated that hopelessness is positively correlated to depression and suicidal ideation and negatively correlated to self-esteem (Kazdin, French, Unis, Esveltd-Dawson, & Sherick, 1983).

Kashani, Reid, and Rosenberg (1989) divided a sample of adolescents into three groups: no hopelessness, moderate hopelessness, and high hopelessness. They found that children with high hopelessness scores are at greater risk not only for suicide and depression but also for overall psychopathology. In addition, children with high hopelessness experienced more school problems as compared to the other two groups.

Hopelessness in children is unique for a few reasons. A part of the definition of hopelessness includes a negative expectation toward the future. However, it has been argued that children lack the ability to conceptualize the future clearly (Bemporad & Wilson, 1978). Usually, assessment of childhood disorders is based upon the input of parents and teachers. In contrast, the assessment of hopelessness is based upon the self-report of the child which includes his or her feelings, cognitions, or emotions. Hopelessness has also been shown to accurately predict suicidal behavior in adults (Beck, Weissman, Lester, & Trexler, 1974; Kazdin, Rodgers, & Colbus, 1986). Although suicidal attempts are not as prevalent in children, early assessment may predict later suicidal behavior.

"Hopelessness, or negative expectations toward the future, has been proposed to be related to negative views of oneself and the world" (Kazdin, Rodgers, & Colbus, 1986, p. 241). These three factors (i.e., hopelessness, negative views of oneself, and negative views of the world) are referred to as the cognitive triad of depression (Beck, 1976). Cognitive theories suggest that negative cognitions in children are related to depression and self-esteem. Moreover, past research has indicated that hopelessness is related to social behavior (Kazdin, French, Unis, Esveltd-Dawson, & Sherick, 1983). Additionally, the existence of hopelessness and poor self-esteem predispose a child toward social withdrawal including perceived futility, helplessness, a lack of confidence in social interactions,

diminished social reinforcement, and further social withdrawal (Kazdin, Rodgers, & Colbus, 1986; Youngren & Lewinsohn, 1980). Hopeless children are likely to believe that: the future will yield poor outcomes; that they cannot influence these outcomes; and that trying to do so is not worthwhile. On the other hand, Beck, Steer, Kovacs, and Garrison (1985) viewed hopelessness not as a stable trait, but rather as a dynamic psychological state subject to escalation during intrapsychic disturbances.

If antisocial behaviors and their antecedents can be predicted and identified, then the next logical step is prevention and intervention. Patterson, DeBaryshe, and Ramsey (1989) presented a model of antisocial or juvenile delinquent behavior. Etiological factors and the developmental course are clearly delineated and attributed to an interaction between the child and the social environment.

Families of antisocial children are characterized by inconsistent and distant parenting styles (i.e., little interaction, involvement, or supervision) (Loeber & Dishion, 1983). In addition, often children who are at-risk not only exhibit juvenile delinquent behavior but also lack functional social skills.

In an attempt to understand antisocial behavior from a theoretical perspective, Patterson, DeBaryshe, and Ramsey (1989) hypothesized that deviant behaviors of children result in academic failure and rejection by their normal peer group. Not only will the child's maladaptive behavior directly interfere with the child's learning ability, but it will also interfere with the development of the child's social skills necessary to successfully function in an academic environment. Furthermore, a relationship between juvenile delinquent behaviors and rejection by the normal peer group has been supported (Roff & Wirt, 1984). As a result of the delinquent behaviors and the normal peer group rejection, the child often joins a deviant peer group. Peers are extremely influential on an adolescent's attitudes, motivations, and rationalizations for engaging in delinquent behavior (Patterson, DeBaryshe, & Ramsey, 1989). Moreover, delinquent peers will serve as role models and provide

reinforcement for new members of the deviant group. Positive reinforcement will be given for deviant behavior while punishment will be given for social conformity.

Another factor that contributes to the problem of hopelessness is that uneducated parents in unskilled occupations often lack effective parenting skills (e.g., methods of discipline, monitoring, problem solving, positive reinforcement, and involvement) (Patterson, DeBaryshe, & Ramsey, 1989). In addition, family stressors such as unemployment, domestic violence, and divorce are difficult for children to cope with (Patterson, DeBaryshe, & Ramsey, 1989). These stressors seem to affect the child both directly and indirectly. The child is affected directly in that he or she must attempt to adjust to the problem. Furthermore, the child is affected indirectly in that the parental subsystem is also adversely affected (i.e., exacerbating any existing problems in regards to parenting styles). These authors concluded that a prevention or intervention program must be comprehensive to be successful, including parent training, child social-skills training, and academic remediation.

In this at-risk population, age will be a relevant factor with depression and antisocial behaviors. Studies have not found differences in the rates of depression in boys and girls before the age of 11, however, at the age of 16, the rates diverge and girls are twice as likely as boys to be depressed (Angold & Rutter, 1992; Comer, 1995; Kazdin, 1990). Some literature also suggests that boys who begin criminal activity at a younger age are more prone to becoming repeat offenders (Loeber, 1982). Thus, it can be inferred that boys who begin delinquent activity in late childhood or early adolescence would experience less adverse consequences (i.e., academic failure and normal peer group rejection) than those who begin criminal activity in early and middle childhood .

Given the evidence for a relationship between hopelessness and depression, suicidal ideation, and social behavior (including self-concept), the relationship between hopelessness and juvenile delinquency is relatively unexplored. If children are experiencing emotional problems, then they are more likely to divert their attention to alternative behaviors (e.g.,

maladaptive, acting out and/or internalizing behaviors). As a result of the depression, decreased school performance, and negative self-concept, these children will be at-risk for developing behaviors characteristic of juvenile delinquency (or conduct disorder). The factors that affect whether a conduct disordered child will become an adolescent delinquent or not has yet to be examined empirically.

Although juvenile delinquency, depression, self-concept, and hopelessness have been evaluated separately, there is a paucity of investigations that address all of them in combination. This study will attempt to include the aforementioned variables while primarily focusing on the relationship between juvenile delinquent behaviors and hopelessness.

The general hypothesis is:

Children with low hopelessness will experience fewer overall psychological problems (e.g., depression, conduct disorder, etc.) and thus less adverse consequences relative to those scoring high in hopelessness.

More specifically,

1. Children with high hopelessness will possess a diminished self-concept relative to those with low hopelessness.
2. High hopelessness will be related to internalizing and/or externalizing behaviors in at-risk children (with gender and age as mediating variables).
3. Children with high hopelessness will be more likely to exhibit behaviors characteristic of juvenile delinquency relative to those with low hopelessness.

Methods

Participants

The sample size consisted of 52 children from the San Francisco Bay Area. The age range was from 8 to 18 years of age. There were 38 males and 14 females. The sample was selected from participants in a community mentoring program. These participants were recruited because they have been identified by an institution as being at-risk. The participants were referred to the community mentoring program by school officials (e.g., principals, teachers, counselors), child protective services, or the juvenile probation department. The criteria used for identification of children being at-risk were: depression, anxiety, suicidal ideation, petty crimes (e.g., petty theft or truancy), or poor academic performance (i.e., bad grades and attendance). Furthermore, some children were identified due to a family breakdown or evidence of emotional problems. The participants were not expected to benefit directly from participation in the study. Likewise, there were not any risks involved in participating. Participants who chose to participate were compensated with a McDonalds gift certificate and a movie pass. The participants were not identified individually with the data; each participant was assigned an arbitrary code number and names were not associated with any of the data.

Materials

Hopelessness Scale for Children. The Hopelessness Scale for Children was used in this study to measure cognitions of hopelessness in children (see Appendix A) (Kazdin, French, Unis, Esveldt-Dawson, & Sherick, 1983). Its second grade reading comprehension level made it useful for children who are at least 6 years old.

The 17-item scale had a true or false response format in which the direction of response indicating hopelessness varies. For every statement, responses were assigned a score of either 0 or 1, and the total hopelessness score was the sum of scores on all of the

items. Thus, the possible range of scores was from 0 to 17 with higher scores reflecting greater hopelessness.

Studies investigating the psychometric properties of the Hopelessness Scale for Children reported adequate reliability for the overall scale. As an estimate of internal consistency, coefficient alphas ranged from .69 to .97. Spearman-Brown split-half reliability estimates ranged from .70 to .75 (Kazdin, French, Unis, Esveldt-Dawson, & Sherick, 1983; Spirito, Williams, Stark, & Hart, 1988). Test-retest reliability reported as a Pearson product-moment correlation was .52 after a six week retest (Kazdin, Rodgers, & Colbus, 1986) and .49 after a ten week readministration (Spirito, Williams, Stark, & Hart, 1988). Although the overall range of the aforementioned coefficients (.69 to .75) is somewhat low, they are acceptable for a children's measure (Corcoran & Fischer, 1987). Individual item-total score correlations were moderate to high and statistically significant for 15 of the 17 items (mean $r = .44$). Items 4 and 7 were correlated with total scores but did not reach significance at conventional levels of significance (Kadzin, French, Unis, Esveldt-Dawson, & Sherick, 1983).

Child Behavior Checklist (CBCL). The child behavior checklist (parent form) was completed by the prominent maternal figure in the child's life (Achenbach & Edelbrock, 1983). The measure included 118 items scored on a scale from 0 to 2 covering a wide variety of behaviors. The CBCLs were scored using the computer program and all of the scale scores were used. Of primary interest were the social competence scales (activity scale, social scale, and school performance), internalizing/externalizing scales, and the total behavior problem score. The Child Behavior Checklist is standardized and has adequate reliability and validity. For instance, test-retest reliability for total behavior problems was .95 (Achenbach & Edelbrock, 1983).

Piers-Harris Children's Self-Concept Scale. The children's self-concept scale was completed by each child (Piers & Harris, 1969). The measure included 80 items in which a

child responds yes or no in regards to 'the way I feel about myself.' This measure was included in the study as a measure of self-concept and self-esteem.

Studies investigating the psychometric properties of the Piers-Harris Children's Self-Concept Scale reported adequate reliability for the overall scale. For example, test-retest reliability coefficients ranged between .65 and .81 (Cooley & Ayres, 1988; Long & Hamlin, 1988; Piers, 1984). Estimates of internal consistency ranged from .82 to .88 (Cooley & Ayres, 1988; Long & Hamlin, 1988; Piers, 1984).

The Self Report Delinquency Scale (SRDS). The SRDS, a 47-item measure was completed by each child as to how many times the child has engaged in the listed delinquent behaviors (Elliott, Huizinga, & Ageton, 1985). Items 13, 14, and 27 were excluded from the study due to their sexually explicit content. Although the measure can be scored in terms of three scales assessing index and status offenses, and general delinquency, only the measure of general delinquency was used in the present investigation.

In general, reliability and validity measures for all self-report indices of delinquent behavior tend to be weak, however, internal consistency, and a 4-week test-retest score found adequate reliability for the SRDS. Similarly, moderate validity was obtained (Elliott, Huizinga, & Ageton, 1985). In spite of these findings, this measure has been used repeatedly in research and seems to be the most accepted and effective measure for assessing delinquent behavior.

Procedure

Participants included the target child and his or her mother/parent figure. The biological mother was preferable, but data was collected from the prominent maternal figure in the child's life if the biological mother was absent (i.e., step mother, grandmother, or the father if a maternal figure is absent). When the mother was initially contacted, the project was explained and she was asked to participate. If she chose to participate, an appointment was scheduled. Two research assistants, either undergraduate or graduate students, were

sent to conduct each interview (one to interview the maternal figure and another to interview the child). After informed consent was obtained, the parent and child interviews were conducted in separate rooms. The data was collected in interview format by the research assistants.

Trained research assistants, who are blind to the hypotheses and conditions, assisted in the data collection. Each one was trained on how to properly conduct an interview and how to administer the measures in a standardized format. The data was collected in a structured interview format due to the high rates of illiteracy and Spanish speaking people in this population. Although collecting data in this type of format introduces experimenter bias, such as social desirability, it was a double blind study (i.e., the research assistants were blind to the hypotheses). Upon completion of each interview, the family was given a McDonalds gift certificate and a movie pass for compensation. Participants' data were used whether they were in a mentoring relationship or not (i.e., on the waiting list).

Each participant's data was coded with an arbitrary subject number to insure confidentiality and anonymity. The data were kept in a file cabinet in the principle investigator's home.

Results

The main focus of the analyses compared the low and high hopelessness groups in a clinical sample of adolescents who were identified as at-risk for juvenile delinquency. Although there were 52 participants data total, a few participants were missing data for one of the variables. Additionally, one participant was omitted from the analyses due to a response set.

The data analyses consisted of descriptive statistics, intercorrelations, a series of linear regressions, and Pearson-Product Moment Correlations. Descriptive statistics for each of the variables are displayed in Table 1. A correlation matrix of the predictor variables is presented in Table 2.

Table 1

Descriptive Statistics for All of the Variables

Variable	Mean	Std Dev
Gender *	1.25	0.44
Age	12.89	2.21
Hopelessness	3.88	3.14
Delinquent Behavior	22.16	29.86
Self-Concept	36.92	13.04
Psychological Problems	65.78	10.26
Externalizing Behavior	65.20	9.81
Internalizing Behavior	62.75	9.13

* 1 = Male, 2 = Female

Table 2
Correlation Matrix of Predictor Variables

Predictor Variable	Gender	Age	Externalizing Behavior	Hopelessness	Self-Concept	Delinquent Behavior	Internalizing Behavior	Psychological Problems
Gender	-							
Age	0.02	-						
Externalizing Behavior	-0.15	-0.21	-					
Hopelessness	0.14	-0.18	0.34 *	-				
Self-Concept	-0.19	-0.04	-0.24	0.18	-			
Delinquent Behavior	0.06	-0.03	0.25	0.33 *	0.07	-		
Internalizing Behavior	-0.03	0.00	0.78 ***	0.29 *	-0.25	0.11	-	
Psychological Problems	0.00	-0.08	0.92 ***	0.34 *	-0.28	0.19	0.92 ***	-

* $p < .05$
 ** $p < .01$
 *** $p < .001$
 N = 51

Main hypothesis: Children with low hopelessness would experience fewer overall psychological problems and thus less adverse consequences relative to those scoring high in hopelessness.

A linear regression was calculated to determine whether hopelessness can predict how many psychological problems one will have. The data used were the Hopelessness Scale for Children and CBCL (parent form) total score with the predictor variable being hopelessness and the outcome variable being psychological problems. A significant relationship emerged between hopelessness and overall psychological problems which was indicated by a Multiple R of .34 and a R squared of .11, $F(1,47) = 6.03$, $p < .05$.

Furthermore, a squared semi-partial correlation of .11 indicated that 11% of the unique variance in psychological problems was being accounted for by hopelessness.

Hypothesis 1: Children with high hopelessness will possess a diminished self-concept relative to those with low hopelessness.

A linear regression was calculated using hopelessness scores and scores from the Piers-Harris Children's Self-Concept Scale to determine the relationship between hopelessness and self-concept. The analysis revealed a multiple R of .17 and R squared of .03. A significant relationship did not emerge between hopelessness and self-concept, $F(1,45) = 1.46$, $p > .05$. A squared semi-partial correlation of .03 indicated that 3% of the unique variability in self-concept is accounted for by hopelessness.

Hypothesis 2: High hopelessness will be related to internalizing and/or externalizing behaviors in at-risk children (with gender and age held constant).

Two separate hierarchical multiple regressions were calculated partialling out gender and age. The first hierarchical multiple regression included the internalizing behavior score from the CBCL as the dependent variable while the second included the externalizing behavior score as the dependent variable. Given children's gender and age differences in regards to depression (e.g., in girls depression rates are higher than boys over the age of 11)

and behavioral manifestations (e.g., boys are more likely to externalize their behaviors while girls are more likely to internalize them), relevant subject variables (i.e., age and gender) were held constant prior to the introduction of hopelessness into the regression equation.

A relationship did not emerge between hopelessness and internalizing behavior after holding age and gender constant, $F(3, 45) = 1.49, p > .05$. The change in squared semi-partial correlation was .09 which indicated that only an additional 9% of the unique variance was accounted for after hopelessness was introduced into the equation while age and gender were held constant. However, a significant relationship did emerge between hopelessness and externalizing behavior (similarly holding age and gender constant), $F(3, 45) = 3.77, p < .05$. The focus of this analysis was the change in the squared semi-partial correlation which was .11 (i.e., 11% additional unique variance in externalizing behavior was accounted for by hopelessness after age and gender were held constant).

Hypothesis 3: Children with high hopelessness will be more likely to exhibit behaviors characteristic of juvenile delinquency than those with low hopelessness.

A linear regression was calculated using hopelessness scores and the scores on the Self Report Delinquency Scale (SRDS) which revealed a multiple R of .33 and a R squared of .11. Hopelessness was the predictor variable while delinquent behavior was the outcome variable. A significant relationship emerged between hopelessness and delinquent behavior, $F(1, 46) = 5.55, p < .05$. A squared semi-partial correlation of .11 indicated that 11% of the unique variance in delinquent behavior was accounted for by hopelessness.

Discussion

This investigation specifically focused on the relationship between hopelessness and juvenile delinquency. The main hypothesis, that children with low hopelessness would experience fewer overall psychological problems and thus less adverse consequences relative to those scoring high in hopelessness was supported. A significant relationship

emerged between hopelessness and the CBCL total scores which was the measure of overall psychological problems. The results indicated that children with low hopelessness were better adjusted psychologically and exhibited less psychological problems as a result.

The first hypothesis, that children with high hopelessness would possess a diminished self-concept when compared to those with low hopelessness, was not supported. There was no relationship between self-concept and hopelessness in at-risk youth.

The second hypothesis was that hopelessness would be related to internalizing and/or externalizing behaviors after holding gender and age constant. Hopelessness was not related to internalizing behaviors. However, it was related to externalizing behaviors. Thus, children with high hopelessness are more likely to engage in acting out, externalizing, attention getting behaviors.

The third and final hypothesis, that children with high hopelessness would be more likely to exhibit behaviors characteristic of juvenile delinquency than those with low hopelessness, was also supported. This finding is somewhat interrelated with the support of the previous hypothesis pertaining to externalizing behaviors. Children with high hopelessness are more likely to exhibit acting out, attention getting behaviors (i.e., behaviors characteristic of juvenile delinquency).

Several limitations should be acknowledged in this investigation. The majority of the limitations were pragmatic issues that emerged during the data collection process. For example, there were a few families that were interested in participating but were experiencing aversive life circumstances that would not allow them to. One family was being evicted, while other families suffered from their own problems. Several families moved and were not located thereafter, while in divorced families, the child commonly moved out of the Bay Area to live with the other parent (and thus, was unable to interview). Additionally, several of the families had mothers that worked swing shift or graveyard and were difficult to reach.

However, in each case, arrangements were made to interview the mothers at alternate times that were more convenient to their awkward schedules.

Another limitation was that the child in the mentoring relationship often was unreachable (e.g., in juvenile hall, in a drug treatment program, or in a group home). It was speculated that the children in these negative circumstances, or children that have been removed from their home environment, would have the highest hopelessness. Thus, the range of hopelessness in this investigation is somewhat restricted. The aforementioned children with the highest hopelessness already seem to be experiencing some of the problems commonly associated with juvenile delinquency or conduct disorder.

The high rate of illiteracy and Spanish speaking people also made the data collection process difficult. For example, when a parent or child did not understand a question, he or she was asked what they thought the question meant. If their interpretation was correct, the research assistant confirmed it. However, if their perception was incomplete or insufficient, the research assistant offered them the additional information needed for them to correctly understand the meaning of the item. This was done in this manner so that the research assistant did not impose his or her own interpretation or perception of the questions onto the interviewee. To make accommodations for the Spanish speaking families, research assistants that spoke Spanish interviewed them in Spanish to make the interview easier and more comfortable for them.

Another limitation that made the data collection process difficult was the high rate of unkept and cancelled appointments. This doubled the amount of work done for almost every set of participants. A few families were never interviewed due to their unavailability (i.e., the family never keeping an appointment until the end of the project).

Additionally, the wide age range and diverse sample made the measures (more specifically, the SRDS) somewhat inappropriate for some of the children. For example, the SRDS may be very appropriate for a 16 year old boy who is stealing a lot and getting in fights

all of the time, yet not so appropriate for a 7 year old girl who is just having problems in an academic setting. The measure specifically focused on delinquent, externalizing behaviors such as stealing, fighting, vandalism, etc. Thus, the higher a child scored on the SRDS, the more delinquent behaviors he or she is engaging in. Thus, the higher the rate of delinquent behaviors, the more he or she is at-risk for becoming a juvenile delinquent.

A final limitation of this investigation and common criticism of previous research was that the investigations lack a control group of normal children for comparison. In this study, a matched group of children were not identified and interviewed due to the lack thereof and time constraints. Most previous research has similarly lacked a control group. In these investigations, the level of hopelessness was usually examined only in a clinical sample (e.g., a sample of depressed patients in a children's hospital).

Now that the limitations have been examined, the implications of this study will be reviewed. The results of this investigation indicate that hopelessness was related to predicting juvenile delinquency and overall psychopathology. It was found that there were several common factors among these families that predisposed the children to later experience behavioral problems. Several common themes or risk factors were observed during the course of this investigation. These risk factors were evident in 3 areas: the child, the parents, and the family as a whole. The children often exhibited poor coping skills. This inhibited their ability to effectively deal with the multitude of problems that they were experiencing so early in the course of their life. In addition to the parents having their own problems (e.g., financial problems, alcoholism, single parent families, etc.), the most significant and common risk factor was parents showing poor parent-child communication and interactions (e.g., harsh punishment or abusive language, name calling, poor supervision, etc). In addition, these families exhibited several other problems that adversely affected each member (e.g., large family size, small residence, marital discord, divorce, etc.). Not only does the child have problems that could adversely affect his or her life, the problems

of his or her parents and family also interact as risk factors for the child to become a juvenile delinquent. Furthermore, the more risk factors that the child and/or his or her family has, the greater the chance of him or her experiencing coping or adjustment problems.

These risk factors have several implications. Initially, it is important to identify the children that have several risk factors (several risk factors in a single category: child, parents, or family; as well as several risk factors across categories or overall). Once children with many risk factors have been identified, the children can be considered to be at-risk or at great risk for becoming juvenile delinquents and in need of help. Prevention and intervention programs should be developed and implemented depending upon the amount of risk factors and severity of the problems that the child is already experiencing. Through the course of this investigation, it has become apparent that these children lack a positive, social support system. Encouragement and positive reinforcement are not given for adaptive behaviors. Attention is only given to the children for exhibiting maladaptive behaviors. Thus, to gain attention (even though it may be punishment) the children act out. Furthermore, these children lack the positive role models who set a good example and whom they can model their lives after.

The empirical results of this investigation in conjunction with the observed risk factors support the findings of previous research and theory (Loeber & Dishion, 1983; Patterson, DeBaryshe, & Ramsey, 1989). The root of juvenile delinquent behavior is attributed to the interactions between the child and his or her social environment. All of the child's social interactions are affected including his or her social interactions with parents, family members, teachers, peers, etc. Delinquent behaviors result from the child lacking functional social skills to effectively cope with the environment. The child's academic, home, and social life are adversely affected as a result.

Research in the future should consider the implications and limitations of the current and previous investigations. It should evaluate creating a measure of risk factors for children.

If the sheer number of risk factors that a child has (and/or his or her family) is relevant in predicting later delinquency, then a psychometric measure should be created and validated. The measure should assess risk factors of the child, parents and the family as a whole. The aforementioned risk factors that were observed in the course of this investigation are a good start, but the list should not be considered exhaustive.

Future research should also employ the use of a normal control group for comparison purposes. In addition, the measures could be mailed in future investigations to reduce bias although that would introduce the problem of low response rates. Furthermore, the measures should be standardized in other languages (e.g., Spanish). The readability level or clarity of some of the measures should be adjusted (i.e., when the parent or child could not understand the nature of the question and needed further clarification). Although the readability of the measures is relatively low, the high rate of illiteracy in this population must be taken into consideration.

In conclusion, this thesis has examined the relationship between hopelessness and delinquent behaviors. Significant relationships emerged between hopelessness and overall psychological problems, externalizing behaviors, and delinquent behaviors. This is of interest because it is thought that hopelessness, acting out or delinquent behaviors may later develop into juvenile delinquency, conduct disorder, and ultimately antisocial personality disorder. Given the poor prognosis for each of these disorders, early identification and intervention may be critical in addressing this problem. Additionally, for those children in the early stages of the process, prevention programs can be developed and implemented to avoid further development of problems.

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Appendices

Appendix A

APPROVED BY THE MASTER S THESIS COMMITTEE

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Appendix B

THE HOPELESSNESS SCALE FOR CHILDREN
(Kazdin, 1986)

- T F 1. I want to grow up because I think things will be better.
- T F 2. I might as well give up because I can't make things better for myself.
- T F 3. When things are going badly, I know they won't be bad all of the time.
- T F 4. I can imagine what my life will be when I'm grown up.
- T F 5. I have enough time to finish the things I really want to do.
- T F 6. Someday, I will be good at doing the things I really care about.
- T F 7. I will get more of the good things in life than most other kids.
- T F 8. I don't have good luck, and there's no reason to think I will when I grow up.
- T F 9. All I can see ahead of me are bad things, not good things.
- T F 10. I don't think I will get what I really want.
- T F 11. When I grow up, I think I will be happier than I am now.
- T F 12. Things just won't work out the way I want them to.
- T F 13. I never get what I want, so it's dumb to want anything.
- T F 14. I don't think I will have any real fun when I grow up.
- T F 15. Tomorrow seems unclear and confusing to me.
- T F 16. I will have more good times than bad times.
- T F 17. There's no use in really trying to get something I want because I probably won't get it.