FAMILY SUPPORT PROGRAM

Arizona Department of Juvenile Corrections

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SECTION 1: INTRODUCTION TO AND OVERVIEW OF ADJC'S FAMILY SUPPORT PROGRAM

INTRODUCTION

In recent years there has been an increased focus on family engagement as a way to achieve successful transition and improved outcomes for youth and families involved in the juvenile justice system. Historically, families have not been fully engaged, in part, because they have been viewed more as a problem contributing to the challenges facing their children, rather than as part of the solution. Under the leadership of Director Charles Flanagan, the Arizona Department of Juvenile Corrections has developed The Family Support Program (FSP) to become more inclusive in the interactions with the families of juveniles served.

The FSP is based largely on the approach utilized in the *Family Support Network for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series*, volume 3 (Hamilton et al., 2001) in addition to the parent guide format utilized by Coconino County Juvenile Court. Similar to the Family Support Network (FSN), the FSP intervention focuses on strengthening families by improving parental effectiveness and family functioning; however, unlike FSN, FSP provides support during the transition process, and links families to community-based resources and services for the transfer of responsibility for positive change from ADJC to the family.

Family Support Network (FSN)

Developed by: Hamilton, Nancy L, Brantley, Laura Bunch, Tims, Frank M, Angelovich, Nancy, McDougall, Barbara. *(Operation Parental Awareness and Responsibility (PAR), Inc., Florida)*

Substance-abusing adolescents experiencing inadequate family structure and functioning are at a serious disadvantage with regard to recovery. Their recovery is likely to be enhanced if family functioning can be improved. The FSN intervention seeks to extend the focus of substance-abusing adolescent treatment beyond the world of the adolescent by engaging family and increasing support of the adolescent's recovery. FSN consists of several components, each designed to achieve specific objectives: case management, six parent education groups, and three or four in-home family therapy sessions. The goals include, engaging the adolescent and their parents in a joint commitment to the treatment and recovery process; enhancing family functioning through communication and relationship building; improving parental effectiveness in dealing with substance abuse and the behaviors accompanying drug use; and assessing the family's commitment to the recovery process and suggesting changes in the way the family approaches problems.

Coconino County Juvenile Court

In an effort to support parents in effectively helping their children to graduate from the Step Up probation process and become productive and healthier citizens, the Court developed a user-friendly parent guide and parenting tool box. The guides are straightforward and offer parents tips for how to

help their child. The guides were selected for the basis of the parent/caregiver handouts utilized in the FSP PE session because of their ease of use.

OVERVIEW

Over time, juvenile justice researchers have linked certain characteristics to delinquent behavior; identifying those characteristics as risk factors. Researchers have concluded that there is no single path to delinquency and note that the presence of several risk factors often increases a youth's chance of becoming delinquent, but does not make delinquent behavior a certainty. To be considered risk factors of delinquency, the characteristic must be supported by a theoretical rationale (e.g. social learning, control, or strain theories) and have a demonstrated ability to predict delinquent behavior – essential conditions for a causal relationship.

In the context of juvenile delinquency, risk factors are generally defined under three broader categories: individual, social, and community. Most professionals agree that early on in a child's life, the most important risks stem from individual factors and family factors. As the child grows older and becomes integrated into society, new risk factors related to peer influences, the school and the community begin to play a larger role. The three categories include the following subcategories:

Individual Risk Factors:

- Psychological
- Behavioral
- Cognitive
- Family

Social Risk Factors:

- Peers

Community Risk Factors:

- Neighborhood
- School Policies

Family Risk Factors

A number of risk factors in families can affect delinquent behavior (see Table 1). Such factors include parenting, maltreatment, family violence, divorce, parental psychopathology, familial antisocial behaviors, teenage parenthood, family structure, and family size. Studies have shown that inadequate child-rearing practices, home discord, and child maltreatment are associated with early-onset delinquency (Derzon and Lipsey, 2000); however, the strongest predictor is usually criminal or antisocial parents/caregivers (Farrington, 2011).

Protective factors are those factors that act as risk moderators, i.e., they help reduce the negative effects associated with risk factors. For example, poverty is often seen as a risk factor, but the presence of supportive, involved parents/caregivers may mediate the negative influence of poverty to lessen a youth's chance of becoming delinquent. Table 2 illustrates protective factors associated with family.

Table 1. Juvenile delinquency risk factors associated with family according to age of children and adolescents.

	6-12 years	13-17 years	18 and older
Family dynamic and functioning	▪ Poor parental practices ▪ Parental and/or sibling criminality ▪ Anti-social parents/caregivers with attitudes that support violence ▪ Family conflicts ▪ Parents/caregivers with substance abuse problems ▪ Physical abuse and neglect ▪ Family violence		▪ Poor parental practices ▪ Parental and/or sibling criminality ▪ Family violence ▪ History of poor treatment
Family characteristics	▪ Unstable family income ▪ Broken home ▪ Family mobility ▪ Mental health of parents/caregivers ▪ Young mother ▪ Number of children in the family ▪ Single parent family ▪ Parental past	▪ Unstable family income ▪ Broken home ▪ Family mobility	▪ Unstable family income
Area of residence	▪ Poor area ▪ Presence of young offenders	▪ Poor area ▪ Crime in the area ▪ Presence of youth gangs ▪ Availability of drugs and firearms	▪ Poverty ▪ Crime ▪ Youth gangs ▪ Drugs and firearms

Table 2. Protective Factors Associated with Family

Family dynamic and functioning	Family characteristics	Area of residence
▪ Relationship based on family bond ▪ Positive support within the family ▪ Adequate parental supervision ▪ Respect for friends by parents/caregivers ▪ Closeness between parents/caregivers and children (affection) ▪ Consistent disciplinary methods ▪ Adequate parental behavior and practices	▪ Parental level of education ▪ Financial stability ▪ Stability of the family unit	▪ Integration of families into the life of the community ▪ Relationships established with neighbors ▪ School activities involving the family

Some of the risk factors associated with family are static, while others are dynamic. Static risk factors, such as criminal history, parental mental health problems or a history of childhood abuse, are unlikely to change over time. However, dynamic risk factors, such as poor parental behavior, family violence, or

parental drug addiction, can be modified through appropriate education, prevention and treatment programs.

The reality of families at risk for ADJC's juveniles' ranges over a continuum, and personalizing or individualizing the services offered is necessary to accurately target risk factors that must be addressed, as well as the existing protective factors that must be reinforced. The Family Support Program (FSP) is designed to be a multicomponent intervention including parent/caregiver education sessions (for the primary caregiver(s)[1]), team meetings, case management, and support groups aimed at improving adolescent outcomes by enhancing and supporting family functioning.

This manual guides ADJC staff so they can consistently conduct effective case management, PE sessions and FSP Team Meetings.

PROGRAM GOALS

The FSP is a multicomponent intervention aimed at improving the family context in which adolescent development takes place. It is based on an assumption that the adolescent's outcomes will be improved if the family is involved and committed to positive change. Although no short-term program can resolve all problems and heal families completely, the goal of the FSP is to improve an adolescent's outcomes by:

- Enhancing family functioning through communication and relationship building
- Improving caregiver effectiveness by sharing effective communication techniques, problem-solving and family conflict resolution skills, and suggesting alternative ways in which the family approaches problems.
- Helping caregivers to identify and manage antisocial behaviors as well as identify and reinforce prosocial behaviors in their children
- Assessing the family's ability to commit to the improvement process and providing community resources for the continuum of family progress.
- Supporting the juvenile and family through the transition process from secure care to the community.

ADJC recognizes that the opportunity for influence is of limited duration and that responsibility for changing behavior must be transferred from the Agency to the family in a short-time. The FSP approach provides a strategy for affecting that transfer in a systematic and responsible way.

Future FSP manuals will be developed to account for parents/caregivers who are not English speakers as well as with those parents/caregivers that live outside Maricopa County.

[1] Primary caregiver is defined as the person(s) the juvenile returns to live with that has responsibility for setting limits/rules and administering consequences (positive and negative).

SERVICE COMPONENTS

The FSP service components are parent education sessions, team meetings and case management. Specifics of each component are outlined in Table 3. Exhibit 1 shows an overview of the FSP process.

Exhibit 1. The Family Support Program

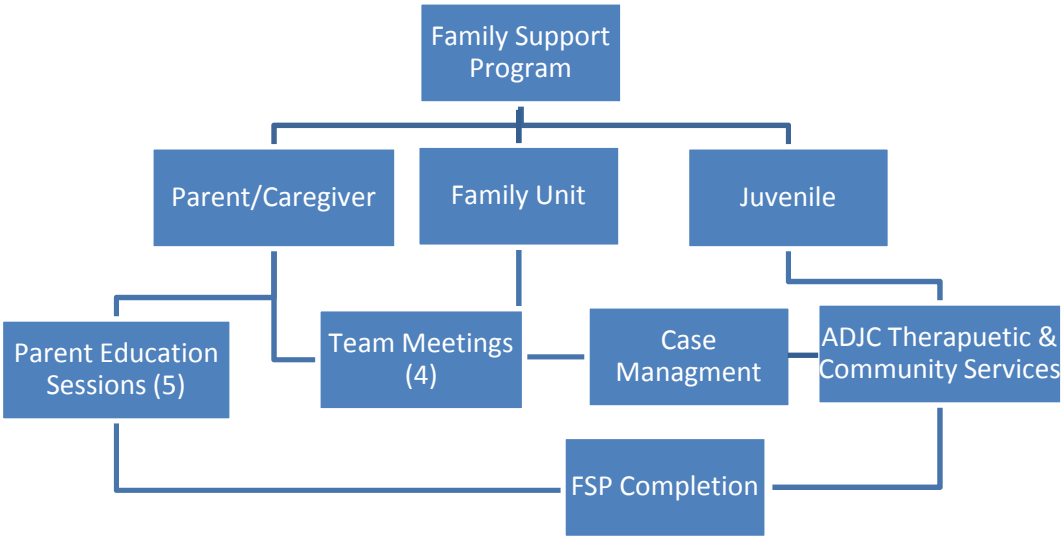


Table 3. Service Components

Parent Education Sessions	Team Meetings
• Create healthy families by building competence • Discuss methods for coping with parenting pressure • Encourage appropriate authority, roles, rules, boundaries, communication, and routines • Increase knowledge and understanding of drug abuse and dependence and how adolescents become involved with drugs	• Assess family environment • Individualize the FSP process • Increase family commitment to changing behavior(s) • Create an alliance between adolescent, family and Agency staff
Case Management	
• Engage the family in the juvenile's treatment process • Assist families in overcoming barriers to program participation • Identify appropriate community-based service and treatment needs	• Make referrals to community-based services and support groups • Monitor juvenile and family progress • Provide motivational enhancement
• Prevent parent/caregiver(s) from dropping out of the program	

Case Management

A goal of the FSP case management team is to work together to coordinate engagement methods, team meetings and community services to assist families in becoming empowered to solve their problems in creative ways. Working together reinforces mutual responsibility for successful outcomes.

Case management includes methods of engagement, reduction of barriers to participation (e.g., overcoming difficulties with transportation, scheduling, and child care), and prompt intervention to reengage any caregiver who has missed a parent education session or team meeting.

Each eligible juvenile and his/her parent/caregiver(s) will be assigned to an FSP team, to reinforce the case management approach and support alliance between the juvenile, family, and Agency staff. That team includes the juvenile's secure care Case Manager (Youth Program Officer III (YPOIII)), community service Parole Officer, and a Family Service Coordinator (FSC). An FSP Coordinator will oversee the FSP teams and respond or resolve any FSP issues.

Major responsibilities of the FSP case management team are to:

- Contact, enroll and engage caregivers in the FSP
- Assist caregivers in overcoming barriers to active participation
- Provide valid information and consistent communication to reduce confusion, frustration and disappointment
- Stimulate positive behavior change
- Encourage participation in juvenile's secure care treatment (i.e. MDTs)
- Monitor attendance and act quickly to prevent caregivers from disengaging or dropping out
- Make appropriate referrals for community-based services and/or family support
- Support family (caregiver and juvenile) during juvenile's transition back to the home

An important, but often difficult, activity of the FSP case management team will be to engage the family. Engagement will include motivation enhancement through regular communication, assistance with transportation, flexibility with team meeting scheduling, incentives for attendance and completion of tasks, and developing respectful relationships.

Parent Education Sessions

The five PE sessions, each designed to last 90 minutes with time for questions and discussion, should be scheduled to occur on **Wednesdays** at both a secure care location (Command Center at AMS) and the Western Regional Parole Office. The YPOIII is responsible for conducting a reminder call to the parent/caregiver 24-hours prior to each PE Session. Once the YPOIII obtains a commitment to enroll from the parent/caregiver, the YPOIII shall ask the caregiver where they would prefer to attend the session. If all parents/caregivers indicate they can attend at AMS, then the second location (Western Regional Parole Office) is not necessary and both facilitators will deliver the session from AMS. The first PE session will occur at 6:00 p.m. Facilitators should allow 10 minutes for latecomers. Prior to the close of the first PE session, the facilitators should identify a more appropriate time for the PE sessions to occur based on the participants' requests. To run the session at both locations simultaneously, the session will occur with video conference technology and an YPOIII in addition to a Parole Officer or

Family Service Coordinator will be present to facilitate the session at each location. Each PE session will have clear objectives and be taught in a didactic manner.

Size. The size of PE session groups may vary but should not exceed 12 caregivers per session. A larger group may be too impersonal, and groups of fewer than two caregivers may deprive those in attendance of an adequate opportunity for discussing and exchanging views with others; however, groups smaller than two or individual PE sessions may occur when circumstances prohibit caregivers from attending in-person. The case management team should always encourage in-person participation and assist the caregiver in overcoming any barriers to allow for in-person participation.

Objectives. The objectives of PE sessions are to enhance parental motivation and increase knowledge of adolescent development, functional families, drug/health issues, healthy communication, crisis intervention, prevention planning and identifying effective community resources. The ultimate goal of the PE component is to improve parenting and family functioning for a more global improvement of the family environment.

Manual and handouts. The format for the five sessions is content, major lecture points, and discussion topics. Handouts are provided to participants, and caregivers are encouraged to review the handouts at home or, if appropriate, during the PE session.

Preparation. Before each session, the YPOIII and Parole Officer should review the lesson plan, rehearse the delivery of the session, and have all necessary materials on hand. The YPOIII is responsible for conducting a reminder call to the parent/caregiver 24-hours prior to each PE Session. Each caregiver should receive a copy of the handouts. Audiovisual equipment and/or any other required materials should be available. A good video connection between the secure care location and the community parole office should be established. A visible watch or clock should be available to time segments of the lecture and discussion.

Overview of PE sessions. The following table provides a brief description of the five PE sessions. Specific procedures for each session are included in Section 2 of this manual.

Table 4. Parent Education Sessions

Session	Overview
PE Session 1	**Adolescent Development, Functional Families, and an Introduction to ADJC Treatment Services** – this session provides an understanding of adolescent development and the role of the family in this development; discusses the components of healthy families and how healthy family functioning can make the family a source of strength for its members; and, the various therapeutic services available to juveniles committed to ADJC. Emphasis is on understanding the process of developing adolescents and how families can help make it a positive experience.
PE Session 2	**Drug Use Recognition, Relapse Signs, and Success Planning** – This session helps parents understand the nature of drug abuse and dependence and how adolescents become involved with them. It presents the nature and objectives of treatment and the importance of parents' motivation to be part of their child's recovery. This session also focuses on understanding the recovery process in the context of a healthy family and presents ways parents can effectively help their child avoid relapse and how they can know when to intervene appropriately. It also focuses on developing a healthy

	partnership within the family and a commitment to a drug-free life as well.
PE Session 3	**Boundaries, Limits, Authority, and Discipline –** This session provides clarification of major issues in family functioning and appropriate approaches to discipline and parental authority. It helps caregivers/parents understand the sources of authority in the family and how authority is maintained in a healthy way. The concept of boundaries is introduced as a major issue in family structure.
PE Session 4	**Communication, Conflict Resolution, and Fighting Fair –** This session enhances parents'/caregivers' understanding of how and why conflict inevitably happens in families, introduces some concepts and methods of healthy communication and teaches techniques for helping family members become engaged in a fair conflict resolution. In addition, ways to prevent conflicts from becoming dangerous and ways for dealing with conflict through negotiation will also be addressed.
PE Session 5	**Crisis Intervention and Community Resources -** This session helps parents/caregivers understand the difference between a problem and a crisis. Examples of problems and crises and how to respond to each are covered. This session also provides the participant with a community resource/service list, specific to Maricopa County.

FSP Team Meetings

Objectives of the team meetings are to assess the family environment, individualize the FSP process by identifying unique community service resources, and translate the lessons caregivers are learning into specific changes in family functioning.

Ideally, the four team meetings are to be scheduled by agreement between the caregiver(s) and the FSP point of contact (see section 4) in accordance to the sequence of FSP events; however, team meetings will be dictated by the juvenile's stages of change and progress in treatment. Coordination of team meetings to align with the sequence of FSP events may not always be possible. Flexibility in scheduling team meetings should be expected and if necessary, team meetings should be scheduled closer together to occur before the juvenile's 18th birthday[2].

Each team meeting should last no longer than 90 minutes. During the first team meeting, the FSP team member(s) assesses the family environment, motivates the family to participate, and obtains a commitment for FSP enrollment/participation (see Appendix H), and assists in identifying and obtaining any necessary community services. In the second team meeting, the FSP team member(s) discusses family rules, roles, and routines, and application of effective and appropriate supervision and discipline after release. At the third team meeting, the FSP team member(s) ensures adolescent and caregiver(s) understand the community supervision requirements, assess the progress of juvenile and the family as a unit, in addition to encourage the family to reaffirm its commitment to positive change. The final team meeting is used to reinforce alliances, provide encouragement, assess family progress, and ensure community services are in place. Based on the parent's/caregiver's need or request, a fifth team meeting may be necessary. The purpose of the fifth visit will be to address the parent's/caregiver's outstanding needs.

[2] The court's jurisdiction and ADJC supervision ends, when committed juveniles reach their eighteenth (18) birthday. Scheduling team meetings closer together will allow the caregiver a chance to complete the FSP before ADJC jurisdiction ends.

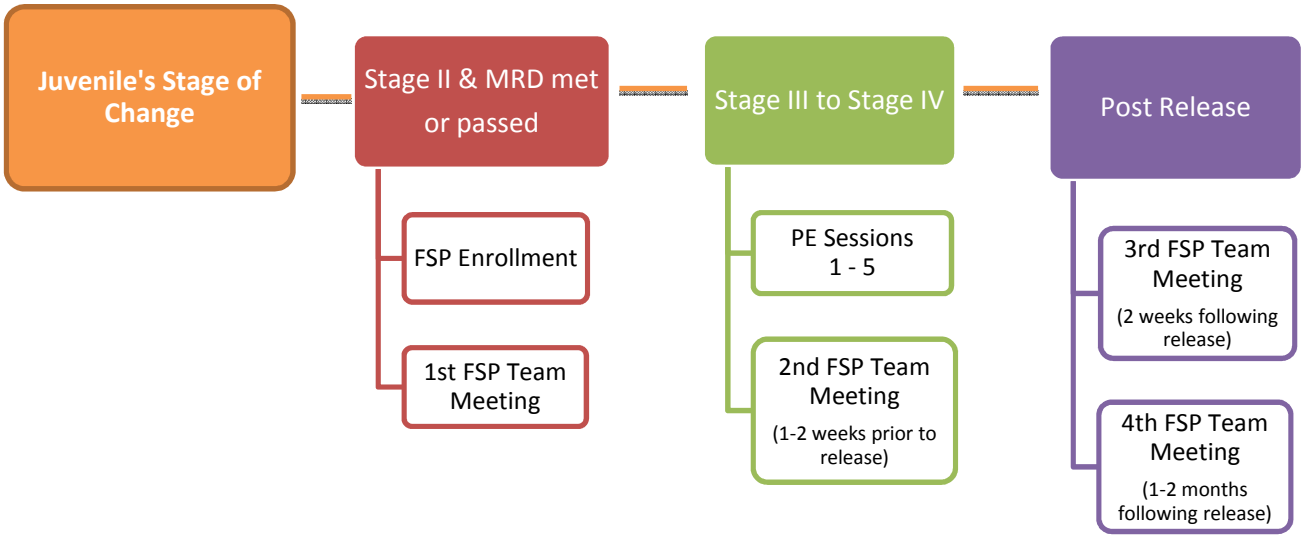
SEQUENCING OF FSP

FSP is a phasic program with steps that build upon each other. The phases consist of:

- *Engagement*[3], designed to reach every ADJC juvenile primary caregiver – regardless of FSP enrollment.
- *Motivation*, designed to encourage participation (at any level of involvement), hope, expectation of change, alliance for continued support and to decrease resistance.
- *Assessment*, designed to identify individual needs of primary caregiver(s) and the larger family unit, and to promote positive change in the juvenile's home environment.
- *Support*, consists of building communication and effective parenting skills knowledge and encouraging change, connecting caregivers with appropriate community resources, and providing opportunities for caregivers to associate with and find support in peers.
- *Transition*, designed to ensure engagement in community supports and shift positive change responsibility from ADJC to the primary caregiver(s).

The sessions were not designed to be conducted in sequence to allow for rolling admission into the FSP; however, during the pilot test of FSP, admission will close after the participants are selected allowing the sessions to occur in the order outlined below and based on the juvenile's stage of change (see Exhibit 2).

Exhibit 2. FSP Sequence



Missed PE sessions and team meetings may mean that not all parents will attend sessions in the proper sequence. However, the PE sessions were designed to be conducted in sequence and should be held in order when possible. Missed PE sessions and team meeting must be made-up within a one week window from the date the session or team meeting was missed. Make-up PE sessions will be conducted over the phone by the assigned YPOIII.

[3] Begins at intake and continues throughout the juvenile's stay via opportunities such as; orientation phone call, family handbook, weekly phone calls, parole officer visits, CAPFA Family Domain visit, visitation, sporting events, etc.

Criteria for FSP PILOT enrollment. The juvenile must be assigned to Units Hope or Crossroads and be in Stage II, have met or passed his/her mandatory release date (MRD), and be less than 17 years and 7 months old at time of enrollment. Juveniles' caregivers must be English speaking and reside in Maricopa County. The juvenile must not be a dual-award (CPS involved).

FSP eligible caregivers will be contacted once the juvenile has met the eligibility criteria (outlined above) for voluntary enrollment, which includes five parent sessions and four team meetings. FSP participation continues for up to 2 months following the juvenile's release from secure care.

STAFF REQUIREMENTS

Staff requirements for FSP include Youth Program Officers (YPOIII), Youth Parole Officers, Family Service Coordinators (FSC), and an FSP Coordinator.

Youth Program Officer III (YPOIII). Two years of experience as a Youth Corrections Sergeant or one year of experience as a Youth Program Officer II or Youth Parole Officer I or equivalent; OR four years of experience working with youth in organized activities or programs; OR two years of required experience and 60 semester hours applicable toward a degree in social, behavioral or recreation sciences. Specialized training in case management, case planning, and running a therapeutic group with juveniles is necessary as are personal qualities of empathy, assertiveness, and the ability to persuade others effectively.

Youth Parole Officer (Parole Officer). One year of experience as a Youth Program Officer III; OR four years of experience working with youth in organized activities or programs; OR two years of required experience and 60 semester hours applicable toward a degree in social, behavioral or recreation sciences. Specialized training in case management, case planning, and the judicial process as it relates to the adjudication of juvenile offenders is necessary, while knowledge of local resources available to implement specialized treatment programs and parole plans is also valuable.

Family Service Coordinator (FSC). Two years of experience as a Youth Corrections Sergeant or one year of experience as a Youth Program Officer II or Youth Parole Officer; OR equivalent of four years of experience working with youth in organized activities or programs; OR two years of required experience and 60 semester hours applicable toward a degree in social, behavioral or recreation sciences.

FSP Coordinator. Must meet at least the requirements of a YPOIII. Is responsible for ensuring that the FSP is delivered as designed and to support and encourage FSP Team Members as well as FSP parents/caregivers (see Appendix A for specific responsibilities).

CLINICAL SUPERVISION

Clinical supervision will be provided by a Psychologist on an as needed basis. If the FSP Team Members or Coordinator feel a psychologist perspective is necessary, one should be invited (thru Dr. Rob Jones) by the FSP Coordinator to attend the weekly staffing.

Staffings

Staffings should last approximately one hour, allowing time for each case to be reviewed, including FSP progress, community needs and referrals made, further interventions, any barriers to participation or successful completion and any other issues. All FSP team members should attend the weekly FSP staffings (in person, telephonically or via video conference).

QUALITY ASSURANCE

In order to assess the feasibility, acceptability and appropriateness of the FSP as well as to identify deficiencies in the design, the FSP will undergo a pilot with a formal start and end date to allow time for program improvements before being delivered agency-wide. Piloting a program helps to identify which sections of the program worked and which sections need strengthening. The information gathered from the pilot will be used to improve the program content, materials, delivery strategies, and motivation/incentives for participating. See Section 6 for the pilot design and objectives.

Performance Measures

Research shows that incarcerated juveniles who maintain positive relationships with their loved ones are more likely to have better overall outcomes if they have the support of family members through the inevitable challenges that arise during transition – something that practitioners can help to ensure by incorporating the perspectives of the family into case management and community supervision plans (Shanahan, 2010). Developing performance measures will allow ADJC to set goals regarding family engagement and then monitor our improvement and track progress. See Section 6 for specific performance measures.

Additionally, surveys of participants and FSP staff will be completed throughout FSP to assess participant progress and to gain feedback on PE session delivery and instructor qualities. At the beginning of the very first PE session, each participant should be asked to complete a Parent/Caregiver FSP Pre-Test (see Appendix B). At the end of the FSP, each participant will be asked to complete a Parent/Caregiver FSP Post-Test in addition to an FSP Exit Survey. The purpose of the pre- and post-test is to provide an objective measure of changes in knowledge and/or skills resulting from participation in FSP. This information can be valuable about the effectiveness of the program.

After each PE session, the instructor should provide the participant(s) with a rating sheet in addition to completing an instructor rating sheet, both provided in Appendix B. These will be used to rate the adherence to the protocol and the overall usefulness of the session. These forms should be completed for each PE session.

Instructors are encouraged to write comments in the spaces provided that speak to particular successes or difficulties with implementation of FSP PE sessions. There will be a pilot debrief session for all FSP trained staff to discuss the thoroughness and appropriateness of the FSP content, to reflect on what worked well and what did not work well, and to brainstorm ideas for improvement.

SECTION 2: PARENT EDUCATION SESSSIONS

The five parent education sessions, each designed to last 90 minutes, provide information that complements the Family Support Program (FSP) home visits as well as some of the therapeutic interventions that the juvenile receives while in secure care. These sessions are interactive and allow parents/caregivers to discuss and review the following topics:

1. Adolescent Development, Functional Families, and ADJC treatment services
2. Drug use recognition, relapse signs, and prevention planning
3. Boundaries, limits, authority, and discipline
4. Communication, conflict, resolution, and fighting fair
5. Crisis Intervention and community resources

A brief overview of FSP is presented when the parent/caregiver is invited to enroll and participate in FSP. The importance of the parent/caregivers commitment in the adolescent's successful transition back to the community is stressed in all sessions. Additionally, all parent education sessions are strength-based: by increasing the parent/caregivers' understanding of issues that influence families, the family will grow stronger. Parent/caregivers' will also receive information and referrals (as necessary) to community services and programs that can provide continued support.

Some tips on conducting the sessions follow:

1. Before starting the first parent education session, instruct participants to complete the pre-test. Collect completed pre-tests before beginning the session. The pre-tests should be submitted to the FSP Coordinator.
2. In the beginning of each parent education session, take 5 minutes to develop rapport and settle in.
3. Always start the first parent education session with introductions (of staff and parents/caregivers/caregivers) or a get acquainted activity (i.e. introduce yourself and tell the ages of your children and one thing you like to do as a family.)
4. Invest 5-15 minutes of the first parent education session in having participants talk about why they enrolled in the FSP and what they hope to get out of their participation.
5. Following each parent education session, provide each participant a parent education session evaluation to complete and turn in prior to leaving. The PE session evaluations should be submitted to the FSP Coordinator.
6. If there are any handouts that go along with the parent education session, make sure to provide them to the participants before they leave.
7. Each instructor should also complete a parent education session – instructor evaluation to provide feedback on how the session went, the level of discussion/participation from participants, and what could be improved. This should also be submitted to the FSP Coordinator.

Parent Education Session 1:

Introduction to the Family Support Program, Adolescent Development, and Functional Families

General Overview – the purpose of this session is to provide an understanding of adolescent development and the role of the family in this development. The session focuses on how healthy family functioning can make the family a source of strength for its members. One emphasis is understanding the individuation process of normal adolescent development and how families can help make it a positive experience.

Rationale – The more information parents/caregivers receive on normal adolescent development and functional families, the better they can identify family issues and resolve them.

Materials – Paper & markers/pens

Assessments:

- *Pre-test* (to be completed and collected before session begins)
- *PE Session Evaluation* (participant & instructor)

Handouts:

- *Productive Group Rules for FSP Parent Education Participants*
- *Parent Education Sessions*
- *Team Meetings*
- *Typical Teen Beliefs and Rationalizations and Ways Parents/caregivers Can Cope*
- *Healthy Versus Troubled Families*
- *Executive Brian Function handouts (2)*
- *Adolescent Development handouts (3)*
- *Effective Parenting Guidelines*

Preparation for the Session

- Review the handouts.
- Ensure the FSP Group Rules poster is visible in the meeting space.

Goal: To communicate an overview of the FSP model and the importance of family participation

1. Present the FSP model, and discuss the importance of family participation.

Give a brief description of the Program, including the number of meetings, length of time in the program, and so forth. Explain that families participate in five parent education (PE) groups. Distribute the ***Productive Group Rules for* FSP *Parent Education Participants, Parent Education Sessions,*** *and* ***FSP Team Meeting*** handouts. Talk about how the families are assuming responsibility by their participation and how the parents/caregivers can take advantage of community support groups.

Discuss the importance of attending each of the five parent education sessions in person. If a session must be missed, provide the parent/caregiver with contact information (if they don't already have it) so a make-up session can occur (in-person or telephonically). Alert the parents/caregivers to the process of scheduling the team meetings; specifically, that the team meetings need to occur within the timeframe scheduled but are based on the availability and schedule of the parent/caregiver.

Goals of FSP:

- Include the family in the transition process. Family participation will improve an adolescent's transition back to the community.
- Improve family functioning, primarily by improving communication and relationships.
- Improve parents/caregivers' effectiveness in dealing with substance abuse and delinquent behaviors.
- Assess the parents/ caregivers' commitment to a successful transition process, which requires changes in how the parents/caregivers approach problems.
- Goals of FSP Team Meetings:
    - Reestablish relationships.
    - Develop a new parent/child contract for rules.
    - Improve communication skills.
    - Develop a ***Family Success Plan*** (which is discussed in detail in PE Session 2).

2. Conduct a *family crest* activity.

Using the paper and markers/pens available, ask the participants to draw their family crest (logo or trademark that distinguishes their family from another). Have them include components of a healthy family (i.e. communication, affirmation, supporting one another, trust, sense of play and humor, responsibility, family traditions, balance of interaction, respect). Provide an example of a family crest and allow them to work on their crest for about 10 minutes. Ask if a participant is willing to share what they drew and what it symbolizes. Ask all participants to hold onto their family crest as it will be discussed further in the second FSP Team Meeting.

3. Present information on typical teen rationalizations.

Define rationalization. Explain to parents/caregivers that rationalizations are excuses people use to minimize their responsibility for their behaviors. Say: "When we experience consequences that are unpleasant, we seek excuses for why we should be exempt from such consequences. Adolescents often fluctuate between being autonomous one day and dependent the next. When teens seek to do what they want and experience resistance, they blame adults, particularly parents/caregivers, for failing to understand their needs."

Discussion. Distribute the ***Typical Teen Beliefs and Rationalizations and Ways Parents/caregivers Can Cope*** handout. Ask parents/caregivers to interject any recent situations at home that are examples of these beliefs (this should be a light-hearted discussion). It is important for the FSP team member(s) to provide examples of what is harmful and what is harmless behavior.

4. Present material on functional family qualities.

Discussion. Provide the ***Healthy Versus Troubled Families*** handout.

Discuss the differences between healthy and troubled families regarding rules, communication, alliances, feelings, self-worth, openness to change, defense mechanisms, stress, growth, and control. Discuss the handout with the parents/caregivers, and allow them to ask questions.

Show parents/caregivers the poster of qualities of healthy families. Have the parents/caregivers discuss the information on the poster. Ask them to add other qualities.

Discuss ways that families can enjoy more quality time together (e.g., take meals together, play together). Have the parents/caregivers/caregivers make a list of characteristics they like about their child or identify at least one good quality in the child. Discuss with the parents/caregivers feelings they experience while making the list.

Discuss life stressors and how they affect family function and child development.

5. Discuss effective parenting behaviors. .

Discussion. Distribute ***Executive Function handouts 1 & 2 and Adolescent Development handouts 1, 2 & 3***

Discuss the how brains and behaviors change throughout the period of adolescent development. Follow up with a discussion of how developing brains can be affected by drugs and alcohol, as well as changes driven by family and community interactions.

6. Present material on ineffective parenting behaviors that will help parents/caregivers identify habits that may potentially prove unproductive to healthy communication.

Discussion. Information on styles that can inhibit effective parenting includes the following:

- Sometimes parents/caregivers cannot be effective because they are preoccupied with their own problems. These problems can include chemical dependence or psychological impairment; however, problems can also include less complicated situations such as stress from work or a relationship. It is important for parents/caregivers to recognize their own problems and realize that their parenting style will be affected by personal factors they deal with daily.

- Sometimes parents/caregivers attempt to protect their child by overreacting to inappropriate behaviors. Parents/caregivers have a tendency to discount the opinion of a child, and this can hinder individuation of the child. In extreme cases, parents/caregivers may be so angry with a child that they lose respect for the child and feel they need to be strict disciplinarians. The child is often pronounced guilty without a trial.

- Some parents/caregivers may be interested in keeping things well under control. When this happens in extreme cases, the child can become insecure and timid or rebellious.

On occasion, parents/caregivers may be insecure with their parenting style. As a result, they may lose the ability to set and enforce limits or rules for their children. These parents/caregivers have difficulty seeing how the problem behaviors affect their family. Sometimes their children will have a difficult time in school because they are not used to taking direction and cannot accept authority.

When parents/caregivers have personal needs that are not being met, they sometimes look to their children to fulfill those needs. These parents/caregivers tend not to punish but to love their children to extremes. Children of such parents/caregivers find it difficult to achieve independence from their parents/caregivers.

People with strong beliefs are often rigid and strongly opinionated. They have a tendency to approach all people and all problems in the same manner. Sometimes, as parents/caregivers, they are perceived as uncompassionate and unemotional parents/caregivers. They have a difficult time seeing beyond their beliefs to the individual needs of others. These parents/caregivers tend to lecture and advise often.

Summarize by pointing out that "we all face many stressors every day. It is important to be aware of how we relate to others, especially when we are feeling pressure and stress. Parents/caregivers are people, too. With strong self-understanding parents/caregivers can become aware of factors that keep us from being effective parents/caregivers."

7. Process, reflect on, and review information introduced on normal adolescent development and functional families.

Discussion. Open up the discussion by asking for reactions to the material covered. Ask parents/caregivers whether they recognize any of the parenting styles discussed, and talk about ways to avoid bad habits. Talk about knowing when a teen's behavior is normal (even though it's still difficult to deal with) and when behavior is extreme and should be considered a warning sign. Ask everyone to look at the ***Effective Parenting Guidelines*** handout. Ask the group to brainstorm different examples of activities that can be used to demonstrate each of the 10 categories.

**** Remember to distribute the *Parent Education Session Evaluation* forms to participants, instruct them to complete, and collect the forms to submit to the FSP Coordinator. ****

Parent Education Session 2:

Drug Use Recognition, Relapse Signs, and Relapse Prevention Planning

General Overview – This session helps parents understand the nature of drug abuse and dependence and how adolescents become involved with them. It presents the nature and objectives of treatment and the importance of parents' motivation to be part of their child's recovery. This session also focuses on understanding the recovery process in the context of a healthy family and presents ways parents can effectively help their child avoid relapse and how they can know when to intervene appropriately. It also focuses on developing a healthy partnership within the family and a commitment to a successful transition.

Rationale – The more information parents receive about adolescence, drug use, and its signs and symptoms, the better able they are to intervene and help their children.

Materials – Whiteboard & markers

Assessments:

- *PE Session Evaluation* (participant & instructor)

Handouts for Goal #1

1. *Disease Progression Chart*
2. *Drug Category Information and Consequences of Use*
3. *Drugs of Abuse Detection Times*
4. *Developmental Changes for Adolescents*

Handouts for Goals #2 and #3:

1. *Signs and Symptoms of Substance Abuse*
2. *Signs of Recovery*
3. *Recovery Expectations*
4. *Plan for Recovery*
5. *Family Success Plan* (in preparation for home visit)

Optional Handouts:

1. *Addiction is a Disease*
2. *Important Concepts*
3. *Stages of Changes in Adolescents*
4. *Recovery and the Family*
5. *Relapse Prevention*

Goal 1: To provide parents/caregivers a better understanding of adolescent drug abuse.

1. Discuss the disease concept of addiction and what it means in the process of recovery.

Discussion: Share with parents that their children may be at different stages of drug use. Some may be in the *experimental stage*. This means that they are just now trying substances and have not established a regular pattern of use. However, some may have established a *regular pattern of use*, meaning that they regularly use and look forward to using. This pattern could be monthly, weekly, or daily.

Explain that if their child uses in a *regular pattern*, this means that the adolescent is abusing drugs. Most of the time, but not always, establishing a pattern takes time. But for some people, a regular pattern of

use can develop quickly. They try a substance, and in a short time they can be using daily. Explain, "Once anyone, youth or adult, has established a pattern of use, we need to examine whether the process of addiction has begun. *Not everyone who uses becomes addicted.* We will talk about all the factors that influence a youth's desire to pick up and maintain continued use."

Distribute the ***Disease Progression Chart*** handout. Discuss addiction and how a person's body responds to drugs and alcohol. Tell parents that there is a *real* physical basis for addiction, including addiction to marijuana. Addiction ultimately means that the substance, whether it is alcohol or a drug, takes over the person's life. Remember to take time to answer any questions on this issue.

2. Distribute the *Drug Category Information and Consequences of Use* and *Drugs of Abuse Detection Times* handouts.

Discussion: Discuss the urinalysis (UA) for drug screening and how it works, explaining what it means and what it does not mean. Briefly cover information on the handouts, stressing the following points:

- A negative UA, or one that indicates that marijuana is not present, does not "prove" that the child is not using but only that the child has not used within the window of detection for testing or that the amount is below the level needed for identification.
- Testing for tetrahydrocannabinol (THC) is not 100-percent accurate. It is possible to obtain a positive result, or a result that indicates that marijuana is present, even if the child has not recently used because THC is stored in fat cells. If the child changes his or her exercise pattern or diet and loses weight rapidly, a positive result can be obtained without the child recently using the drug. Subsequent UAs should result in lower levels of THC if the child is no longer using.

Answer any questions.

3. Initiate a discussion based on the following points:

- *Parental ambivalence.* Research has shown that an important protective factor for adolescent drug use is parental attitudes. Adolescents perceive parental ambivalence the same as parental acceptance of drug use. This is particularly true for baby boomer parents. Not saying anything to your kids is the same as telling them it is OK.
- *Parental use.* Some parents use alcohol and drugs. If adolescents are aware of their use, it will be very difficult to motivate them to quit. Parents who do not currently use drugs but used them when they were younger may feel guilty when talking about not using drugs to their children and will often avoid the discussion. Parents in this situation should NOT let the child know about past drug use. The parents' admission usually only gives the teen permission to use drugs. If children know about their parents' drug use, parents should do the best they can to explain the negative consequences they experienced. If children ask about parents' past drug use, parents should avoid the topic by saying, "Let's stay on track; this conversation is about you, not me."

- *Other life problems.* Children often turn to substance abuse to meet a need. Therefore, substance abuse is *often a symptom* of another problem. The problem could have a multitude of factors. It may be beneficial to explore what a child might be experiencing that caused him or her to turn to drugs by asking one or more of the following questions:

    - Were there any recent events that might have been a trigger to use?
    - What personality characteristics or tendencies does the teen have that may lead him or her to use?
    - Has the teen experienced any difficulties in relationships, either inside or outside the family?
    - How does the teen cope with stressful life events?
    - How does the teen cope with feelings?
    - How is the teen's self-esteem? What can parents do to help boost the teen's self-esteem?

- *Substitution of one drug for another.* It is important to be aware that, as adolescents progress through treatment, they will often switch drugs. Therefore, it is important to watch for signs and symptoms of all the drugs discussed earlier, not just the ones the teen is currently using. Often alcohol use will increase as a substitute for the drug of choice, especially if the youth's urine is being tested regularly.

- *Negative consequences of marijuana use.* Adolescents believe that marijuana is not harmful. It is a difficult battle to convince them that marijuana has negative consequences. Parents should share with their child any information they have that would change the child's perception. Let the child know the following:

    - Continued marijuana use in early years interferes with the ability to learn and remember.
    - Childhood and adolescent learning provides the foundation for the years to come.
    - Marijuana affects the ability to be responsible. (Remind children that parents believe they desire to be mature and responsible.)

4. Introduce the stages of adolescent development.

Point out that there are special issues to consider when dealing with adolescent substance abuse. Teens are going through developmental stages that can be affected by drug use. Introduce the effects drugs have on an adolescent's developmental stages.

Distribute the ***Developmental Changes for Adolescents*** handout. This handout provides a comparison of normal development with developmental changes due to chemical dependence.

Discussion: Direct parents to the first grid that describes typical adolescent development for early and late teen years. Explain that some adolescent behaviors, although less than desirable, are typical and are part of growing up. Direct parents to the second grid and make sure they understand the terminology and the difference between typical development and inappropriate developmental changes associated with drug use. Finally, mention the last grid that gives some reasons why adolescents may turn to drug

use. Have the parents relate the characteristics listed in the grid to their own children and try to understand why their children may have started using drugs. Have parents openly discuss the possible reasons their children may have turned to drugs.

5. Discuss the signs and symptoms of substance abuse.

Distribute the ***Signs and Symptoms of Substance Abuse*** handout. Advise parents that in addressing relapse prevention, they will look at two issues: (1) signs and symptoms and (2) addiction. Remind parents that their children have made progress in their commitment to treatment and not using substances. State that parents/caregivers must still remain alert. This does not mean that they should distrust their child. However, they must remember to stay aware because the child may not be completely out of trouble. Parents should watch (though not obsessively) for the signs and symptoms of relapse that are presented in the handout.

Goal 3: To develop an understanding of the recovery process and to learn that recovery is a long process and that part of this process is relapse prevention.

1. Discuss the recovery process, ways to prevent relapse, and subtle signs of relapse.

Discussion. Relapse is a process that starts well before the actual delinquent behavior or use of drugs. If the individual is not practicing or using his or her coping tools on a *daily* basis, the risk of returning to delinquent behavior or substance use increases.

Relapse Prevention Guidelines:

- It is important not to let a child deteriorate physically. This will contribute to feeling poorly and will make it easier for urges to "sneak up" on him or her.
- It is important for a child to be aware that "old thinking" can return, which includes justifying negative behaviors and denial (e.g., I can use once in a while). It is important for the person to talk about the desire to use by letting someone know what is going on in his or her life to trigger the urge.
- It is important for both parents and their child to be aware of "danger points" and to plan to be particularly open and watchful with one another during these times.
- It is important for a child to share feelings. Feelings are always eventually expressed, either in a direct, healthy manner or in an indirect, negative manner. Painful feelings about past events may need to be discussed. Parents should share with their children how past events are still affecting the family to begin the healing process.
- It is important for a child to develop new interests and activities. Slowly, he or she needs to begin to become involved with new people and to explore ways to

make new friends. Children should be aware that even adults have to do this sometimes.

- It is important for your child to identify a support system and maintain regular contact with that support system. This support could include a coach, minister, neighbor, and/or a relative.

2. Present the *Signs of Recovery, Recovery Expectations,* and *Plan for Recovery* handouts.

- **Distribute** the ***Signs of Recovery*** and ***Recovery Expectations*** handouts, and discuss what parents can expect as their adolescent transitions from secure care to the community.
- **Review** the ***Plan for Recovery***, and explain that parents who understand the problems that adolescents may encounter during transition (and recovery) can develop a plan to cope with situations.
- **Explain** that the more prepared parents are, the more they can help their child deal with potential relapse issues.
- **Elicit** discussion from all parents about the feelings adolescents may have during transition and how a parent can react effectively.

3. Introduce the importance of a *Family Success Plan*, and explain the need for the adolescent abusing drugs to have a success plan.

Discussion. Research that shows that success plans (also known as relapse prevention plans) increase the chances of recovery and enable individuals and families to preplan strategies for troubling times. Discuss the essential components of an effective success plan (e.g., awareness of the problem, problem-solving methods, where to get help, necessary changes in family routines).

Point out that relapse is a "process and not an event." Encourage a discussion that explores the concept that relapse starts long before the return to delinquent behavior (including substance abuse) or a return of family dysfunction.

Distribute the *Family Success Plan* handout.

- Discuss handout with parents.
- Explain to parents that their teen is filling out a success plan similar to these during their counseling sessions.

Discuss the importance of the success plan is to acknowledge the previous signs of problems and commit to doing things differently as individuals and as a family unit. The <u>session facilitators should ask family members to work on it at home and maintain it</u>. <u>The FSP team member(s) will review it with them during team meeting #3</u>. At that visit, all family members will discuss their ideas with the team member(s). The team member(s) will help them finalize the plan and will ask each member to sign the final plan.

4. Provide parents with information about community support groups.

Discussion. Share information about Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and other community support groups. Provide information about where and when the meetings occur. Discuss the importance of having a support network after treatment, and note that the recovery process does not end with this program.

5. Family Activity.

- **Discussion:**
  - Close the session by stating the topic of the next meeting and encouraging parents to do a family activity before that meeting.
  - Suggestions for a family activity should be simple, short in duration, and cost no money.
  - These suggestions should provide the family with some guidance but should not be an unnecessary strain on their functioning.
  - Examples include having at least one family meal at which everyone agrees to discuss only an interesting event they observed that week. Explain that the family can agree that during this meal no one will be allowed to criticize or make fun of others at the table. Another event could be watching an appropriate television show or movie that everyone would like to see.
  - Tell parents that they will be asked to share how the event went with the other members of the group at the next session.
  - Thank everyone for attending and being supportive parents, and remind them how important their attendance and commitment are to their teens.

**** Remember to distribute the Parent Education Session Evaluation forms to participants, instruct them to complete, and collect the forms to submit to the FSP Coordinator. ****

Parent Education Session 3:

Boundaries, Limits, Authority, and Discipline

General Overview – This session provides clarification of major issues in family functioning and appropriate approaches to discipline and parental authority. It helps caregivers/parents understand the sources of authority in the family and how authority is maintained in a healthy way. The concept of boundaries is introduced as a major issue in family structure.

Rationale – The more information parents have regarding parental authority, the better able they are to intervene in their child's behavior.

Materials – Whiteboard & markers

Assessments:

- *PE Session Evaluation* (participant & instructor)

Handouts:

- *How Can I Set Boundaries and Limits?*
- *How Do I Set Up the Rules and Consequences?*
- *What Are My Limits as a Parent?*
- *Parent/Child Contract*

Goal: To teach participants how to set limits and boundaries, establish appropriate discipline methods for youth, maintain healthy boundaries, and develop a parent/child behavioral contract.

1. Discuss the process parents undergo in developing discipline.

Discussion. Present the following in narrative form.

"We are different from our children. We know the rules. We know that if you use your credit card, a bill will come in the mail and the bank will expect you to pay it. Small children are helpless and they depend on us entirely. As they grow and learn, we have to guide them by setting rules and expectations. When our children become teenagers, it is a confusing time for us, but an even more confusing time for them. So rules are important, even if the reason for the rules is not obvious. We are going to discuss how to develop a set of age-appropriate rules for your children, how to get their compliance with those rules, and what to do if the rules are broken.

"It is important to realize that drug behavior is associated with rebellion, risk taking, stress reduction, identity formation, and assertiveness. Parents must provide structure, limits, and direction for their teenagers. Parents can build contracts with teenagers allowing them freedom of choice (within structured limits) but also defining consequences for failure to maintain the contract."

Distribute the ***How Can I Set Boundaries and Limits*** handout. Allow time for parents to read the handout.

Discussion. Answer questions or ask whether parents need clarification on the concepts before continuing. Ask parents whether they have examples to help clarify the guidelines. Ask whether any guidelines are particularly easy or hard to do.

2. Define boundaries, and explain the need to develop boundaries with children.

Discussion. State, "Knowing boundaries involves taking care of ourselves, no matter what happens or with whom it happens."

Write on the board:

Healthy boundaries are taught and are learned as a result of life lessons. Knowing healthy boundaries can be beneficial.

Boundary—something that indicates bounds or limits.

Bound—inseparably connected with.

Boundaries emerge from:

- *Deep decisions about what we believe we deserve and don't deserve*
- *What we want and need*
- *What we like and dislike*
- *What is important to us*
- *A deeper sense of our personal rights, especially the right we have to take care of ourselves (Boundaries emerge as we learn to value, trust, and listen to ourselves.)*
- *Deciding what is good for us and for others.*

Discussion. Ask the parents/caregivers to discuss signs of unhealthy boundaries between parents and their children. Point out, "Unhealthy boundaries lead to resentment, unhappiness, and a feeling of dissatisfaction and can damage relationships. One person may be hurt in this kind of relationship and will eventually distance himself or herself and may leave the relationship."

3. Introduce the topic of setting limits with children.

Discussion. Distribute the ***What Are My Limits as a Parent*** handout to the participants and discuss.

Distribute and discuss the ***How do I Set Up the Rules and Consequences*** handout and the ***Parent/Child Contract*** handout. Explain that parents will develop this contract with their FSP Team during Team Meeting #3.

Then discuss the following:

- Feelings of uncertainty and guilt when disciplining teens

- How parents can know their own boundaries and limits of tolerating teen behavior
- How parents can take care of themselves
- Where to draw the line.

**** Remember to distribute the Parent Education Session Evaluation forms to participants, instruct them to complete, and collect the forms to submit to the FSP Coordinator. ****

Parent Education Session 4:

Communication, Conflict, Resolution, and Fighting Fair

General Overview – This session enhances parents'/caregivers' understanding of how and why conflict inevitably happens in families, introduce some concepts and methods of healthy communication and teach techniques for helping family members become engaged in a fair conflict resolution. In addition, ways to prevent conflicts from becoming dangerous and ways for dealing with conflict through negotiation will also be addressed.

Rationale – The more information parents receive about understanding healthy communication and conflict resolution, the better they will be at improving the communication with their teen in their home.

Materials – Whiteboard & markers

Assessments:

- *PE Session Evaluation* (participant & instructor)

Handouts:

- *Tips for Fighting Fair*
- *Ways to Improve Communication with Your Teenager*

Goal: To teach parents how to communicate effectively, how to have arguments using fair rules, and how to resolve conflicts with adolescents.

1. Introduce and encourage discussion on conflict resolution, and motivate the participants to learn the information.

Write on the board: "*When one seeks to win, both lose*. "

Ask the group to explain this statement. Lead the group to the concept of conflict resolution. Ask group members to indicate by a show of hands which members of the group have experienced a recent conflict with their teen. Ask whether anyone would like to share what the conflict was about. Encourage other members to contribute to the discussion.

Ask the group to consider the question "why do conflicts occur between parents and their children?" Write each member's response on the whiteboard. Some examples may include: children want freedom; parents want to keep a handle on their child's life; each party feels they are "right" and so there becomes a fight between them.

Ask the group to identify the most important tool for conflict resolution. Keep the conversation going until "communication" is mentioned. Then inform the group that communication is the most important tool.

2. Introduce the topics of mutual respect in communication and effective communication tools. Identify specific guidelines for fighting fair.

Discussion. Present the following information in narrative form: "What we want is communication among family members to be based on mutual respect. Mutual respect is allowing each other to express beliefs and feelings honestly without fear of rejection. Although one may not agree with the other, both can demonstrate acceptance of each other's feelings. The goal of this effective communication technique is to help each person feel understood. Effective listening may also allow people to clarify their feelings and work out their own solutions."

Discuss personal qualities that can interfere with communication. Examples may be:

- Being impaired or preoccupied with other personal problems
- Being angry
- Being insecure
- Not meeting personal needs
- Being too task orients
- Being too critical
- Being too busy
- Not accepting problems; wanting a perfect family

Allow the group to come up with their own list, but use these ideas to stimulate conversation.

Briefly highlight ways to improve communication with teenagers, such as:

- Remembering that effective communication is based on mutual respect
- Having a willingness to listen
- Remembering to listen to ideas or beliefs you don't agree with
- Trying not to criticize the other person
- Providing the opportunity to work through feelings

Identify specific guidelines for "fighting fair."

Discussion. Distribute the ***Tips for Fighting Fair*** handout. Ask whether parents have anything to add to the handout.

3. Distribute the *Ways to Improve Communication with Your Teenager* handout.

Briefly discuss each point and provide examples, when necessary. Ask parents whether they have questions about the ways to improve communication. Ask whether anyone needs an example to make any of these ideas more clear.

4. Discuss rebuilding relationships

Discussion. Encourage the group to explore ways to rebuild relationships in the family. During discussion, mention the following examples of how to rebuild familial relationships:

- Try to focus on other members' positive qualities
- Think about what the relationship would be like if the stress of substance abuse had not entered the picture
- Strive toward an ideal relationship
- Set time aside to have fun
- Identify opportunities to communicate
- Identify areas of mutual interest
- Set aside time to do something together, even if it is only once every couple of week.

Discussion /Role play. Ask some parents to be volunteers to role play a scenario that another parent describes. An example may be a teenager wanting a curfew of 11 p.m. changed to 1 a.m. When the role play is over, discuss the conflict resolution technique used; ask for other techniques that could have also been used.

Encourage volunteers to utilize the ***"Tips for Fighting Fair" and "Ways to Improve Communication with your Teenager"*** in their home.

Wrap us session by asking each parent what conflict resolution techniques, introduced in group, can be utilized in their home today.

**** Remember to distribute the Parent Education Session Evaluation forms to participants, instruct them to complete, and collect the forms to submit to the FSP Coordinator. ****

Parent Education Session 5:

Crisis Intervention and Community Resources

General Overview – This session helps parents/caregivers understand the difference between a problem and a crisis. Examples of problems and crises and how to respond to each are covered. This session also provides the participant with a community resource/service list, specific to Maricopa County.

Rationale – The more information parents/caregivers have on understanding how to intervene when there are crises, the more confident they can feel in having control over intimidating or frightening situations that affect their family unit.

Materials – Whiteboard & markers

Assessments:

- *PE Session Evaluation* (participant & instructor)

Handouts:

- *Fire Drill Plan for Handling a Crisis*
- *Community Resource/Service List*

Goal: To understand the difference between a problem and a crisis.

1. Introduce/define the terms *crisis* and *problem*, and discuss how to respond to each.

Write on the whiteboard:

Problems:	**Crises:**
▪ Substance abuse relapse without DTS/DTO	▪ Substance Abuse Relapse with DTS/DTO
▪ Disobeying curfew	▪ Catching juvenile committing a criminal act
▪ Youth not attending school	▪ Suicidal ideation/ behaviors
▪ Youth disobeying household rules	▪ Catching juvenile with a weapon in the home

Discussion. Define problems as, "[negative] behaviors needing attention, however not immediately." Define crisis as, "[negative] behaviors needing immediate attention." Ask the group to identify some negative behaviors (both problems and crises) their child has exhibited in the past or ones they foresee him/her exhibiting upon release. Ask the group to discuss how the problem or crisis was handled (i.e. did the parent resolve the issue themselves, were the police involved, how did the juvenile respond, was there any follow-up to the problem or crisis, etc.)

Explain how parents should be the primary authority; however, if the behavior(s) continue and problems or crises occur, the Parole Officer is able to intervene. It is possible that as a result of the behavior and response, their child may be returned to ADJC on a parole violation or charged with a new offense through the court. Let the group know that by not reporting their child's delinquent or problem

behavior and/or crises, that they are essentially telling their child that such behavior is acceptable. Go through each problem and crisis listed on whiteboard and provide suggestions for how to respond to each.

Distribute the ***Fire Drill Plan for Handling a Crisis*** and encourage parents/caregivers to complete on their own and keep in a place that is visible.

Problem #1: Substance Abuse Relapse WITHOUT DTS/DTO.

Define DTS/DTO as, "Danger to Self/Danger to Others." Instruct the group to report substance abuse relapse WITHOUT DTS/DTO (problem) to their child's Parole Officer, Drug Use Counselor or a Family Service Coordinator, along with a request for a drug screen. If juvenile is not currently enrolled in substance abuse counseling, ask the Parole Officer for assistance with a referral to counseling services." Suggest to the group that "as the parent/caregiver, you can also provide a consequence to the substance abuse relapse, such as limit privileges or set an earlier curfew."

Crisis #1: Substance abuse WITH DTS/DTO.

"If necessary, call for Emergency Medical Services (EMS) or a crisis response team in addition to the police. If EMS is not necessary, call the police and file a report. Then notify Parole, either Parole On-Call, your juvenile's assigned Parole Officer or a Family Service Coordinator to report the crisis and immediate response. Request behavioral health services through responder (hospital, crisis team, or Parole Officer) to ensure appropriate follow-up services are secured for your juvenile."

Crisis #2: Suicidal ideation/behaviors.

"In a situation where your child is calm and cooperative but verbalizing or displaying suicidal ideations through behaviors or drawings (and other forms of art/illustration) call the Maricopa County Behavioral Health Crisis number and request services. If your child is actively suicidal or has already attempted suicide, call 911 for EMS. Through the hospital or the Maricopa County Behavioral Health Crisis number, you can request additional in/out patient behavioral health services. Once your child is stable and safe, notify Parole, either Parole On-Call, your juvenile's assigned Parole Officer or a Family Service Coordinator to report the crisis and immediate response."

Crisis #3: Juvenile brings a weapon (gun) into your home.

"In a situation where you either see or learn that your child has brought a gun into your home, make the determination of whether the gun is an extreme crisis that must be managed immediately, if so call 911, or if the gun is not an extreme crisis and can be isolated, then attempt to gain control of the gun. If that means you need to move the gun to a location only you know, do so. You can also call the police to remove the gun. It is necessary to ensure the gun is not available for use by your child or other children in the home. Following removal/isolation of the gun, notify Parole, either Parole On-Call, your juvenile's assigned Parole Officer or a Family Service Coordinator to report the crisis and immediate response"

Crisis #4: Juvenile commits a criminal act.

"In a situation where you either see or learn that your child has committed a criminal act (either in your home or outside your home), call police and file a report then notify Parole, either Parole On-Call, your juvenile's assigned Parole Officer or a Family Service Coordinator to report the crisis and immediate response."

Goal: To develop a plan for responding to problems and crises.

2. Present the *Community Resource List*

After handing out the resource guide, allow the group a chance to review it.

Discussion. Ask the group for positive or negative feedback on any of the resources listed. Of the parents/caregivers that offer feedback, ask them to discuss the events that led to the utilization of the resource, what the resource was able to provide, and whether the parent/caregiver felt the resource was helpful. If none of the participants have ever utilized a resource on the list, briefly cover the list and offer suggestions for where to place the list so it is accessible during a problem or crisis.

FACILITATE GRADUATION: Upon closure of the last PE Session, the Director or a member of Executive Leadership within the Agency will enter and say a few words to thank the parent/caregiver for completing the five Parent Education Sessions and encourage their continued FSP participation. The parent/caregiver will be presented a certificate. If incentives are available for completing the five PE Sessions, then they will be distributed at the same time as the certificate.

**** Remember to distribute the Parent Education Session Evaluation forms to participants, instruct them to complete, and collect the forms to submit to the FSP Coordinator. ****

SECTION 3: FSP TEAM MEETINGS

Family involvement is essential to increase the likelihood of successful reentry – transition of the juvenile from secure care to the community. The ability to view the family in the home environment allows FSP staff to better understand the family dynamics and needs that affects the juvenile's delinquent behavior. FSP Team Meetings give FSP staff a better understanding of how the family naturally functions, who has the power in the family, and the conditions under which the family operates.

This manual provides specific outlines for conducting each of the four FSP Team Meetings; however, does not give specific dialogs or scripts. To do so would impede the FSP team's ability to adapt to the cultural, ethnic, or individual needs of the family.

The four FSP Team Meetings, each designed to last 90 minutes, provide information that complements the FSP PE sessions as well as focusing on securing support and community-based services for the parent/caregiver. These sessions are interactive and allow parents/caregivers to discuss and review the following topics:

1. Assessing Family Environment, needs prioritization, and motivation buildings
2. Family roles, routines, and rules
3. Success planning
4. Review transition progress
5. Set-up community service based on needs

Goals of the FSP Team Meetings include reinforcing the PE session material, supporting and encouraging the parent/caregiver in preparation for and dealing with the transition of their juvenile from secure care to the community, and assisting with obtaining community services that will maintain the successes achieved by the juvenile and family unit. Generally, FSP involves four FSP Team Meetings. Some families however, have greater needs than others and may require additional FSP Team Meetings. The FSP team will need to be flexible and prepared to conduct a fifth or sixth FSP Team Meeting with the parent/caregiver; however, FSP Team Meetings should not exceed six. **The overall goal of FSP Team Meetings is to support the family during transition by ensuring they obtain community-based services to provide the continuum of care needed.**

It is important to approach the family from a position of "assets", creating hope so the family as a whole believes it has the power to be successful and to establish a nurturing atmosphere that promotes positive growth and development.

Scheduling FSP Team Meetings

Before scheduling an FSP Team Meeting, ensure that the Family Domain of the CAPFA has been completed. If it has not, then contact the FSP assigned Family Service Coordinator to arrange for the CAPFA interview to be completed. When scheduling the FSP Team Meetings, the FSP team should be flexible and allow the parent/caregiver to drive the meeting date and time – provided the meeting happens within a one week window of when the FSP Team Meeting falls in the FSP sequence. Two FSP

team members must attend each Team Meeting, specifically the YPOIII and Parole Officer. If the Parole Officer cannot attend, the Family Service Coordinator must attend. The YPOIII is responsible for the reminder call to the parent/caregiver 24-hours prior to the scheduled FSP Team Meeting while the juvenile is in secure care. Upon the juvenile's release, the Parole Officer becomes the person responsible for scheduling and placing the reminder calls. FSP Team Meetings can occur before or after other ADJC related meetings (i.e. Site-In or Child Family Team meeting).

Much care should be taken when confirming the appointment. Tone of voice and the language used during the calls are extremely important to not give the parent/caregiver an opening to back-out of or reschedule the appointment. It is important for the FSP team member to use "I" statements such as "Good evening, Mrs. Smith. I'll see you tomorrow night at 7:30 p.m. I'm very excited about tomorrow's meeting and introducing myself to the other members of your family." The call should be used as an opportunity to reinforce participation in the FSP: "Your participation in this program is really going to benefit your child and your family. See you tomorrow night." It is important that the FSP team member overcomes objections by using marketing or sales approaches to increase the chances for compliance.

First phone call example: "Hello [Mr./Mrs. Smith], this is [insert your name] from Unit [insert Unit name]. You may remember me from your son's most recent staffing. I'm calling to invite you to participate in our new Family Support Program. The program has been designed to provide support during the transition from secure care back to the community and your home. This is often a stressful time for the parent and child. The Family Support Program is a combination of parent education sessions and home visits. The parent sessions give you different ways of handling situations that might arise, ideas on how to strengthen communication and structure in your home, and the opportunity to learn from other parents that are also in your situation. Your son's Parole Officer [insert PO name], [insert the assigned FSC's name], a Family Service Coordinator, and I will be assigned to you and your family if you agree to participate. Between now and two months after your son is released we will work with you to help make sure he stays on track after his release. I can explain more about the program and the services we provide by scheduling a time that is convenient for you. To make it even easier, we will come to your home. Are weekends or weekdays better for you? [Address any questions the parent may have or proceed with scheduling the first FSP team meeting] Thank you [Mr./Mrs. Smith], I look forward to meeting with you and introducing myself to the other members of your family. I'll call again [insert date 1 day prior to scheduled meeting] to remind you of our meeting. Have a nice day/evening."

Time

Each visit is scheduled to last no more than 90 minutes. The FSP team member(s) should be prompt and try to end the FSP Team Meeting on time. There may be a tendency to lengthen sessions, especially as the parent/caregiver and/or family and FSP team member(s) begin to form a relationship. This is counterproductive unless the 90 minutes is exceeded to ensure the FSP Team Meeting material is covered. Lengthening FSP Team Meetings simply because the conversation is good or the FSP team member(s) are asked to assist the family with issues outside of ADJC or FSP matters, is not acceptable. The goal is to help the parent/caregiver function on their own or with the assistance of community-based providers and not become dependent on FSP staff.

Preparation

During the first FSP Team Meeting, the parent/caregiver will be asked to sign a *Family Agreement* and *Participation Contract* to reflect the commitment they are making to ensure the successful transition of their child and improvements to their family structure. Some material for the FSP Team Meeting that may not necessarily pertain to the specific FSP Team Meeting goals should be specifically adapted for each family and brought to the FSP Team Meeting. Examples include secure care behavior incidents and progress notes or community urinalysis results and placement updates. To ensure that all information pertinent to the FSP Team Meeting is available and prepared for sharing, thoroughly review case notes from the previous FSP Team Meeting and any other progress notes.

Closure

The end of each FSP Team Meeting should follow the same predictable routine to signal the family that time is up or the visit is ending. The FSP team member(s) should summarize the visit, reinforce the progress the family has already achieved by making the commitment to actively participate in the process, and market or sell to the family the importance of the next team meeting and/or PE session. The FSP team member(s) should ask the family to be aware of the positive progress as well as any difficulty the family is having. The FSP team member(s) should state that at the next session all family members will be allowed to express their assessment of how the family is doing.

Methods

Let the parent/caregiver know that FSP encourages an open dialogue between family members and the FSP team member(s) to ensure positive progress is achieved and obstacles are overcome. Information gathered through conversations/discussions between FSP team member(s) and the entire family or brief individual discussions with siblings or other non-immediate family members should be utilized to assess the family environment.

FSP team members conducting the team meetings should discuss any safety issues or cause for concern with the FSP Coordinator prior to scheduling further FSP team meetings. If the FSP team member(s) conducting the team meeting feels at any point during the meeting that their personal safety is in danger, they should immediately exit the home and report the visit to the FSP Coordinator. All community supervision FSP team members are expected to carry their ADJC issued cell phone with them for emergency situations. They are also expected to be aware of their surroundings, keeping in mind the techniques learned in the safety training provided by the Investigations Unit. FSP team members should not bring personal belongings into participants' homes and avoid bringing in unnecessary state-issued items (laptop, briefcase, etc.). While FSP team member safety is critical, sensitivity and compassion must guide the decision on team meeting procedures.

Safety Tips

Before you go to an FSP Team Meeting at a parent/caregiver's home:

- Make a reminder phone call to make sure someone will be home.

- Ask who else will be at home during the scheduled meeting and whether they will be participating in the meeting.
- Take notes of who resides in the home, including pets (these questions can be answered by the child in secure care).
- Follow the grooming standards as outlined in Policy 2005.01.
- Maintain a personal or business (or both) mobile phone on you at all times.

When you arrive in the neighborhood:

- Scan the neighborhood for anything suspicious or potentially dangerous.
- Park where you can quickly get to your car and leave the neighborhood.
- As you approach the home, utilize your senses (sight, smell, hear, gut) to alert you to anything suspicious or potentially dangerous.
- Always take mental notes of your surroundings.

When you enter the home:

- Scan the home and listen for movement in other rooms.
- Observe the layout of the home and take mental notes on exits.
- Position yourself (sitting or standing) where you can see exits and your team members. Make every effort to not block yourself in.
- Ask the parent/caregiver if anyone else will be joining the meeting (regardless of whether you asked this during the reminder phone call). Specifically ask if other family members currently home are going to participate.
- Ensure the conversation is specific to the FSP Team Meeting or ADJC related.
- Do not allow the conversation to be about your personal life.
- Do not allow the conversation to be about anyone other than the child and family you are addressing. If you receive questions about other ADJC children or families, respond by saying "I'm not allowed to discuss anyone other than your son with you."

When exiting the home:

- Thank the parent/caregiver for their time and indicate their next step (i.e. Parent Education Session or next FSP Team Meeting).
- Be aware of the tone of the parent/caregiver as you make your exit.
- Have your vehicle keys ready and at least one hand free.
- As you exit the home, utilize your senses (sight, smell, hear, gut) to alert you to anything suspicious or potentially dangerous.
- Proceed directly to your vehicle.

FSP Team Meeting 1:

Assessing the Family Environment, Needs Prioritization, and Motivation Building

Procedure – In conjunction with the parent/caregiver, the YPOIII will set up the initial team meeting appointment. While scheduling the appointment, the YPOIII should discuss with the parent/caregiver the number of family members that plan to participate and, if necessary, the best solution for how small children or other family members (those that cannot verbalize or are inappropriate for participation) be cared for during the visit. Since this is the first meeting, the YPOIII should review the Family Domain within the CAPFA to understand the current parent/caregiver/family needs. Any unanswered questions should be written down for clarification during the first team meeting. A discussion with the other FSP team members that plan to attend the team meeting should occur so that each member has a similar understanding of the juvenile's needs and treatment progress as well as the existing family needs and responses to the CAPFA assessment.

General Overview – The first session should be used to build off the CAPFA Family Domain conducted by the FSC. Unanswered questions from the Family Domain should be addressed during this visit as should questions about needs or services that would benefit the family. This session is also to be used for motivating the parent/caregiver to actively participate in the FSP and to prepare them for their juvenile's return. Notes should be taken on family needs for follow-up referrals to community-based services.

Rationale – This team meeting helps the FSP team members and the parent/caregiver form a rapport and demonstrates to the parent/caregiver the support that FSP can offer. Much care must be taken to make the family feel comfortable with the FSP team member(s) and the material covered in the meeting. The greater the trust the family places in you, the greater the likelihood of their success and, thereby the success of the juvenile's transition. Care must also be taken to not be overly friendly or cross professional boundaries.

Materials –

Handouts:

- *Visitor Application*
- *FSP Family Agreement*
- *FSP Participation Contract*
- *FSP Brochure including Team Member Contact Information*
- *Community Resource List*

Goal: To increase parental/caregiver participation in the Family Support Program, to identifying any barriers to completion, including misunderstandings, and to address any concerns with juvenile's upcoming transition back home.

1. Review the purpose and the objectives of the team meetings in relation to the goals of the Family Support Program.

Discussion. Explain the following points:

- There will be four FSP team meetings. Times that are convenient for you will determine when the meetings will be scheduled. The meetings will last no more than 90 minutes.

- The purpose of the team meeting is to improve the adolescent's chance of a successful reentry and to strengthen the family unit.

Give an overview of FSP, the PE sessions and the remaining team meetings. Reinforce the importance of participating in FSP from start to finish – attending each PE session and making time for each team meeting. Explain the make-up process for PE sessions or team meetings missed. Market the benefits of the information FSP provides, the opportunity for the parent/caregiver to have support during an often stressful transition period, and the availability of community-based service referrals.

2. Explain what the program will and will not do for the adolescent and the family.

Discussion. Explain to the parent/caregiver that although participation in FSP is not a guarantee their child will successfully transition from secure care to the community – without experiencing problems or violations, FSP involvement will provide the family ideas of new ways for managing problem behaviors, support to respond to problem or delinquent behaviors and opportunities to improve overall family functioning.

3. Discuss any parent/caregiver concerns regarding juvenile's return and review likely parole conditions.

Discussion. If the FSP team members are aware of the juvenile's scheduled release board date, relay date to the parent/caregiver to ensure they understand they are invited to attend. Discuss any concerns the parent/caregiver may have about the return of their juvenile, as well as any parole conditions that will likely be required of the juvenile. Allow the parent/caregiver time to consider and discuss the implications of the parole conditions (i.e. transporting juvenile to counseling sessions or parole office visits).

4. Identify the number of family members willing to participate in FSP.

Make sure each participating family member has completed a ***Visitor Application***. If not, give them one to complete.

Goal: To develop an alliance with the family and begin to establish knowledge of the family history, environment, and stressors.

1. Explain the FSP team member(s) roles, and observe the family in its home environment.

Explain each of the FSP team members' responsibilities with in ADJC. Let the parent/caregiver know that any of the FSP team members (YPOIII, YPO, FSC) can assist with questions or identifying community-based services and support groups. Explain that during the team meetings, the family's needs will be identified and referrals will made; however, before any referrals are made, they will first be discussed

with the parent/caregiver to ensure they are a "good-fit." Reiterate to the parent/caregiver that they can call any of their assigned FSP team members with concerns or needs.

2. Initiate a discussion of "How you would like your family to be different."

Start by asking the parent/caregiver and family members if there are behaviors within the family structure that are helpful or destructive and how that affects the family structure. Ask them to think about what they would like to see change or be different. Ask if there are services they feel would benefit the family unit.

3. Provide the parent/caregiver with a copy of the *Family Support Program Family Agreement* handout.

Have the parent/caregiver read the handout. Ask if they have any questions and if they understand it. Ask that the parent/caregiver sign the agreement; demonstrating they want to commit to family structure changes to increase the success of their juvenile's reentry. Ask the parent/caregiver to sign two copies – one for the file and one for the parent/caregiver.

4. Review the *Family Support Program Participation Contract* handout.

This contract reflects the commitment to participate in the Family Support Program; to learning ways to strengthen their family unit and to support their juvenile's transition back to the community. The FSP team members and parent/caregiver should only discuss additions to the contract if the parent/caregiver or FSP team member(s) views it as necessary to ensure a successful transition of the juvenile. Ask the parent/caregiver to sign two copies – one for the file and one for the parent/caregiver.

5. Discuss the parent/caregiver and/or family needs to ensure the family has the means to be successful.

If the family is in need of social or therapeutic services, support groups, or other community-based services, discuss and let the family know that you will identify the most appropriate services and get back in touch with them to provide them the referrals.

6. Before leaving, provide the parent/caregiver with an FSP brochure and write down each FSP Team Member's name and telephone contact number. Business cards may also be left with the parent/caregiver.

During this time, also show the parent/caregiver on the brochure what is expected of them next (i.e. PE Session 1 start date and dates for remaining PE Sessions).

A ***Community Resource List*** should also be left with the parent/caregiver.

FSP Team Meeting 2:

Family Roles, Routines and Rules

General Overview – The second team meeting is the last meeting before the juvenile is released back to the parent/caregiver's home. This meeting should address any immediate concerns the parent/caregiver or juvenile has about his/her return. The overall goal of this meeting is to strengthen the commitment to FSP, to show support for the juvenile and his/her success in the community, and to reinforce the skills, techniques, or education provided in the PE Sessions. This meeting is also an opportunity to further explore the family dynamics, roles, and routines.

Rationale – A juvenile's return to the home can result in mixed emotions and add stress to the family and parent/caregiver. The more parent/caregivers' feel supported during the upcoming transition and know who to contact with concerns, problems, or crises, the greater the likelihood the stress of transition will be lessened.

Materials –

- Paper & markers

Handouts:

- *Parent/Child Contract*
- *Community Resource List*

Goal: To respond to any concerns or questions, if necessary.

1. If community-based service referrals were provided to the parent/caregiver and/or family, ask how the services are going.

Find out whether the services referred are meeting the needs of the individual or family and whether additional services are necessary.

2. Ask how each family member is doing and whether they feel prepared for their juvenile's release.

It's important to get the family talking about concerns they may have as their juvenile's release approaches. If necessary, reinforce specific PE Session skills with the parent/caregiver to boost their confidence. Focus on how each individual family member is doing as well as how the family unit is doing.

Address any concerns or questions about community-based services for the family members. If a parole plan has been determined, review with the parent/caregiver and address any concerns.

Goal: To assist the family in preparing a family vision/mission statement.

1. Introduce the family to the "vision" or "mission" exercise, and assist members in preparing a statement for the family.

This exercise helps the family focus on its goal and helps the family visualize and verbalize the successful outcome for all members. The mission statement pronounces what the family envisions for itself. By blending ideas from all, the family members design one mission statement of who they are, what they want to accomplish, and how they will accomplish this goal.

Discussion. Ask the parent/caregiver(s) to use the *Family Crest* they developed in PE Session #1 as their guide for the family mission statement/goal exercise. Provide the family with a method to develop a vision statement. Use a sheet of paper and write at the top of the sheet who, what, and how. Ask family members to describe who they are, what they want to accomplish, and how they want to accomplish their goals. Have family members complete each section giving descriptive words for "who" they are, for "what" they want to accomplish, and for "how" they will accomplish it. Brainstorm ideas for how they will work on accomplishing the goals. Have each participating family member verbalize how the family will be different if the mission statement becomes a reality.

Goal: To assist the family in understanding the concept of "fair fighting" and in assessing its current family rules for fighting.

1. Discuss how the family fights and in what ways members could change their interaction to fight fair.

Explain that all families argue at times. Emphasize that families who learn to express their disagreement in a less abusive, less hurtful, and nonthreatening way, using respect for all members, can actually become closer following a disagreement. The FSP team member(s) should be mindful of religious and cultural considerations. Reinforce the elimination of name-calling; violence of any kind, including threats and intimidation; and other counterproductive behaviors that increase family problems.

2. Determine what rules exist in the family.

Ask the parent/caregiver(s) to refer to the ***Parent/Child Contract*** handout.

Step 1: Ask the family what rules exist in the family and how consistently they are applied. Ask what the consequences are for following or breaking the rules in the family. Discuss what would happen if families did not have rules.

Discussion. Introduce fair-fighting rules and give examples. Discuss why they are important in a family. A fair rule is developed for the benefit of the recipient, not the rule maker. The rule benefits the recipient's physical, emotional, mental, and social development. Adolescents are much more likely to adhere to fair rules because the rules are rational and in the adolescent's best interest. It is hoped that the family will already have some rules that are fair. Explore family rules that are "fair" and productive. Ask the members to give examples. Try to get all members to respond; however, take care not to be intrusive. Exploit these, and reinforce the family's strengths.

Step 2: Discuss with the family which rules are unproductive, unnecessary, or counterproductive.

Discussion. Explain that some rules are established for the rule giver with little consideration for the one who must obey the rule. Point out, that "unfair rules" usually develop from strong emotion, frustration, or an urgency to "do something." Take extreme care when discussing these issues or parental authority

can be undermined. Honor cultural considerations. Steer the discussion to the benefits of eliminating unproductive rules and ways to accomplish this goal.

Step 3: Work with the family to develop one or two new productive rules.

Discussion. Guide the family into correcting unproductive rules and in developing "new," more helpful ones. First, ask the family to write down the top five rules in the house then discuss whether these rules are fair. If there are no rules, have the family develop one. If there are rules, have the family agree on one that everyone feels is most fair. If necessary, help the family develop or modify a rule. Write the rule down for the family to keep.

Step 4: Ask the family to determine the consequences for failing to follow the rules.

Try to get all family members to verbalize their understanding of the consequences of rule infraction.

Discussion. Guide the family members in determining the consequences for failing to follow productive rules. Record these on the document with the new rule.

Let the parent/caregiver know that the YPOIII will be discussing the ***Parent/Child Contract***, as developed during this FSP Team Meeting, with the juvenile. The contract will also; be discussed among the parent/caregiver and juvenile during the next phone call home; however this discussion will only serve to review the established family rules and consequences. The juvenile will have an opportunity to provide feedback during the third FSP Team Meeting.

3. Discuss family commitments to change.

Discussion. Solicit family members' commitment to work on communication with one another, to be respectful of each other's roles, and to adhere to the agreed upon family rule(s).

4. If necessary, provide the parent/caregiver with a *Community Resource List*.

FSP Team Meeting 3:

Relapse/Delinquency Prevention & Success Planning

General Overview – The third team meeting is the first meeting with the juvenile back in the parent/caregiver's home. This meeting focuses on assessing the progress of juvenile and the family as a unit, in addition to encouraging the family to reaffirm its commitment to the ***Family Success Plan*** (presented in PE session 2). The parents/caregivers, juvenile and other (in-home) family members should summarize their observations and feelings about the progress the family and juvenile is making, including successes and difficulties they encountered. The family reviews and revises its family vision/mission statement. The family also reviews its progress in fighting fair, following the new productive rule(s), and solving problems. If community-based services have been established for the family, the FSP team member(s) should review progress and answer any questions or concerns (to the best of their ability). If additional community-based services are needed, the FSP team member(s) should take the necessary steps to obtain a referral.

Rationale – Assessing the progress of the individuals and the family as a unit provides positive reinforcement for everyone as well as a chance to make necessary changes in the family goals. Getting the family to reaffirm its commitment to the *Family Success Plan* will help prepare the family if there is a slip in progress.

Materials –

Handouts (to be used if necessary):

- *Parent/Child Contract*
- *Family Success Plan*
- *Community Resource List*

Goal: To respond to any concerns or questions, if necessary.

1. Ask how each family member is doing since the juvenile's release.

It is important to avoid allowing the family members to make unrevealing responses (e.g. "fine," "great"). Ask how each is doing, in what ways things are improving, and what is different. This discussion helps the FSP team member(s) to identify any potential issues or address existing issues, as well as helps the family increase communication skills. Focus on how each individual family member is doing as well as how the family as a unit is doing.

Goal: To provide the family with the opportunity to solve any problems that may have arisen over the past weeks that affects the mission statement and overall transition of the juvenile.

1. Ask the family to review their family vision/mission statement (completed in FSP Team Meeting #2) and *Parent/Child Contract*.

Reaffirm the commitments made by all members of the family in the last visit regarding who they are, what they want to accomplish, and how they will accomplish their goals. Allow the juvenile to provide feedback on the ***Parent/Child Contract*** and discuss how the contract is working. Then identify any problems that may have arisen since the last FSP team meeting. Have each member present possible solutions. Explore the practicality of each solution and determine whether it is in line with the family's goals.

Then discuss the juvenile's transition progress.

Goal: To increase the parent/caregivers' and family units' ability to self-assess and adjust their behaviors to increase positive outcomes.

1. Explore problems with communication experienced since the last FSP team meeting.

Ask family members how they resolved the problems or what new techniques were used to improve communication.

If necessary, review listening skills and using "I" statements.

2. Review overall progress with parent/caregiver, juvenile and other family members.

Discussion. Ask the family to describe any disagreements since the last meeting and how the incidents were handled. Identify ways family members followed the fair-fighting rules and ways in which they did not. Seek suggestions from the parent/caregiver and family members on ways to respond to any concerns or questions and methods for improvements.

Goal: To reinforce the necessity for all family members to support the transition of the adolescent and to provide sources for support if stress, relapse or delinquent behavior occurs.

1. Solicit from family members how they would know whether the family or the juvenile is relapsing or involved in delinquent behavior.

Disscusion. Review and discuss the completed ***Family Success Plan*** that was initiated in PE session 2.

Have the family members take turns identifying with a family goal and express his or her individual commitment in the following areas: communication, fighting fair, trust, healthy habits, healthy activities, and social activities.

Solicit from all members' ways they can make one another aware of problems and issues before they become overwhelming. Members must agree to help one another without criticism. Review with all members how they wish to be approached if they need to be confronted.

Discussion. Reinforce the necessity of the entire family's effort in the transition process. Guide the family in a discussion that restates the individual and family "triggers" and how to recognize them. Finally reinforce that the parent/caregiver(s) and adolescent's participation in community-based

services or support groups can play an important role in increasing positive outcomes for the adolescent and family.

2. Review the *Family Success Plan*, and have all members sign it.

Provided all family members agree on the ***Family Success Plan***, have them each sign to demonstrate their commitment to success.

3. Review with the parent/caregiver and family members the names of people who can assist and support them in times of stress or relapse.

Ensure the parent/caregiver has the FSP team member(s) contact numbers. If necessary, provide the parent/caregiver with the community resource/services list or identify support groups for the parent/caregiver. Encourage the parent/caregiver to identify one or two people within their social network that they can turn to for advice, comfort, or encouragement. These people could be members of religious organizations, family, friends, teachers, or neighbors. If the parents/caregivers have a limited social network, encourage them to widen their support system in other positive ways (e.g., getting involved with the local YMCA, gym, or school).

4. If necessary, provide the parent/caregiver with a *Community Resource List*.

FSP Team Meeting 4:

Review Progress & Transition Support

General Overview – The fourth team meeting is the second and final meeting with the juvenile back in the parent/caregiver's home. This meeting focuses on assessing the progress of the juvenile and family unit and ensuring community-based services or support groups are established for a continuum of support. If additional community-based services are needed, the FSP team member(s) should take the necessary steps to obtain a referral and schedule one additional team meeting to ensure the service is working well for the parent/caregiver and/or adolescent.

Rationale – Completing commitments is an essential part of ensuring successful transition. Assessing the progress of the juvenile and the family unit provides positive reinforcement and allows both to make adjustments to their goals. Reviewing the *Family Relapse Prevention Plan* underscores the importance of ongoing family growth and commitment.

Materials –

Assessments:

- *Parent/Caregiver Post-Survey*
- *FSP Exit Survey*
- *Juvenile Impact Survey*

Handouts (to be used if necessary):

- *Community Resource List*

Goal: To assess progress of the juvenile and the family unit during the transition process.

1. Ask each the juvenile and parent/caregiver(s) (and any participating family members) to evaluate their progress, express concerns or fears for the future, and ask questions.

Reemphasize and "normalize" that change includes stops and starts and that the transition process may have setbacks as well as progress.

Goal: To review helpfulness of community-based services and ensure the family's individual needs have been addressed.

1. Ask for feedback on the community-based services being utilized by the parent/caregiver or juvenile.

Discuss the services being received and whether they are useful. If additional services are necessary, discuss the various options.

Closure

If this is the last FSP team meeting, congratulate each participating family member on their commitment to learn new skills and techniques relevant to family functioning. Praise the parent/caregiver for seeking additional support and services, for the time they committed to attend PE Sessions, for opening their

home to the FSP team member(s), and acknowledge the hard work they took to increase the successful transition of their child. Finally, reiterate that there will always be help available to the parent/caregiver, juvenile, and family – that families who ask for help are doing the right thing for the entire family unit.

Ask the parent/caregiver to provide feedback on the FSP by completing the ***Parent/Caregiver Post-Survey*** and ***FSP Exit Survey.*** Ask the juvenile to complete the ***Juvenile Impact Survey.*** Collect both parent/caregiver feedback surveys and the juvenile survey.

SECTION 4: CASE MANAGEMENT

To engage and keep the parent/caregiver(s) involved in the Family Support Program (FSP), a case management model was developed. The model of case management is designed primarily to:

- Engage the family in the juvenile's treatment process
- Assist families in overcoming barriers to program participation
- Identify appropriate community-based service and treatment needs
- Make referrals to community-based services and support groups
- Monitor juvenile and family progress
- Provide motivational enhancement
- Prevent parent/caregiver(s) from dropping out of the program

The FSP team members have the responsibility for engaging the parent/caregiver in the program and preventing them from dropping out of it. The team addresses a broad and comprehensive array of barriers to participation and achievement of goals. As barriers arise, the team members must develop alternative or creative strategies for achieving desired outcomes.

Research findings suggest that attrition prevention in the early phase of a program ought to focus on motivation ambivalence, scheduling conflicts, and other impediments to continued involvement (Roffman et al., 1993). DeLeon and colleagues (1994) view the risk of dropping out as a function of readiness and motivation and suggest that motivation can be enhanced through prompt intervention. In later stages of a program, efforts to lessen the possibility that the participant will drop out should focus on understanding and dealing with the participant's dissatisfaction with the program (Roffman et al., 1993).

Henggler and colleagues (1996) found that dropout rates could be lowered by increasing the accessibility of program services and by placing the responsibility for program engagement on the service provider. Therefore, a key responsibility of the FSP team members is to engage the parent/caregiver(s) in the program and to overcome obstacles to receiving the services provided through the program.

Additional program features that have been found to lower dropout rates included frequent contact with the participant, provision of concrete services, and high levels of commitment to and respect for the participant(s) (Henggler et al., 1996). All FSP team members should demonstrate respect for the religion and culture of the parent/caregiver, juvenile, and participating family members.

In the case management model utilized, services must be individualized to meet the unique and fluid needs of the juveniles and their families. The FSP team members serve as a catalyst to identify and refer to appropriate community-based services and/or support groups. It will be up to the parent/caregiver to follow-through with enrollment and participation. The FSP team members will provide encouragement and support to ensure the parent/caregiver(s) and juvenile obtain the services they are referred to.

OVERVIEW OF PROCEDURES

The YPOIII should be the point contact when the juvenile is in secure care. They should establish contact with the parent/caregiver(s) of the juveniles eligible to participate in the FSP. Upon release of the juvenile from secure care, the YPO becomes the point contact and maintains contact with the parent/caregiver (see Exhibit 3). All FSP team members should utilize motivational strategies (learned through Motivational Enhancement Therapy and/or Motivational Interviewing) to overcome the reluctance of parents to participate. Strategies include eliciting positive decisions, assistance with transportation, and other services to overcome barriers. For example, an excuse by parents/caregivers about their inability to attend a PE Session is met with this response, "No problem. You can make-up the PE Session between now and X date over the phone." Another excuse from the family may be, "We can't afford bus fare to get there." A response may be, "No problem. I can get you a bus pass." Telling the parent/caregiver that you want to work with them to accomplish a successful outcome for their child and family is a motivational enhancement therapy/cognitive behavioral therapy (MET/CBT) approach that can maintain engagement.

Missing a single PE session or team meeting should trigger immediate efforts by the FSP team members to contact the parent/caregiver(s). The goal should be to find out the reason the parent/caregiver missed the PE session or team meeting and develop a strategy for keeping them engaged in the Family Support Program. These efforts will significantly increase the number of parents/caregivers completing the program thus enhancing favorable outcomes for both participants and the program.

Exhibit 3. FSP Point of Contact

Supportive Case Management

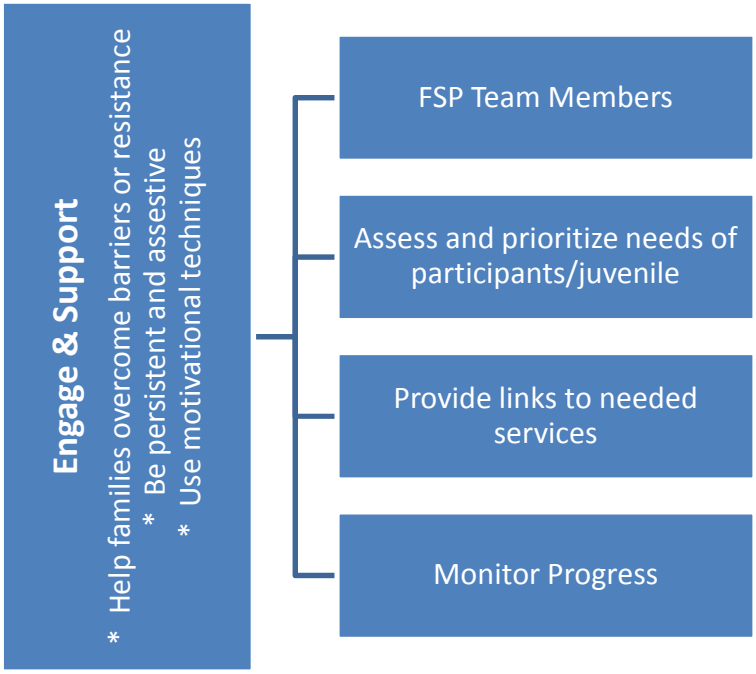
A goal of supportive case management is maintaining frequent contact with the parent/caregiver and juvenile. Regular progress monitoring by telephoning the family between FSP team meetings is necessary. Face-to-Face contacts between team meetings may also be necessary if the family needs are complex.

Use of the team meeting guides as well as referrals to community-based services should be individualized to fit the unique needs of each family. The amount of FSP material delivered (goals within the team meeting guides) and intensity of services they receive depends on need. For families with multiple and complex needs, the FSP team member(s) can expect to deliver all of the goals within the team meetings and will likely need to identify more than one community-based service or support group. The most critical needs should be addressed first. Once referrals are made, the FSP team member(s) is responsible for monitoring the progress of the juvenile placement/services only – the parent/caregiver(s) are responsible for keeping their service appointments. Offering encouragement and ensuring the referral is a good match should be the only follow-up the FSP team member(s) does with the parent/caregiver.

Upon the juvenile's release from secure care and depending on need, the juvenile may be placed in a residential setting outside of the home. FSP team meetings and FSP participation should continue to improve the outcomes of reunification. Parole Officers should continue to monitor and relay progress of the juvenile.

COMPONENTS OF CASE MANAGEMENT

An important responsibility of the FSP team members is engagement; they should provide motivational support to overcome barriers or resistance to program participation. The FSP team members should use motivational skills at each stage of the process.



Needs Prioritization and Service Referrals

Consistent with the ADJC Policy 4200, the multidisciplinary team should develop the transition plan for the juvenile. Upon completion of the first team meeting, the FSP team members should all be aware of the juvenile's transition plan and parent/caregiver and family needs. If the initial team meeting reveals issues or needs not identified in MDT plan, the information should be shared at the next MDT. Consideration to both the MDT plan and initial team meeting should drive the linkages to community-based services. A resource list of help lines or hotlines should also be given to all FSP participants (at any FSP Team Meeting and PE Session 5).

Other useful support services to achieve or maintain successful outcomes include job placement, counseling, financial planning, independent living skills training, housing services, and other continued support.

The ultimate goal of the Family Support Program is to transition the support and education FSP provides to community-based service providers while still ensuring the juvenile makes progress and the parents/caregivers are empowered to care for themselves. Empowerment requires the FSP team members to educate the parents, prepare them to handle future needs, and teach them to remain focused on the short- and long-term goals they set with their child.

FSP Completion and Transition of Continued Support

The process of the Family Support Program should be explained to the parent/caregiver during the early stages of FSP enrollment (initial contact or team meeting). Several weeks before the end of the program (fourth team meeting), the FSP team member(s) should ensure community-based services are in place.

Let the parent/caregiver know that progress monitoring of the juvenile will continue until the juvenile is released from ADJC jurisdiction. The YPO should be available during "business hours" but also let the parent/caregiver know they can contact Parole on-call anytime there is an issue or concern.

SECTION 5: PARENT SUPPORT GROUP

In an addition to the three service components to the Family Support Program (FSP), parents/caregivers will be encouraged to get involved in a community-level support group. All ADJC parents/caregivers will be invited to enroll and participate in a parent support group as identified by the Family Service Coordinators. It is not required that FSP participants enroll in a community-level parent support group.

SECTION 6: PIOLT DESIGN

Pilot Objectives:

- Assess the success of proposed engagement and retention approaches
- Assess response to the interventions
- Collect preliminary data
- Identify the most appropriate outcome measures
- Determine what additional resources are needed for full implementation
- Assess case management approach
- Identify what works, what doesn't work, and what needs additional work

Pilot Duration: Ideally, the pilot will last for one full cycle of FSP with a sufficient sample size (at least 10 primary caregivers enrolled); however, because the program is voluntary and in order to fully observe the effects, additional FSP pilot cycles may need to occur. To prevent participants from missing crucial FSP steps, enrollment will remain closed and any required subsequent FSP pilot cycles will start following the close of the previous cycle.

Staff Involved/FSP Team Members

1 Psychologist, TBD

1 Psych Associate from each Unit (Hope & Crossroads)

- HOPE: TBD
- CROSSROADS: TBD

3 YPOIIIs from each Unit (Hope & Crossroads)

- HOPE: Kendra Homsher & Rita Jabczenski
- CROSSROADS: Michael Palmer

2 Family Service Coordinators from Maricopa County Western Regional Parole Office

- Susan Lucio
- Delia Consentino

2-4 Parole Officers

- Jill Lisowski
- Craig Massey
- Stephanie Jorgensen

Units Involved:

Crossroads - Core Programming Unit

Hope -Intensive Chemical Dependency/Co-Occurring Unit

Eligibility Criteria: Primary caregiver(s) of juveniles that meet the following criteria:

- At least 3 months left before 18th birthday
- At least Stage II
- MRD has passed or is within 3 months from FSP enrollment date
- Not CPS involved
- Resides in Maricopa County

Pilot Problem Tracking, Resolution and Support: During the course of the pilot, the FSP team will meet weekly to ensure all members are on the same page and that the appropriate steps and notifications occur. The FSP Coordinator will be responsible for resolving issues, questions or concerns brought to her attention.

Obtaining Feedback: Obtain information about the FSP design and the pilot process, including information about:

- FSP development process
- Training
- FSP documentation/tracking
- Communication issues
- Engagement/motivation issues
- Overall problems encountered
- Potential improvements

Gather feedback from staff, caregivers, juveniles and workgroup members involved in FSP design and pilot through a variety of means, including:

- FSP exit survey with primary caregiver(s)
- Staff debrief session
- Juvenile (of caregiver(s) enrolled) surveys
- Utilization reports

Pilot Evaluation: When the pilot is complete, obtain data and feedback from a variety of sources (see above) and through several means to evaluate whether the delivered design meets the design specification and measures of success, including:

1. Engage families
    - Number of families enrolled in FSP
2. Increase caregiver knowledge of ADJC services and resources
    - Determined through a pre- and post-test on caregiver knowledge of ADJC services and resources (see Appendix B: FSP – Parent/Caregiver Pre-Survey & Post-Survey)
3. Increase understanding of juvenile/family needs among ADJC staff
    - Number of ADJC staff involved in FSP
4. Improve caregiver behavioral management skills
    - Determined through a pre- and post-test on caregiver knowledge of appropriate parenting/behavior management skills (see Appendix B: FSP– Parent/Caregiver Pre-Survey & Post-Survey)
5. Increase involvement in appropriate community services
    - Determined by community service referrals and attendance reports
6. Increase caregiver's understanding of adolescent behavior change

    - Determined through a pre- and post-test on caregiver knowledge of adolescent behavior change (see Appendix B: FSP– Parent/Caregiver Pre-Survey & Post-Survey)
7. Increase parent/guardian/family participation in juvenile's treatment plan
    - Measured by MDT, JCRB attendance and FSP enrollment.
8. Reduce recidivism
    - Measured as the return to custody (ADJC or ADC) following the juvenile's release from secure care – 12 months after release.
9. Participant Feedback (see Appendix B: FSP – Parent/Caregiver Exit Survey; FSP – PE Session Evaluation; PE Session Evaluation – Instructor; FSP – Juvenile Impact Survey)

SECTION 7: REFERENCES

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APPENDIX A. FSP COORDINATOR RESPONSIBILITIES

APPENDIX B. ASSESSMENTS/SURVEYS

APPENDIX C. PE SESSION 1 HANDOUTS

APPENDIX D. PE SESSION 2 HANDOUTS

APPENDIX E. PE SESSION 3 HANDOUTS

APPENDIX F. PE SESSION 4 HANDOUTS

APPENDIX G. PE SESSION 5 HANDOUTS

APPENDIX H. FSP TEAM MEETING HANDOUTS