

# Enhancing Family Involvement in Residential Treatment Services

Presented by:

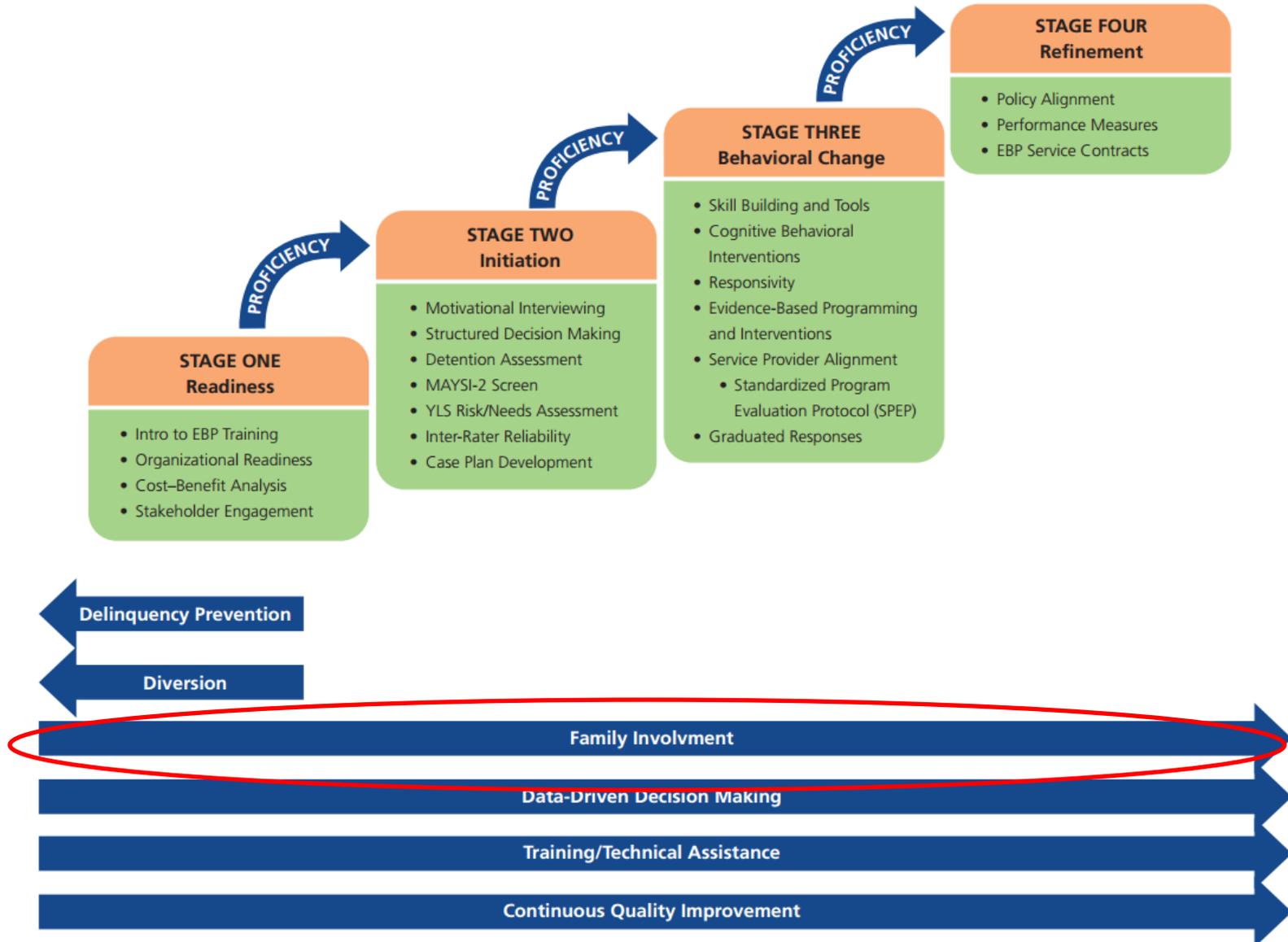
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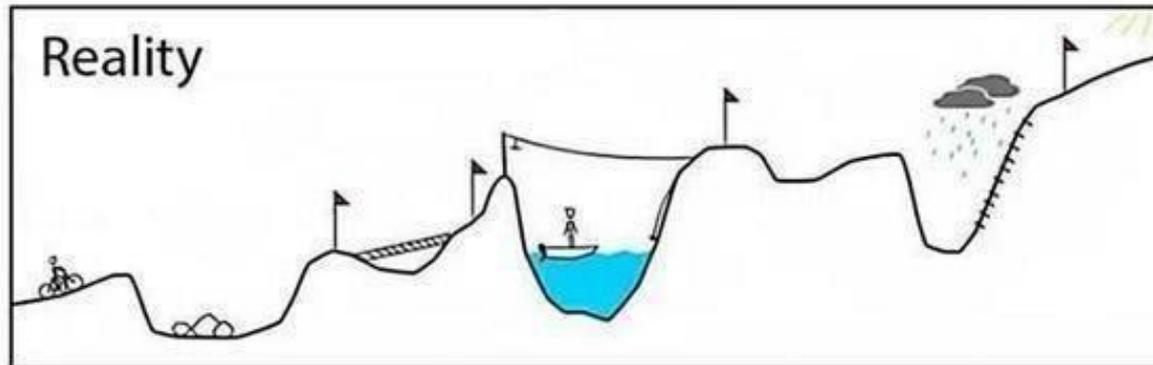
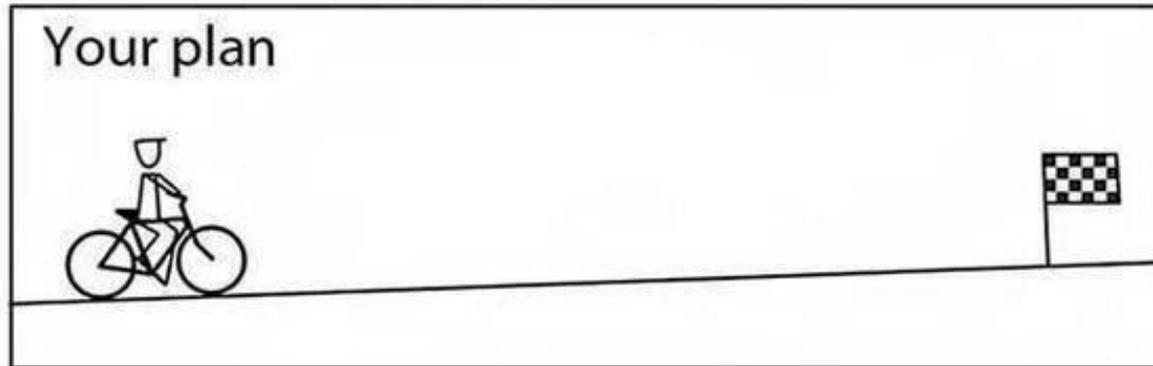
# Collaborative Partnership Project

- *PA Bureau of Juvenile Justice Services*
- *Youth Forestry Camp 3*
- *Loysville Youth Development Center*
- *North Central Secure Treatment Unit*
- *The Pennsylvania State University*
- *funded through Pennsylvania Commission on Crime and Delinquency*

# Juvenile Justice System Enhancement Strategy



# Family Involvement



# Problem Areas for Family Involvement

- What are a few areas that cause problems for you when trying to involve families?

# Problem Areas Identified for YDC/YFCs

- Parents cannot always get to facilities to visit youth
- Parent/Counselor relationship can be somewhat adversarial (us-them mentality)
- Parents and youth are often disconnected because of youth behavior
- Lack of information being provided to parents about treatment for youth
- Calls from counselors to parents/caregivers are often reserved for when there is a problem
- Weekly phone calls with youth not typically therapeutic or informative for parents

# What families see...



Citizens

Juvenile Justice Services

Youth Development Center / Youth Forestry Camp System

## Youth Development Center / Youth Forestry Camp System

### FACILITY LOCATIONS

#### BJJS ADDRESSES

##### BJJS Central Headquarters

Forum Building, Third Floor  
607 South Street  
Harrisburg, PA 17120

### YDC/YFC PROGRAM ADDRESSES

Loysville Youth Development Center  
10 Opportunity Drive  
Loysville, PA 17047-9754

North Central Secure Treatment Unit  
13 Kirkbride Drive  
Danville, PA 17821-9608

South Mountain Secure Treatment Unit  
10056 South Mountain Road  
Box 374  
South Mountain, PA 17261-0374

Youth Forestry Camp #2  
Hickory Run State Park  
White Haven, PA 18661

Youth Forestry Camp #3  
4534 TarKlin Road  
James Creek, PA 16657

### YDC/YFC CENTRAL REGION PROGRAMS

Youth Forestry Camp #3  
(YFC 3)  
  
50-bed open residential facility located on the grounds of Trough Creek State Park in Huntingdon County.

#### PROGRAMS:

**First Step:** 12 week program for delinquent youth with substance use disorders.  
**B-Dorm:** 2 – 6 month program addresses criminogenic needs with focus upon career, academic, technical training.

#### PRIMARY SERVICES:

- Hazelden's, "A New Direction", AND
- Rational Emotive Behavior Therapy (REBT): An evidence-based cognitive behavioral therapy based on the premise that people are disturbed cognitively, emotionally, and behaviorally.

# Framing work with families

## **Caregivers are the same as us in that they are:**

- Tired
- Busy
- Wanting things to be different for their child

## **Caregivers may be different than us too:**

- Lower reading/education level
- Not familiar with the system
- Unsure of their role while their youth is in residential services

# The Family Involvement Project

*A partnership between Penn State, YFC3, LYDC, NCSTU, and BJJS*

<i>Activities</i>	<i>Targets</i>	<i>During Placement Outcomes</i>	<i>Short Term Outcomes</i>	<i>Long Term Outcomes</i>
<p><b>Structured, technology-facilitated connections between LYDC/YFC3 youth and their families</b>  <i>~Use of structured call format to increase positive family communication and parent knowledge of activities in facilities</i></p> <p><b>Staff encouragement of family involvement-</b>  <i>~Introductory Phone script</i></p> <p><b>Increased structured communication with families re: youth services</b>  <i>~Brochures for facility and for CBT programs</i>  <i>~Weekly pre-call check-in</i></p>	<p><b>Relationship between youth &amp; family</b></p> <p><b>Relationship between family &amp; staff</b></p> <p><b>Buy-in from families</b></p> <p><b>Family knowledge about youth services</b></p>	<p><b>Increased/improved family involvement in youth's treatment</b></p> <p><b>Increased family input and support for aftercare plan</b></p> <p><b>Increased family participation at MCPC &amp; MDT meetings</b></p> <p><b>Decreased youth depression</b></p> <p><b>Decreased youth behavior problems</b></p>	<p><b>Improved reintegration with family</b></p> <p><b>Increased completion of treatment goals</b></p> <p><b>Improved educational outcomes for youth</b>  <i>~ Test scores, completion of certificates/GED</i></p> <p><b>Increased compliance with aftercare plan</b></p> <p><b>Recommended release in shorter time period</b></p> <p><b>Improved family view of juvenile justice system</b></p>	<p><b>Reduced recidivism</b></p> <p><b>Increased cost savings to court and community</b></p>

# 4 Components

Structured Initial  
Contact with  
Families

Structured Weekly  
Communication-  
Counselor/Parent  
Youth/Parent

Brochures to  
Encourage Family  
Engagement

Questionnaires to  
understand and  
monitor progress

# ***Parent Communication Brochures***

- a. **Brochure describing service components offered at Development Centers** to allow for a “view” of the facility.
- b. **Brochure describing components of CBT treatment**, including “key terms” to allow family members to begin learning the “language of change”.

*All brochures are to be sent out separately from other large packets in a hand written envelope. All brochures should have a handwritten note from the counselor or other facility staff.*



# Why personalizing works...

Michelle McCaffery  
5500 NW Central Dr.  
Houston TX 77052



PRESORTED STANDARD  
CLASS A MAIL  
HOUSTON, TX

*A special invitation*

# ***Parent Communication with Counselor***

a. ***Motivational Introductory call script*** to be used with parents that explains information about facility as well as encouraging the parent to engage with the counselor to support youth.

b. ***Weekly 5 minute pre-call check-ins*** scheduled before the weekly call for the youth that allow the parent to receive information about the youth's progress without the youth being present.



# ***Motivational Introductory Call Script Elements***

1. Counselor introduces self
2. Counselor shares about positive attributes of facility (special services, special training)
3. Counselor asks questions of caregiver about youth (puts parent in role of expert)
4. Counselor uses “joining” language to discuss goals for youth (e.g.- “We” statements)
5. Counselor acknowledges importance of having parent be a part of services and encourages ongoing involvement

# ***Pre-Call Check-In Purpose***

Purpose of the call is to:

- **Support Caregiver/Counselor relationship**  
(Caregiver should hear from you for good reasons too!)
- Ensure **you and Caregiver are on the same page** for supporting resident
- Ensure **Person is available** to speak to youth
- Make call for youth and caregiver as helpful and therapeutic as possible (serves as a **buffer for bad news**)
- In beginning, counselor can **remind parent of how structured call will go.**



# ***5-minute Pre-Call Check-In Elements***

1. Starts with a **compliment of the youth** no matter how small
2. Briefly talk about youth's **progress on goals**
3. Briefly share about any **recent set-backs with a focus on NORMALIZING** and how you are holding youth accountable
4. Invite **caregiver questions**
5. Finish by **encouraging parent to be supportive of youth**



# ***Improving Parent/Youth Communication***

***Weekly structured maximize quality of interactions:***

- a. ~10 minute calls are **conducted within the context of the individual counseling session** to allow for counselor debrief of family call afterward.
- b. Calls are ***conducted via speakerphone*** by the counselor.
- c. Calls are ***structured*** to assure that the youth is updating the caregiver on pertinent issues.



# ***Parent/Youth Structured Call Elements***

1. Counselor repeats **compliment** about youth while youth is present
2. Youth shares about their current **level** in their unit/dorm.
3. Youth shares about current **school/work** experiences
4. Youth shares about **counseling** services
5. Youth shares **information** about week
6. Youth asks questions about **home**.
7. Parent offers **compliments**.
8. Encourage parent and youth to say **“I love you”**



# ***Parent/Youth Structured Call Purpose***

Purpose of structured call is to:

1. Help youth **process information more deeply** by sharing what they are learning with caregiver
2. Compel **youth to commit to change by sharing goals**
3. Give **parents language/information about changes** youth is trying to make (e.g.- CBT key terms)
4. Develop **youth communication skills**
5. **Model effective monitoring** for caregiver through clarifying questions with youth
6. Make **parent-youth relationship stronger** and more positive



# ***Structured call FAQs***

- **Calls should be conducted with the primary support person for the youth** (e.g., person they will live with when they leave facility), this may not always be parent
- Ideally it is done with the same person every week, however, **if same person is not available every week, consider alternative support people** (older sibling, aunt, preferably *not* GF)
- If youth has **two parents, you may alternate which parent they speak with**, or involve both at the same time.
- **Primary support person may change** through the course of services as release resources change.



# DATA TOOLS



# Weekly Phone Call Ratings

- Measures activities that are supposed to be happening in each phone call
- Captures the tone of the phone call and the youth's emotional state related to it
- Ratings of youth/caregiver relationship
- Ratings of counselor's relationship with parent
- Useful for tracking fidelity

## Weekly Structured Family Phone Call Rating Form

Facility:  YFC2  YFC3  LYDC  NCSTU  SMSTU Unit/Cottage: \_\_\_\_\_

Youth name: \_\_\_\_\_ ID#: \_\_\_\_\_

Parent/Caregiver name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Counselor name: \_\_\_\_\_

Date of telephone call: \_\_\_\_/\_\_\_\_/\_\_\_\_ Length of telephone call (in minutes): \_\_\_\_\_

Pre-call check-in with parent done?  Yes  No

Call done by:  Conference Call  Speakerphone  Skype/video conference

For this conversation, rate the following statements by placing an "X" in the best box.

		Not true	A little true	Somewhat true	Very true	No voc. school
1	The youth talked about his/her level and what he is doing to move up.					
2	The youth shared information about his/her progress in school or vocational training.					
3	The youth shared information about his/her counseling groups and/or sessions.					
4	The youth gave detailed answers to the parent/caregiver's follow-up questions.					
5	The youth asked the parent/caregiver questions about what was happening at home.					
6	The parent/caregiver and youth seemed to struggle to find something to talk about.					
7	The youth seemed defensive or on edge while talking to the parent/caregiver.					
8	The conversation seemed positive and warm.					
9	The youth was in a good mood at the end of the telephone call.					

If you are the primary counselor:

N/A, not primary counselor

Please rate this youth's relationship with this parent/caregiver:

Very Bad	Okay				Very Good				
1	2	3	4	5	6	7	8	9	10

Please rate your relationship with this parent/caregiver:

Very Bad	Okay				Very Good				
1	2	3	4	5	6	7	8	9	10

# YLS Aligned Youth Daily Ratings

Personality/Behavior	Youth Attitude/Orientation	Youth Peer Relations/Functioning
<p>Domain Characteristics include: Inflated self-esteem, physically aggressive, tantrums, short attention span, poor frustration tolerance, lack of guilt, verbally aggressive.</p>	<p>Domain Characteristics include: Antisocial/pro-criminal attitudes, actively rejecting help, defiant of authority, callous, little concern for others</p>	<p>Domain Characteristics include: hanging around with other youth who are getting into trouble, no/few positive acquaintances/friends. Added to category: Having difficulties getting along with other youth.</p>
<p><b>1=</b></p>	<p>Youth exhibited <b>SERIOUS PROBLEMS</b> in this domain, youth exhibited all or almost all of these characteristics.</p>	
<p><b>2=</b></p>	<p>Youth exhibited <b>PROBLEMS</b> in this area, youth exhibited many of the characteristics from this domain.</p>	
<p><b>3=</b></p>	<p>Youth exhibited some of the characteristics associated with this domain, but overall is doing about <b>AVERAGE</b>.</p>	
<p><b>4=</b></p>	<p>Youth is doing <b>WELL</b> in this area, exhibited a few of the characteristics of this domain.</p>	
<p><b>5=</b></p>	<p>Youth is doing <b>VERY WELL</b> in this area, exhibited none of the characteristics from this domain.</p>	

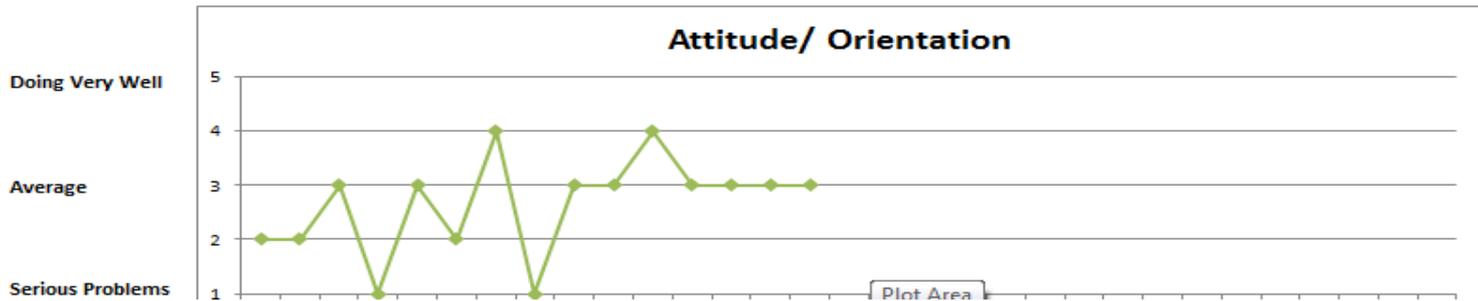
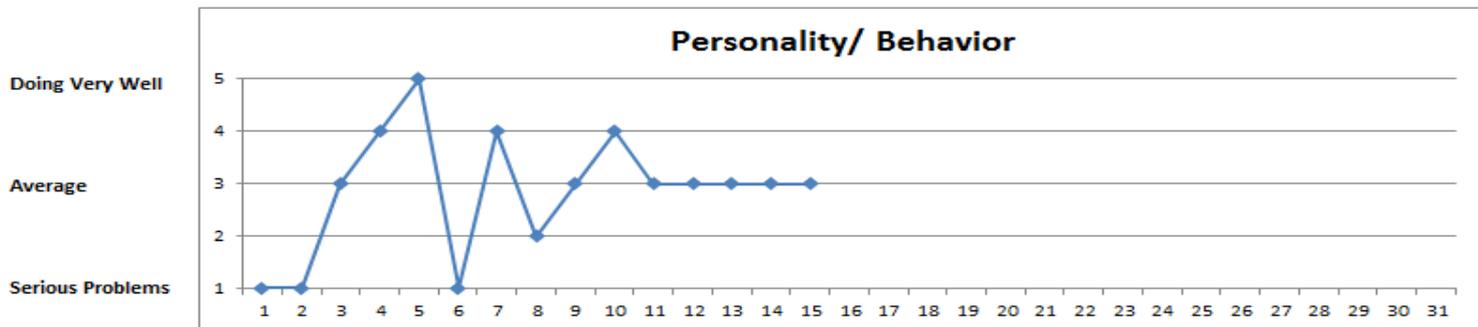
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Personality/ Behavior	1	1	3	4	5	1	4	2	3	4	3	3	3	3	3																	
Attitude/ Orientation	2	2	3	1	3	2	4	1	3	3	4	3	3	3	3																	
Peer Relations/ Functioning	3	3	3	2	2	2	4	3	3	4	3	3	3	3	3																	

**Personality/Behavior Domain includes:** Inflated self-esteem, physically aggressive, tantrums, short attention span, poor frustration tolerance, lack of guilt, verbally aggressive.

**Attitude/Orientation Domain includes:** Antisocial/pro-criminal attitudes, actively rejecting help, defiant of authority, callous, little concern for other

**Peer Relations Domain and Functioning includes:** hanging around with other youth who are getting into trouble, no/few positive acquaintances/friends. Added social functioning item (*not a part of the YLS domain*): Having difficulty getting along with other youth.

<b>The following are rating scales for the domains:</b>	<b>1= Youth exhibited SERIOUS PROBLEMS</b> in this domain, exhibited all or almost all of the characteristics from this domain.	<b>2= Youth exhibited PROBLEMS</b> in this area, exhibited many of the characteristics from this domain.	<b>3= Youth exhibited some of the characteristics</b> of this domain, but overall is doing about <b>AVERAGE</b> .	<b>4= Youth is doing WELL</b> in this area, exhibited few of the characteristics of this domain.	<b>5= Youth is doing VERY WELL</b> in this area, exhibited none of the characteristics from this domain.
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# Strengths and Difficulties Questionnaire (SDQ)

- Measures Youth Conduct, Hyperactivity, and Emotional problems
- Measures Peer Problems and Pro-social Skills
- Given within the first 30 days, 3 months later, and/or at discharge
- Completed by youth and by staff



## Strengths and Difficulties Questionnaire- Staff version

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of this youth's behavior **over the last month.**

Youth Name \_\_\_\_\_ Date \_\_\_\_\_  
 Staff Name \_\_\_\_\_

	Not True	Somewhat True	Certainly True
1. Considerate of other people's feelings	0	1	2
2. Restless, overactive, cannot stay still for long	0	1	2
3. Often complains of headaches, stomach-aches or sickness	0	1	2
4. Shares readily with other youth, for example games or food	0	1	2
5. Often loses temper	0	1	2
6. Would rather be alone than with other youth	0	1	2
7. Generally well behaved, usually does what adults request	2	1	0
8. Many worries or often seems worried	0	1	2
9. Helpful if someone is hurt, upset or feeling ill	0	1	2
10. Constantly fidgeting or squirming	0	1	2
11. Has at least one good friend	2	1	0
12. Often fights with other youth or bullies them	0	1	2
13. Often unhappy, depressed or tearful	0	1	2
14. Generally liked by other youth	2	1	0
15. Easily distracted, concentration wanders	0	1	2
16. Nervous in new situations, easily loses confidence	0	1	2
17. Kind to younger children	0	1	2
18. Often lies or cheats	0	1	2
19. Picked on or bullied by other youth	0	1	2
20. Often offers to help others (staff, teachers, youth)	0	1	2
21. Thinks things out before acting	2	1	0
22. Steals from home, school or elsewhere	0	1	2
23. Gets along better with adults than with other youth	0	1	2
24. Many fears, easily scared	0	1	2
25. Good attention span, sees work through to the end	2	1	0

# Scoring Profile for SDQ

Youth	YOUTH-PRE TEST						STAFF-PRE TEST					
	Emotional Problems	Conduct Problems	Hyper-activity	Peer Problems	Prosocial Scale	Total Problems	Emotional Problems	Conduct Problems	Hyper-activity	Peer Problems	Prosocial Scale	Total Problems
1	2	1	0	0	7	3	3	10	4	2	1	19
2	1	2	3	4	6	10	1	9	3	3	1	16
3	3	6	0	4	7	13	1	5	8	3	4	17
4	4	4	5	0	8	13	3	2	2	4	4	11
5	3	5	6	2	6	16	1	0	2	2	7	5
6	7	2	4	1	9	14	3	0	1	2	8	6
7	1	3	2	0	5	6	7	4	2	4	3	17
8	2	4	3	3	6	12	0	0	0	1	8	1
9	3	4	7	7	5	21	1	2	5	4	10	12
10	2	7	7	2	5	18	4	5	7	5	7	21
11	0	0	0	1	9	1	2	1	5	9	9	17
12	4	4	4	5	9	17	2	7	3	6	4	18
13	4	2	4	2	10	12	2	5	5	1	5	13

Youth 1 is reporting no problems, however his counselor is seeing issues.

Youth 6 is reporting emotional problems, however his counselor did not see any.

Youth 9 is reporting multiple problems, however his counselor only saw peer issues.

# People In My Life (PIML) Questionnaire

*Please mark how true each statement is for you by putting an "X" in the box under the best answer.*

		Never true	Seldom true	Sometimes true	Often true	Always true
1	My parent/caregiver encourages me to talk about my difficulties.	1	2	3	4	5
2	I get upset or angry with my parent/caregiver.	5	4	3	2	1
3	I tell my parent/caregiver about my problems and troubles.	1	2	3	4	5
4	My parent/caregiver helps me to understand myself better.	1	2	3	4	5
5	When I am angry or upset about something, my parent/caregiver tries to be understanding.	1	2	3	4	5
6	Talking about my problems with my parent/caregiver makes me feel ashamed or foolish.	5	4	3	2	1
7	My parent/caregiver doesn't understand what I'm going through these days.	5	4	3	2	1

- Measures Caregiver/ Youth Relationship
- Given within the first 30 days, 3 months later, and/or at discharge

