

YOUTH SUPPORT PROJECT
FAMILY EMPOWERMENT INTERVENTION
Presented by Richard Dembo, Ph.D.

This presentation described the Family Empowerment Intervention project that was developed as a spin-off from the Hillsborough County Juvenile Assessment Center (“JAC”) in Tampa, Florida. The NIDA funded project began in 1993. The JAC is a centralized intake facility where youngsters who are taken into custody are brought for processing. Similar centers are in operation throughout Florida, in Kansas and in a number of other states. The Tampa JAC was the first such center in the U.S.

The existence of the Tampa JAC allowed the development, implementation, and evaluation of this program. One of the purposes of these facilities is to reduce the flow of young people into the juvenile justice system. It is known that youngsters who become involved with the juvenile justice system face challenges in getting appropriate resources and services, and their recidivism rates are very high. It is important to develop programs both to divert kids out of the system and to provide effective services to reduce their recidivism.

In addition to its delinquency component, the Tampa JAC has a truancy program, which works with youngsters who have been picked up for being truant. There are a number of related agencies located on the complex, including the Department of Juvenile Justice, the County Department of Children and Families, the Hillsborough County School Board, local service providers, the Tampa Police Department, and the Hillsborough County Sheriff’s Office. This environment creates many opportunities for collaboration.

The Family Empowerment Intervention relates to a number of key issues and experiences in the field. There has been an increase focus on family. Youth crime continues at very high rates throughout the country. There has been some reduction in youth crime but it is still at a high level in Florida. Florida’s rates of drug use and drug arrests have tripled in the last five years. In addition, there are an increased number of youngsters coming into the justice system who have a co-occurrence of mental health and substance abuse problems.

In-home interventions can be very effective in making a positive difference in youngsters' problem behavior and they are cost efficient. For example, in Florida, it costs \$95 per day to house a youngster in a juvenile detention center for an average of 14 days. The Family Empowerment Intervention is less expensive, costing less than \$1,200 for a family to go through the service. A related issue is that family interventions using paraprofessionals can be very effective. It is already known that professional clinicians are very effective. But a number of experimental studies in the clinical realm have indicated that, for many types of interventions, appropriately trained and supervised paraprofessionals can produce outcomes that are equal to those produced by professional therapists.

In the Family Empowerment Intervention, paraprofessionals called Field Consultants work with the families. Field Consultants were clinically supervised non-therapists with a bachelor's degree and 1 to 2 years' human service experience. They carried caseloads of 5 to 6 families at a time, and were supervised by licensed clinicians. The ideal intervention consists of family meetings with the Field Consultant for ten weeks, with three family meetings per week. The meetings last one-hour, are videotaped with the family's permission, and the recorded information is confidential. The videotapes were brought to weekly clinical supervision meetings during which the clinical supervisor coached the Field Consultant to improve his or her skills. In addition, there were bi-weekly group supervision meetings, and weekly Field Consultant training sessions and project meetings.

In addition to the structured activities of the Field Consultant, there is another component to the intervention, the Activities Manual. Many of these families did not respond well to verbal interventions. The Activities Manual includes one hundred behavior activities that relate to the goals of the intervention. They help to symbolize for the family some of the issues they are experiencing, and become openings for the Field Consultant to do interventions. The Activities Manual has been a powerful and effective tool.

MAJOR GOALS OF THE FAMILY EMPOWERMENT INTERVENTION PROJECT

More often than not, youngsters' behaviors are symbolic of issues their families are experiencing. Usually their troubled behavior reflects many family dynamic issues. In the intervention, the family was defined the people who lived under the same roof with the target youth who have a parenting role; the family does not refer only to the biological mom or dad.

There are nine major goals of the Family Empowerment Intervention. The first goal is to put the parents back on top. Restoring the family hierarchy is critical. Secondly, boundaries between parents and children must be restructured. Many of the families are too involved in the youngster's life, with no separation and no boundaries. Third, parents must be encouraged to take greater responsibility for family functioning. Fourth, family structure must be strengthened through implementing rules and consequences. Often Field Consultants help families to establish a set of rules that are posted at home to remind each member what is expected. The importance of rules and consequences is reinforced at the family meetings. The fifth goal is to enhance parenting skills. Number six is to have parents set limits, expectations, and rules that increase the likelihood that the target youth's behavior will improve.

The seventh goal is to improve communication skills among all family members and to increase their ability to have fun together. Many of these families never spend time with each other. Families are asked to do activities together. For example, one activity is to make a tower out of newspapers. These activities are simple and inexpensive and make use of such items as newspapers, magazines, and crayons. Once families start working on these activities, opportunities are opened for discussing issues and reviewing feelings about issues that otherwise might not be addressed within those families.

The eighth goal is to improve problem-solving skills particularly in the target youth. Moreover, the final goal, where it is needed, is to connect the families to other systems such as schools, community services, and churches. Most often, this involves working with schools. The Field Consultant will accompany the parents and the youth to the school to try to work out some

arrangement to permit the youngster to stay in school while working on overcoming some of the problems of his or her behavior in the classroom. More often than not, the dean or principal is willing to give the youngster an opportunity to show a change. This helps to empower the parents, since many parents feel intimidated going to a school to meet a school administrator. They may feel an inequality of power or unable to speak or share their feelings. Another situation where a "system fix" helps is in contact with law enforcement. For example, one Hispanic family was unable to communicate with an Anglo police officer; the Field Consultant arranged to have a Hispanic officer visit to the family to explain a case involving them and a neighbor, and to explain the probable outcome. This arrangement enabled them to feel more comfortable in their own cultural framework, and to speak with someone who could understand them.

THEORETICAL FOUNDATIONS OF THE FAMILY EMPOWERMENT INTERVENTION PROJECT

The parent intervention project is formed by a number of theoretical threads, with four major theoretical themes underlying the service. One theoretical underpinning is the systemic view that family members are interconnected and interdependent units of a larger system, with each member influencing the others. This includes the understanding that the problem is not only with the juvenile but is symptomatic of the entire family's activities, interactions and experiences.

Secondly, there is a structural theme, with the family organization critical in understanding the family. Family dysfunction is understood as a reflection of difficulties in structure. One of the first goals is restructuring the hierarchy, so that the family is organized with parents on top and children below. This organization of the family is important. For example, who makes family decisions? Often in the family meetings, the parents are asked to sit together to reinforce the importance of who they are. It is also important to understand the family's sub-systems, those small units in a family such as parents or siblings, which are involved with one another. Clarifying these sub-systems helps to make decisions about boundaries. Boundaries are related to setting up rules and expectations, balancing rigidity and vagueness about people's roles, and understanding each member's behavior and what should be expected of them. Alignments, and how family members join or oppose other members, are important in

understanding relationships within the family. The intervention works on strengthening those alignments so that they are more conducive to pro-social family relationships. An alliance between one subsystem in the family (such as siblings) against another subsystem (such as a parent) can be detrimental to the entire family. Alternatively, one parent might be in an alliance with a child at the expense of his or her relationship with the other parent. Those issues are worked on within the context of the intervention. These are examples of the kinds of challenges that are brought to the clinical supervisor who meets with each Field Consultant every week to review their families' situations.

Another major point is that families are viewed from a transgenerational perspective, and many have experiences that echo an earlier family history. One of the first activities, after reviewing the intervention's expectations of the family, is to complete a genogram, which is a structured format for drawing a family tree involving at least three generations. This activity provides the family an opportunity to share with the Field Consultant who they are. Often the genogram brings up issues that become incorporated into subsequent interventions of the Field Consultants. It becomes an opportunity for the family, as the intervention proceeds, to reflect on their response to certain events reflects responses to similar circumstances in the past. The genogram reflects the alignment of the family at the beginning of the intervention. Often, at the end of the intervention, another one is done so that the family may make comparisons.

A genogram also helps engage with the family. One of the critical issues in the interventions is the continuing need for the Field Consultant to become effectively involved in working with the family. The genogram provides an opportunity at an early point to begin to build linkages, and it focuses attention on the whole family, not just the target youth. The families often say, "You fix this kid," when the problem is most often a family issue. Many times, families have to work through that denial to see how they can make an effective difference in the youth's life. In completing a genogram, the Field Consultant gains very valuable information about the family.

Fourth, there is a psychoeducational component, which emphasizes skill-building and behavioral change. The Field Consultant can help by working with the family to improve their life management and interpersonal skills. They can open opportunities in family meetings and

through games and activities to deal with communication issues, such as how to respond to someone, and how you might deal with a problem like working with the schools.

MAJOR PHASES OF THE FAMILY EMPOWERMENT INTERVENTION PROJECT

First, families were asked, usually by telephone, whether they were interested in being part of the project. If they were interested in participating, a research staff member visited them at home to discuss the project, and answer any questions the family had. If they agreed to participate, all families were given baseline interviews, following which they were randomly assigned to either the Family Empowerment Intervention or the Extended Services Intervention (or referral service).

Adolescents were not screened out for clinical reasons such as mental retardation. One of the major reasons for excluding a family was simply geographical location; for logistical reasons, there was a fifteen-mile radius of service. Another reason for screening out a youth and his or her family was, if the youth was arrested in Hillborough County but lived in another county. The family had to live in the county we were serving. If the Department of Juvenile Justice case manager of an arrested youth indicated the youth was going to be placed in a long-term residential facility that youngster was excluded. However, if he or she was taken into custody and sent to a detention center for 21 days, or to jail, he or she was not excluded from the project.

The Family Empowerment Intervention is discussed in detail in this paper; the Extended Services Intervention was basically a referral system. Extended Services, families could call the project office for information about resources available in the community, and project staff would help to connect them with services. At times, reasonable limits were stretched in order to be helpful to the family. In many cases, assistance involved connecting with legal assistance or getting more information for them from the juvenile justice agencies or the State Attorney's Office that was very helpful to them. All families had access to that.

The two types of interventions were explained to the families. Many of the families were jaded by their experience with the justice system and often, when they were told about the

project's service, they did not believe that they could have services at no cost, and they wondered what was the catch.

PHASE 1: INTRODUCTORY PHASE

There were four major phases in the Family Empowerment Intervention. Phase 1, the Introductory Phase, consisted of one or two sessions and included the introduction of the Field Consultant to all the family members. During the first and second session, the Field Consultant would discuss the Family Empowerment Intervention and the supervision design for the project. Intervention procedures were reviewed, signatures were gathered for permission for the videotaping, and timing was discussed. Some families would not allow videotapes but would allow audiotapes. Very few people refused to do either. When they understood the purpose of the video taping, and that the tapes would be destroyed at the end of the project, families were willing to be recorded. Any questions about the intervention were answered, and the completion of genogram was discussed.

PHASE 2: CONSULTATION PHASE

Phase 2 was the consultation phase. During Sessions Two/Three through Sessions Nine/Twelve, the Field Consultant took an active role in opening inquires, participating in the meetings, and helping to demonstrate methods to use in asking and sharing. This included touching on the issues and goals described above. The Field Consultants actively conducted the family sessions.

PHASE 3: FAMILY WORK PHASE

Sessions Ten/Thirteen to Session Twenty-Seven covered the portion of the intervention when the family took the lead role in organizing the meetings, re-organizing ways of communicating, relating to one another, and thinking about family functioning--with attention to the target youth's goals. The Field Consultant participated but was more of a coach. Families could set up their own meetings in addition to the meetings with the Field Consultants. They set up rules and consequences, which they posted, and they set up expectations to monitor change in the family.

PHASE 4: GRADUATION PHASE

The last phase, moving the family toward graduation, took place in the last three sessions. This phase included a review of the intervention experience. It often included showing a videotape of a recent meeting to allow comparison with how the family interacted at the beginning of the intervention. Families saw some very dramatic changes in their lives and they were strongly impacted by witnessing them. This phase also prepared the family for separation from The Family Empowerment Intervention. At the last meeting, there was some sort of celebration, the family received a graduation certificate, and the Field Consultant had a cake or pizza with the family.

Following this, families were called periodically, every month to six weeks, to monitor family functioning and stress levels, and to remind them that the project office was always available for them to contact.

STRUCTURAL INTERVENTION STRATEGIES

A number of structural intervention strategies were used to change behavior. The strategies could change as the Field Consultant engaged with the family in an empathetic manner and joined with a subsystem. These strategies could also change as the intervention proceeded. While specific games, artistic projects, and exercises were taking place, the Field Consultant used skills such as engaging, joining, tracking, being sensitive to significant symbolic expressions by individuals, and to gestures, words and behaviors that open opportunities for focusing on the goals of the intervention.

The family meetings were the critical component. Family members were asked to interact in a typical way and then a discussion was held about that interaction in the hopes of improving it. Circular questioning, a style of inquiry designed to reveal family patterns and connections, was used to invite family members to reflect on issues, explore individual perceptions, and to address concerns in a highly interactive manner. This approach is based on the view that behaviors are systemic, interactional, repetitive and predictable. The systems theme that underlies a large part of the intervention holds that families do not live in a linear world, and that much of what goes on is interaction, with different individuals interacting at different levels

simultaneously, each with cause and effect, and each influencing others at the same time. For example, family members may take turns talking about how they feel about different things and how they respond to what other family members say about certain issues. Another important intervention strategy is reframing. Reframing refers to relabeling a negative behavior by putting it in a positive light. A youngster who is seen as very difficult can be translated as a youngster who seems to be very focused on having some things done in specific ways.

FIELD CONSULTANTS

Critical to the success of this intervention are the Field Consultants who work with the family. The past several years have shown that Field Consultants need certain very important competencies. One is self-directness. Field Consultants, after being trained for a five-week period, are infused with the theoretical foundation and goals of the intervention, the clinical practices and policies of the intervention, and the activities that surround each phase of the intervention. They must have a sense of moving forward and understand what is expected of them. That is reinforced through weekly clinical supervision sessions and a bi-weekly group supervision meeting where each Field Consultant presents a videotape meeting with a family with whom they have a particular challenge. This challenge is presented to the rest of the clinical and Field Consultant staff and other Field Consultants provide coaching on how they responded to the problem, and how effective it was. This is a very empowering experience as well as a skill transfer experience. It also helps Field Consultants identify themselves as a member of a team.

Another important skill is the ability to tolerate ambiguity. There are many responsibilities placed on the Field Consultants to carry out within a 40-hour workweek. They cannot expect that their job will be a 9:00 – 5:00, Monday through Friday job. They may have to work evenings and weekends, since some families have work schedules that necessitate meeting at least some of the time on the weekends. In addition, many of the families served are disorganized and chaotic, resulting in unexpected and unpredictable situations at family meetings.

The Field Consultants must be non-judgmental and accepting, not only in terms of cultural sensitivity, but also by not using their own values to make statements about another

family's way of living or to make decisions about their lives. Also important is having good communication skills, and being able to help articulate and share their own feelings about certain issues. In addition, they must be able to translate the goals of the intervention in ways that the families can understand them. They must have empathy, self-awareness, and an orientation toward action. The Field Consultants took a highly active role in both the structure and the process of the Family Empowerment Intervention. Completing the genogram becomes a basis for sharing with the family. The Field Consultants must be sensitive to the kinds of issues that many of the families are experiencing. The Field Consultants know that their success will depend on making a difference in the lives of these families, and in being an active catalyst in helping to facilitate change. They must have a sense of self-awareness about themselves and their importance in this process. Authenticity is also very important. The Field Consultants must be genuine people and they must meet the families on human terms, since that opens so many possibilities of sharing and communicating and developing trust. Field Consultants are human beings trying to make a constructive difference by their behavior during family meetings, and by being flexible, and showing that they are working to help the families make a difference in their own lives. Training continues throughout the project to help give the Field Consultants empowerment to be effective with the families they serve. If they do not feel empowered, they cannot empower the families.

New Field Consultants participate in a five-week training period. There are two major components to the training manual: one component covers the theoretical foundation of the intervention in clinical practices and procedures, and the other is the activity book. They are trained by clinicians and by experienced Field Consultants. They become aware of community resources and helping agencies, such as Juvenile Court, Public Defenders, and various diversion programs. Before they begin working with a family, they shadow experienced Field Consultants. They help videotape family meetings with that experienced Field Consultant, and they participate in the weekly clinical supervision meetings with the Field Consultants whom they are shadowing.

As they felt comfortable and competent, and with the approval of their clinical supervisor, the Field Consultants began to assume a caseload of no more than six families. They

also continue training, with weekly in-service training and one-and-a-half-hour clinical supervision meetings each week. Part of their training included using the activity book. During their weekly training meetings, they received additional training on systems theory, family and human development, life management, cultural sensitivity issues, HIV and AIDS training, other at-risk issues like substance abuse, and information new drugs of abuse. They also attend off-site training at various conferences or workshops.

Every Field Consultant had a mobile phone and a beeper. These were important to them for a variety of reasons, and it gave them a sense of being empowered in the community to be in contact with the office. They did not feel that they would be out in the community without any back up or support. Extra precautions were taken to deal with safety issues. Field Consultants were expected to check in with the office daily and to keep in regular contact with the office. If they were out in the field for a longer period of time then could reasonably be expected, the office would try to locate them and to beep them to see what was happening. If there was any concern for safety in the family, the Field Consultant was expected to visit the family with another Field Consultant or to hold family meetings at neutral place in the community like a church or daycare center.

The role of the Field Consultant was that of an intervention worker who conducts activities to achieve the nine goals of the intervention. They were helping families learn new life skills, being a role model for communication and interpersonal skills, and acting as a liaison between the family and community agencies.

CATEGORIES OF FAMILIES SERVED

There were four categories of families served by the intervention. One was an “active family” currently being served by the Field Consultant. The second was called “graduation provisionally delayed or on hold.” If a youngster were sent to a short-term secure facility (e.g., jail) and the expectation was that the youngster and family would graduate from the intervention, that family was put on hold. When the youngster was released, the intervention was completed. Families who did not complete the intervention, and for whom there was little expectation they would complete the intervention and graduate, were considered an “inactive” or “closed case.”

This was a voluntary program, not required by the courts or other justice system agencies. Further, a number of families moved. For example, one parent might have lost their job and the family had to relocate.

CLINICIAN SUPPORT AND SUPERVISION

Clinical support during the individual, a weekly supervision meeting was essential since the Field Consultants were paraprofessionals. Clinicians provided concrete instruction, and sometimes referred the Field Consultant to additional training. It was important to continually reinforce the connection between the activities of the intervention and the theoretical foundation and goals of the intervention. How the activities made a difference in the families' lives was continually reinforced.

The clinical supervisor helped to determine the family's intervention phase. As they moved from one phase of the intervention to another, there was an evaluation of the family's achieving the various goals of the intervention. A checklist aided that evaluation, and any decision to move the family to the next phase was supported by a detailed assessment. The clinical supervisor helped the Field Consultant deal with any personal issues that came up in their own life. The clinical supervisor also provided professional and emotional support, served as a sounding board, helped the Field Consultant schedule activities, and continually reinforced the intervention's goals. One critical piece of this work was the importance of insuring treatment integrity. Consistent efforts took place during the entire intervention to ensure that the Field Consultants carried out their work by implementing a theoretically informed Family Empowerment Intervention.

POST GRADUATION

Occasionally families who graduated or who were closed cases would contact us and ask to resume the intervention. If that happened, the family would be contacted to learn more details about what they wanted; and during our weekly project meeting, clinical input would be obtained on how to proceed. At the very least, we assisted these families in contacting appropriate agencies for the services they needed. Occasionally these families were transitioned back into the intervention.

About the Presenter

Richard Dembo, Ph.D., is a Professor of Criminology at the University of South Florida in Tampa. He received his Ph.D. in sociology from New York University. He has conducted extensive research on the relationship between drug use and delinquency; has published a book and over 130 articles, book chapters and reports in the fields of criminology, substance use, mental health, and program evaluation; and has guest edited five special issues of journals addressing the problem of drug misuse. He is a member of the editorial boards of *The International Journal of the Addiction* (recently renamed *Substance Use and Misuse*), and the *Journal of Child and Adolescent Substance Abuse*. He has served as a consultant to the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the National Institute on Drug Abuse, the National Institute of Mental Health, the Center for Substance Abuse Treatment, the Office of Substance Abuse Prevention, and the National Science Foundation; and is a reviewer of manuscripts for numerous professional journals. He is Past-Chair of the American Sociological Association on Alcohol and Drugs. He has extensive experience working with trouble youths in a variety of settings. He has a long-term interest in applying research technology to social problems with a view to improving understanding of these problems, and in developing innovative programs and service delivery systems for high risk youth and their families. He is currently working on a NIDA funded experimental, longitudinal service delivery project designed to implement and test a Family Empowerment Intervention involving high risk youth and their families; and is responsible for the research component of the Hillsborough County Juvenile Assessment Center in Tampa (which he helped develop). He has been a major party in the flow of millions of dollars in federal, state and local funds into the University of South Florida and the Tampa Bay area for various research and service delivery projects addressing the needs of high risk youth, their families and their surrounding communities.

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