Engaging Families: Practical Application and Methods

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Objectives

• Identify characteristics of those families who are hard to reach and/or reluctant to engage in services.
• Help participants to better reach those families who are more difficult to reach, but are in need of appropriate services.
• Motivating Drug Court Participants through Family

Why Engage Families?

• Benefits -
• Challenges-
• Resources, Gaps, Barriers-
Successful Family Engagement

• Voluntary
• Intensive
• Flexible
• Culturally sensitive
• Strengths based
• Responsive

Common Barriers

• Judges’ lack of statutory authority to order parents to participate.
• Work schedule conflicts and inability to take time off.
• Lack of transportation – for parents & children.
• Lack of good parenting skills.
• Parental apathy toward dealing with their children.
Case Management & Engaging Families

- Broker Generalist
- Strengths Based
- Assertive

Broker Generalist

- Intake Assessment by AOD specialist
- Rapid linkage / referral
- Drug testing
- Client Records Management
- Liaison between treatment & courts
- Occasional Monitoring
- High client to case manager ratio

Broker Generalist

Pros & Cons

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- Inexpensive
- Effective for Highly Functional & Motivated Families
- Client Centered
- Treatment Orientation for Court Involved Families

(-)
- Assessment as an event vs. a process
- Band-aid approach
- Limited attention to family needs
- Lack of emphasis on engagement & retention
- Duplication and fragmentation of services
- Possible waste of resources
Strengths Based Case Mgt.

• Intake Assessment by AOD specialist
• Rapid linkage / referral to tx & ancillary services
• Client Records Management
• Liaison between treatment & courts
• Some outreach
• Active integration across disciplines

Pros & Cons of Strengths Based Case Mgt.

(+)
Improved assessment process & focus on co-occurring disorders
More emphasis on motivating clients for change
Some rewards and incentives
Family engagement & client retention
Focus on natural support systems
Improved communication across systems
Increased client accountability
Better case manager / family relationships

(-)
Duplication & Fragmentation of services across multiple systems
Lower standards for success
Victim lens
Client centered
Missed opportunities for prevention

Assertive Case Mgt.

• Intake Assessment by AOD specialist
• Rapid linkage / referral to tx & ancillary services
• Client Records Management
• Liaison between treatment & courts
• Some outreach
• Case mgt. through the family
Contingency Management

- Positive increase behavior
- Reductive decrease behavior

Competing contingencies: We may know the best way to implement contingencies, but the system can’t support them.

Developing a 1 to 1 relationship between behavior and contingencies can be problematic for parents, for systems

Positive Reinforcement

- Target the behavior
- Earn a reinforcer for the desired behavior
- Group attendance
- Showing up for appointments
- Clean UA’s
- Completing Court requirements

Positive Contingencies

- When arranged, can get the desired behavior the quickest
- Creates trust and positive feelings
- Positive contingencies don’t have to be big, just reinforcing
Reductive Contingencies

• Need to work in conjunction with positives
• Not earning a positive is a reductive if the positive is really positive
• Not earning snack for tardy to group
• Not earning points to move toward freedom/independence
• You can then attach graduated sanctions based on measureable behavior

Structure

• Contingency management requires a structure of articulated/expected behaviors
• Try and achieve a 1:1 relationship between behavior and contingency
• Must have a frequent accountability system
• Must have a frequent reward system so that reductive techniques are present as frequent as the positives.

Family Centered Incentive List
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