

Parenting With Love and Limits (PLL) Champaign County, IL Mental Health Board

Research Evaluation

2009-10 Outcomes

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Parenting With Love and Limits (PLL) Research Evaluation

2009-10 Outcomes

Executive Summary

The following report presents an evaluation of the Parenting with Love and Limits (PLL) program implemented in partnership with the Champaign County Mental Health Board (CCMHB) in Illinois. PLL services were provided to two separate populations beginning in 2009: 1) low risk population (front-end station-adjusted youths), and 2) moderate to high risk population (back-end, extended care youths).

A total of 192 youths and families were served by PLL between April 2009 and June 2010. Key findings include:

Family Engagement: PLL substantially engaged families in youths' treatment. Overall, seventy-four percent of the youths and families admitted to PLL successfully completed the program. The completion rate for the low risk, front-end PLL group was 76%, while the extended care group had a 71% completion rate.

Length of Stay: In comparison to other CCMHB community mental health and probation services that typically last on average seven months and 20 months respectively, PLL clients completed treatment in 1.9 months on average.

Emotional/Behavioral Problems: PLL youths demonstrated significant reductions in severe emotional and behavioral problems as measured by the Child Behavior Checklist (CBCL) and the Family Adaptability and Cohesion Evaluation Scale (FACES-IV).

At-Risk Behaviors and Delinquency: The overall recidivism rate for PLL clients was four percent. Among youths completing front-end PLL programming, only one had a formal station adjustment charge or court judgment following release. This compares to a 7% recidivism rate for the PLL extended care group.

Program Accountability

Parenting with Love and Limits (PLL) is committed to the continuous performance monitoring of service delivery to the Champaign County Mental Health Board. To this end, the Justice Research Center, an independent evaluator, was retained to conduct the current evaluation of PLL outputs and outcomes.

Introduction

Parenting with Love and Limits® (PLL) is an evidence-based treatment model¹ for adolescents, aged 10-18, with extreme emotional and behavioral problems. The PLL program combines parenting management group therapy, family therapy, and wound work into one system of care to quickly engage resistant teenagers and their parents. The program has been used to treat a wide spectrum of youths across the country, from low risk diversion populations to more serious moderate and high risk youths. PLL provides community-based services that have been used as an alternative to juvenile commitment, as well as a transition intervention for youths returning to the community from detention or residential programming.

In 2009, PLL partnered with CCMHB to provide services to two groups:

1) Front-End Station-Adjusted Youths

Inclusionary criteria for this group: Adolescents between 10 -18 years of age who are in diversion programs or first-time probation offenders charged with a misdemeanor offense (such as disorderly conduct, theft under \$300, illegal consumption of alcohol by a minor, criminal damage to property, criminal trespass, etc.) and assessed as Low Risk on the YASI assessment tool.

2) Back-End Extended Care Youths

Inclusionary criteria for this group: Adolescents between 10 -18 years of age who are probation violators; repeat offenders; possess a felony charge or serious misdemeanor charge; are part of the foster care system, at-risk for home removal; or designated an SED youth. Typical charges include aggravated battery or assault, residential burglary, robbery, or domestic battery. Youths must also be assessed as Moderate to High Risk on the YASI assessment tool.

PLL for this group will either serve as an *Alternative to Detention (ATD)* to engage, stabilize, and treat the juvenile and their family within the community to prevent the need for detention; OR, will provide a *Transition/Linkage Program* for juveniles from the Juvenile Detention Center (JDC) returning to the community to lessen the likelihood of future re-admissions.

PLL services are intended to facilitate the following:

- **Family Engagement:** Traditional programming for at-risk and delinquent youth often focuses on serving the individual child, with little focus on serving the family;

¹ PLL has been recognized as an evidence-based model by the following research organizations: SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), the Office of Juvenile Justice and Delinquency Prevention-Exemplary Rating, the Center for Substance Abuse Prevention, the Promising Practices Network, and the Florida Department of Juvenile Justice.

- **Successful Program Completion:** Engaging families in the service delivery process enhances treatment and increases the likelihood that youths will successfully complete the program;
- **Reduced Treatment Periods:** Traditional mental health and probation services often require extensive service delivery periods, which is in contrast to brief treatment models using a family-integrated approach; and
- **Successful Youth Outcomes:** Effective interventions implemented with fidelity should result in reductions in youths' emotional and behavioral problems, as well as reductions in delinquent activity.

This report examines program outputs and outcomes for Front-End Station-Adjusted youths and Back-End Extended Care youths receiving PLL services in Champaign County, Illinois in its first year of implementation from April 2009 to June 2010.

Parenting With Love and Limits Model

The Champaign County Mental Health Board partnered with Parenting with Love and Limits to provide services to Front-End Station-Adjusted youths. In addition, PLL was implemented with Back-End Extended Care youths, complimenting the Board's Juvenile Court Alternative Initiative (JCAI). To address the needs of these populations, the PLL model provides intensive services through the following delivery system:

Week	PLL Group	PLL Individual Coaching
Week 1	Group 1: Venting	No coaching first week
Week 2	Group 2: Button Pushing + 	Coaching #1 – Deciding on the Problem to Fix Fast
Week 3	Group 3: Contracting + 	Coaching #2 – Writing a Loophole Free Contract
Week 4	Group 4: Putting the Contract Together as a Group + 	Coaching #3 – Present Typed Contract to Teenager with Role Plays to Practice
Week 5	Group 5: Creative Consequences + 	Coaching #4 – Relapse Prevention: Assess Whether Contract Worked or Tweak Contract So it Will Work Better
Week 6	Group 6: How to Start Liking Each Other Again - Restore Closeness	Coaching #5 – Wound Work: Produce a Wound Workbook and Role Play
Week 7	No Group	Coaching #6 – Relapse Prevention: Determine if Wounds Healed

As illustrated in the grid above, the core skills are provided in group treatment sessions. Family therapy “coaching” then shows the parent and child how to use their newly acquired skills through the use of extensive role plays.

Youth are deemed to have graduated from PLL programming when:

- They have successfully attended 5 of 6 group therapy sessions,
- Attended a *minimum* of 4 family therapy coaching sessions for low risk youth, or 6 sessions for moderate to high risk youth, and
- They meet the graduation criteria of:
 - In home – no reports of curfew violations or running away;
 - In school – no further reports of truancy or failing grades;
 - Out of trouble – no further reports of law violations or problems in the home; and
 - Mental health – stabilization of mental health issues.

Graduating families receive callbacks every 30 days for a period of three months thereafter by the PLL therapist to collaboratively determine if there have been any relapses, and if additional “tune-up” family therapy sessions are needed.

Research Questions

The current evaluation examines five primary research questions:

Question 1: Does the PLL program achieve youth/parent engagement rates of 70% or greater?

Question 2: Does the PLL program achieve lower lengths of stay compared to the current average of seven months for mental health services and 20 months for probation services in Champaign County?

Questions 3: Does the PLL program reduce youths’ severe emotional and behavioral problems (Aggression, Hyperactivity, Bullying, Conduct Problems, Anxiety/Depression, Defiance, and Violence) as measured by the Child Behavior Checklist (CBCL) instrument?

Question 4: Does the PLL program increase cohesion and adaptability in family interactions as measured by the Family Adaptability and Cohesion Scale IV (FACES IV) instrument?

Question 5: Does the PLL program prevent or reduce youths’ at-risk behaviors and delinquency involvement?

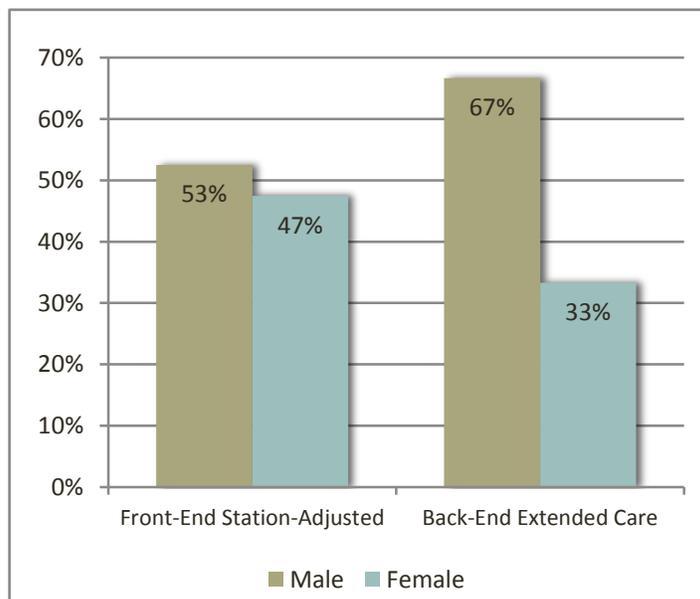
Evaluation Outcomes

The current evaluation examines 2009-10 PLL program outputs and outcomes relative to each of the five research questions. PLL programming was initially provided to Back-End Extended Care youths beginning in April 2009. PLL services for Front-End Station-Adjusted youths began in July 2009. Calculations are presented only for youths and families who commenced services during the 2009-10 evaluation period.² Additionally, while siblings of the primary client are involved in PLL service delivery, they are not included in the numbers reported here.

Characteristics of Youth Served

A total of 192 youths and their families were admitted to the PLL program during the study period. PLL services were provided to low risk youths (Front-End Station-Adjusted), as well as moderate and high risk youths (Back-End Extended Care). A total of 99 Front-End Station-Adjusted youths (52%) were admitted to PLL during the study period. Another 93 youths (48%) received PLL extended care programming. Of the total 192 youths admitted, the majority was male (59%), African-American (50%) and between the ages of 14 to 16 years of age (65%, mean of 14.6 years).

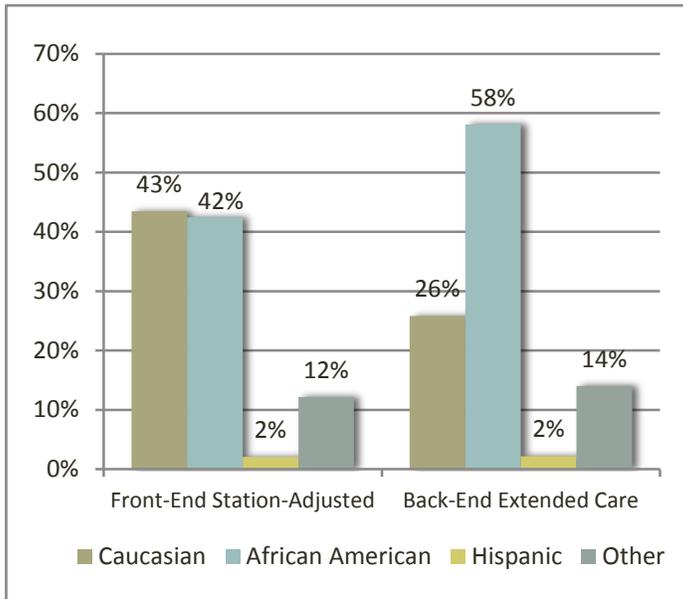
Figure 1. Gender of Youth Admitted to PLL



Males only slightly outnumbered females among the Front-End Station-Adjusted youths served, while two-thirds of those receiving PLL extended care services were male youths. In comparison, the gender composition among juvenile probationers in Champaign County during the same time period was 75% male and 25% female.

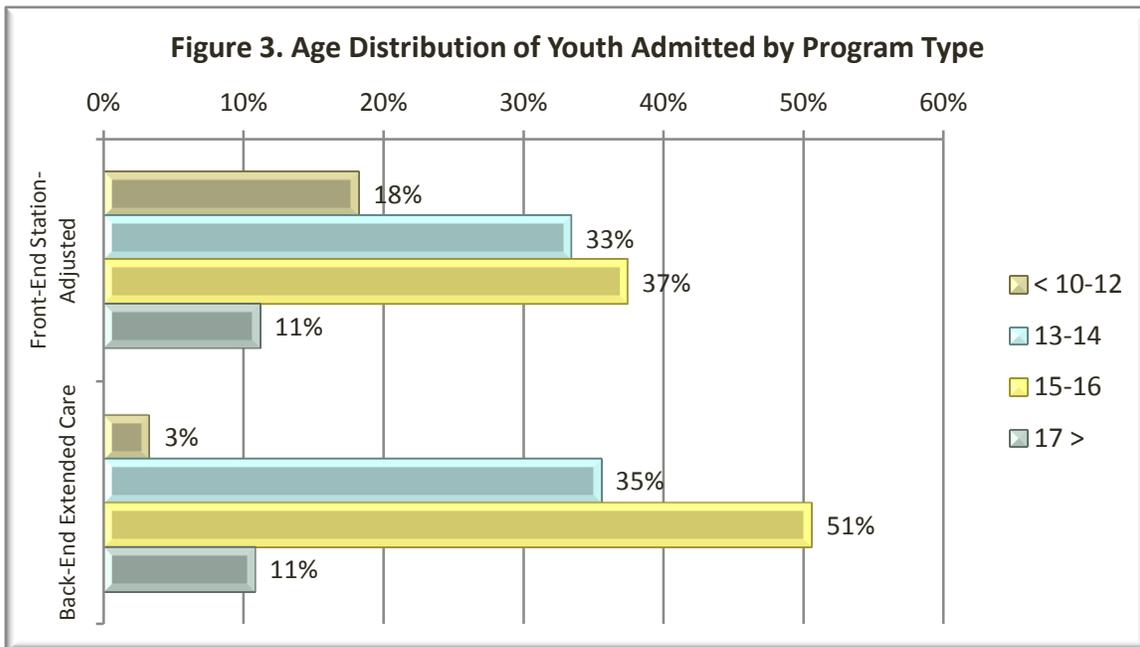
² The PLL service delivery period for the first year of implementation extends from April 1, 2009 to June 30, 2010 for Back-End Extended Care youths, and from July 29, 2009 to June 30, 2010 for Front-End Station-Adjusted youths.

Figure 2. Race/Ethnicity of Youth Admitted to PLL

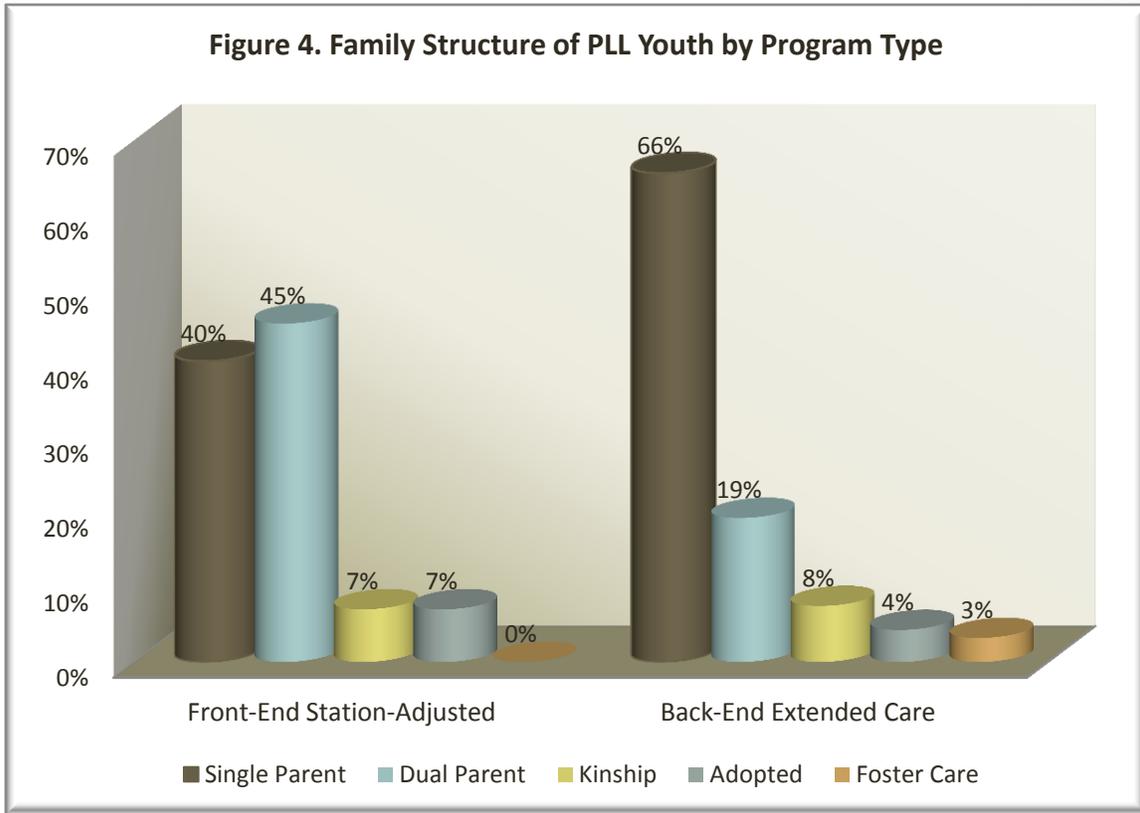


The racial/ethnic composition of the juvenile probation population in Champaign County was 72% African-American, 23% Caucasian, 1% Hispanic, 1% Asian, and 3% were categorized as 'Other.' Nearly equal percentages of African-American (42%) and Caucasian (43%) youths were admitted to PLL as Front-End Station-Adjusted youths. African-American youths represented the majority of youths admitted to PLL extended care programming.

Figure 3. Age Distribution of Youth Admitted by Program Type

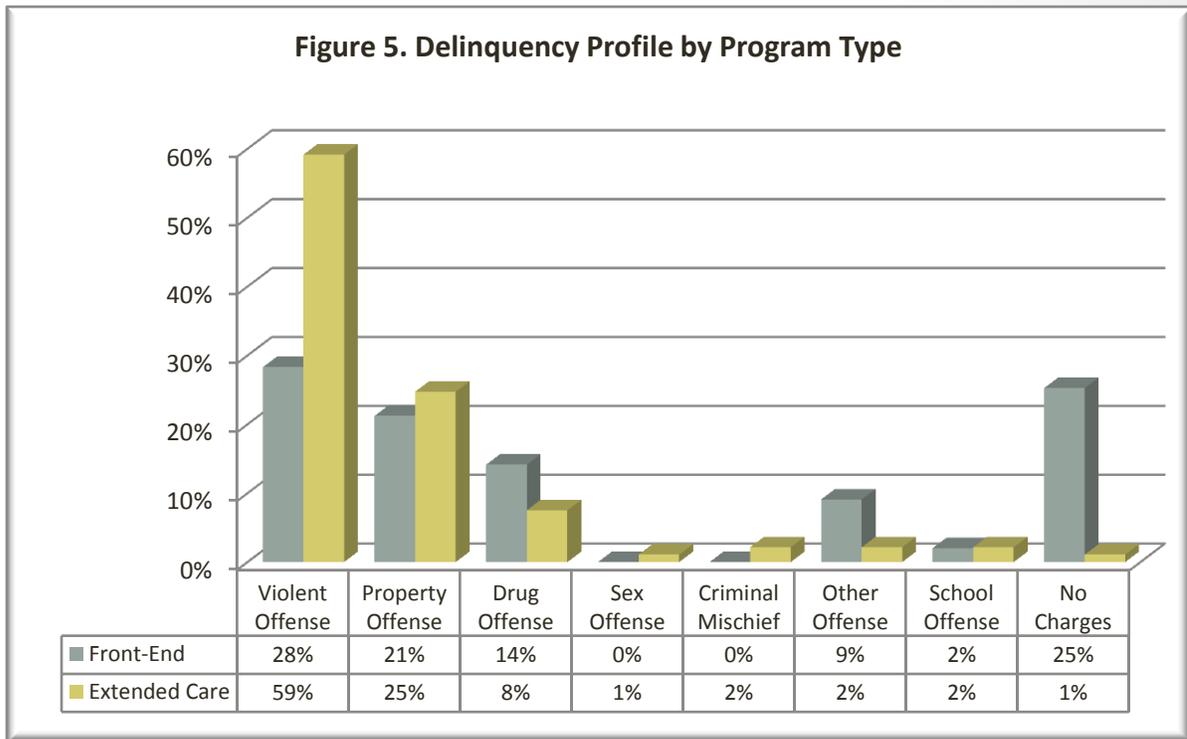


As might be expected, youths receiving PLL as a front-end intervention were generally younger than those receiving PLL extended care services. Forty-eight percent of the front-end youths were 15 years or older at admission, compared to 62% of the back-end, extended care youth.



The family-centered PLL treatment model works with a variety of caregiver units. Over half of the 192 youths admitted to PLL during the study period (53%) participated with a single parent in the treatment process, while 33% participated with two parents in PLL programming. Seven percent of the youths admitted to PLL were with a kinship caregiver and 6% were with adopted parent(s). A total of three youths (2%) were in foster care at the time of program admission.

An examination of family structure by PLL program type, as depicted in Figure 4, illustrates that a much greater percentage (66%) of youths receiving PLL extended care services participated with a single parent in treatment, compared to youths admitted to PLL as a front-end station-adjustment intervention (40%). In contrast, nearly half of the front-end youths participated with two parents, while 19% of the extended care youths engaged in the PLL treatment process with two parents.



PLL youths may be further classified in terms of their underlying referral and delinquency profiles. Most of the 192 youths admitted to PLL in 2009-10, were referred for violent (43%) or property (23%) offenses.

However, when the delinquency profile is examined by program type, as shown in Figure 5, it can be seen that a much greater percentage of the extended care youths were referred for a violent offense, than were the youths admitted to PLL as a Front-End Station-Adjusted placement. The lower risk level of youths receiving front-end services is exemplified by the fact that one-quarter of the group was admitted to PLL with no underlying delinquency charges. A slightly larger number of front-end youths were referred for a drug offense, compared to youths admitted to PLL for back-end, extended care services.

Research Question 1 ✓

The PLL program achieved family engagement rates of 74%, thereby exceeding the projected benchmark of 70 percent.

Among the PLL front-end station-adjusted youths, 76% successfully completed the program. In comparison, 71% of the PLL extended care youths successfully completed the program.

Family Engagement

One of the primary goals of PLL is the effective engagement of parents/caregivers in their child's treatment. Historically, interventions for at-risk and delinquent youths have been youth-centered, with little emphasis on the necessity of parental engagement and total family involvement. From the onset of PLL services, PLL therapists employ motivational interviewing techniques to engage families in the therapeutic process. Youth and families participate in individual and group coaching sessions over the course of six to eight weeks.

As depicted in Table 1 below, during the first year of PLL programming in Champaign County, Illinois, a total of 192 youths and their families were admitted to the program. Prior to PLL implementation, it was projected that 70% of the youths receiving PLL services would successfully complete the program. This benchmark was exceeded. Excluding youths who were still receiving services as of June 30, 2010, a total of 123 of the 167 youths graduated from the program, representing a 74% completion rate and a corresponding attrition rate of 26 percent. This is noteworthy given that families were not court-ordered to participate.

Table 1. PLL Admissions and Completions

Indicator	Number	Percentage*
Admissions	192	100%
Still in PLL Program	25	13%
Successful Completions	123	74%
Unsuccessful Completions	44	26%

*Percentage calculations for completions exclude youths still receiving PLL services.

Examination of graduation rates by gender and race/ethnicity provide additional insights as to the types of youth who successfully completed PLL programming. As shown in Table 2, male and female youths receiving front-end PLL services were roughly comparable in terms of graduation rates (78% males and 74% females). Seventy-three percent of the African-American youths released from PLL front-end services successfully graduated

from the program. This compares to 76% for Caucasian youths and 85% for youths categorized as ‘Other’³ (caution should be taken in interpreting these results as sample sizes are relatively low).

As might be expected, given the more serious risk levels of extended care youths, PLL graduation rates were lower overall compared to those for front-end station-adjusted youths. The overwhelming majority (82%) of females receiving PLL extended care services successfully completed the program. Roughly comparable percentages of African-American and Caucasian youths graduated from PLL extended care services (67% and 68% respectively), while 87% of youths classified as ‘Other’ successfully completed PLL.

Table 2. PLL Completion Rates by Gender and Race/Ethnicity, Percent (N)

PLL Groups	Male	Female	African-American	Caucasian	Other
Front-End Station-Adjusted					
Successful	78% (35)	74% (32)	73% (27)	76% (29)	85% (11)
Unsuccessful	22% (10)	26% (11)	27% (10)	24% (9)	15% (2)
Back-End Extended Care					
Successful	65% (33)	82% (23)	67% (28)	68% (15)	87% (13)
Unsuccessful	35% (18)	18% (5)	33% (14)	32% (7)	13% (2)

Difficulties engaging minority youths in mental health treatment are well documented in the research literature (Henggeler, Schoenwald, & Munber, 1996; Lindsey, 2010; McKay, Nudelman, McCadam, & Gonzales, 1996; Myers, 1989; Singletary, 1989; and Johnson, 2010). A recent report of delinquency services throughout the juvenile justice continuum in Florida, from prevention to aftercare programming, found disproportionate rates of referral, completion and recidivism for minority youths, even among well-documented, evidence-based interventions (Nelson, 2009). Given the relatively small samples sizes in the current evaluation, further analysis of completion rates by various categories of gender and race/ethnicity was not possible. Subsequent research should examine attrition, completion and reoffending rates for minority and non-minority male and female youths in evaluating the effectiveness of the PLL model with diverse populations.

³ The “Other” category includes Hispanic, Native American, Asian and multi-racial youths.

**Research
Question 2 ✓**

Parenting with Love and Limits lengths of stay were considerably lower than the standard non-PLL, Children’s Mental Health case and the standard Psychosocial Rehabilitation case.

Length of Stay

An important indicator of program effectiveness is the length of time it takes to successfully deliver the intervention to clients. Currently, in Champaign County the average length of stay for youths receiving community mental health services is seven months, and extends to 20 months for probation services.

In contrast, the average length of stay for PLL youths and families graduating from the program in 2009-10 was 59 days or just under two months. Total lengths of stay varied somewhat for PLL front-end and extended care groups. Front-end station-adjusted youths received an average of 43 days or 1.4 months of service. This represents a substantially lower service delivery period compared to the current average of seven months for youths receiving community mental health services in Champaign County.

Youths graduating from extended care PLL services had an average length of stay of 79 days or 2.6 months. In comparison to the county average of 20 months for probation services, PLL extended care programming is nearly 18 months shorter in duration. If PLL is able to achieve recidivism rates that are similar to or less than traditional reoffending rates for probation, the program would provide both an effective and efficient alternative to often more costly juvenile detention and probation programming.

Table 4. Length of Stay in PLL for Graduates by Program Type

PLL Program Type	Days	Months
Front-End Station-Adjusted	43	1.4
Back-End Extended Care	79	2.6
Total	59	1.9

Parenting with Love Limits contends its emphasis on family engagement through group and family therapy sessions facilitates a more efficient and effective treatment approach. PLL lengths of stay were indeed lower than average, relative to comparable programming. The PLL model may have long range implications for Champaign County in (a) lowering waiting list times, (b) reducing costs, and (c) increasing efficiency in service delivery.

Emotional and Behavioral Problem Outcomes

A primary goal of the Parenting with Love and Limits model is to reduce emotional and behavioral problems among the youth served. To assess this goal over the course of PLL programming, the Child Behavioral Checklist⁴ (CBCL) and the Family Adaptability and Cohesion Scale, Version IV, were administered to youths and their parents/caregivers prior to the start of services and again at the conclusion of PLL treatment.

The CBCL provides measures on scales including:

- Aggressive Behaviors
- Rule Breaking
- Conduct Disorder
- Oppositional Defiant Behavior
- Externalizing Behavior
- Internalizing Behavior

Among the 67 families completing PLL front-end services, 61 completed a CBCL pre- and post-test. All but three of the extended care youths and their parents completed CBCL assessments. While these response rates are relatively high, ideally all families receiving PLL services would have completed pre- and post-test assessments. This should be examined further to determine whether there are any problems with data collection, adherence to the research protocol or administration issues with youths and families that should be addressed.

Research Questions 3 & 4✓

Youth receiving Parenting with Love and Limits services exhibited decreases in severe emotional and behavioral problems as measured by the Child Behavior Checklist (CBCL) and the Family Adaptability and Cohesion Evaluation Scale (FACES-IV).

⁴ Achenbach, T. M. (1991) Integrative Guide to the 1991 CBCL/4-18, YSR, and TRF Profiles. Burlington, VT: University of Vermont, Department of Psychology.

Table 5. Child Behavior Checklist (CBCL) Outcomes for PLL Completions by Program Type

Scales	<u>Front-End Station-Adjusted</u>			<u>Back-End Extended Care</u>		
	Pre-Test Mean	Post-Test Mean	Mean Change	Pre-Test Mean	Post-Test Mean	Mean Change
Aggressive Behaviors	12.75	10.16	2.59*	13.36	10.58	2.78*
Rule Breaking	9.54	7.74	1.8*	9.57	7.51	2.06*
Conduct Disorder	10	7.93	2.07*	10.06	7.55	2.51*
Oppositional Defiant Behavior	5.69	4.62	1.07*	5.75	4.62	1.13*
Externalizing Behaviors	22.26	17.9	4.36*	22.92	18.09	4.83*
Internalizing Behaviors	11.8	9.43	2.37*	11.21	8.91	2.3*
Total	55.21	45.34	9.87*	52.7	42.1	10.6*

* $p < .05$

Table 5 presents outcomes from pre- and post-test CBCL assessments administered to parents of youths receiving PLL services. The mean difference in pre- and post-test CBCL scores was calculated for each of the six scales noted above for both front-end and extended care services. Paired t-tests were run for each of these variables, comparing scores prior to treatment in the PLL program to scores following treatment. The results indicate that parents perceived their children to have significantly improved within each of the major scales. For Aggressive Behaviors, the mean scores decreased by 2.59 between the pre- and post-test for the front-end services, and 2.78 for the extended care services. Overall, this reflects statistically significant improvement in aggressive behaviors.

For both the PLL front-end and extended care groups, parents rated their children as having the most improvement within the domain of Externalizing Behaviors. Such behaviors were reported to have declined by a factor of 4.36 for front-end youths and 4.83 for youths receiving PLL extended care services. Improvement was reported globally for all youths receiving PLL services in Champaign County, with statistically significant reductions at the 0.05 level for all scales and for total CBCL scores. This suggests substantial change in attitude as well as behaviors among youths served by the PLL program in its first year of operation.

Table 6. FACES-IV Outcomes for PLL Completions by Program Type

Scales	<u>Front-End Station-Adjusted</u>			<u>Back- End Extended Care</u>		
	Pre-Test Mean	Post-Test Mean	Mean Change	Pre-Test Mean	Post-Test Mean	Mean Change
Balanced Cohesion	45.03	49.09	4.06	51.75	56.25	4.51
Balanced Flexibility	47.78	57.17	9.38*	57.5	60.53	3.02
Disengaged	35.25	35.61	-0.36	30.6	33.19	-2.59
Enmeshed	24.74	26.15	-1.41	24.94	25.76	-0.82
Rigid	49.19	51.31	-2.12	50.32	53.03	-2.71
Chaotic	34.24	30.53	3.71*	28.86	28.98	-0.12
Cohesion	42.4	46.74	4.34	50.35	54.38	4.04
Flexibility	44.06	51.95	7.88*	52.25	54.5	2.26
Family Communication	36.71	44.08	7.37*	45.6	52.22	6.63*
Family Satisfaction	24.54	31.33	6.78*	30.9	39.57	8.67*

* $p < 0.05$

The Family Adaptability and Cohesion Evaluation Scale (FACES) consists of statements that invite family members to comment on relationships and attitudes about family life. It addresses two major parameters of family functioning, cohesion and adaptability. Scales available through the FACES included Balanced Cohesion, Balanced Flexibility, Disengaged, Enmeshed, Rigid, Chaotic, Cohesion, Flexibility, Family Communication, and Family Satisfaction. Paired t-tests were run for each of these scales, comparing scores prior to treatment in the PLL program to scores following treatment (see Table 6). Results indicated that scores improved for all FACES scales, with the exception of the unbalanced scales (Disengaged, Enmeshed, Rigid, Chaotic), which worsened slightly though the change was not statistically significant for both services. Additionally, the improvement for the Family Communication and Family Satisfaction scales was statistically significant for both Front-End and Extended Care services. Further, for Front-End services, there were significant improvements in both Balanced Flexibility and in the Flexibility scale in general.

Research Question 5 ✓

PLL program youths achieved low subsequent rates of station adjustment charges, court judgments and delinquency adjudications.

Subsequent At-Risk and Delinquent Behavior

A primary goal of the Parenting with Love and Limits model is to reduce anti-social behaviors and prevent subsequent delinquency. Youths completing the PLL program were tracked to determine whether they had engaged in subsequent at-risk or delinquent activities as delineated below in Table 7.

For purposes of the current evaluation, separate definitions were used to measure subsequent at-risk and delinquent behavior for the PLL Front-End Station-Adjusted and PLL Extended Care youths. The definitions are as follows:

PLL Front-End Station-Adjusted: Low-risk diversion or first-time probation youths, many of whom had no formal prior delinquency charges. As such, the term ‘recidivism’ does not fully apply to all members of this group. The terminology is used to refer to those front-end youths who received a *subsequent station adjustment charge or any judgment in court within one year of a youth’s completion of the PLL program*.

PLL Extended Care: Recidivism for youths receiving PLL extended care services is defined as a *subsequent juvenile adjudication or adult conviction or violation of probation within one year of a youth’s completion of the PLL program*.

Subsequent offending for only those youth who completed PLL services are reported below. Overall, 4% (n=5) of the youths who completed PLL services recidivated within one year of completion. One (1%) front-end youth received a subsequent station adjustment or formal court judgment following PLL program completion. The youth was an African-American female charged with a misdemeanor offense. Seven percent (n=4) of the extended care youths were identified as recidivists. Among these youths, three were females (two were African-American, one was classified within the “Other” race/ethnicity category) and each was charged with a misdemeanor. Additionally, one African-American male recidivated, having been charged with a violation of probation, with a petition to revoke.

At the time of this report, seven percent (n=8) of the youths who completed PLL services had delinquency charges pending that had

not been formally disposed. Four front-end station-adjusted youths had pending misdemeanor charges, two females (one African-American and one “Other” race/ethnicity) and two males (one African-American and one Caucasian). Among the youths completing PLL extended care services, four male youths were identified as having pending charges. One Caucasian male youth and one Hispanic male youth each had pending misdemeanors, while two African-American males had pending charges (a violation of probation with a petition to revoke, and a pending felony).

Fifty-five percent of the extended care youths were considered to be “In Process.” Outcome information on these youths should not be construed as missing data. Rather outcomes were not reported for this population (n=31) at this time because a full year had not elapsed between the time of PLL program completion and the writing of this report.

Table 7. Subsequent At-Risk and Delinquent Behaviors Among PLL Completions

Program Type	Subsequent Offending*				Total
	Yes	No	Pending	In Process	
PLL Front-End Station-Adjusted	1% (n=1)	93% (n=62)	6% (n=4)	0% (n=0)	100% (67)
PLL Back-End Extended Care	7% (n=4)	30% (n=17)	7% (n=4)	55% (n=31)	100% (56)
PLL Total	4% (n=5)	64% (n=79)	7% (n=8)	25% (n=31)	100% (123)

Conclusion

Parenting with Love and Limits (PLL) represents a major shift in programmatic services offered through the Champaign County Mental Health Board (CCMHB) in Illinois. Addressing a gap in services for youth presenting with emotional, behavioral, and delinquency problems, PLL engages the entire family in the treatment process. Siblings and parents/adult caregivers are brought into therapeutic group counseling that benefits all involved and facilitates client improvement. PLL services have achieved positive results in 2009-10, with 192 youths and families served and 74% completing the program successfully. PLL is additionally able to serve more clients in a given year than other CMH services in Champaign County. In 2009-10, 123 clients completed the PLL program. This was possible because PLL services on average required only 59 days to complete or just under two months. Currently, in Champaign County the average length of stay for youths receiving community mental health services is seven months, and extends to 20 months for probation services. Front-End Station-Adjusted youths on average successfully completed the program in 43 days or 1.4 months of service. This represents a substantially lower service delivery period compared to the current average of seven months for youths receiving community mental health services in Champaign County.

Youths graduating from extended care PLL services had an average length of stay of 79 days or 2.6 months. In comparison to the county average of 20 months for probation services, PLL extended care programming is nearly 18 months shorter in duration.

Most of the 192 youths admitted to PLL in 2009-10, were referred for violent (43%) or property (23%) offenses. However, a much greater percentage of the extended care youths (59%) were referred for a violent offense, than were the front-end, station-adjusted youths admitted to PLL (28%). The lower risk level of youths receiving front-end services is exemplified by the fact that one-quarter (25%) of the group was admitted to PLL with no delinquency charges. A slightly larger number of front-end youths (14%) were referred for a drug offense, compared to youths admitted to PLL extended care programming (8%).

Whether PLL services ultimately reduce emotional and behavioral problems among clients is a key indicator of treatment effectiveness. This can be measured through internal assessments of client change and through post-program recidivism outcomes. Internal client change was measured for the current evaluation using the Child Behavior Checklist (CBCL). The results indicate that parents perceived their children to have significantly improved within each of the CBCL scales: Aggressive Behaviors, Rule Breaking, Conduct Disorder, Oppositional Defiant Behavior, Externalizing Behavior, and Internalizing Behavior. For Aggressive Behaviors, the mean scores decreased by 2.59 between the pre- and post-test for the front-end services, and 2.78 for the extended care services. Overall, this reflects significant improvement in aggressive behaviors.

For both the PLL front-end and extended care groups, parents rated their children as having the most improvement within the domain of Externalizing Behaviors. Such behaviors were reported to have declined by a factor of 4.36 for front-end youths and 4.83 for youths receiving PLL

extended care services. Improvement was reported globally for all youths receiving PLL services in Champaign County, with statistically significant reductions at the 0.05 level for all scales and for total CBCL scores. This suggests substantial change in attitude as well as behaviors among youths served by the PLL program in its first year of operation.

Youth were tracked to determine whether they had engaged in subsequent at-risk or delinquent activities. Overall 4 percent (n=5) of the youth who completed PLL services recidivated within one year of completion. One of the front-end, station-adjusted youths was identified as a recidivist. Seven percent (n=4) of the extended care youths were identified as recidivists. At the time of this report seven percent (n=8) of the youths who completed PLL services had charges that had occurred within one year of completion that were awaiting disposition or judgment.

In sum, Parenting with Love and Limits exhibited positive results in its first year of implementation through the Champaign County Mental Health Board in Illinois. PLL program achievements included:

- ✓ High rates of family engagement
- ✓ Shorter lengths of stay
- ✓ Reductions in emotional and behavioral problems
- ✓ Low subsequent at-risk and delinquency behaviors