PREVENTION

IMMEDIATE SANCTIONS

INTERMEDIATE SANCTIONS

RESIDENTIAL

REENTRY

Parenting with Love and Limits®

Intervention:

Parenting with Love and Limits[®] (PLL) integrates group and family therapy into one system of care for adolescent populations with the primary diagnosis of oppositional defiant or conduct disorder. Parents and teens learn specific skills in group therapy and then meet in individual family therapy to role-play and practice these new skills. This integration of group and family therapy enables parents to transfer these new skills to real-life situations and prevent relapse.

During group therapy, teens and parents participate together in a small group, led by two facilitators, which can also include siblings and extended family. The groups consist of no more than six families and no more than 15 people total per group. Six 2-hour classes are held weekly. Parents and teens meet together as a group for the first hour. During the second hour, the parents meet in one breakout group with one facilitator leading each breakout and the teens meet in another. During family therapy, teens and parents meet individually with one of the group facilitators in between classes in an intensive 1- to 2-hour session to practice the new skills learned in group. Extensive role plays are used along with the development of a typed-out, loophole-free contract. Three to four family therapy sessions are recommended for low- to moderate-risk adolescents and up to 20 sessions for moderate- to high-risk offenders within an outpatient or home-based setting.

The *Parenting with Love and Limits*[®] system of care is comprised of 6 group sessions plus 3 or more family therapy sessions, as shown below:

- Group Session 1. Understanding Why Your Teen Misbehaves:
 Parents learn why their teen commits acts of parent abuse.

 Parents and teens go into their respective breakout groups to vent their feelings.
- Group Session 2. Button-Pushing: Parents learn how their teen
 pushes their hot buttons (whining, disgusted look, swearing, etc.),
 and teens learn how parents push theirs (lecturing, criticizing,
 talking in chapters, etc.).
- First PLL Family Therapy Session Parents and teens meet individually to practice anti-button-pushing strategies.
- Group Session 3. Ironclad Contracting: Parents learn how and why
 their old methods of contracting have failed, as well as the steps to
 assemble a contract that works. Teens meet in their breakout
 groups to help write their own contract.
- Second PLL Family Therapy Session Parents and teens meet individually to create their own contract.
- Group Session 4. Troubleshooting: Parents learn how teens have a special ability called "enhanced social perception" to think two steps ahead.
- Third PLL Family Therapy Session Parents and teens meet individually to review their contracts and troubleshoot any loopholes. Extensive role plays are used to practice delivery of rewards and consequences.

Rating:	Exemplary
Program Type:	Parent Training
	Family Therapy
	Cognitive Behavioral Treatment
Ethnicity:	Hispanic American Indian/ Alaskan Asian/Pacific Islander White African-American
Gender:	Both
Age:	10–18
Target Settings:	Urban Suburban Rural
Special Populations:	Truant/Dropout Status Offenders Serious/Chronic Offenders Less Serious Offenders Mentally III Offenders First-Time Offenders
Problem Behaviors:	Sexual Activity/Exploitation Gang Activity Family Functioning Delinquency ATOD Aggression/Violence Academic Problems

- Group Session 5. Stopping the Seven Aces: Parents choose creative consequences to stop the seven "aces" of disrespect, ditching or failing school, running away, drugs or alcohol, sexual promiscuity, violence, and threats of suicide.
- Fourth PLL Family Therapy Session Parents and teens meet individually to review their progress.
- Group Session 6. Reclaiming Lost Love: Parents learn to understand how conflict hinders the parent–child relationship and strategies to repair it.
- Fifth PLL Family Therapy Session and Beyond as Needed –
 Parents and teens begin to solidify nurturance as well as address
 any underlying family dysfunction.

In both group and family therapy, counselors are provided with detailed treatment manuals and the parents and teenagers with workbooks.

Evaluation Methodology:

This program has undergone two evaluation studies. The first used a pretest-posttest design with a sample of 102 adolescents and 93 parents who together attended the 6-week program. The adolescents ranged in age from 9 to 18, with the average participant age 15. Each participant was diagnosed with substance abuse and a co-morbid diagnosis of either oppositional defiant or conduct disorder. Eighty-two percent of the adolescents were white. Males accounted for 57 percent of the sample. All adolescents were court-ordered and drug-tested to determine a baseline rate of substance abuse. In addition, these adolescents committed a wide variety of concurrent offenses, with the most commonly occurring offense being shoplifting (22.5 percent). The Adolescent SASSI questionnaire was administered to the 93 adolescents before they began the first class and again after the last parenting class was completed. To assess for change following program participation, paired sample *t*-tests were conducted for each subscale of the SASSI. Recidivism or relapse rates for all 93 adolescents who completed the program were measured through juvenile court records. Re-arrest records for substance abuse or conduct-related problems such as shoplifting were obtained for all 93 adolescents 6 months after the completion of the parenting program and then again 12 months following program completion.

The second study used an experimental design with a matched control group. A sample of 38 adolescents and their parents randomly either were assigned into the treatment program (n=19) or received the traditional juvenile probation services (n=19) such as outpatient counseling or community service. Participants were roughly matched before being assigned to a group based on type of offense, gender, age, and socioeconomic status. The measures used in the study included the Child Behavior Checklist (CBCL), the Index of Parental Attitudes, the Parent Adolescent Communication Scale, and the Parent Readiness Scale. Both the parents and adolescents in the treatment group received the pretest measures in an interview before the treatment and again immediately following the final class.

Evaluation Outcome:

Overall, the results of the treatment intervention are promising. In the first study, the analyses indicate that parents' participation in adolescents' treatment of substance abuse and severe behavioral problems can have a positive impact on program effectiveness. One key indicator was that adolescents' self-reported substance use dropped significantly. Even though the adolescents' attitudes and defensiveness toward drugs or alcohol did

Risk & Protective Factors:

Risk Factors:

School:

- Low academic achievement
- Dropping out of school
- School suspensions
- Truancy/Frequent absences
- Low academic aspirations

Family:

- Family management problems/Poor parental supervision and/or monitoring
- Child victimization and maltreatment
- ✓ Pattern of high family conflict
- ✓ Poor family attachment/Bonding
- Family violence
- Having a young mother
- ✓ Broken home
- Sibling antisocial behavior
- ✓ Family transitions
- ✓ Low parent education level/Illiteracy
- Parental use of physical punishment/Harsh and/or erratic discipline practices

Peer:

 Association with delinquent and/or aggressive peers

Individual:

- Anti-social behavior and alienation/Delinquent beliefs/General delinquency involvement/Drug dealing
- ✓ Favorable attitudes toward drug use/Early onset of AOD use/Alcohol and/or drug use
- Early onset of aggression and/or violence
- Life stressors
- Mental disorder/Mental health problem/Conduct disorder

both by the statistically significant changes on the adolescents' SASSI scores and by the fact that 85 percent did not relapse over the course of an entire year following treatment.

In the second study, the *Parenting with Love and Limits*[®] treatment group demonstrated (compared with the control group) a significant reduction in aggressive behaviors, depression, attention deficit disorder problems, and externalizing problems as measured by the CBCL. In addition, compared with the controls, the Parenting with Love and Limits[®] treatment group significantly improved parent and adolescent communication and decreased mothers' negative attitudes and perceptions about their adolescents. (In general, fathers did not come to the treatment or the youth was from a single-parent home.) Finally, compared with the controls, the recidivism of the treatment group significantly reduced (16 percent to 55 percent) over a 12-month period.

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Protective Factors:

Community:

- Presence and involvement of caring, supportive adults
- Prosocial opportunities for participation/Availability of neighborhood resources

School:

- Presence and involvement of caring, supportive adults
- High quality schools/Clear standards and rules
- Rewards for prosocial school involvement

Family:

- Effective parenting
- ✓ Good relationships with parents/ Bonding or attachment to family
- Opportunities for prosocial family involvement
- Having a stable family
- Rewards for prosocial family involvement

Peer:

Parental approval of friends

Individual:

- Social competencies and problem-solving skills
- Positive/Resilient temperament
- Positive expectations/Optimism for the future
- Healthy/Conventional beliefs and clear standards
- Perception of social support from adults and peers

Performance Measures:

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Email: <u>ellen@gopll.com</u> Website: <u>Click Here</u> Suggested OJJDP Performance Measures for the Program Type(s):

Parent Training
Delinquency Prevention
Logic Model (PDF)
Performance Matrix (PDF)
Mental Health Services
Logic Model (PDF)
Performance Matrix (PDF)

Family Therapy
Delinquency Prevention
Logic Model (PDF)
Performance Matrix (PDF)
Mental Health Services
Logic Model (PDF)
Performance Matrix (PDF)

Cognitive Behavioral Treatment Mental Health Services Logic Model (PDF) Performance Matrix (PDF)

Additional Information:

Status:

Program is in operation at this time.

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