



PLL Reentry

“Although it is one of the most important aspects of our field, reentry is one of the least researched and developed issues in the field” (New York Blueprints Task Force, p. 72)

Quick Facts Sheet

- PLL Reentry- (Parenting With Love and Limits) is one of only 5 reentry evidence-based models recognized by the Office of Juvenile Justice and Delinquency Prevention (OJJDP)
- PLL Reentry is not a service provider but an evidence-based overlay treatment model that trains, supervises, and retools the local service provider to use PLL
- PLL Reentry is currently in 9 states- Texas, Washington DC, Rhode Island, Michigan, Wyoming, Maine, New York, Delaware, and Alaska
- Overall goal is to get the biological family ready to receive the child back home as quickly and safely as possible by involving them the first day of placement and through the entire reunification process.

Major Accomplishments

- ✓ First to Create an “Early Supported Reunification” Model: Lengths of Stay Tied to Active Biological Parent or Kinship Involvement Beginning Day #1 of Foster Care or Group Home Placement, Not 60 to 90 Days Prior to Reunification
- ✓ Use of WebEx Video Conferencing to Make Driving Distances Irrelevant
- ✓ 80% or Higher Parent Completion Rates Across All PLL Sites
- ✓ First Program to Combine Group, Family Therapy, & Family Trauma Work In One System of Care With Same Therapist Before & After Reunification
- ✓ First Program to Use Video Supervision of Therapists to Maintain High Treatment Fidelity Standards
- ✓ PLL Uses a state of the art Fidelity Dashboard to track outcomes & cost savings in real time- <http://www.gopll.com/videos/DashboardSampleJune2012.pdf>
- ✓ One of Only 3 Quasi-Experimental Family Systems Studies Ever Conducted in Our Field that Revealed Statistically Significant Outcomes

For more information go to www.gopll.com or contact John Burek @ 863-255-4654

PLL Reentry: A Supported Early Reunification Model

Stage I: Intensive- Can either start (a) 4 months prior to an expected reunification date or (b) the first day of foster care placement to reduce lengths of stay to 4 months or less.

Highlights include: (1) PLL Reentry is aftercare transition planning conducted early. So it separate from group home programming for the youth; (2) WebEx video conferencing is used to connect youth to family if not within driving distance; (3) A unique brand of motivational interviewing is used to hook the family; (4) Pre and Post family functioning scales administered; (5) PLL groups for “parents only” in community or via WebEx; (6) PLL Family Therapy with trauma work; (7) Benchmark meeting conducted with family, residential staff, PLL Therapist, and case manager.

Stage II: Transitional – **Highlights include:** (1) CBAT (Community-Based Action Teams) – PLL trained case manager works alongside the PLL trained Family Therapy and case manager to broker wraparound services prior to youth’s release (i.e., medication management, workforce development, school, GED placement, etc); (2) PLL family therapist gets the family “battle ready” with extensive role plays and troubleshooting of delivery of aftercare plan; (3) Unresolved trauma issues addressed.

Stage III: Aftercare – **Highlights include:** (1) Same therapist before and after discharge. This brings about continuity of care and less chance that family will drop out of aftercare because of the 4 month rapport while youth inpatient; (2) Aftercare minimum of 3 months instead of 6 to 7 months because 4 months of aftercare was completed while youth still in residential; (3) CBAT Teams continue to meet; (4) Relapse prevention combined with tune-ups helps prevent future recidivism or re-commitment.

Figure 1: PLL Reentry Model Overview:

Months 1-3	Month 4	Months 5-7 (Minimum)
Stage 1: Intensive (3 months)	Stage II: Transitional Phase (1month)	Stage III: Aftercare (3 months)
<p>Treatment Regime Video Conferencing = VC</p> <ul style="list-style-type: none"> • Motivational Interviewing Session- 1-2 sessions on average one hour in duration. • PLL Parents Only Group in Community- 2 Hours Each Group (VC or in community) <ul style="list-style-type: none"> ➢ <u>Group #1</u>- Why Youth Have Serious Emotional & Behavioral Problems ➢ <u>Group #2</u>- How to Stop Button Pushing ➢ <u>Group #3</u>- How to Create a Aftercare Plan ➢ <u>Group #4</u>- Role Play Aftercare Delivery ➢ <u>Group #5</u>- Troubleshooting Aftercare Plan ➢ <u>Group #6</u>- How to Restore Lost Nurturance • PLL Family Therapy- “Setting the Terms for Aftercare”- 3-4 sessions (VC). • PLL Family Therapy- “Custom Designing the Aftercare Plan”-3 to 4 additional sessions (VC) 	<p>Treatment Regime</p> <ul style="list-style-type: none"> • No More Parenting Groups • Phase III- PLL Family Therapy- “Role Plays & Troubleshooting” (VC) by PLL Therapist • CBAT (Community Based Action) Teams- PLL Case manager brokers wraparound services in the community also takes place in the form of job placement, medication management, school placement, mentoring services, etc. (VC or in community) <p>4 two hour sessions to role play practice the implementation of aftercare plan and pre-plan troubleshooting countermeasures or what will the parent do if the youth tries to derail the plan?</p>	<p>Treatment Regime</p> <ul style="list-style-type: none"> • Phase IV- PLL Family Therapy- “Aftercare Maintenance” 2-4 times per week for next 3 months. This includes the participation of community wraparound stakeholders as needed. • Relapse Prevention- Call Backs to Family Every 30 days for 3 months post graduation as check-ins to determine if aftercare plan still working • Tune-ups or additional family therapy as needed if relapse eminent or if it occurs <p><i>* Please note: Aftercare can be shortened to 3 months due to the fact that it begins 4 months early while the youth is in residential. So total aftercare service duration is still 7 months (4 months inpatient + 3 months outpatient)</i></p>