ABSTRACT: Youth with emotional and behavioral (E/BD) and other disorders, who in many cases have not received needed interventions and supports in school, are overrepresented in the juvenile justice system. This article considers how parents of youth with E/BDs can become more involved in the process when their child is referred to juvenile court, thereby decreasing the likelihood of recidivism. Despite the existing barriers to parental involvement in the juvenile justice system, parents should be informed of their youth’s educational rights in school, juvenile court, and out-of-home correctional settings. In addition, increasing parent involvement and reducing recidivism is an achievable goal; several family- and youth-centered strategies and programs have shown success in keeping youth with E/BDs out of the justice system.

The importance of family involvement cannot be underestimated in addressing the needs of youth with emotional and behavioral disorders (E/BDs) who are referred to juvenile courts, adjudicated, or incarcerated. Whether those involved are biological parents, surrogates, foster parents, guardians, or parent designates, research in best practices in the areas of prevention, intervention, and aftercare in juvenile justice identifies the need for parent participation, education, and supports to ensure that families remain engaged in the process (Bray, 2010; Greenwood, 2008). In fact, court personnel seem mindful of parents who are a strong presence in court. Interviews with police also indicate that officers may be more likely to charge, release on strict conditions, and/or detain the young person whose parents show no interest in becoming involved, downplay the gravity of the situation, or deny that their adolescent child could have committed a crime (Harvell, Hendy, & Rodas, 2004).

These observations suggest that law enforcement and juvenile court officers may be positively influenced by family involvement on behalf of their child. There are numerous practical reasons for getting families involved. The family is potentially the most reliable source of information about their child’s strengths, needs, and experiences. If rehabilitation and behavioral change are the primary goals of the courts, approaches that are family centered are likely to have greater impact. Therefore, both the youth and his or her family (guardian, surrogate, or other family stand-in) should be included in the process. Because the youth will most likely return to his or her family of origin, strategic and inclusive planning for the young person’s return to that family, and consideration of the circumstances that precipitated the behaviors, will decrease the chance that the youth will recidivate.

Programs that work with families to develop effective parenting skills, promote school success, and provide reinforcement and greater supervision have shown success in reducing problem behavior and increasing school achievement. Programs such as Functional Family Therapy (FFT), Family Integrated Transitions (FIT), and Multisystemic Therapy (MST) all focus on working with families and youth with severe emotional disturbance and histories of involvement with the juvenile justice system (Bray, 2010; Greenwood, 2008). These programs are cost effective and have shown success as compared to other approaches. Despite this knowledge, there are few examples of family-focused models integrated into the juvenile justice system. Indeed, the research on successful parent involvement initiatives in juvenile court and in corrections systems is sparse.

This article considers the family’s role in the corrections and court system when their child has E/BDs, the barriers to family involvement, and new efforts to engage families in a more effective way through community-based
approaches and coordinated services. These emerging strategies offer hope for engaging families as proactive advocates when their children are involved with the juvenile justice system.

**The Family’s Perspective**

When a youth has an emotional or behavioral disorder, families generally require a considerable range of psychological services and practical supports. Many parents seek help but are frustrated when their child’s behavioral needs are not appropriately addressed. Sometimes parents have been unable to manage their youth’s escalating behavior problems. In these cases, parents may hope for a referral to an out-of-home placement where their child will finally receive specialized services and, most of all, be safe. In fact, some parents who have a child with a mental health diagnosis have been encouraged by professionals to have the youth charged so they can access services in the juvenile justice system (Grasso, 2007).

**When School-Based Cases Are Referred to Court**

In recent years, the increase in more stringent policies like zero tolerance has resulted in a concomitant increase in the number of youth referred to court with school-based charges. Youth with E/BDs whose aggressive or inappropriate behaviors were determined to be a “manifestation of their behavior” under federal education law have nonetheless been charged with crimes ranging from disorderly conduct to assault (American Civil Liberties Union, 2008; Skiba, 2005; Skiba et al., 2003; Wright, 2006).

Unfortunately, schools often have been at fault for this outcome. In addition to the criminalization of student behavior resulting from zero tolerance policies, behavioral episodes may have occurred because interventions agreed to in students’ individualized education plans (IEPs) were not carried out, functional behavioral assessments and behavior intervention plans did not exist, and no positive behavioral interventions and supports plan was in place (Wright, 2003). When student behaviors subsequently are criminalized with charges in court, parents often feel betrayed by the school and at a loss about how to proceed. Regardless of whether a determination has been made that the behavior was a manifestation of the disability, once a case is referred to court, it is important for the court to hear the parent’s perspective about their efforts to access supports and services in school and the community.

**Barriers to Family Involvement**

Harvell et al. (2004) observe that the law assumes that parents and children have the same goals and interests, and therefore the court conceptualizes the role of the parent as a guardian and advocate. However, parents often receive little guidance as to how they can effectively participate in the juvenile justice system process, and few accommodations are made to include them. Although many parents wish to participate in the process and advocate for their child, their ability to do so often is a challenge. Demographic data on youth in the juvenile justice system consistently reveal that they are predominantly male, from single-parent families, lower socioeconomic strata, predominantly youth of color, with a high percentage having significant behavioral, mental health, cognitive, and learning needs (Boesky, 2002; Teplin et al., 2007). Furthermore, research has shown that many youth in the system have a parent or relative who is, or has been, in the adult or juvenile system (Hawkins et al., 2000; Wasserman et al., 2003). In many cases, families have a challenging history of working with school staff, county social workers, and family court regarding complex mental health, school, and broader family needs.

A 2004 PACER Center survey on family needs in accessing mental health services in Minnesota identified the following barriers: (a) parent mistrust of system professionals, (b) a lack of culturally competent system professionals able to engage families, and (c) system professionals who define their job narrowly to exclude working with parents and caregivers or are not trained to engage families (Wrobel, 2004). For a number of reasons, these barriers are more profound in the juvenile court system:

1. The court system is time consuming and not family friendly.
2. Parents fear losing their jobs because of the time it takes; they may not have child care, transportation, or even a phone or permanent address.
3. They often feel demeaned in the court process and believe they are seen as the problem, not part of the solution.
4. Public defenders may not have time to meet with parents, and are not required to do so.
5. If parents are undocumented immigrants, they may be afraid to participate; if they do not speak English, documents in their native language and translation services are not always available.
6. When families are unable or unwilling to assume responsible family roles in their child’s life, gaining access to other surrogates or interested parties in the youth’s life is challenging.

There are no state policies that identify and codify the steps necessary to ensure that parents can be involved in the juvenile justice system in a meaningful way (Harvell et al., 2004).

Fortunately there are strategies that potentially enable communities and families to address these barriers. These include efforts to build communication between families and juvenile court and justice personnel, develop better understanding of disabilities by law enforcement and court personnel, and promote advocacy for youth and their families. These strategies are more effective when approached from the perspective of both the youth/family and the juvenile justice system. Those that address family involvement with juvenile courts are presented first, followed by strategies that address issues when youth are placed out of their homes.

**Strategies to Improve Family Involvement with Police and Juvenile Courts**

Often the first point of contact with the juvenile justice system for parents is when they are called to pick up their son or daughter from detention following arrest, or when making an appearance before a juvenile court for a meeting or hearing. These can be intimidating events for the family as well as the youth, especially if there is a history of police involvement with family members or a lack of English proficiency. The suggestions that follow are derived from the experience of parental advocacy groups; unfortunately, there is not a research base from which these can be claimed to be best or promising practices (Huff & Osher, 2002; 2006). They do, however, have the advantage of being based on common sense and ethical behavior.

**Promote Communication between Families and Police**

Police can promote parent involvement by calling parents when the youth is arrested, letting them know where their child is, and giving them an opportunity to be present during questioning. All youth, and especially youth with E/BDS and other disorders, have the potential to incriminate themselves, or because of their disorder, behave in ways that suggest to the court that they are at higher risk for dangerous behaviors. As soon as possible, the family should communicate information to the police about their child’s disability, de-escalation strategies, and the triggers that contribute to the behavior. Parents should always let their child know that he or she does not have to answer police questions unless an attorney is present. Parents of a child with E/BDS can preempt future problems by meeting with police in their own precinct to explain the disability and suggest strategies to the police that might prevent the escalation of behaviors.

**Guide Parents through the Court Process**

Juvenile court is confusing. Parents need to understand what to expect at each step, from the time the youth is questioned to when charges are made and hearings, arraignments, or a trial are held. They also need to understand the ramifications of the charges and their options. A parent-focused guide to the court process should include information about the purpose of each court appearance, who needs to be informed about the youth’s disability and the behaviors that may be, in part, attributable to the disability. Parents should check with the court in their state to see if there are any guides that explain what will happen in court. Examples of several state resources are listed in the appendix. In addition, disability issues are addressed thoroughly in a recently published book, *When Kids Get Arrested: What Every Adult Should Know*; by Sandra Simkins (2009) of the Rutgers University Law School.

Parent advocates and disability groups would do well to develop guides for parents that are specific to individual disabilities and...
state laws; they could include children’s rights to accommodations in court, aspects of a disability that might impact the credibility of a confession (i.e., not understanding the question but answering it anyway; answering the same question differently because they have language-processing disabilities or memory lapses; appearing “remorseless,” when in fact they have overwhelming anxiety and are expressing a “flat” affect). For those parents who cannot read, a short video explaining the process could be developed and played continuously in the waiting room before court. Parents spend a great deal of time waiting for their case to be called; having resources available would be a useful diversion.

Provide Training for Court Personnel

To promote greater family involvement, training should be available for police officers and other court professionals regarding how to interact with families, especially parents of youth with E/BDs and other disabilities. Training sessions should include representation from communities of color, Native Americans, and immigrants from the predominant cultures. This will help court staff develop skills in cultural sensitivity so they can recognize how bias, cultural fears, and personal experiences may give parents a different perception of the justice system. Training across multiple systems (mental health, substance abuse, etc.) and including the family could promote greater efficiency in identifying appropriate options, improve oversight, and provide a smoother transition back to the community.

Disability organizations such as Association for Retarded Citizens (ARC) and the National Alliance on Mental Illness (NAMI) have provided training about specific disabilities and how to manage challenging behaviors when police interact with adults who have mental illness (ARC, 2006; NAMI, 2001; Huff & Osher, 2002). Disability organizations could meet with police departments and ask that these trainings be made available to their officers. In many communities, crisis intervention training teams work closely with highly trained police officers and are knowledgeable about mental illness and parent’s rights in school and court. Training for court personnel is particularly important to help keep youth out of trouble. When youth with E/BDs who are on probation return to school, they often face challenges. If their disability needs are not met through their IEP, or if, given their disability, the conditions of parole are unrealistic, they may be cited for behaviors that become a violation of probation. Through the Juvenile Justice project at PACER, trainings have been developed for police and probation officers regarding emotional, behavioral, cognitive, and academic disabilities, special education mandates, and interventions. Information about these trainings can be accessed on the PACER website (www.pacer.org) or by contacting the author at PACER.

Integrate Parent Advocates into the Juvenile Justice System

Parent advocates and staff of disability organizations and parent centers can play an important role in promoting family involvement in the juvenile justice system. Justice system personnel can make connections with advocates by referring families. Parent advocates can help parents provide the court with documents that indicate how aspects of E/BDs or other disorders may be factors in the behavior that precipitated a juvenile’s charges. They also can assist parents in compiling data about any mitigating circumstances related to an arrest (e.g., the school was not following their child’s IEP, or the child was not taking needed medication at the time of the arrest). By making connections with parent advocate centers and disability groups in the community, the juvenile justice system also can gain assistance for parents during the probation period or with school issues. (For a link to a list of parent centers, see the appendix.)

Encourage Parent Training and Individual Assistance

Communities also can collaboratively develop training materials and host events with parent training and information centers and community parent resource centers, which are federal parent centers under IDEA (see www.TAALLIANCE.org for a list of centers in each state), and with disability groups for parents about preparing themselves and their child for court. Advocates and community leaders also can reach out to leaders in racially and culturally diverse communities and new immigrant communities and offer direct assistance to parents if they wish to develop a
statement to the court for a trial or a hearing. When providing training and assistance, it is important to stress to parents that if their child has committed a crime, he or she needs to take responsibility for his or her behaviors. However, parents can advocate for a placement that provides appropriate mental health services, shows an understanding of youth with E/BDs, and is open to family involvement. Finally, courts can provide stipends for travel, child care, and meals when parents attend court and training.

**Consider Family-Friendly Sentencing Options**

Wherever possible, community-based consequences should be available so that families and children may work together with human service providers and agencies in meeting the terms of the adjudication and probation. Juvenile court officers should recommend realistic court orders that consider the supports needed by the family to assist with the youth’s mental health and behavioral needs as part of rehabilitation.

**Strategies to Improve Family Involvement in Out-of-Home Placements**

When a child is sent to an out-of-home placement, it may be difficult for parents to make the connections they need. Transportation issues, their own stressors, and perhaps their own fears and issues because of the child’s challenging behaviors in the past can be barriers to involvement.

**While the Youth Is Incarcerated**

As soon as the child is sent to a facility, efforts should be made by phone or electronically to connect with the parent and obtain access to the child’s mental health and school records. Facilities can encourage family involvement by inviting parents to participate in planning or addressing issues regarding family or individual therapy via conference calls or video conferences, by providing transportation stipends so parents can attend meetings at the facility, and by offering stipends for child care and meals. If parents are working with a case manager, the case manager can advocate for assistance in conferencing or driving to the facility. Meetings should be arranged around parents’ work schedules or other obligations so that adults do not have to make decisions between losing pay or not meeting obligations and advocating for their child.

If the child has an IEP, then by law, a meeting must be held to change the IEP to reflect a “change in placement.” In many cases, the youth may require additional evaluation if testing has not occurred in a timely fashion; children must be evaluated at least every three years unless parents and schools agree no testing is needed. Parents can make these requests just as they would in a regular public school. If parents are not involved, efforts should be made to have a “surrogate parent” appointed under IDEA who is independent and able to act in the best interests of the child.

**Returning Youth to the Community**

Parents need to be involved in the preparation for their child’s return from the out-of-home placement to the community. While most parents are relieved to have their child back at home, they also may worry that he or she will have the same difficulties as before. Planning with the parent for the child’s return, and helping them access the necessary mental health and other supports, not only alleviates the family’s fears, but also is key to reducing the possibility of recidivism.

Preparation for the return includes working with the local school district as soon as a child enters an out-of-home placement. It also involves coordinating the exchange of information between the facility and the school, making changes to the IEP as needed to address transition planning, and integrating new strategies in the IEP when the child returns to a community school (for more ideas on transition services see Griller Clark & Unruh, this issue).

If youth require mental health services, rehabilitation services for drug or alcohol abuse, or any other services related to their disability, parents might need assistance to arrange those supports. For many parents, this may mean the assistance of a county mental health provider. Parents may also need counseling and assistance in managing their child when he or she returns. In-home family counseling and intensive supervision with probation officers may reduce the potential for recidivism.
Models of Coordination

Given that many families with children with E/BDs and other disabilities also have involvement in other systems, it is important to develop a coordinated system to include the court, schools, mental health system, and child welfare systems. A coordinated model would include a plan for establishing parent engagement while the child is in the correctional setting and removing barriers to parent involvement. The use of evidence-based practices for meeting the needs of youth and families (preferably those that stress family involvement, community-based services, and strength-based approaches) should be promoted. Throughout the youth’s involvement with the juvenile justice system, integrated strategies are necessary to involve families when their child is in a correctional setting so that they can benefit from supports and rehabilitation efforts in the placement, learn helpful strategies, and connect with services that will prevent recidivism. Juvenile courts should identify and access funding for programs, staff training, and outreach to underrepresented communities so parents can be involved when their child is in the juvenile system. The principles of such models are incorporated in the concept of a system of care (Stoul & Friedman, 1986). The research needed to validate practices to make such a system a reality is in its infancy. However, several models have shown promise.

Models for Improving Family Involvement

Several research-based models have been developed that integrate cross-disciplinary and intensive family-focused approaches in addressing violence prevention among youth with a history of mental disorders and E/BDs who have been, or are at-risk of, involvement with the juvenile justice system. Several of these models have been cited for successfully reducing juvenile involvement in court and increasing family skills and positive involvement in children’s lives. They include MST and FFT, which have been implemented for more than a decade in multiple sites and which are identified as Model Programs by the Center for Study and Prevention of Violence (2010). A relative newcomer, the FIT program in the state of Washington, also is highlighted. As is the case in most models identified as recommended treatment, success is dependent on adherence to constructs of the treatment model.

Multisystemic Therapy

Multisystemic therapy is a family and community based intervention that regards family involvement as fundamental in impacting and improving the conduct of youth with serious behavioral problems. Many of these youth are at risk for or already involved with the corrections system. MST is an intensive and focused program that works with families and youth in their natural settings; these include the school, peers, and other networks in which the youth is involved. By working in a youth’s natural settings, efforts at altering problematic behaviors and reinforcing positive behaviors can be achieved across the spectrum.

Moreover, the staff work with parents, caregivers, or guardians so they can acquire more effective parenting skills that will enable their child to respond more effectively and in socially appropriate ways. The staff work simultaneously with youth to understand and redirect problematic interactions involving family, school staff and peers, and help youth to develop more appropriate and effective responses. The program is individually designed according to the needs of each teen and their family, and incorporates a combination of family therapy, cognitive behavior and therapy parent training as necessary.

Caseloads are lower than average, thereby increasing the potential for regular contact and for greater potential in changing behavior.

MST is also effective with youth who have significant mental health issues, including depression and anxiety.

Outcomes are positive for reduced recidivism, greater school success, and generalizing strategies learned to the larger community (Henggeler, Clingempeel, Brondino, & Pickrel, 2002; Schaeffer & Borduin, 2005).

Functional Family Therapy

Like MST, FFT is a multisystemic approach to intervention, in that it focuses on the treatment system, family and individual functioning, and the therapist as major components. The therapist guides the family through three phases of intervention: engagement and motivation, behavior change, and generalization. Each phase addresses identified risk and protective factors, and assessment is ongoing.
in each, using a systematic tool, the Functional Family Assessment Protocol. The Clinical Services System (CSS) is a software tool that allows therapists to track the activities (i.e., session process goals, comprehensive client assessments, and clinical outcomes) essential to successful implementation (Center for Study and Prevention of Violence, 2010).

Research supports FFT as a highly effective practice when compared with standard juvenile probation services, residential treatment, and alternative therapeutic approaches. Both randomized trials and nonrandomized comparison group studies (Alexander et al., 1998) found that FFT significantly reduces recidivism for a wide range of juvenile offense patterns. In addition, FFT may dramatically reduce the cost of treatment. A Washington State study, for example, reported savings of up to $14,000 per family (Aos, Barnoski, & Lieb, 1998). FFT also has been found to reduce potential new offending for siblings of treated adolescents (Klein, Alexander, & Parsons, 1977).

**Family Integrated Transition Program**

The FIT program targets reentry for youth with diagnosed mental health and other co-occurring disorders and their families. Reentry to the community is a critical time for all offenders, and especially for those with significant mental health needs. The FIT program considers its “most important task” to be the engagement of parents (Washington State Institute for Public Policy, 2004). FIT encompasses aspects of MST, as well as three other evidence-based programs—Dialectical Behavior Therapy, Motivational Enhancement Therapy, and Relapse Prevention/Community Reinforcement—in developing individual treatment plans and approaches. Each of these programs has been validated as evidence based and cost effective and demonstrates a reduction in recidivism.

This approach is initiated with both youth and family within two months before the youth’s release and continues for 4–6 months after the youth’s return to his or her community. This step is consistent with the goal of preparing for reentry as early as possible. FIT focuses on identifying family strengths and promoting family empowerment by learning new and healthy strategies to support and monitor the child. Services are provided wherever they are needed: in home, at school, in the community, or in crisis situations. Where necessary, FIT staff remain connected with community services once youth complete the program. Results of evaluations showed that 18 months after release, the recidivism rate for the treatment group was 27% as compared with 41% in the control group (Public Behavioral Health and Justice Policy, 2010).

**Conclusion**

In many cases, families of incarcerated youth (especially those with E/BDs) have complex and challenging circumstances in their own lives. For most parents, however, their own challenges do not alter their commitment to their child or their search for solutions. Unfortunately, while the juvenile justice system in 2010 is committed to system reform and best practices, it has yet to address better approaches to engaging and including families in a meaningful way. While much is written about the family’s contribution to a child’s behavior and ultimate involvement in the juvenile system, less is written about why strategic models and efforts that work in empowering and assisting families to help their child are not implemented. The family backgrounds of youth in the juvenile justice system may be varied and complex, but the need remains to interact with and reach out to family members who can be a powerful force for positive change.

This article has considered the barriers to parent involvement as well as approaches that engage families and enable a significant proportion of children to remain at home and in their communities without returning to the juvenile justice system. These approaches are cost effective, intensive, and require oversight and commitment, not only by the family and the child, but also by the systems and courts that judge them. The effective use of these approaches requires a commitment of many systems central to the child’s life to engage in a meaningful way, using established practices in a consistent manner. For these worthwhile interventions to be implemented, it is important to commit to working collaboratively to support system reform.

**REFERENCES**

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MANUSCRIPT

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Appendix

National Technical Assistance ALLIANCE for Parent Centers (the ALLIANCE)

Find a list of U.S. Parent Centers at: http://www.taalliance.org/ptidirectory/index.asp

PACER Center

8161 Normandale Blvd.
Minneapolis, MN 55437
Phone: 952-838-9000
Web site: PACER.org
E-mail: PACER@PACER.org

State Resources for Parents about the Court Process


