Improving family-centered care in Juvenile Justice Institutions

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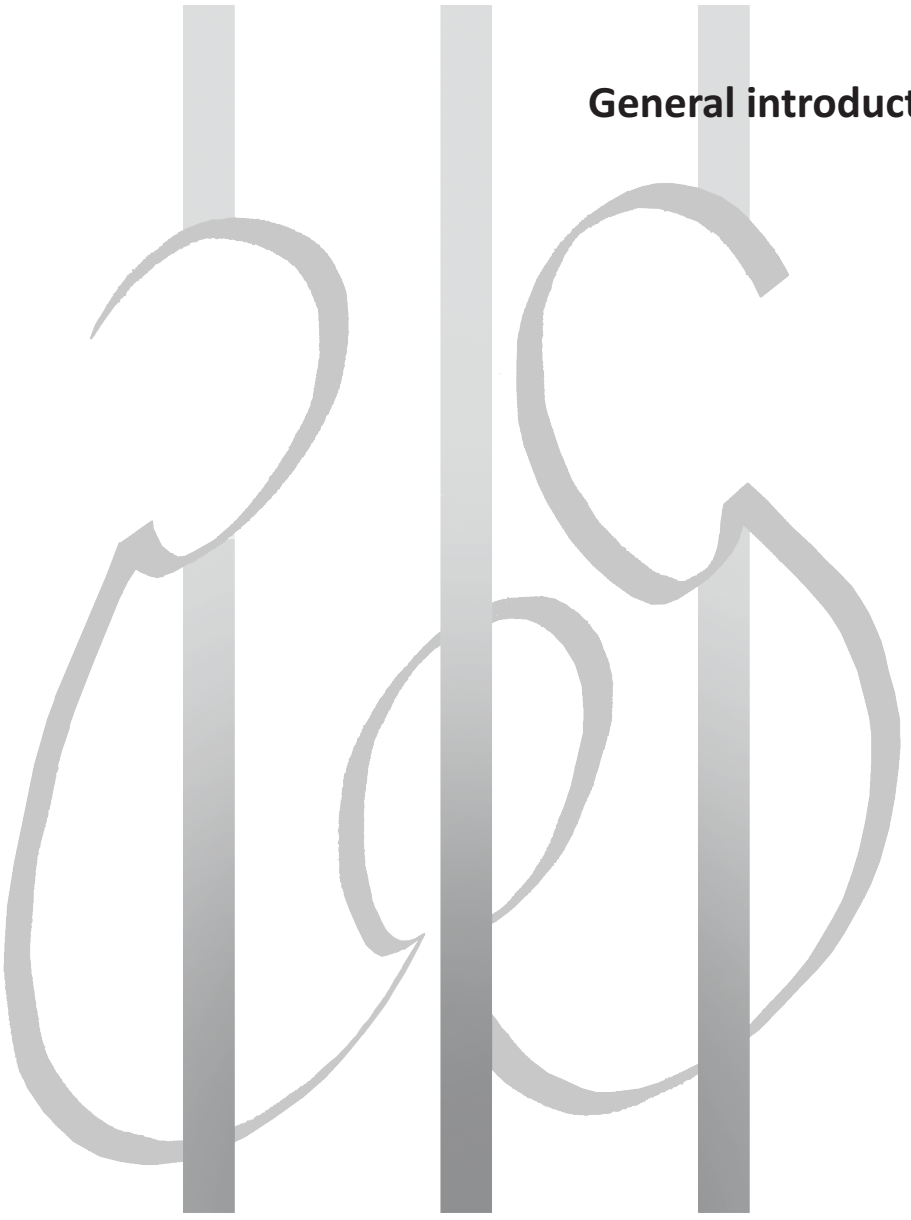
Chapter 1

General introduction



The importance of family-centered care in Juvenile Justice Institutions

Over the past decades, a trend emerged in which professionals increasingly involved parents in care for youths with problem behavior. Involving parents in the treatment of troubled youth is important for obtaining and maintaining optimal treatment outcomes (Barth, 2005; Burke, Mulvey, Schubert, & Garbin, 2014; Garfinkel, 2010; Hair, 2005; Keiley, 2007; Latimer, 2001). Particularly for youths in contact with juvenile justice, parental support is beneficial in terms of treatment engagement, well-being, behavior, and recidivism (Walker, Bishop, Pullman, & Bauer, 2015). In case of juvenile detention as well, involving parents has been demonstrated to contribute to achieving positive child and family outcomes (Burke et al., 2014; Latimer, 2001; Monahan, Goldweber, & Cauffman, 2011; Woolfenden, Williams, & Peat, 2002).

When adolescents in the Netherlands are suspects of, or convicted for, criminal behavior, placement in a Juvenile Justice Institution (JJI) is one of the options for juvenile judges. As poor family functioning is common among juvenile offenders (Belenko & Dembo, 2003; Dembo et al., 2000), treatment of these youngsters as well as their families is encouraged (Dakof et al., 2015; Hoeve et al., 2007; Mulder, Brand, Bullens, & van Marle, 2011). The relevance of involving parents in the treatment of delinquent youth is underscored by the finding that poor parenting skills predicted juvenile recidivism. More specifically, the severity of recidivism was shown to be related to criminal behavior of family members, parental alcohol abuse, lack of parental emotional support, past neglect, and physical abuse (Mulder et al., 2011).

Because of the above-described protective effects of involving parents and in an attempt to minimize risk factors for future criminal behavior, parental participation during their child's detention is considered essential. 'Parent' refers to all primary caregivers. As the overall aim of this thesis is to optimize care for detained youth by contributing to the knowledge, policy, and practice of family-centered care in JJIs, our focus is on optimizing parental participation in JJIs.

Evolving towards Family-centered Care in JJIs

In order to protect the society and reduce recidivism, treatment of delinquent adolescents in forensic settings was traditionally predominantly youth-focused. Accordingly, parents were kept at a distance and were barely involved in their child's treatment during detention in a JJI (Sectordirectie Justitiële Jeugdinrichtingen, 2011; Vlaardingerbroek, 2011). Realizing the importance of involving families during adolescents' detention to ensure successful reintegration, JJIs in the Netherlands started to implement some family-oriented activities in their usual care program. For short-term detention groups, this included the mentor to call the parents on the first day when the adolescent enters the JJI. Subsequently, it included the mentor having weekly phone calls, inviting parents for a meeting and a tour, and asking parents to sign the treatment goals as set by the adolescents. Additionally, parents were asked to provide feedback on the first treatment plan, and to be present at the second treatment plan discussion (Stuurgroep YOUTURN, 2009). The so-called YOUTURN methodology was implemented in every JJI in 2010 (Stuurgroep YOUTURN, 2009). Although this integration of family-oriented activities preluded a paradigm shift and was in theory a good start to involve parents, YOUTURN did not contain a wide range of options for parental participation, while additional family-oriented activities were quite non-committal according to the manual. Additionally, its guidelines with regard to collaborations with parents were neither well-translated nor implemented into practice. In a process evaluation of YOUTURN, parental participation was described as poorly embedded. Staff members lacked tools to successfully establish contact or collaborations with parents, and were not sufficiently aware of their tasks with regard to parents. Moreover, the training in YOUTURN did not place enough emphasis on working with parents. Consequently, staff did not adequately perform the tasks related to parental participation (Hendriksen-Favier, Place, & van Wezep, 2010).

In a new effort to improve this situation, the Netherlands Government issued a national position paper in 2011 encouraging JJIs to improve parental participation (Sectordirectie Justitiële Jeugdinrichtingen, 2011). However, this paper only contained broad outlines which every JJI needed

to detail for implication in everyday practice. Subsequently, two JJIs decided to offer evidence-based family therapies during detention: Multidimensional Family Therapy, MDFT (Liddle, Dakof, & Diamond, 1992; Rigter & Liddle, 2011), and Functional Family Therapy, FFT (nowadays RGT in Dutch) (Alexander & Parsons, 1982; Spanjaard & Breuk, 2013). However, family therapists experienced that the outpatient nature of the therapies did not translate fluently to the secure residential setting of a JJI. Therefore, an adapted version of MDFT was developed for residential settings (Mos, Jong, Eltink, & Rigter, 2011). Family-centered care, however, entails substantially more than providing family therapy for specific families only. It requires profound involvement and participation by parents in their child's everyday live in the JJI. However, as adolescents are placed in JJIs after ruling of a juvenile judge, placement is mandatory in which neither youths nor parents have a say (Janssens, 2016). Consequently, welcoming parents at a place where their child is hold against their and their child's will, is somewhat paradoxical and thus challenging for JJIs.

To provide JJIs with clear guidelines on how to improve parental involvement and participation during their child's detention, the Academic Workplace Forensic Care for Youth (in Dutch: AWFZJ, www.awrj.nl) took up the challenge to develop a program for Family-centered Care (FC) in JJIs.

Academic Workplace Forensic Care for Youth (AWFZJ)

By bridging the gap between practice, research, education, and policy, the AWFZJ aims at improving care for forensic youth and to reduce recidivism. For this purpose, two JJIs, two universities, two centers for child and adolescent psychiatry, and two universities of applied sciences in the Netherlands agreed on an intensive collaboration, which was financially supported by ZonMw and the Dutch Ministry of Safety and Justice. AWFZJ-projects are accompanied by practice-based research, with the emphasis on achieving applicable knowledge and on developing and implementing methods. The development, implementation, and evaluation of the FC program was one of these projects.

As applicability in practice is essential for the AWFZJ's mission, we opted for a bottom-up approach in which staff of the two JJIs, Dutch family therapists from MDFT and FFT (RGT in Dutch), and researchers collaborated on the development of the FC program. In workgroup sessions, the theoretical background of both family therapies (Rigter & Liddle, 2011; Spanjaard & Breuk, 2013), the broad perspective from the national position paper (Sectordirectie Justitiële Jeugdinrichtingen, 2011), and the few family-oriented activities from the YOUTURN methodology (Stuurgroep YOUTURN, 2009) were further developed and extended. All these components were translated into practice by providing clear guidelines and directions for providing family-centered care in JJIs. As a result, the FC program was launched, accompanied by training workshops for JJI staff, which were also developed in the workgroup sessions.

Along the course of this AWFZJ-project, practice and research worked side by side. Parallel to developing the FC program, the study protocol was also being developed. The details about the stages and contents of our study were discussed and detailed in the workgroups. This helped JJI staff to prepare for the requirements of our study, and ensured that study activities would be attainable in daily practice. Subsequently, the frequent feedback of research findings to staff members stimulated the implementation of FC in the living groups.

Aims of this thesis

The overall aim of this thesis is to optimize care for detained youth. Therefore, we focus on improving family-centered care in JJIs. In order to improve care for detained youth, we aim to optimize parental participation. Therefore, this study has five sub-aims. First, we aimed to describe the development and the content of our FC program, including the accompanying training and coaching procedures for JJI staff. Our second aim was to describe how we intended to evaluate FC in a mixed methods practice-based research study. The third aim was examining to what extent parents participated in family activities and identifying which factors predicted parental participation. The fourth aim was to understand what parents' needs are in family-centered care, what they

expect from activities, and from JJI staff members. The fifth aim of this thesis was to gain a deeper understanding of which factors parents consider to influence parental participation.

Outline of this thesis

In chapter 2, we describe the content of our FC program for short-term stay groups in JJIs including the accompanying training and coaching procedures for JJI staff. We additionally discuss our bottom-up approach in developing the FC program.

Chapter 3 presents the design of our explanatory sequential mixed methods study design. It offers an example of how a practice-based research study on evaluating care in a challenging setting such as a JJI could be organized. It discusses three stages of our study and shows how quantitative and qualitative research strategies are combined.

Chapter 4 describes to what extent staff members in a JJI are able to motivate parents to participate after implementing the FC program. Parental participation is operationalized by three family-centered activities (a) family meeting, (b) visits during regular visiting hours, and (2) participation in measurements. Additionally, we use regression analyses to identify predictors for parental participation during their child's detention.

In chapter 5, we focus on parents' perspectives on family-centered care in JJIs. This chapter presents the results of a qualitative study among parents whose son is detained in a JJI. Parents are purposefully selected and data are collected through semi-structured interviewing. This chapter answers how these parents wish to participate during their child's detention and what they expect from contacts with JJI staff. This knowledge could help JJI staff members to increase parental participation.

Chapter 6 presents which factors parents consider to influence parental participation during their child's detention. Data are collected through semi-structured interviewing purposefully selected parents. In this chapter, we aim to identify which factors could facilitate or hinder parental

participation, and to translate this knowledge into implications for policy and practice in order to improve FC.

Finally, chapter 7 consists of a summary of the main findings of the foregoing chapters. This chapter also contains the general discussion of this thesis, in which its strengths and limitations are discussed, as well as implications for practice, for policy, and suggestions for future research.

Chapter 2

A program of family-centered care for adolescents in short-term stay groups of juvenile justice institutions

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Abstract

Background: To provide successful treatment to detained adolescents, staff in juvenile justice institutions need to work in family-centered ways. As juvenile justice institutions struggled to involve parents in their child's treatment, we developed a program for family-centered care.

Methods: The program was developed in close collaboration with staff from the two juvenile justice institutions participating in the Dutch Academic Workplace Forensic Care for Youth. To achieve an attainable program, we chose a bottom-up approach in which ideas for family-centered care were detailed and discussed by workgroups consisting of group leaders, family therapists, psychologists, other staff, researchers, and a parent.

Results: The family-centered care program distinguishes four categories of parental participation: (a) informing parents, (b) parents meeting their child, (c) parents meeting staff, and (d) parents taking part in the treatment program. Additionally, the family-centered care program includes the option to start family therapy during detention of the youths, to be continued after discharge from the juvenile justice institutions. Training and coaching of staff are core components of the family-centered care program.

Conclusions: The combination of training and the identification of attainable ways for staff to promote parental involvement makes the family-centered care program valuable for practice. Because the program builds on suggestions from previous research and on the theoretical background of evidence-based family therapies, it has potential to improve care for detained adolescents and their parents. Further research is required to confirm if this assumption is correct.

Background

Treating incarcerated adolescents effectively requires involving their parents (Keiley, 2007). When treating delinquent youth, both protective and risk factors within the family domain must be addressed. Protective family factors include parental support, positive family interactions, personal assets of family members, future orientation of family members, and the family's support network

(Boendermaker & Ince, 2008; Gavazzi, Wasserman, Patridge, & Sheridan, 2000). Risk factors include lack of parental monitoring or inept discipline, poor family functioning, maltreatment, low family affection and warmth, and parental problems such as drug (ab)use, psychopathology, and criminal activity (Boendermaker & Ince, 2008; Hoeve et al., 2007; Mulder, Brand, Bullens, & van Marle, 2011; Tarolla, Wagner, Rabinowitz, & Tubman, 2002). If the family of the delinquent adolescent is not given appropriate attention, poor family functioning is likely to persist, influencing the prospect of the youth to get involved in the juvenile justice system (Coll, Juhnke, Thobro, Haas, & Robinson, 2008; Delhaye et al., 2012; Hoeve et al., 2009; Nijhof, van Dam, Veerman, Engels, & Scholte, 2010).

Involving parents in juvenile justice is considered important for promoting positive child and family outcomes (Burke, Mulvey, Schubert, & Garbin, 2014; Woolfenden, Williams, & Peat, 2002). Family-centered approaches were shown to decrease youth recidivism (Garfinkel, 2010; Latimer, 2001). A recent meta-analysis has shown that adolescents with severe behavior problems benefit more from family therapy compared to their peers with less severe behavior problems (van der Pol et al., 2017). Notwithstanding the evidence, there is a lack of active and positive parental involvement in the juvenile justice system (Peterson-Badali & Broeking, 2010). Intervention programs offered to adolescents in youth detention institutions all too often do not adequately address the youth's family (Tarolla et al., 2002). Treatment instructions for involving parents of youths involved in the juvenile justice system are missing (Burke et al., 2014; Gately, 2014; McLendon, McLendon, & Hatch, 2012). Until recently in the Netherlands, parents were kept at a distance and were hardly involved in their child's treatment during detention in a Juvenile Justice Institution (JJI) (Sectordirectie Justitiële Jeugdinrichtingen, 2011; Vlaardingerbroek, 2011). The resulting gap between home and the JJI is likely to impair rehabilitation after detention. When families are not engaged in treatment during detention, it is difficult to convince them to take part in family-based outpatient treatment interventions (Mos, Jong, Eltink, & Rigter, 2011).

Realizing the importance of involving parents, Dutch JJIs incorporated a few family-oriented activities in their usual care program. These activities included staff calling parents once a week or

inviting parents to key meetings where the intervention plan for their child is being discussed (Stuurgroep YOUTURN, 2009). Although promising, JJIs were found to not properly adhere to these instructions for involving parents (Hendriksen-Favier, Place, & van Wezep, 2010). Ways to involve parents were not systematically implemented in practice and staff were not properly trained in working with parents. Therefore, in 2011, the Netherlands Government issued a national position paper encouraging JJIs to improve parental participation (Sectordirectie Justitiële Jeugdinrichtingen, 2011). This paper however only sketched a broad perspective, which needed to be detailed for implementation in everyday practice. Therefore, we took up the challenge to improve care in JJIs by developing the program for family-centered care (FC). Most youths in JJIs are initially detained in a short-term stay group, for a maximum period of 90 days, awaiting the final ruling of the juvenile judge. The judge may decide that the adolescent is to be released, or to be detained longer. In the latter instance, the adolescent usually is transferred to a long-term stay group for detention lasting many months or years (Simons et al., 2016). We developed two versions of FC, one for short-term stay groups and one for long-term stay groups. The present paper discusses the short-term stay version.

Methods

The development of the FC program was one of the projects of the Academic Workplace Forensic Care for Youth (in Dutch: AWFZJ). The AWFZJ aims to bridge the gap between practice, research, education, and policy in forensic youth care by carrying out practice-based research. Two JJIs, two universities, two centers for child and adolescent psychiatry, and two universities of applied sciences in the Netherlands collaborate in this workplace to improve care for forensic youth and to reduce recidivism. The AWFZJ aims to translate research results into practice. In our study protocol paper, we describe the full background and methods of our study on FC (Simons et al., 2016).

We have developed the FC program in close collaboration with staff from the two JJIs participating in the AWFZJ. The family work in our program was based on the theory and practice of

two evidence-based therapies, i.e., Multidimensional Family Therapy, MDFT (Liddle, Dakof, & Diamond, 1992) and Functional Family Therapy, FFT (Alexander & Parsons, 1982). Main points of the underlying theory are (Liddle, 2016; Rigter & Liddle, 2011; Spanjaard & Breuk, 2013):

- The problem behavior of the adolescent, delinquency in this instance, is shaped by risk and protective factors from all major social domains of which he or she is part: the person himself, family, friends and peers, school and work, leisure time environments, and justice and probation authorities, including the JJI staff. These domains influence each other constantly and all these domains must be targeted to achieve lasting treatment success. Reinforcing protective factors will serve as a buffer against the influence of risk factors.
- Most adolescent problem behavior consists of a combination of troubles, e.g., delinquency, substance abuse, truancy, and comorbid mental health problems. Epidemiological models have shown that these problem behaviors tend to reinforce each other, which jeopardizes treatment attempts. Therefore, JJI staff and therapists need to address the full array of problems, at the individual level of the adolescent, and any other level, including the family.
- Family therapy has a relational focus. Besides focusing on the family and family relationships, the therapist also works with the other social domains. According to theoretical notions, lack of knowledge about problem behavior among youths, parents, and staff, family malfunctioning, and poor communication between family members all have been found to contribute to the incidence and persistence of adolescent problem behavior. This calls for (psycho-) education, training family members to properly communicate with each other, and training the parents in parental skills, such as setting and enforcing home rules.
- Key to effective interventions is motivating the adolescent and the parents to take part in FC and eventually in family therapy. Treatment motivation cannot be taken for granted. Motivating the adolescent and parents to join FC activities and family interventions takes time and requires a thorough understanding of the pathways leading to problematic

behavior. The theory underlying family therapy further encourages the therapist to bond with both the adolescent and his parents in a committed, but neutral way. In other words, therapists—but also any other JJI staff—need to establish non-conflicting therapeutic alliances with both the youth and the parents.

We discussed the family therapy insights in workgroups of JJI group leaders, family therapists, psychologists, other JJI staff, and researchers. Based on these insights, ideas for FC were detailed and discussed. As applicability in practice was an important goal for the AWFZJ, we chose a bottom-up approach for developing the FC program. Each of the participating JJIs had a local workgroup, of which representatives took part in a central workgroup (see Figure 1). One parent attended the meetings of the central workgroup as an advisory member on behalf of the Dutch parents association for children with developmental disorders and educational or behavioral problems. In the workgroups, we strived to translate the theoretical background of family therapy (Rigter & Liddle, 2011; Spanjaard & Breuk, 2013) and the broad perspective from the national position paper (Sectordirectie Justitiële Jeugdinrichtingen, 2011) into practice by providing guidelines and directions for family-centered care. The FC program is compatible with the usual care programs in JJIs in which only a few family-oriented activities were already incorporated (Stuurgroep YOUTURN, 2009). The workgroups also developed training workshops for JJI staff.

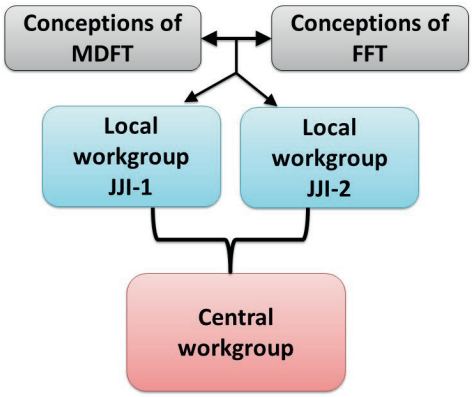

Figure 1. Bottom-up approach in devising the FC program.

Results

The bottom-up workgroup sessions resulted in a manual describing how to deliver family-centered care in short-term stay groups in JJIs (Mos, Breuk, Simons, & Rigter, 2014). The manual starts by explaining the meaning of family-centered care: i.e., JJI staff actively involve parents in the guidance and treatment of their detained child. FC expects the entire institution to propagate family-centered care and all employees to embrace a systemic vision. In FC, staff work in a family-centered way. This starts as soon as the youth enters the JJI and continues throughout the stay. FC is integrated in all methods and procedures in the JJI and is therefore not considered to be a new form of therapy. Rather, FC changes practices for JJI staff regarding all youths and their parents. Therefore, FC is considered to be part of the basic program for delivering care in JJIs. Interventions within FC are selected according to the needs of adolescents and their parents. In FC, staff help families towards a better functioning. FC emphasizes that treatment gains during detention need to be maintained when the child returns home and recognizes that relapses are opportunities for change and growth. Therefore, staff help the adolescent to rehabilitate after discharge. Overall in FC, the trajectory during the youth's detention is transparent to the adolescents and his parents, and staff understand the complexity of family-centered care in a closed facility. Because of the high variation in duration

of adolescents' stays, FC does not follow fixed time schedules; the activities are scheduled according to the needs of the adolescent and his parents during detention. FC offers much room for tailoring by group workers.

FC aims to improve parental participation rates, first by training staff in family-centered work according to the theoretical principles outlined above. The purpose of the training is for staff to increase systemic competencies and to develop a systemic perspective, i.e., being constantly aware of the importance and relevance of social domains, most notably the family, to prevent the youth from relapsing into problem behavior. In the systemic perspective, adolescents are seen as part of a family and this family is part of the solution for the current crisis.

Implementing FC introduces a different approach of treating detained adolescents. Involving parents in their child's everyday life and throughout their child's detention becomes routine in JJI procedures. This involvement is operationalized by the following activities: (a) informing parents; (b) parents meeting their child; (c) parents meeting staff; (d) parents taking part in the treatment program. Each activity will be explained in detail below. Through involving parents in every aspect of their child's detention, FC aims to increase youths' and parents' motivation for treatment interventions. Theories underlying family therapy see reconnection of the parents and child as a strong boost for treatment motivation. The four sets of activities in FC serve to reconnect the family members, and are therefore considered crucial for achieving positive treatment outcomes. If involving parents is routine and if staff establish working alliances with youths and parents, youth may be more willing to accept their parents' participation, both may feel more appreciated, and parents may be more motivated for participation.

Family-centered care: informing parents

In FC, parents are provided with adequate and timely information on procedures, developments, and events. Parents are contacted by telephone on the first day their child enters the JJI. The person best suited for making this call is the mentor; the group worker who has been assigned to

the adolescent concerned. In this first contact, the mentor stresses that the best way to effectively treat the adolescent, is with the help of the parents. The mentor explains the importance of parents' involvement during their child's stay in the JJI. From there on, the mentor has at least weekly telephone contact with the parents to ensure that they monitor their child's behavior in the JJI and the progress made in achieving the treatment goals. In addition to the calls by the mentor, the child's psychologist, or pedagogue (hereafter jointly referred to as psychologist), informs the parents about the nature of their child's problems, and about psycho-education and treatment opportunities.

Family-centered care: parents meeting their children

One goal of FC is to increase parents' motivation to visit their child frequently. By Dutch law, parents have a privileged status in visiting their children in a JJI. In FC, the opportunities for parents to visit their child are no longer restricted to the regular visiting hours, as parents are actively invited to engage in their child's everyday life in detention. Parental participation moves beyond seeing the youth in the visiting room. Parents are offered a tour through the JJI and are invited to attend activities of the so-called "living group" in which their child has been placed. Some of these activities that are open to parents are organized on a regular basis, such as family evenings. Other group-based activities are more spontaneous and less structured, tailored towards the needs of the youth and his parents. Examples of the latter are cooking and/or dining, game nights, or celebrations of birthdays or of diplomas obtained. Parents are encouraged to play a part in their child's everyday life in the JJI in the hope that the family bond will strengthen and communication will improve, through which trust can rebuild. This provides families with the opportunity to share positive experiences.

Family-centered care: parents meeting the staff

In the first week of detention, the mentor calls the parents and schedules a so-called "family meeting" for the third week, to be attended by the parents, the youth, the mentor, and the psychologist. If, based on the available information about the family, the meeting is expected to be

complicated, the psychologist may consult a family therapist in advance. If needed, the latter is available to assist during the family meeting.

At the beginning of the family meeting, the psychologist first sits down with the parents alone to welcome them and to make them feel at ease. The psychologist stresses how important parents are for their child, and for the JJI to provide the best care and treatment. Spending time with the parents enables the psychologist to learn about the family history, and about family-based protective and risk factors, and other important domains shaping the adolescent's behavior. After half an hour, the mentor and the adolescent join the meeting. The second part of the family meeting allows the parent and child to interact with each other in a positive way (to be encouraged by the psychologist and the mentor). At the same time, it allows the psychologist to observe the family dynamics. This information will later be used in the treatment. A third part of the meeting serves to discuss the adolescent's problem behavior and the content of the treatment plan to be drafted. Shared-decision making is encouraged; input in this plan from the parents and the adolescent is required and essential for increasing treatment motivation. For as long as the adolescent stays in the JJI, the parents are invited to follow-up meetings with the psychologist, the mentor, and the adolescent to evaluate the progress according to this treatment plan.

Family-centered care: parents taking part in the treatment program

In FC, parents are always informed about their child's treatment program. Along the course of the adolescents' treatment, parents are invited to participate in their son's therapy sessions. Intervention programs such as aggression regulation training, social skills training, and offense analysis, often have their own terminology. To ensure that parents are able to communicate with their child about the therapy, parents join special sessions to learn the so-called "intervention language". Additionally, during the child's stay, staff pay attention to family relationships, communication, and dynamics, coaching both the adolescent and his parents towards more positive interactions.

In the first family meeting, JJI staff pay attention to the risk and protective factors influencing the problem behavior of the youth. Based on their findings, three trajectories are possible, see Figure 2.

1. FC without family therapy.
2. In FC, family therapy starts during detention and continues after discharge.
3. Further exploration is required to decide upon the appropriate trajectory.

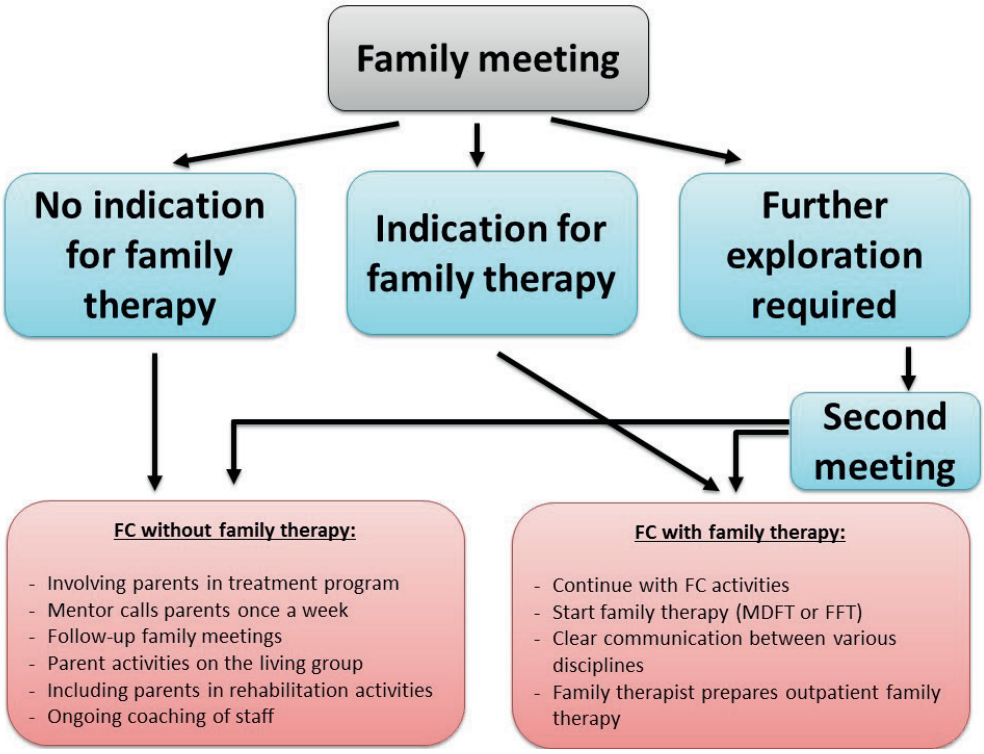

Figure 2. Routes in FC on short-term stay groups.

If family therapy is not indicated (first route), staff involve parents according to the above-described principles of FC and invite parents for family activities as described in the program manual.

In the second route, family therapy (FFT or MDFT) starts as soon as possible and continues as outpatient therapy when the adolescent is discharged from the JJI. The type of family therapy to

be chosen does not depend on theoretical considerations, but on the availability of either therapy within the JJI concerned. We assured that our FC program fits to both forms of family therapy. For the first residential phase, family therapy is adapted for use in closed settings such as JJIs (Mos et al., 2011). The family therapist schedules frequent family sessions and individual sessions with the youth or the parents. Within FC, family therapists adhere to the MDFT or FFT manual, while there is some degree of flexibility regarding the frequency of sessions depending on the needs of adolescents and their parents. During detention, family therapy aims to improve the relationship and communication between the family members. When the youth returns home, real-life practice for improving family functioning begins.

In case further exploration of the family process is required as in the third route, a second meeting is scheduled on short notice to thoroughly assess the topics at hand. This route is applicable in three circumstances. In first instance, important family themes need to be discussed before juvenile discharge, e.g., crises within the family or questions about living arrangements other than with parents. In the second case, the psychologist has doubts about whether family therapy is indicated and needs another meeting to make an informed decision. In last instance, family therapy is indicated but extra sessions are required to boost the family members' motivation to engage in family therapy. In all circumstances, the psychologist consults with the family therapist who is available to assist during or preparing for the second meeting.

Training staff in FC

The one-day training aims to familiarize staff with the principles of FC, to increase systemic competencies, and to ameliorate the implementation of family-centered work according to the FC manual. The training empowers staff to motivate parents for involvement. Once parents are engaged, bridges are built between family members and staff; between home and the JJI. During the training, special attention is paid to equip mentors of adolescents to motivate parents to visit their child in the JJI, as a mentor is the primary contact person for parents. Mentors are trained to contact,

inform, and involve the parents. The training helps staff to adopt a systemic perspective and basic conceptions of family systems theory are explained. In the training, staff learn to see parents as supportive persons who do their best to deal with a difficult situation, and who are essential for establishing positive treatment outcomes. Staff learn about the two-way interaction patterns between parents and their children and how to build multiple therapeutic alliances, i.e., having a good bond with the youth and the parents alike, without taking sides.

Through role-playing exercises, group workers and psychologists train their skills in communicating with families, in person and through telephone contact. Additionally, family meetings are practiced through which staff experience how to establish multiple therapeutic alliances. The training provides staff with tools in reframing, improving the interrelationships between family members, increasing hope and motivation for change, and reducing negativity and blaming while improving positive communication between family members. Psychologists receive a specialized one-day workshop to enhance their skills required for the family-focused assessment during the family meeting.

The training program for staff includes bi-annual booster sessions to ensure that skills are practiced, improved, and fine-tuned. These booster sessions take up halve a day in which trainers repeat information from the original training and evaluate the current state of affairs regarding family-centered work in the teams. Teams of staff members reflect on which aspects of FC go well, and on which aspects need improvement. The trainers use this information to shape the training into a customized program tailored to the needs of a specific team.

Besides the training and booster sessions, FC prescribes team coaching supervised by a family therapist. This coaching takes place during the team meetings, which are scheduled every other week in the JJI. The first team meeting reserves one hour for so-called “intervision”. During this intervision, group workers each present a problem or question regarding contact with parents on which he or she would like to receive feedback. One of the cases is selected for an in-depth discussion with colleagues, promoting systemic competencies and family-proof solutions for the

problem. The other team meeting reserves one hour for discussing the case from a systemic perspective; attentive to the family the youth originated from and, in most instances, will return to.

Discussion

We succeeded in developing a program of family-centered care (FC) for adolescents in short-term stay groups of JJIs (Mos et al., 2014). Our FC program changes the way in which parents are involved during their child's detention. The program moves beyond basic visitations for parents in the impersonal visiting room, towards parents being part of their child's everyday life in the JJI. In FC, parents are actively invited to play a prominent role during their child's detention and in their treatment. This involves being informed of every intervention, being part of decisions to be made, visiting the adolescent in his living group, taking part in living group activities, and joining meetings for parents. In addition, the FC program offers the opportunity to start family therapy during detention and to continue it on an outpatient basis after detention. Overall, training in FC changes the way in which JJI staff think about parents, which will be reflected in their work. The FC program is not only of interest for JJIs, but is easily translated to other residential settings as well. For example, the program has recently been adjusted for residential care institutions (Simons et al., 2017).

We expect FC to be successful because of its evidence-based background in which the program meets suggestions from previous studies. First and foremost, the FC program stimulates parental involvement, as is advocated by several previous researchers (Affronti & Levison-Johnson, 2009; Bekkema, Wiefferink, & Mikolajczak, 2008; Garfinkel, 2010; Geurts, Boddy, Noom, & Knorth, 2012; Whittaker et al., 2016). Other researchers stated that children should be seen as belonging to the families and that contact between children and family members should be considered as a right, not as a privilege (Garfat, 2011; Ridgely & Carty, 1998). Residential care should persevere and, if possible, strengthen the connections between children and their family members (Small, Bellonci, & Ramsey, 2014). Our FC program incorporated these views. Enabling parents to spend time with their

child in the JJI provides families with the opportunity for positive experiences and to engage in positive communication, which in turn strengthens the family bond. This helps rebuilding trust and hope for the future (Lyman & Campbell, 1996). Second, the FC program emphasizes the importance of telephone contact with parents initiated by JJI staff on the first day of the child's detention. This first contact is the beginning of building a relationship between staff and parents and sets the stage for successful parental involvement (Herman et al., 2011). Third, the family meeting enables staff to learn about parenting practices, family process, peer influence, and adolescent-specific characteristics (Slavet et al., 2005). As parents usually are the most reliable source of information about their children (Garfinkel, 2010; Rosenbaum, King, Law, King, & Evans, 1998), this meeting results in a better insight in the adolescent's problems. The family meeting might have an immediate therapeutic effect as well. If adolescents see how their offending behavior hurts family members, it is likely to increase their motivation for behavioral change and to promote a positive focus on the future (Mincey, Maldonado, Lacey, & Thompson, 2008). Fourth, the FC program encourages shared decision-making, which has previously been identified as part of the central focus of family-centered care (Small et al., 2014). Fifth, the FC program emphasizes the importance of tailoring interventions to the risk and protective factors within the family and to the needs of the adolescent and his family, as suggested by previous research (Kumpfer & Alvarado, 1998). Sixth, the FC program offers the opportunity to start family therapy during detention which can continue on an outpatient basis, as is also previously advocated by other researchers (Affronti & Levison-Johnson, 2009; Trupin, Kerns, Cusworth Walker, DeRobertis, & Stewart, 2011). Finally, the program is part of a package deal including training of staff. One of the building blocks of implementing FC in practice is increasing systemic competencies among staff (Barth, 2005). In FC training, staff learn about the mutual influence between youth problem behavior and family functioning, learn to see the family as part of the solution for the current crisis, and to build therapeutic alliances with parents. These themes and tools in the training are in line with recommendations for family-centered work (Alwon et al., 2000; Feinstein, Baartman, Buboltz, Sonnichsen, & Solomon, 2008; Garfat, 2011; Gately, 2014; Goyette,

Marr, & Lewicki, 1994; McDaniel & McKinney, 2005; Mos et al., 2011; Vlaardingerbroek, 2011; Walter & Petr, 2008), which might result in staff who are more sensitive in working with parents (Stern & Smith, 1999). The training includes role-play exercises, enabling staff to train their skills in working with families, both in person and through telephone contact (Herman et al., 2011).

Before the start of our project, JJIs in the Netherlands reached unsatisfactory levels of parental participation (Hendriksen-Favier et al., 2010; Sectordirectie Justitiële Jeugdinrichtingen, 2011; Simons et al., 2016; Vlaardingerbroek, 2011). Bearing this in mind, we realized that our FC program did not only need to be strongly evidence-based, but also had to be attentive to the attainability of our program in practice. Our bottom-up approach contributed to achieving our aim, although this is not enough to reach successful implementation in practice. In order to truly work in a family-centered way, JJIs need to fully embrace a family-centered approach. Successful implementation is only possible if all layers and disciplines of the institution adopt a systemic view and develop skills in working with families (Mos et al., 2011). Previous research has emphasized that the implementation of new interventions is challenging, especially in the case of family-focused interventions for youth with behavioral problems (Bekkema et al., 2008; Stern & Smith, 1999). Therefore, JJIs are encouraged to follow our bottom-up strategies to motivate staff for FC and to take the time to train staff in FC. The entire organization needs to be prepared for the implementation of a new program (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). Overall, if implemented carefully, the FC program has great potential for improving care for detained adolescents and their families. Improved care through FC might contribute to positive treatment outcomes and FC ensures a better connection with outpatient care after detention. Careful and successful implementation is a requirement for FC to live up to its potential. Whether FC is able to improve care for detained adolescents and their families, will be examined in a practice-based mixed methods study (Simons et al., 2016). In this study, we will address the following hypotheses comparing FC with usual care during detention: (1) FC increases parents' involvement with their detained child; (2) FC increases the motivation of the adolescent and his parents for accepting

treatment and guidance by JJI staff and for taking part in family meetings; (3) FC adolescents show less problem behavior; (4) FC improves family interactions; (5) FC parents experience less parenting stress; (6) FC youths more often return to their family's home upon discharge; (7) FC enhances adolescents' and parents' satisfaction with the JJI; and (8) in FC groups, JJI staff members are more satisfied, feel more confident in their contact with parents, and more often incorporate the family perspective in their thinking (Simons et al., 2016).

Chapter 3

Family-Centered Care in Juvenile Justice Institutions: A Mixed Methods Study Protocol

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Abstract

Background: Treatment and rehabilitation interventions in juvenile justice institutions aim to prevent criminal reoffending by adolescents and to enhance their prospects of successful social reintegration. There is evidence that these goals are best achieved when the institution adopts a family-centered approach, involving the parents of the adolescents. The Academic Workplace Forensic Care for Youth has developed two programs for family-centered care for youth detained in groups for short-term and long-term stay, respectively.

Objective: The overall aim of our study is to evaluate the family-centered care program in the first two years after the first steps of its implementation in short-term stay groups of two juvenile justice institutions in the Netherlands. The current paper discusses our study design.

Methods: Based on a quantitative pilot study, we opted for a study with an explanatory sequential mixed methods design. This pilot is considered the first stage of our study. The second stage of our study includes concurrent quantitative and qualitative approaches. The quantitative part of our study is a pre-post quasi-experimental comparison of family-centered care with usual care in short-term stay groups. The qualitative part of our study involves in-depth interviews with adolescents, parents, and group workers to elaborate on the preceding quantitative pilot study and to help interpret the outcomes of the quasi-experimental quantitative part of the study.

Results: We believe that our study will result in the following findings. In the quantitative comparison of usual care with family-centered care, we assume that in the latter group, parents will be more involved with their child and with the institution, and that parents and adolescents will be more motivated to take part in therapy. In addition, we expect family-centered care to improve family interactions, to decrease parenting stress, and to reduce problem behavior among the adolescents. Finally, we assume that adolescents, parents, and the staff of the institutions will be more satisfied with family-centered care than with usual care. In the qualitative part of our study, we will identify the needs and expectations in family-centered care as well as factors influencing parental participation. Insight in these factors will help to further improve our program of family-

centered care and its implementation in practice. Our study results will be published over the coming years.

Conclusions: A juvenile justice institution is a difficult setting to evaluate care programs. A combination of practice-based research methods is needed to address all major implementation issues. The study described here takes on the challenge by means of practice-based research. We expect the results of our study to contribute to the improvement of care for adolescents detained in juvenile justice institutions, and for their families.

Introduction

Delinquent youths often come from malfunctioning families. The problems of these families vary from disturbed mutual relationships, to drug abuse, delinquency, and poor mental health among family members (Belenko & Dembo, 2003; Dembo et al., 2000). In adolescents, the risk of committing criminal offenses is related to family factors such as poor parenting skills, lack of emotional support from parents, neglect and physical abuse, and criminal behavior of family members (Mulder, Brand, Bullens, & van Marle, 2011). Family therapy reduces criminal behavior of adolescents (Liddle, Rowe, Dakof, Henderson, & Greenbaum, 2009), and also improves family functioning (Henggeler, Melton, & Smith, 1992; Henggeler, Melton, Smith, Schoenwald, & Hanley, 1993; Ozechowski & Liddle, 2000). Therefore, intervention programs for delinquent adolescents should focus not only on the youth but also on the family in order to have the adolescent abstain from criminal activities (Dakof et al., 2015; Hoeve et al., 2007; Mulder et al., 2011; Walker, Bishop, Pullman, & Bauer, 2015). Such family-centered intervention programs could include family therapy (Liddle, Dakof, Henderson, & Rowe, 2011).

Whereas family problems are related to youth delinquency, the protective effects of positive parenting should not be ignored (Walker et al., 2015). Involving parents during their child's detention is important for improved outcomes for youth (Burke, Mulvey, Schubert, & Garbin, 2014).

Parental engagement and emotional support help to improve outcomes for youth in terms of treatment engagement, well-being, behavior, and recidivism (Monahan, Goldweber, & Cauffman, 2011; Walker et al., 2015). Additionally, recidivism rates decline if parents are more involved with their children in juvenile court (Garfinkel, 2010).

Until the start of the project that led to the current paper, care in youth detention centers in the Netherlands, called juvenile justice institutions (JJIs), has been mainly youth-focused, with little attention for the family. Realizing the importance of family factors, the Netherlands Government decided to encourage JJIs to adopt a family-centered approach. This has resulted in incorporating a few family-centered actions in all JJIs' usual care (UC) programs, such as staff calling parents once a week or inviting parents to key meetings where the intervention plan for their child is being discussed (Stuurgroep YOUTURN, 2009). However, JJIs were found to not properly adhere to this rather modest way of involving parents (Hendriksen-Favier, Place, & van Wezep, 2010), and methods to involve parents have not been systematically implemented in practice (Sectordirectie Justitiële Jeugdinrichtingen, 2011). The need for programs stimulating family involvement during a child's detention is not only of concern in the Netherlands, but is internationally recognized (Bernstein, Dolan, & Slaughter-Johnson, 2016; Justice for Families DataCenter, 2012). Families need to be heard, empowered, supported, and the ties between adolescents and their parents need to be strengthened by improving communication (Bernstein et al., 2016).

Previous studies have elaborated on the challenges to involve parents in juvenile justice services. Characteristics from parents and from the juvenile justice system can negatively influence parental involvement (Burke et al., 2014; Garfinkel, 2010). These parent characteristics include lack of resources for transportation, time constraints, fear of losing a job because of the time-consuming process, competing demands, and lack of child care for other children. Also, there may be medical concerns, and parents may feel failed and tired after years of struggle with their child's problem behavior. Parents may mistrust the institution because of previous negative experiences with service providers. Characteristics of the justice system that could hamper parental involvement include

staff's lack of respect towards parents, their unwillingness to work with parents, confusing communication with parents, time-consuming and not family-friendly processes, the lack of a cultural competent system, and the lack of communication in parents' native language (Burke et al., 2014; Garfinkel, 2010). Additionally, staff's negative attitudes can give parents the impression that they are seen as the problem instead of part of the solution (Garfinkel, 2010). Other factors are able to both facilitate and hinder parental involvement, such as availability of staff and flexibility of the system (Burke et al., 2014). A positive relationship between parents and their child prior to detention can positively influence parental engagement during their child's detention (Church II, MacNeil, Martin, & Nelson-Gardell, 2009).

Dissatisfied with the underdeveloped level of family-centered care in the Netherlands, two JJIs participated in the Academic Workplace Forensic Care for Youth (AWFZJ) to develop and evaluate a program for family-centered care (FC) (Mos, Breuk, Simons, & Rigter, 2014). The AWFZJ is a practice-based research collaboration between two JJIs, two universities, two colleges of applied sciences, and two centers for child and adolescent psychiatry. The AWFZJ developed two versions of the FC program, one for youth detained in short-term stay groups and one for youth detained in long-term stay groups.

We decided to examine if FC is beneficial for detained youths and their parents. We report here on the design of a study to evaluate FC in the first two years after the first steps of its implementation in short-term stay groups. Each short-term stay group has room for 10 adolescents. The groups are supported and monitored by JJI staff, so-called group workers (mostly social workers). The aim of the current paper is to describe the study protocol and to stress the potential of research studies in a challenging setting such as a JJI with its ethical dilemmas, the unfamiliarity of staff with research methodology, and with a difficult population with low treatment motivation (Brosens, de Donger, Dury, & Verté, 2015; James, 2013; Roest, van der Helm, & Stams, 2016).

Methods

Design

Our study has a practice-based nature. Carrying out research in a setting such as a JJI is challenging, as it is in most practice-based studies (Dodd & Epstein, 2012). It is virtually impossible to organize a randomized controlled trial in a JJI. First, judges are not likely to agree with randomizing adjudicated adolescents to different detention conditions. Second, JJIs struggle with relative instability of staff due to high turnover and high rates of absenteeism (Thompson, 2014). Another barrier for conducting research in JJIs is the unfamiliarity among most of the institution's staff with the principles and benefits of research studies (Brosens et al., 2015). To prepare JJI personnel for implementing and evaluating FC, we trained them to internalize FC rationale and FC practice and we organized a seven-month pilot stage. In the remainder of the pilot stage, we found FC short-term stay groups to differ in number and nature of family-oriented actions, although all group workers had received the same training. Also, we noticed that not every parent visited their child or attended every kind of family activity organized by the JJI. Additionally, the preliminary analyses of the pilot data showed the surprising finding that most parents and youths report few family problems, while at the same time they report motivation for family therapy. In setting up the actual study, we used feedback from staff and the results of monitoring the groups during the pilot stage to improve the FC program. Evaluating the pilot stage gave rise to our final study design, in which the pilot is considered as the first stage, see Figure 1.

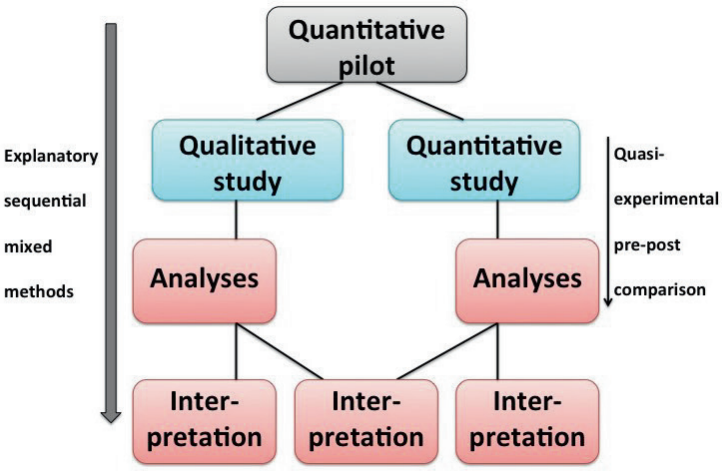

Figure 1. Study design.

In our study, we employ a mixed methods design in which quantitative and qualitative research methods are combined (Creswell, 2008). In mixed methods studies, qualitative and quantitative stages of data collection can occur concurrently or sequentially and can be nested in each other (Creswell, Plano Clark, Gutman, & Hanson, 2003; Doyle, Brady, & Byrne, 2009). We utilize an explanatory sequential mixed methods design (Creswell, 2015) with a large concurrent stage. The first stage of the sequence consists of the quantitative pilot. The second stage of the sequence involves concurrent qualitative and quantitative components. In the third stage, which is integral part of the study, we distinguish data analyses and interpretation. Part of the interpretation concerns the integration of qualitative and quantitative outcomes.

The qualitative part of our study is used to elaborate on the preceding quantitative pilot outcomes and to discuss further interpretations of the quantitative quasi-experimental pre-post study outcomes. This qualitative part can help to gain insight into underlying mechanisms influencing parent participation and is therefore considered explanatory (Creswell & Plano Clark,

2011). Understanding these mechanisms can contribute to overcoming possible obstacles in organizing family-oriented activities and can therefore improve FC.

The quantitative part in the second stage of our study will be carried out parallel to the qualitative part. This quantitative part is a pre-post comparison of two programs –FC and UC– for adolescents placed in short-term stay groups of two JJIs. This comparison is quasi-experimental, as no randomization will take place in assigning youth to either a FC or a UC group.

The details about the stages and the contents of our study were discussed and detailed in workgroups of JJI staff and research staff, in an attempt to render FC study activities attainable in daily practice and to prepare staff for the requirements of our study. Over the course of our study, we will regularly discuss the study's progress and its practical impact on staff in these workgroups. Additionally, registered information of staff's family-oriented actions will be shared during team meetings, which offers insight into the success of implementing FC and its program integrity. This feedback can stimulate family-centered activities. These overviews will also be provided on a regular basis to the managements of the two JJIs, enabling them to monitor and direct the organization of family-centered activities in the institutions as outlined in the program manual.

Study Objectives and Research Questions

The overall aim of our study is to evaluate FC in the first two years after the first steps of its implementation in short-term stay groups in JJIs. The key question to be answered in the quantitative part in the second stage of the study is if FC has additional value compared to UC. We will test the following hypotheses comparing FC with UC during detention: (1) FC increases parents' involvement with their detained child; (2) FC increases the motivation of the adolescent and his parents for accepting treatment and guidance by JJI staff and for taking part in family meetings; (3) FC adolescents show less problem behavior; (4) FC improves family interactions; (5) FC parents experience less parenting stress; (6) FC youth more often return to their families' home upon discharge; (7) FC enhances adolescents' and parents' satisfaction with the JJI; (8) In FC groups, JJI

staff members are more satisfied, feel more confident in their contact with parents, and more often incorporate the family perspective in their thinking.

Finally, we will study if parents who participate in family-centered activities, differ from parents who do not participate based on characteristics such as proximity to the JJI, age of their child, duration of his stay, and baseline outcomes in other demographics, family functioning, parenting stress, treatment motivation, and satisfaction.

The aim of the qualitative part of the study is to trace which factors influence parental involvement. We will interview adolescents, parents, and group workers from short-term stay groups based on the following research questions: (1) How do adolescents, parents, and group workers feel about the current involvement of parents in FC and UC? (2) What are the attitudes of FC and UC group workers towards working with parents? (3) What are the needs, wishes, and expectations of adolescents, parents, and group workers concerning FC?

Setting

This study will be carried out in two JJIs in the Netherlands. A juvenile judge can refer an adolescent to a short-term stay group in a JJI for pre-trial detention. Depending on the interim ruling of the juvenile judge, the time spent in pre-trial detention can last for a few days up to a maximum of customarily 90 days. As a rule, the juvenile judge refers the adolescent to a JJI close to the home of the youth. The JJI's secretarial office monitors a group's capacity and decides on which group the adolescent is placed.

One of the JJIs has three short-term stay groups. The management of this institution chose two of these groups for a step-by-step implementation of the FC program, while the third group will continue to offer UC. Of the two short-term stay groups in the other JJI, the management chose one to offer FC, and the other UC. The managements of the two JJIs based their choices for the groups starting with the implementation of FC on pragmatic considerations. Because the JJIs are required to fill free slots in the living groups if new adolescents are referred to the institutions, the assignment of adolescents to groups is not dependent on characteristics of youths and is therefore without bias.

Each team of about 10 group workers is headed by a team leader and collaborates with a psychologist or pedagogue (hereafter jointly referred to as psychologist), who is responsible for coordinating the treatment the adolescent will receive.

Participants

Adolescents and Their Parents

All adolescents in our study will be boys, as girls are not referred to the two JJIs concerned. The boys will be between 12 and 18 years old at the time of placement. All youth placed in a FC group will be offered FC, but not all of them will be included in our study. An adolescent will be excluded (1) if his stay in the short-term stay group lasts less than 14 days (we need a minimum of two weeks to complete all assessments for the study); (2) if he does not have a parent or a parent figure; (3) if he already participated in our study during a previous stay; (4) if he does not understand Dutch; (5) if he and his parents refuse to take part in the assessments; (6) if he is already sentenced by the juvenile judge to a so-called PIJ order (Placement in an Institution for Juveniles for mandatory treatment) which implies long-term detention with treatment, or (7) if he is temporarily transferred from another institution.

As our assessments will be part of the Routine Outcome Monitoring (ROM) and of the standard screening and diagnostic procedures, psychologists can withhold the adolescent or his family from assessments, for example in case of severe psychiatric disorders. Reasons for excluding participants from the study will be noted. Consequently, we will first consult psychologists before approaching adolescents and their parents for the interviews. In general, following the psychologists' advice, we will not approach them in case of an alleged sex crime or when severe psychiatric disorders such as mental retardation, psychosis, autism, or acute suicidal behaviors are present. Because the questionnaires in the quantitative part of our study are embedded in the standard procedures in the institutions, no incentives will be used for youth and parents. For the interviews,

however, youths will receive extra television time in their rooms and parents will receive a small incentive such as a mug filled with chocolates and a personal thank you note.

Staff

All staff allocated to the short-term stay groups in our study will be included in the quantitative part. In order to promote program integrity and to avoid contamination, group workers who work at the FC groups will preferably not work in the UC groups, and vice versa. The JJIs agreed to ensure as much staff-stability in the teams as possible, and to make an effort to keep staff consistent per group.

In addition, we will interview the group workers from the first two FC groups for the qualitative part of our study, as well as all group workers from the two UC groups. In each JJI, we will interview group workers from one FC and from one UC group.

At certain milestones during the study, we will bring a cake to the team meeting as an incentive for group workers for their family-centered activities or research-related activities. Team leaders will also discuss these activities in evaluation meetings with the group workers. For group workers' participation with the interviews, they will receive the same incentive as parents.

Recruitment and Sample Size

Adolescents and parents are informed of the JJI's research activities by a flyer in the information leaflets from the JJI. The flyer informs that the data will be used anonymously in research studies and that parents can address their questions concerning these activities to their child's mentor (one of the group workers) or to the psychologist.

The JJIs in the Netherlands jointly apply ROM and standard screening and diagnostic procedures for detained adolescents and their parents. As our assessments will be embedded in these procedures, the quantitative part of our study will use data collected in the two participating JJIs by these means.

Recruitment of adolescents and their parents in the quantitative part of our study will last 21 months, including the pilot stage of 7 months. Based on records from 2011, the year prior to the pilot stage, we estimate that in 21 months, 300 adolescents will be placed in the groups concerned. Taking into account the exclusion criteria, we expect to recruit 160 adolescents and parents for the present study. Based on previous research, this number suffices for establishing statistically significant differences on quantitative measures between the two conditions (Dakof et al., 2015).

As for qualitative studies, 10 interviews are generally sufficient to achieve saturation (ie, the point where additional interviews do not yield new essential information regarding the research question) (Kvale, 1996). Once an eligible adolescent is placed in a short-term stay group (either FC or UC), he and his parents will be invited to participate in the qualitative part of the study. If they are willing to participate, an appointment will be made for the interview. We will interview 10 boys (5 aged < 16 years and 5 aged > 16 years) in each JJI (N=20). We will also interview 20 parents (10 in in each JJI, 10 fathers and 10 mothers, 10 with a detained child aged < 16 years, and 10 with a detained child aged > 16 years). Finally, we will interview 20 FC group workers and 20 UC group workers.

Programs

Family-Oriented Activities in Usual Care

According to the Dutch guidelines for UC, the adolescent's mentor calls the parents within the first 10 days of placement of the youth to agree on weekly moments of telephone contact and to invite them for a meeting in the group, including a tour of the institution and its intramural school. The adolescent's psychologist is invited to join part of that meeting as well. After the first 10 days, the mentor discusses which goals the adolescent wants to achieve and asks parents to sign for agreement. After three weeks, the mentor informs parents about the treatment plan and provides them with the opportunity to give feedback. Parents are invited for a meeting to discuss the second treatment plan after 12 weeks. If family-evenings are organized and if adolescents receive diplomas,

parents are invited. Finally, parents may possibly be involved in treatment interventions for their child and in family therapy. All this is UC as outlined on paper; however, in practice these family-centered activities are barely translated into daily routine (Hendriksen-Favier et al., 2010).

Family-Centered Care

An important aspect of FC is the training, ongoing coaching, and yearly booster sessions that JJI staff receive in working with parents. This training enables staff to adhere to the FC program with its more comprehensive and more structured family-oriented activities. In FC, staff members actively motivate parents to visit their detained child frequently and to take an interest in their child's progress. Staff members also encourage parents to visit their child's group and to join group activities such as cooking, sports, and playing games. The first phase of a youth's detention is considered important in FC as the existing crisis is seen as an opportunity to establish engagement and build alliance with parents. A lot of emphasis is placed on the meeting in the third week of a child's detention. During this meeting, the psychologist first meets the parents alone to learn about the family. Later, the adolescent and his mentor join the meeting. Parents are also invited for a variety of other meetings with staff, other parents, and youths where particular themes of general interest are being highlighted. Further, staff members actively and urgently invite parents to attend and have a say in all the meetings where the goals and the progress of the treatment plan for their child are being discussed. FC staff members are constantly in touch with the parents and give them regular (at least once a week) feedback on how their child is doing. If desired, parents can sign up for family therapy together with their child. This therapy –multidimensional family therapy (MDFT) or functional family therapy (FFT)– may already start when the adolescent is detained and will then be continued on an outpatient basis upon discharge of the adolescent from the JJI.

Procedure and Instruments of the Quantitative Part of the Study

Assessments

The baseline assessment for adolescents and parents will take place in the third week of detention. The second (exit) assessment will be held in the week of the adolescent's departure from the short-term stay group. Although our assessments will be embedded in ROM and in the standard screening and diagnostic procedures of JJIs, we will assist in scheduling assessments and we will help to interpret the scores of family-oriented questionnaires so that they are usable in clinical practice. The assessments will be carried out by trained research assistants or by trained students enrolled in one of the social sciences Master's program, under supervision of the first author. Figure 2 presents an overview of the measures used for adolescents and parents.

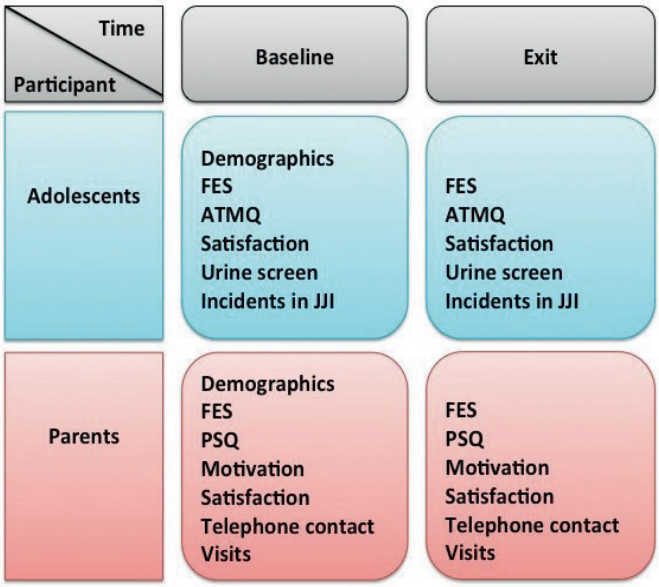

Figure 2. Overview of the quantitative measures for adolescents and parents; (FES) Family Environment Scale, (ATMQ) Adolescent Treatment Motivation Questionnaire, (JJI) Juvenile Justice Institution, (PSQ) Parenting Stress Questionnaire.

Demographics

Demographic data on age, place of birth, and ethnic background will be retrieved from the individual JJI database and from the joint ROM-JJI database. Because these databases do not contain information on family background, housing, past treatment, school careers, and jobs, we will use a short questionnaire to gather these data.

Family Interactions

The Family Environment Scale (Moos & Moos, 1994) (FES, in Dutch: Gezins Klimaat Schaal, GKS (Jansma & De Coole, 1996)) will be administered to adolescents and parents. This questionnaire consists of the subscales Cohesion, Expressiveness, Conflict, Organization, Control, Moral Standards, and Social Orientation. Each subscale contains 11 items. Questions are answered with "yes" or "no". The FES has two underlying dimensions, Family Relationship and System Maintenance. The FES has adequate psychometric properties (Evers, van Vliet-Mulder, & Groot, 2000). For example, regarding the internal consistency, the Cronbach alphas for the total group of mothers, fathers, and children differ between .63 (Social Orientation) to .70 (Cohesion). The Cronbach alphas for the System Maintenance and the Family Relationship dimensions are .78 and .82 respectively. The Cronbach alphas for the subgroups are higher than .60 for all subscales, except for Social Orientation for children (alpha=.38) (Nederlands Jeugdinstituut, 2016a).

Parenting Stress

We will use the Parenting Stress Questionnaire (PSQ, in Dutch: Opvoedingsbelasting Vragenlijst, OBVL) (Vermulst, Kroes, de Meyer, van Leeuwen, & Veerman, 2011) for assessing the level of parenting stress experienced by parents. The PSQ targets individual characteristics of parents in relation to parenting and to the quality of the parent-child interaction. The questionnaire consists of 34 items to be scored on a four-point scale. Its five subscales are Parent-child relationship problems, Parenting problems, Depressive mood, Parental role restriction, and Physical health problems. The PSQ is shown to be reliable and valid. The Cronbach alphas for the five subscales are .84, .83, .83, .79,

and .78 respectively. The total scale was also found reliable (alpha=.90) (Veerman, Kroes, de Meyer, Nguyen, & Vermulst, 2014).

Satisfaction

We devised a questionnaire based on the Satisfaction Scale (Brannan, Sonnichsen, & Heflinger, 1996) and the Client-test (C-test, in Dutch: C-toets (Havinga, van den Bergh, & Jurrius, 2007), which we will use to determine how satisfied the adolescents and parents are with the JJI. These two questionnaires are shown to be reliable and valid (Brannan et al., 1996; Nederlands Jeugdinstituut, 2016b). Regarding the Satisfaction Scale for parents, all subscales for the inpatient/residential treatment center population demonstrate good internal consistency, with Cronbach alphas ranging from .76 to .94. For children, all subscales for the inpatient/residential treatment center population show good internal consistency, with Cronbach alphas ranging from .78 to .91, except subscale Access and convenience (alpha=.63) (Brannan et al., 1996). Cronbach alphas for the four subscales of the parent versions of the Client-test demonstrate good internal consistency, ranging from .77 to .90. The total questionnaire is found to be reliable (alpha=.94). The children version only has a total scale, which is found to be reliable (alpha=.91) (Nederlands Jeugdinstituut, 2016b). Our satisfaction questionnaire has two parts, part A and part B. Part A contains 14 items to be rated on a three-point scale. It includes items such as “The staff members are friendly”, “I feel that the staff members are interested in me”, “The staff members treat me with respect”, and “The staff members help me dealing with problems”. Part B contains one question, “All things considered, which grade would you give to the service provided by the JJI?”, to be rated on a scale of 1-10.

Treatment Motivation

We will apply the Adolescent Treatment Motivation Questionnaire (ATMQ) to measure treatment motivation for adolescents. The ATMQ consists of 11 items to be rated on a three-point scale, adding up to a total score. The construct validity and internal consistency reliability are adequate (alpha=.84) (van der Helm, Wissink, de Jongh, & Stams, 2013). We added three questions with a

three-point scale to the ATMQ about adolescents' motivation to take part in family therapy during their stay in the short-term stay group and about motivation for continued individual and family therapy after leaving the JJI. We also added four motivation questions to the Satisfaction questionnaire for parents (eg, "I am willing to participate in family therapy during my son's stay in the JJI", "I feel that my son needs treatment after his stay in the JJI").

Parents' Involvement During Their Child's Detention

To examine to which extent parents are involved with their sons, we will record the number of visits by parents and the purpose of each visit to the JJI. Group workers, team leaders, and psychologists will note when they have had contact via telephone with the parents.

Incidents in JJIs

We will gather data on problem behavior as shown by the adolescents from routine daily reports and from JJI database input. JJIs record incidents such as verbal fights, physical fights, quarrels, rule breaking behavior, and possession of contrabands.

Cannabis Use

We will gather data on cannabis use from the JJI database. Routinely, JJIs collect a urine sample from the adolescent to check for traces of cannabis use as soon as he is placed in a short-term stay group. Later on during the stay, JJIs regularly perform urine screens, both at scheduled times and at random.

JJI Staff

We devised questionnaires for JJI staff (group workers, team leaders, psychologists) about working with families and about using the family perspective in their thinking and in day-to-day interventions. The questionnaire has two parts, part A and part B. Part A contains 12 items to be rated on a five-point scale and includes questions such as "Do you invite parents of every mentor-child for a meeting?", "Do you invite parents of every mentor-child for a tour through the facility?", "Do you inform parents on the same day when their child was involved in an incident?", and "If parents are

divorced, do you involve both parents in the same way?". Part B contains 17 items to be rated on a scale of 1-10. This part includes questions such as "How satisfied are you with the course of the contact with the parents?", "How satisfied are you with the way in which you involve parents during their son's stay?", and it includes statements such as "Parents are difficult to work with", "Parents are indispensable for reducing recidivism", and "Parents are a source of support for staff".

These questionnaires will be filled out every three months. On an additional form, psychologists will note where the adolescent is going to live after leaving the short-term stay group.

To assess if staff members adhere to the guidelines of the FC program, they will use logbooks and will fill out short forms on family-centered activities undertaken. This will enable us to assess program integrity. The overviews of these logs are shared during team meetings and with the managements, enabling managers and team leaders to monitor and direct the organization of family-centered activities.

Procedure and Instruments of the Qualitative Part of the Study

Before the interview, the participant will complete a short demographic questionnaire. The interview will be about 60 to 90 minutes and will be audio recorded. The recording will be stopped during the interview if so requested by the participant. The semi-structured interviews will be conducted by qualified trained students enrolled in the last year of either a Bachelor's or a Master's program of Social Work or another social science.

The interviews are structured using a topic list (Boeije, 2010). We drafted a topic list for each group of participants (adolescents, parents, FC group workers, and UC group workers). The topic lists were devised following deductive and inductive strategies. Deductively, topics were derived from a review of literature of factors that contribute to the success of family-centered work in institutions similar to JJIs. Inductively, experiences from group workers, parents, and adolescents were used to supplement the topic list. Additionally, each interview can influence the construction of the topic list as new themes may arise. The themes of the final topic lists are represented by questions and are displayed in Table 1 and Table 2. Although the topics follow a logical order in themes, the topic lists

will be used in the order as the interviewer sees appropriate, based on the answers of the respondents. Based on further subtopics and keywords the interviewer will probe for more information on each main theme as specified in Tables 1 and 2.

Table 1. Main themes of the topic lists for interviewing adolescents and parents.

Adolescents and Parents	Adolescents only	Parents only
To what extent are parents involved?	Do you consider the involvement of your parents as being important?	To what extent and in which way do you wish to be involved?
How can parents be motivated for involvement?	How should the JJI involve parents?	
What are your expectations of staff in involvement and contact?	How can the JJI motivate adolescents for FC?	
Which factors influence involvement and in which ways?	Which reasons do adolescents have to object to FC?	
How can we explain the surprising preliminary finding in the quantitative pilot stage that parents and youths report few family problems while they also report to be motivated for family meetings?		

Table 2. Main themes of the topic lists for interviewing group workers.

Group workers FC and UC	Group workers FC only	Group workers UC only
How do you feel about the involvement of parents?	What is Family-centered Care?	What is parental participation?
What do you think about the following elements in parental participation: knowing, discussing, activities, and deciding?	Which changes in practice did you notice since the implementation of FC?	What do you expect of FC when it will be implemented in your group in the future?
How is the atmosphere in your team?	How has FC been implemented in your team?	Which changes are necessary before your team is ready for the implementation of FC?
What is your role within your team?	How do you feel about the FC training?	
Do you have sufficient skills for involving parents?		
To what extent do managers support you in involving parents?		
What pros and cons of FC do you see?		
Do you have tips for involving parents?		

Analyses

Quantitative Analyses

All statistical analyses will be performed using SPSS 23. In a future paper, we will provide a flowchart of participants in our study, including reasons for exclusion. Descriptive statistics will be presented as means and standard deviations for all continuous variables and subscales. Additionally, frequency distributions or qualitative descriptions of all categorical variables will be presented for each group. The groups will be defined as FC or UC. We will test if these groups differ on demographic factors. If these differences exist, we will use these factors as covariates in our analyses. If necessary, we will also include the JJI in which an adolescent is placed as a covariate.

We will perform within-group pre-post comparisons, between-group comparisons (FC vs UC), and repeated measures analyses. The selection of a specific test will depend on which hypothesis is tested and on the characteristics of the corresponding data (eg, categorical, ordinal, or interval level and normally or non-normally distributed). Table 3 shows the planned analyses to test our hypotheses for comparing FC with UC in case of normally distributed data. For combining the within-group pre-post comparisons and the between-group comparisons in our analyses, we will use the repeated measures ANOVA. Because the normality of the distribution of the data cannot be determined beforehand, the final analyses will be selected after the data is gathered. In analyzing the hypotheses, two-tailed analyses will be performed and we will correct for multiple testing.

Table 3. Planned analysis for between-group hypotheses.

Hypothesis	Data source	Analysis
FC increases parent's involvement with their detained child	Registration logs visits	Unpaired *t* test
FC increases the motivation of the adolescents and parents for accepting treatment and guidance by JJI staff and for taking part in family meetings	ATMQ youth total score Motivation items youth Motivation items parents	Unpaired *t* test Pearson's Chi-square test Pearson's Chi-square test
FC adolescents show less problem behavior	Incidents in JJI Cannabis database	Unpaired *t* test Unpaired *t* test
FC improves family interactions	FES	Unpaired *t* test
FC parents experience less parenting stress	PSQ	Pearson's Chi-square test
FC youth more often return to their families' home upon discharge	Registration logs living situation after discharge	Pearson's Chi-square test
FC enhances adolescents' and parents' satisfaction with the JJI	Satisfaction questionnaire-A Satisfaction questionnaire-B	Pearson's Chi-square test Unpaired *t* test
In FC groups, JJI staff members are more satisfied, feel more confident in their contacts with parents, and more often incorporate the family perspective in thinking	Questionnaire staff-A Questionnaire staff-B	Generalized estimating equations General linear model repeated measures

Qualitative Analyses

The recordings of the interviews will be transcribed verbatim and imported into ATLAS.ti, a computer program facilitating the analysis of qualitative data. The students will be trained to code the data using a code tree representing the topic list. This first draft of the deductively developed code tree will be complemented with codes inductively derived during the coding process, as new themes will appear in the answers of participants (Boeije, 2012). The first author and the students will work in a cyclic process. This first phase of open coding will be followed by a second phase of axial coding. During axial coding, codes will be further interpreted and reorganized based on the interview fragments they refer to. Codes can get split, merged, and joined into more abstract central themes. Code families will be constructed enabling further analysis of the data. The third and last phase of the analytic process, selective coding, will enable theoretical interpretations aimed at finding more general patterns (Boeije, 2010). Finally, this analytic process enables us to explain the underlying mechanisms influencing parental involvement during their child's detention.

Ethics

The medical ethical board of the Leiden University Medical Center reviewed our study. The board ruled that our study falls outside the realm of the WMO (Dutch Medical Research in Human Subjects Act) and that it conforms to Dutch law, including ethical standards.

Discussion

Until recently, care for adolescents detained in a juvenile justice institution (JJI) has been mainly youth-centered with interventions targeting a youth's problem behavior without much regard for the youth's social environment, in particular the family. The Dutch government and the JJIs are convinced that outcomes for detained adolescents are more improved if their parents are allowed to meet and to talk with their child more often, to

have direct and extensive contact with JJI staff, to join parent meetings organized by the JJI, and to have a say in decisions regarding their child. As research supports these notions (Coll, Juhnke, Thobro, Haas, & Robinson, 2008; Dakof et al., 2015; Hoeve et al., 2007; Monahan et al., 2011; Mulder et al., 2011; Walker et al., 2015), this calls for drastically revising current JJI programs (Bernstein et al., 2016; Burke et al., 2014; Justice for Families DataCenter, 2012). Two JJIs in the Netherlands combined efforts with universities, colleges, and mental health centers within the Academic Workplace Forensic Care for Youth (AWFZJ) to introduce family-oriented care in their institutions. The AWFZJ developed two programs for family-centered care (FC), for youths detained in groups for short-term and long-term stay, respectively. In FC, staff members receive training, ongoing coaching, and yearly booster sessions on working with parents. The current paper reports on the design of a study evaluating FC in the first two years after the first steps of its implementation in short-term stay groups. After the pilot stage in 2012, the second stage of the study started in 2013 and we completed the data collection procedures in 2015. Currently, we are analyzing the first sets of outcomes and we expect to report on them over the coming years.

Our study has an explanatory sequential mixed methods design, combining quantitative and qualitative approaches in a practice-based study. In order to overcome the challenge of conducting practice-based research with possible tension between practice and science (Dodd & Epstein, 2012; Landsheer, 't Hart, De Goede, & van Dijk, 2003), we established good working relationships with the staff, collaborating with the same goal in mind: evaluating and eventually improving FC. Over the course of our study, we kept in mind the need to be flexible in carrying out practice-based research (Dodd & Epstein, 2012), possibly resulting in changes in practical ways of collecting data while adhering to our study's methods.

During our study, we undertook a few actions as discussed in the Methods section to ensure that staff members benefit from our study. First, we discussed our research design

in a workgroup with staff in each institution. We enabled staff members to provide feedback on our original design and we incorporated their suggestions in our final study. The workgroups supported our study by serving as a bridge between practice and science. Second, we helped scheduling the assessments and interpreting the scores so that they were usable in clinical practice. Third, we provided feedback on the registered information of staff's family-oriented actions during team meetings and to the managements of the two JJIs. Using research information as feedback for practice helps staff members to understand the benefits of conducting research. While our study is useful for practice, this advantage also has a down side. Along the course of our study, practice can evolve as staff might improve in the way of working with parents. Nevertheless, by directly using results of our study in practice, we meet an important requirement of practice-based research (Dodd & Epstein, 2012; Tavecchio & Gerrebrands, 2012).

Close collaboration with the JJI managements is necessary to overcome possible bottlenecks during our practice-based study. Since the wish to develop and evaluate FC originates from the institutions themselves, the joint goal to improve parental participation is emphasized. JJIs are also interested in more distal outcomes such as recidivism rates. We recognize the importance of studying the long-term effects of implementing FC and therefore suggest future research to incorporate distal outcomes.

In conclusion, we expect the results of our study to contribute to practice by showing how to organize FC and by providing suggestions for improving the FC program, which consequently can lead to improved care for detained adolescents and their families.

Chapter 4

Determinants of parental participation in Family-centered Care in Juvenile Justice Institutions

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Abstract

This study assessed if staff members of two Juvenile Justice Institutions (JJIs) in the Netherlands were able to motivate parents to participate in a program of Family-centered Care. For research purposes, parents were considered to participate if they (A) attended the family meeting, (B) visited their son during regular visiting hours, and (C) participated in measurements. Study participants were the parents of 139 short-term detained male adolescents. The family meeting was attended by 47% of the parents, most adolescents (74.1%) were visited at least once by their parents, and 42% of the parents participated in measurements. Several factors influenced the parental participation rate variables, although effect sizes were small. The more parenting problems parents faced, the less likely they were to attend the family meeting. Parents with a job visited their son more often than unemployed parents. Finally, a longer stay of the adolescent and Dutch ethnicity predicted more parental participation in measurements. Our study showed that parental participation is feasible. However, the participation rates in the two years after the first steps of implementation were eligible for improvement. More implementation experience where staff could fully benefit from training and coaching in family-centered work could substantially increase parental participation rates.

Keywords: Juvenile offenders, adolescents, delinquency, youth detention centers, parental participation

Introduction

Involving parents in the care and treatment of their detained adolescent child is essential for achieving optimal treatment outcomes (Burke, Mulvey, Schubert, & Garbin, 2014; Keiley, 2007). Improving parental participation in programs offered by the juvenile detention center may have indirect positive effects on adolescents' recidivism. For example, a youth's intention to avoid delinquent behavior is associated with a higher sense of life control, which is established through frequent contact with family members (Forste, Clarke, & Bahr, 2011). Additionally, recidivism rates are lowered by improving family functioning (Lakin, Brambila, & Sigda, 2004; Tarolla, Wagner, Rabinowitz, & Tubman, 2002). Family communication improved when parents attended multi-family therapy groups (Dickerson & Crase, 2005).

Traditionally, treatment of delinquent adolescents in forensic settings was primarily focused on the youth, with the aim of protecting society and reducing recidivism, Accordingly, parents were kept at a distance and were hardly involved in interventions targeting their child. For a long time, this was standard practice in the Juvenile Justice Institutions (JJIs) in the Netherlands (Hendriksen-Favier, Place, & van Wezep, 2010; Sectordirectie Justitiële Jeugdinrichtingen, 2011; Vlaardingerbroek, 2011). In response to the growing awareness that detained adolescents may benefit from programs allowing their parents to interact with their children and the institution, we developed a program for Family-centered Care (FC) in JJIs (Mos, Breuk, Simons, & Rigter, 2014; Simons et al., 2017). FC is an addition to the usual care and treatment interventions for youths in JJIs. In FC, parents are motivated to visit their child frequently, to be part of their child's daily life, to participate in their child's treatment interventions, to provide additional information about the youth and the family by filling out questionnaires, and to engage in family activities throughout the adolescent's stay. These family activities include but are not limited to parent evenings, cooking and dinner opportunities, tea ceremonies, celebrations, sport events, or movie nights. Parents are invited to the living group where their child is staying with nine other adolescents. These groups are supported and

monitored by JJI staff, so-called group workers (mostly social workers). One of them is assigned to an adolescent as a mentor. In FC, the mentor has regular contact with parents, at least weekly via telephone. Additionally, parents are invited for a family meeting in the third week of their child's detention. The family meeting is a crucial initial step in our FC program, see Figure 1.

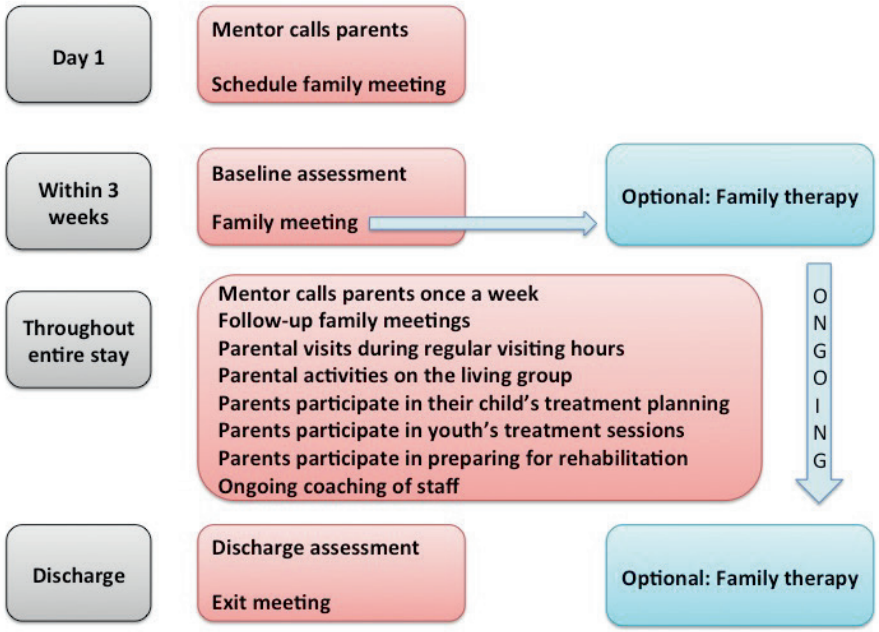

Figure 1. Content of the FC program.

In the family meeting, the principles of FC are explained. As FC is ingrained in all daily activities of staff members, all families are provided with FC. All parents are motivated to participate in activities as described in Figure 1. Following the family meeting, the psychologist assigned to the youth's living group may decide that family therapy is indicated. In the latter case, FC includes the opportunity to start family therapy during detention, which may be continued after the adolescent is discharged from the JJI. The evidence-based family therapy offered in Dutch JJIs is either Multidimensional Family Therapy, MDFT (Liddle, Dakof, & Diamond, 1992; Mos, Jong,

Eltink, & Rigter, 2011; Rigter & Liddle, 2011), or Functional Family Therapy, FFT (nowadays labeled RGT in the Netherlands) (Alexander & Parsons, 1982; Spanjaard & Breuk, 2013). Family therapy is not a mandatory part of FC. We report here on FC, regardless of family therapy being part of it or not.

Although the FC program provides JJI staff members with clear instructions on how to motivate parents, the question remains to what extent FC is successful in motivating parents to participate. In the Netherlands, juvenile judges decide whether an adolescent is placed in a JJI, and parents do not have any say in this decision. The mandatory stay in JJIs is bound to negatively affect youth's treatment motivation (Roest, van der Helm, & Stams, 2016), and perhaps also the motivation of the parents to take part in FC. For example, parents may be slow to participate because they feel worn down after struggling with their child's problem behaviors prior to detention, or parents may have a sense of failure because they were not able to prevent their child from becoming entangled with the juvenile justice system (Burke et al., 2014).

To improve parental participation during their child's detention, information on factors that influence participation rates would be valuable. Knowing these factors, JJI staff members might be able to remove barriers and stimulate facilitating factors. Unfortunately, literature on parental participation during their child's detention is scarce. Therefore, we turned to the literature on other types of out-of-home residential care. In the Netherlands, two types of residential care exist besides JJIs: a) open, voluntary care, and b) closed care: usually involuntary yet by exception voluntary. Table 1 shows details of the settings and the population in terms of age, length of stays, and diagnosis of the retrieved studies on other types of residential care.

Table 1. Characteristics of studies on factors influencing parental participation in residential care.

Study	Setting	Age *(years)*			Length of stay	Diagnosis
		μ	SD	Range		
Baker & Blacher (2002)	Residential treatment center	13.3	5.3	1-39	μ 10.5 years; Median = 5.8; Range = few months – 48 years	Axis 1: 26.41% Axis 2: 45.3% Dual diagnosis: 27,4%
Baker, Blacher, & Pfeiffer (1993)	Residential treatment center	14.2	3.2	4.8-18.8	Median = 15.7 years; SD = 13.5 years	Psychiatric disorder: 45.7% Mental retardation: 18.1% Dual diagnosis: 36.2%
Baker, Blacher, & Pfeiffer (1996)	Residential treatment center	23.1		5-72	Median = 2.2 years	Psychiatric disorder: 30.2% Mental retardation: 40.7% Dual diagnosis: 29.0%
Kruzich, Jivanjee, Robinson & Friesen (2003)	Residential treatment center, psychiatric hospital, psychiatric unit, group home	14.1	3.1	6.7-20.6	μ = 13.8 months; SD = 7.6 months	ADHD: 49% Bipolar disorder: 42% ODD: 40%
Robinson, Kruzich, Friesen, Jivanjee, & Pullman (2005)	Out-of-home treatment for emotional, behavioral, or mental disorders	15.9	3.4	3-23	μ = 13.8 months; SD = 7.6 months	ADHD: 49.0% Bipolar disorder: 42.2% ODD: 40.2%
Schwartz & Tsumi (2003)	Residential care for people with intellectual disabilities	23	8.1	10-49	Range = 2-9 years; Median = 4 years; Mode = 3 years	Mental retardation (ranging from profound – mild)
Sharrock, Dollard, Armstrong, Rohrer (2013)	Children's residential psychiatric treatment center	< 17 years				Axis 1 diagnosis that excludes substance use disorders, mental retardation, and autism

In an earlier study of youths on short-term detention groups in JJIs, stays lasted for less than three months in 63% of the youths, less than one month in 37%, and less than two weeks in 24%. Youths on short-term detention groups were on average 17 years old and 44% had an IQ-score below 85 (Rovers, 2014). Although the other residential settings (e.g., residential treatment centers, psychiatric hospitals, group units) differ from that of JJIs in regard to the population and the legal framework, they are still out-of-home facilities which parents can visit, similar to JJIs.

The first factor influencing parental participation in residential treatment centers was the child's age. The younger the child, the larger the number of visits by their parents (Baker & Blacher, 2002; Robinson, Kruzich, Friesen, Jivanjee, & Pullman, 2005). A second factor was the duration of the stay of the child. The longer the stay, the fewer the number of parental visits (Baker & Blacher, 2002; Schwartz & Tsumi, 2003).Third, parents were more involved (phone calls, visits) if they expected the child to return back home after the residential stay (Baker, Blacher, & Pfeiffer, 1996). Fourth, conflicting work schedules of the parents hindered them from having contact with their child in residential care (Kruzich, Jivanjee, Robinson, & Friesen, 2003; Sharrock, Dollard, Armstrong, & Rohrer, 2013). Parents' educational level appeared to be unrelated to their level of contact with their child in residential care (Kruzich et al., 2003).

The literature is ambivalent as to the influence of ethnic background and marital status. While one study reported that children from white ethnic backgrounds had more involved parents (Baker, Blacher, & Pfeiffer, 1993), another study concluded that race was not related to the level of contact between parents and children during residential care (Kruzich et al., 2003). In two studies, parents with intact marriages were more involved with their residentially placed children (Baker et al., 1996; Robinson et al., 2005), but this was not confirmed in a third study (Kruzich et al., 2003).

The studies cited did not pertain to detained youths. We assume that factors influencing parental participation in residential care will also affect parental participation in juvenile

detention setting. We report here on the first study, from a broader research program, to examine the potential of parental participation in short-term detention groups in JJIs that recently started with the implementation of FC (Mos et al., 2014; Simons et al., 2017). Research questions were: What is the level of parental participation in a newly implemented FC program in the Netherlands? Which factors determine low or high rates of participation? If we understand which factors influence parental participation, JJI staff will be able to adjust their strategies to motivate parents.

Methods

Setting

Our study took place in three short-term stay groups in two JJIs in the Netherlands where FC was recently implemented. A juvenile judge can refer an adolescent to a short-term stay group in a JJI for pre-trial detention. Depending on the interim ruling of the juvenile judge, the time spent in pre-trial detention can last for a few days up to a maximum of customarily 90 days. As a rule, the juvenile judge refers the adolescent to a JJI close to the home of the youth. The JJI's secretarial office monitors a group's capacity and decides on which group the adolescent is placed. Because a JJI is required to fill free slots in the living groups when new adolescents are referred to the institution, the assignment of adolescents to groups is not solely dependent on characteristics of youths and is therefore without bias. The current study was part of a larger study on FC; the study protocol has been published (Simons et al., 2016). The data collection took place in the first two years after the FC program had been launched, between August 2012 and July 2014.

Procedure and assessments

Our assessments were embedded in the Routine Outcome Monitoring (ROM) and in the standard screening and diagnostic procedures in the JJIs. Baseline assessments took place in the third week of detention. Our research team assisted in scheduling assessments and interpreting the scores of the questionnaires so that the scores were usable in clinical practice. The assessments were carried out by trained research assistants or by trained students enrolled in a social sciences Master's program, under supervision of the first author.

Adolescents and parents were informed about the JJI's participation in scientific research projects by a flyer in set of the JJI's information leaflets. If respondents objected to the encoded usage of their information in scientific research, they were able to notify the research assistant, the youth's mentor in the living group, or the psychologist. In that case, their data were excluded from our study. The medical ethics board of the Leiden University Medical Center reviewed our study. The board ruled that our study fell outside the realm of the WMO (Dutch Medical Research in Human Subjects Act) and that it conforms to Dutch law, including ethical standards.

Participants

Because females were not placed in the two JJIs concerned, all adolescents in our study were males. An adolescent was not included (1) if his stay in the short-term stay group lasted less than 14 days; (2) if he did not have a parent or a parent figure; (3) if he already participated in our study during a previous stay; (4) if he and both parents did not understand Dutch; (5) if both he and his parents refused to take part in the assessments; (6) if he was already sentenced by the juvenile judge to a so-called PIJ order (Placement in an Institution for Juveniles for mandatory treatment which implies a stay of at least two years); or (7) if he was temporarily transferred from another institution.

The flowchart (Figure 2) below shows the number of included and excluded adolescents of the FC groups in our study. In total, 257 adolescents were assigned to the FC groups, and we excluded 118 of them. The final FC sample of 139 consisted of male adolescents aged 13 to 20 (mean 16.82; SD 1.05), and their parents. There was no significant age difference between the included and excluded adolescents ($t(239.87) = -1.86$, $p = 0.06$). On average, youth remained 66.6 days on the short-term detention group (range: 16-318, SD: 54.0). The majority of excluded adolescents stayed less than two weeks in the JJI. 'No reply' in the flowchart means that both youths and parents did not fill out the questionnaires. The category 'Other' refers to temporary transfers from another JJI, pre-existing so-called PIJ orders, not understanding Dutch, previous participation in our study, and missed assessments.

Parents of 58 adolescents (41.7%) completed the questionnaires at baseline ($n = 49$; 35.3%) and/or at discharge ($n = 20$; 14.4%). If two parents of one adolescent completed the questionnaire, we selected the data from the primary caregiver. If both parents were the primary caregivers ($n = 21$), we used the data of the biological mother ($n = 20$). If the biological mother did not complete the questionnaires, we used the data of the biological father ($n = 1$).

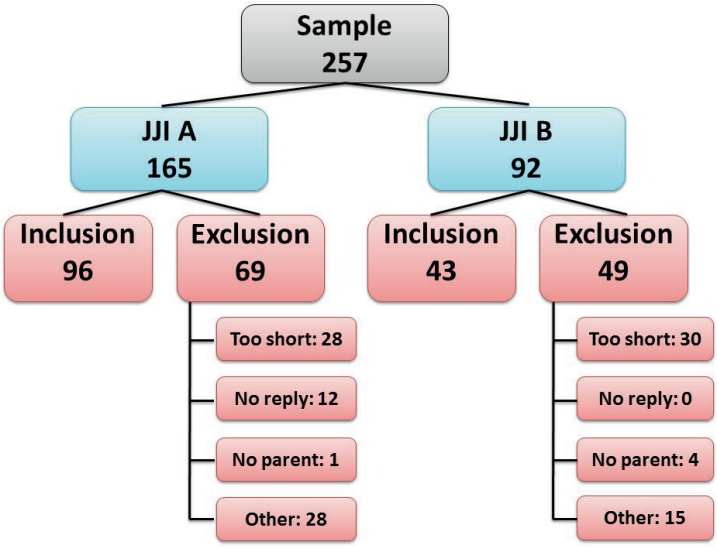

Figure 2. Flowchart showing the cases that were included in and excluded from the study.

Measures

Demographics

Demographic data were retrieved from the individual JJI database, the Routine Outcome Monitoring database for JJIs, and from a short additional questionnaire. Based on a review of literature on parental participation in residential treatment centers as discussed in the Introduction, we examined the influence of the following factors on parental participation: (1) age of the adolescent; (2) length of stay in the JJI; (3) living situation after short-term detention; (4) adolescent's ethnicity; (5) parents' marital status; (6) parents' educational level; and (7) parents' job status. For an overview of demographic characteristics, see Table 2.

Table 2. Demographic information on the sample studied.

Characteristic	**Category**	***n* (%)**
Ethnicity youth (*N* = 139)	Dutch	20 (14.1)
	Morocco	36 (25.9)
	Turkey	18 (12.9)
	Surinam/Dutch Antilles	25 (18.0)
	Other	40 (28.8)
Living situation after short-term detention (*n* = 99)	With parents/other family members	58 (58.6)
	Elsewhere	41 (41.4)
Marital status parents (*n* = 137)	Married/living together	69 (50.4)
	Divorced/separated	58 (42.3)
	Parent deceased	10 (7.3)

Highest educational level	Elementary school	7 (15.2)
Parents (*n* = 46)	High school	14 (30.4)
	Lower vocational Education	10 (21.7)
	Bachelor/Master	9 (19.6)
	Other	6 (13.0)
Having a job?	Yes	21 (43.8)
Parents (*n* = 48)	No	27 (56.3)

Family Environment

The Gezinsklimaatschaal (GKS) (Jansma & De Coole, 1996) is the Dutch version of the Family Environment Scale (FES) (Moos & Moos, 1994). The FES was used to assess family problems and was filled out by adolescents and their parents. The questionnaire consists of seven subscales: (1) *Cohesion* measures the degree of commitment, help, and support that family members provide for each other; (2) *Expressiveness* assesses the extent to which family members are encouraged to express their feelings and opinions directly; (3) *Conflict* measures the amount of openly expressed anger and conflict; (4) *Organization* assesses the importance of clear organization and structure in planning family activities and responsibilities; (5) *Control* measures how much set rules and procedures are used to run the family life; (6) *Moral standards* refers to the opinion of family members regarding norms and values; and (7) *Social orientation* assesses the involvement of family members with the social environment. Each subscale contains 11 items. Questions are answered with 'yes' or 'no'.

Parenting Stress

The Parenting Stress Questionnaire (PSQ, in Dutch: OBVL) (Vermulst, Kroes, de Meyer, van Leeuwen, & Veerman, 2011) was administered to parents. The PSQ focuses on individual

characteristics of parents in relation to parenting and to the quality of the parent-child interaction. The questionnaire consists of 34 items to be scored on a four-point scale. The PSQ contains five subscales: (1) *Parent-child relationship* problems assesses the extent to which parents have positive feelings about their child; (2) *Parenting problems* assesses if parents feel confident about their parenting skills; (3) *Depressive moods* assesses the level of perceived personal inadequacy and feeling of dejection; (4) *Parent role restriction* measures the extent to which parents feel that the parenting role restricts their freedom; and (5) *Physical health problems* assesses self-perceived health of the parents .

Treatment motivation

The Adolescent Treatment Motivation Questionnaire (ATMQ) (van der Helm, Wissink, de Jongh, & Stams, 2013) was used to assess adolescents' general treatment motivation. The ATMQ consists of 11 items to be rated on a three-point scale, adding up to a total score. Treatment motivation scores below 21 were considered 'low', between 21 and 27 'average', and above 28 'high'.

We added three questions with a three-point scale to the ATMQ. These questions concerned the motivation of the adolescent to take part in family therapy during their stay and his motivation to continue individual and family therapy after leaving the JJI. Parents also filled out questions on their motivation to follow family therapy. We also asked parents if they felt that their son needed therapy during, and after detention.

Parental participation in FC activities

Assessing parental participation is challenging and could only be approximated. Although insight into some forms of contact between parent and their child (e.g. telephone contact) would be of great interest, practical reasons prevented us from gathering that information. After extensive discussion with JJI staff, we distinguished three types of parental participation that could be

monitored. Each type refers to an aspect of the FC program. The first indicator (proxy) of parental participation was parents attending the family meeting with their child's psychologist and his mentor. The second proxy of parental participation was the average number of times that parents visited their son per week during regular visiting hours. The third proxy was the willingness of parents to participate in ROM measurements (i.e., filling out questionnaires), which informs the process of treatment planning and treatment evaluation, which would benefit from the input by the parents. In other words, parents could influence treatment decisions by providing information (through questionnaires). Registration logs measured each category of parental participation.

Data analyses

The current paper uses data from the baseline assessment conducted within the first three weeks of the start of an adolescent's detention. We used descriptive analyses to assess family problems and treatment motivation. We disregarded the subscales of questionnaires with alphas < 0.7. To compare family problems reported by adolescents and by parents on the FES, we used t-test. For comparing differences in motivation scores, we used Wilcoxon Signed-Rank Tests.

Additionally, we evaluated three proxies of parental participation: (A) attending the family meeting; (B) the number of visits per week during regular visiting hours; and (C) participation in measurements.

For each proxy, we first used single logistic (A and C) or linear (B) regression analyses to examine the bivariate relationship between the outcome variable (i.e., the three forms of parental participation) and the predictor variables (i.e. ethnicity and age of the adolescent, length of the adolescent's stay on the short-term detention group, expected living situation after the short-term detention group, parents' marital status, parents' education level, parents' job status, and the reliable subscales of the family questionnaires). We narrowed the number of

ethnicity categories down to two; Dutch (*n* = 20) versus other (*n* = 119). Next, predictors with a significant relationship with the outcome variable were combined in a logistic regression analysis to analyze the robustness of the relationship between the predictor and outcome variables for proxies A and C. For proxy B, we conducted a multiple regression analysis to analyze the robustness of the relationship between the predictors and outcome variable by controlling for other predictor variables. The predictor variables were simultaneously included in the regression analyses for all three proxies.

Results

Family problems

The FES was filled out by 40 parents and by 120 youths. For an overview of the reliable subscales ($\alpha > 0.7$) and the mean scores with the standard deviations, see Table 3. For FES subscales, a mean score of 50 is considered average and scores below 40 and above 60 deviant. On all subscales, parents and youths scored within the normal range. Youths scored significantly higher than parents on the subscales Cohesion ($t(36) = 3.1$, $p = 0.004$) and Organization ($t(37) = 3.8$, $p = 0.001$).

The PSQ was filled out by 47 parents. For an overview of the mean scores, the standard deviations, and the alphas for all subscales and for the total questionnaire, see Table 3. For almost all subscales, the mean scores indicated 'no problems'. The only subscale pointing to the presence of mild problems was 'Physical health'.

Table 3. Means, standard deviations and alphas per subscale of the FES and the PSQ.

Subscale	Mean	Standard deviation	α
FES Cohesion youth	57.5	7.5	0.76
FES Organization youth	59.6	7.8	0.78
FES Cohesion parents	51.7	9.1	0.79
FES Conflict parents	42.1	9.4	0.74
FES Organization parents	50.5	10.5	0.80
FES Moral Standards parents	54.0	8.2	0.77
PSQ Parent-child relationship problems	54.3	10.2	0.89
PSQ Parenting problems	53.9	13.3	0.83
PSQ Depressive mood	55.0	9.1	0.76
PSQ Parental role restriction	57.2	10.1	0.76
PSQ Physical health	60.4	10.1	0.86
PSQ Total parenting stress	55.2	12.8	0.90
ATMQ Total score	22.4	5.1	0.76

Treatment motivation

The total ATMQ score (α = 0.76) of the ATMQ is categorized in low, average, or high treatment motivation. Among the adolescents (*n* = 115), 38.3% scored low on treatment motivation, 46.1% average, and 15.7% high. This implies that 61,8% of the adolescents who completed the questionnaire was at least somewhat interested in receiving therapy in general. Youth were divided in their opinion about family therapy during detention: they were either motivated or not, while only a small group was somewhat willing to participate (see Table 4). Motivation

decreased significantly when they were asked about family therapy after detention (Wilcoxon Signed-Rank Test z = 374.5, p = 0.01).

In general, parents were open to treatment for their child and to family therapy during and after detention (see Table 4). We did not find significant differences in parents' motivation during or after detention. When comparing motivation of youths with their parents, parents were significantly more willing to participate in family therapy during detention (Wilcoxon Signed-Rank Test z = 369.5, p = 0.00) and after detention (Wilcoxon Signed-Rank Test z = 365.0 p = 0.00).

Table 4. Distributions of scores on additional treatment motivation questions.

Additional motivation questions	**No (*n*, %)**	**Somewhat (*n*, %)**	**Yes (*n*, %)**
I feel that my son needs treatment during detention			
Parents (n = 52)	1, 1.9	8, 15.4	43, 82.7
I am willing to participate in family therapy during detention			
Youth (n = 136)	57, 41.9	23, 16.9	59, 41.2
Parents (n = 53)	2, 3.8	7, 13.2	44, 83.0
I feel that I(my son) need(s) treatment after detention			
Youth (n = 136)	55, 40.4	34, 25.0	47, 34.6
Parents (n = 44)	4, 9.1	5, 11.4	35, 79.5
I am willing to participate in family therapy after detention			
Youth (n = 136)	67, 49.3	29, 21.3	40, 29.4
Parents (n = 46)	3, 6.5	11, 23.9	32, 69.6

Proxy A: Predicting parents' attendance at the family meeting

The family meeting was attended by 47.1% (*n* = 65) of the parents. The only variables significantly related to parents' attendance at the family meeting were the length of the adolescent's stay and the subscale Parenting problems from the PSQ (see Table 5). Longer stays in the JJI were associated with more parental attendance at the family meeting. Additionally, more self-reported parenting problems were related to less attendance at the family meeting. Combining the two predictor variables in a logistic regression analysis, only parenting problems significantly predicted parents' attendance at the family meeting (see Table 5).

Table 5. Coefficients of the model predicting whether parents attend the family meeting.

Bivariate logistic regression analysis for parental attendance to the family meeting					
		95% CI for Odds Ratio			
	b	Lower	OR	Upper	*p*
Length of stay	0.02	1.007	1.016	1.024	0.000
Parenting problems	-0.07	0.87	0.93	0.99	0.026
Model A: Logistic regression analysis for parental attendance to the family meeting					
Constant	5.49		240.94		0.01
Length of stay	-0.002	0.985	0.998	1.01	0.77
Parenting problems	-0.075	0.869	0.928	0.99	0.02

Note. -2LL = 46.92, R^2(Cox & Snell)= 0.13, R^2(Nagelkerke)= 0.19, Model χ^2 (2) = 6.47 p = 0.04

Proxy B. Number of parental visits per week during regular visiting hours

One quarter (*n* = 36; 25.9%) of the adolescents were never visited by their parents; 74.1% of the adolescents received at least one parental visit. Averaged per week across the whole sample, the adolescents received 0.57 visits from their parents each week (ranging from 0 to 2.33). The only predictor variable significantly associated with the weekly number of visits was parent's job status ($F(1,46) = 6.97$, $p < 0.05$, with a R^2 of 0.13). Parents with a job visited their child more

frequently (see Table 6). Because only one variable significantly predicted the number of visits per week, conducting a multiple regression analysis was pointless.

Table 6. Coefficients of linear regression analysis for parental job status and visits per week.

	b	*SE B*	*t*	*95% CI for β*			*p*
				Lower	*β*	*Upper*	
Parental job status	0.44	0.17	2.64	0.11	0.36	0.78	0.011

Proxy C. Participation in measurements

Parents of 41.7% of the adolescents completed questionnaires at baseline and/or at discharge (*n* = 58). Because our dependent variable here is whether parents participated in the measurements, we could not use questionnaire items as predictors in the regression analysis. Of the other predictor variables, two were significantly related to the degree in which parents participated in measurements (see Table 7). First, parents with a non-Dutch ethnic background were less likely to participate in measurements than parents with a Dutch background. Second, the longer the stay of the adolescent in the short-term stay group, the more parents participated in measurements. Combining the two predictor variables in a logistic regression analysis, parents' participation in measurements was best predicted by a model that included both the length of the adolescent's stay and his ethnicity, see Table 7.

Table 7. Coefficients of the model predicting whether parents fill out questionnaires.

Bivariate logistic regression analysis for parents participating in measurements					
		95% CI for Odds Ratio			
	b	Lower	OR	Upper	*p*
Length of stay	0.01	1.002	1.009	1.016	0.016
Child's ethnicity	-1.12	0.122	0.33	0.882	0.027
Model C: Logistic regression analysis for parents participating in measurements					
Constant	0.10		1.11		0.84
Length of stay	0.01	1.002	1.01	1.017	0.009
Child's ethnicity	-1.27	0.102	0.28	0.775	0.014

Note. -2LL = 176.5, R^2(Cox & Snell)= 0.09, R^2(Nagelkerke)= 0.12, Model χ^2 (2) = 12.38 p = 0.02

Discussion

Family-centered Care aims to increase parental participation in activities, interventions, and procedures during an adolescent's detention to achieve better treatment outcomes. Consequently, we examined the level of parental participation in FC activities during the first two years after its launch in short-term detention groups in JJIs in the Netherlands. We used three proxies to measure the level of parental participation in FC: (a) whether parents attended the family meeting, (b) the number of times the parents visited their son during regular visiting hours, and (c) the extent to which parents participated in measurements deemed to be important for planning adequate interventions for the adolescent.

This study showed that most parents of detained youths were willing to participate in FC. Roughly half of the parents attended the family meeting; two in five parents participated in measurements. Three in four adolescents were visited by parents, on average once per two weeks. This level of parental participation is promising, considering that FC was implemented in a closed setting that was traditionally concerned with protecting the society instead of providing care and treatment. Parents were previously kept at distance, and adolescents in JJIs have

complex and severe psychological problems with a lack of treatment motivation (Colins, 2016; Roest et al., 2016; Sectordirectie Justitiële Jeugdinrichtingen, 2011; Vlaardingerbroek, 2011). However, our study similarly showed that almost 26% of the youth did not receive any visits from their parents during visiting hours. This implies that although the FC program is able to successfully reach a substantial number of parents and motivate them to be involved, parental participation rates remain an area of concern. This conclusion is not surprising considering that our data collection took place immediately after the first steps of implementing FC. Implementing a new intervention in practice is difficult and takes time (Bekkema, Wiefferink, & Mikolajczak, 2008). This especially applies to family-focused interventions for youth with antisocial behavioral problems (Stern & Smith, 1999). Implementing FC implies training of staff members, to be followed by ongoing coaching and booster sessions (Simons et al., 2017). To study the effects of FC, more time is required to fully implement the program, and to ensure that staff optimally benefit from training and coaching in family-centered work. Implementation success is related to the socio-political context and to the organizational context, amongst other things (Bekkema et al., 2008). In this light, we must consider that at the time of implementing FC, the Dutch field of youth care was facing drastic transitions, and the JJIs themselves were confronted with budget cuts, high rates of sickness among staff, and high staff turnover (Janssens, 2016; Ministerie van Veiligheid en Justitie, 2017; Rovers, 2014; van Alphen, Drost, & Jongebreur, 2015). Lack of resources for staff at times of financial uncertainty is considered an additional complication for family participation (Barth, 2005).

Actively engaging families in interventions for youth is an ongoing challenge (Herman et al., 2011). The level of parental participation might be improved when staff members start to understand which factors influence parents' participation. Therefore, we performed prediction analyses to assess which factors influence the different types of parental participation.

First, our data show that parental attendance at the family meeting was predicted by the level of parenting problems; feeling less skilled in parenting their child was related to low

attendance. This finding, implying that parents who feel overwhelmed were less likely to attend, is in line with a previous finding that parents were less involved during their child's detention when they feel low on energy (Burke et al., 2014). Based on our results, we suggest that JJI staff assess parenting problems at the beginning of their child's detention, and, if parents experience these, to be very attentive to these problems and to first offer them help. Parents might be more motivated to attend the family meeting if they understand that the JJI offers family therapy, which would help in decreasing parenting problems. Therefore, it is important that staff members inform parents about this opportunity from the beginning of their child's detention. Additionally, home visits might be considered to serve as a link between family life at home and the adolescent's life in the JJI. Through home visits, JJI staff show that parents are worthy of their time and effort and that the JJI takes initiative to collaborate with parents. When a family meeting starts at home with only the parents, it might be easier to motivate parents to continue the meeting in the JJI so that their child is able to attend as well.

Second, the number of visits per week from parents was predicted by parents' job status; having a job was related to more visits. Although having a job would suggest that parents have less free time to visit the adolescent, they perhaps could visit their child more often because they could pay for the trips. In line with this financial interpretation is the earlier finding that parents are more involved in family interventions if they are provided with transportation (Kumpfer & Alvarado, 1998). Parents with a higher socioeconomic status were more involved with their residentially placed children than other parents (Baker et al., 1993). We suggest further research to investigate whether the predictive value of parental job status on visits is mediated by the financial and/or transportation situation of parents. If this turns out to be the case, JJIs might consider providing parents with travel allowances and with transportation support, e.g. by shuttle bus, or to make home visits to establish a better working relationship with parents.

Finally, participation in measurements was predicted by the adolescent's ethnicity and the length of their stay; longer stays and Dutch ethnic nationality were associated with more parental participation in measurements. Our finding that longer stays were related to more participation is surprising, given that previous research showed the contrary (Baker & Blacher, 2002; Schwartz & Tsumi, 2003). This difference in findings is possibly explained by the fact that our study took place among detained adolescents with relatively short stays, while the other studies took place in residential facilities where participants stayed for much longer periods, up to 48 years. Our finding in regards to ethnicity might be explained by the fact that the questionnaires were in the Dutch language. It is often easier to fill out questionnaires in one's mother language. Additionally, previous research showed that culture could affect language interpretation (McCoy, 2014). JJIs are encouraged to provide parents with questionnaires in their mother language or to provide assistance to parents when filling out questionnaires to avoid language interpretation problems.

A surprising finding in our study was that adolescents and their parents reported very few problems within the family. The only subscale, on which parents scored in the range of mild problems, was 'Physical health'. Sometimes, psychological distress is manifested by the presentation of physical symptoms. This phenomenon is referred to as somatization. Since somatization was shown to be correlated with antisocial behavior within individuals and across generations (Frick, Kuper, Silverthorn, & Cotfer, 1995), it is not surprising that the parents of the troubled adolescents in our sample experienced physical health problems. While the other low problem scores could possibly indicate that the respondents truly do not experience problems within family functioning, low scores are not uncommon for this population. Adolescents in conflict with the justice system are prone to deny problems and questions have been raised about the usefulness of self-report within this population (Butler, Mackay, & Dickens, 1995). More surprising is the finding that while parents and youth reported few family problems, they

did report treatment motivation, including motivation for family therapy. This raises the question why they would be motivated for family therapy, when there are presumably no problems within that area. Are family problems underreported, and does the presence of treatment motivation for family therapy show that problems do at least covertly exists? Or is there another explanation for these findings? We suggest studying this seeming contradiction through qualitative research. Our finding that adolescents were more motivated for family therapy at the beginning of their detention emphasizes the need to start early in the process. Parents are also a good starting point for family therapy, as they were more motivated than their sons. Starting family therapy early during detention might be beneficial during the rehabilitation process since a good working relationship is considered protective against attrition (Sharf, Primavera, & Diener, 2010).

Moving on from reflecting on the results of our study, these results should be interpreted considering some limitations. The sample size was small, and the strengths of our prospective relationships were weak. Therefore, our results need to be interpreted with caution. We suggest future research to conduct similar analyses with a larger sample size and to strive for more equal distributions of participants among the categories of predictor variables, e.g., with regard to ethnicity or in regards to family types. Additionally, we suggest future research on parental participation during their child's detention to include other factors such as type of adolescents' offenses, socio-economic situation, or distance to the JJI. Moreover, future research would benefit from including more forms of parental participation in their analyses. Although we chose to assess three types of parental participation, these three types do not cover the whole spectrum. Additionally, as the current study did not assess predictors for families' participation in family therapy, that would be an interesting topic for future research. This knowledge might advance the process from indication up to the actual start of the family therapy. Finally, a qualitative study on which factors parents consider to influence their

participation might increase our understanding of why some parents do participate, while others do not. This information might help JJI staff members motivate parents to participate. Interviews with parents also provides the opportunity to learn in which ways parents would like to be involved during their child's detention and in which activities they would be interested to participate. In this way, a qualitative study would have the potential to improve the FC program. Based on the findings of the current study, the FC program could also be improved by assessing parenting problems as experienced by the parents more thoroughly at the beginning of detention, by paying home visits if parents do not visit the JJI, by matching parents to mentors who are able to converse in parents' mother language, and by directing unemployed parents to social workers outside of the JJI to support them in finding a job if desired.

Chapter 5

Parents' perspectives on family-centered care in juvenile justice institutions

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Abstract

Family-centered care during adolescent detention aims to increase parental participation in an attempt to optimize treatment outcomes. However, little is known about parents' needs in family-centered care. To fill this gap, we interviewed 19 purposefully selected parents of detained adolescents using a semi-structured topic list. Although needs differed between parents, they were generally interested in activities that included spending time with their child. It is important for parents to receive timely information about their child's condition and treatment, detention procedures, and activities in the facility. The outcomes demonstrated that parents expected a two-way communication based on respect and reliability.

Introduction

There are various reasons why involving parents in activities in youth detention centers and in court procedures is beneficial. Most importantly, there is evidence that parental participation contributes to positive outcomes for youths (Burke, Mulvey, Schubert, & Garbin, 2014). More family contact was associated with a reduced risk of recidivism for adjudicated delinquents in residential care (Ryan & Yang, 2005), and more frequent visits of parents were related to depressive symptoms waning faster among incarcerated youth, regardless of the quality of the parent-child relationship (Monahan, Goldweber, & Cauffman, 2011). Second, when an adolescent is detained, this often causes a crisis in the family. Alleviating this crisis may help the adolescent to better endure detention and to better prepare for return to family and society (Church II, MacNeil, Martin, & Nelson-Gardell, 2009). Finally, parents are a unique source of information about their child's needs, strengths, and experiences (Garfinkel, 2010). This information could be helpful for staff in interacting with the adolescent.

As the literature suggests that youth-centered care for the treatment of troubled youths should be supplemented with family-centered care (de Boer, Cameron, & Frensch, 2007; Frensch & Cameron, 2002; Knecht & Hargrave, 2002), youth detention centers in the Netherlands, called Juvenile Justice Institutions (JJIs), decided to adopt a family-centered approach (Sectordirectie Justitiële Jeugdinrichtingen, 2011). To translate this approach into practice, the Academic Workplace Forensic Care for Youth (in Dutch: AWFZJ, www.awrj.nl) developed a program of Family-centered Care (FC). This FC program distinguishes four categories of parental participation (a) informing parents, (b) parents meeting their child, (c) parents meeting staff, and (d) parents taking part in the treatment program (Mos, Breuk, Simons, & Rigter, 2014; Simons, Mulder, et al., 2017). However, family-centered care is hard to achieve in secure residential settings like JJIs (Geurts, Boddy, Noom, & Knorth, 2012; Hendriksen-Favier, Place, & van Wezep, 2010; Sectordirectie Justitiële Jeugdinrichtingen, 2011). This was confirmed in a pilot stage of our study, in which FC was implemented in two so-called living groups in different JJIs (Simons et al., 2016). To improve the rates of parental participation, more insight is needed into the wishes and needs of parents regarding family-centered care in JJIs. The present study served to gain this insight, which potentially will improve FC in practice.

We decided to interview parents, with topics derived from the FC program and from the literature. Unfortunately, to our knowledge, literature on parents' wishes in family-centered care in juvenile detention centers is scarce. Therefore, we also tracked publications on family-centered approaches in non-penitentiary youth residential settings. The literature showed that in general, parents want to be involved in every important decision and action concerning their child. Parents would like to maintain and continue their parent role and have regular contact with their child (Baker & Blacher, 2002; Demmitt & Joanning, 1998; Kruzich, Jivanjee, Robinson, & Friesen, 2003; Spencer & Powell, 2000). Parents expect staff of the institution to inform them, to treat them respectfully, and to provide adequate

aftercare (Church II et al., 2009; de Boer et al., 2007; Demmitt & Joanning, 1998; Spencer & Powell, 2000). Parents want to participate in therapy or training sessions, and expect staff to take initiative in contacting them (Benner, Mooney, & Epstein, 2003; Demmitt & Joanning, 1998; Nickerson, Brooks, Colby, Rickert, & Salamone, 2006; Spencer & Powell, 2000).

Placements in JJIs are involuntarily. When adolescents are suspected of, or adjudicated for, delinquent behavior, a juvenile court can decide that detention in a secure detention facility is warranted. Hence, the setting of JJIs is different from that of non-judicial residential treatment centers. Other types of residential care are not necessary involuntary nor secure. Additionally, characteristics of residents, as well as the length of stay may differ between JJIs and other types of residential care (Simons et al., 2018). Parents' wishes for involvement might differ as well between both types of settings. To fill this gap in knowledge, it is of interest to assess in which ways parents of detained adolescents would like to be involved by the JJI and what they expect from family-centered care. Therefore, the current study aims to gain insight into the perception of parents of detained adolescents about parental participation and family-centered care. Specifically, we aim to answer two main questions: (1) how parents wish to participate during their child's detention and (2) what they expect from contact with the JJI staff. Interviewing parents will provide information from a unique perspective on how to improve family-centered care in practice. We expect this information to help JJI staff to better motivate parents to participate during their child's detention.

Methods

This study is part of a larger study on FC in JJIs, of which the full design including that of the current study, has recently been published (Simons et al., 2016). That paper offers a detailed explanation of the setting of our study, which was carried out in the two JJIs in the Netherlands that participated in the Academic Workplace Forensic Care for Youth (in Dutch:

AWFZJ, www.awrj.nl). The current study took place on five short-term detention groups, where male adolescents reside for a maximum period of 90 days, awaiting the final ruling of the juvenile judge. Two groups recently took the first steps in implementing the FC program and the three other groups worked according to JJI's usual care (Simons et al., 2016).

Recruitment

Parents received a flyer with information about the current study in the information leaflets from the JJI. As part of the practice-based nature of our study, we established exclusion criteria for our qualitative study in close collaboration with the psychologists assigned to the living groups of the youths. Parents were included unless they met the exclusion criteria. The criteria for exclusion were if: (a) their child left the short-term detention group within two weeks, (b) their child was only temporarily transferred to this JJI after an incident in another JJI, (c) parents or their child had severe mental health problems (i.e., psychosis, acute suicidal behaviors, severe mental retardation, autism) as assessed by the JJI's psychologist overseeing the adolescent's treatment, or (d) their child was suspected of having committed a sexual offense.

If parents did not meet the exclusion criteria, we called them to explain the study and asked them if they were willing to be interviewed. Participation was voluntary, and parents were informed that they could withdraw from the interview whenever they wanted, without having to give a reason. If parents agreed to take part, we scheduled an interview at home or in the JJI, as chosen by the parents. Additionally, we followed the respondents' preference regarding individual interviews or interviews with mothers and fathers simultaneously if this made parents more willing to participate.

Participants

We aimed to include a heterogeneous group of parents and/or caregivers (from here on referred to as parents) to obtain a broad spectrum of perspectives of parents whose child was placed in the JJIs. Since parents were excluded if their son stayed less than two weeks in the short-term detention group, all parents already had some experience with the JJI. In total, we interviewed 19 parents in 14 interviews; six mothers, two fathers, one sister who was responsible for parenting her brother, and five pairs of mothers and fathers together (of which one couple were foster parents). One daughter and one daughter-in-law of a respondent served as interpreters for non-Dutch speaking parents. For demographic characteristics of the respondents, see table 1. One father did not fill out the demographic questionnaire, so his data are listed as missing.

Table 1. Demographic characteristics of the interviewed parents.

Characteristic	**Details**	**Number (*N*)**
JJI	A	13 (10 interviews)
	B	6 (4 interviews)
Marital status	Married/living together	10
	Divorced/separated	7
	Missing	2
Country of birth	Netherlands	6
	Morocco	6
	Other*	6
	Missing	1
Highest education level	Vocational Secondary Education	2

	Lower General Secondary Education	3
	Higher General Secondary Education	1
	Lower Vocational Education	2
	Intermediate Vocational Education	3
	Higher Vocational Education	2
	University	1
	Other (self-cultivation)	1
	Missing	4
Having a paid job	Yes	7
	No, housewife/houseman	3
	No, unemployed	1
	No, incapacitated	5
	Different (school/volunteer work)	2
	Missing	1
Previous family therapy	Yes	4
	No	14
	Missing	1
Total children in family	Range 1-9 (mean 4.06; SD 2.04)	n/a
Age of detained adolescent	Range 14-21 (mean 16.7; SD 1.65)	n/a

*Other: Costa Rica, Cameroon, Indonesia, Pakistan, Surinam, and Turkey

Procedure

The interviews were carried out by three students enrolled in their last year of the Bachelor's program in Social Work or Applied Psychology, under supervision of a Ph.D. candidate, who is a licensed psychologist. Each interviewer received substantial training in

qualitative interviewing techniques and additional training was provided on issues related detention and safety. The supervising Ph.D. candidate either accompanied a student during an interview or was available for support via telephone. After each interview, evaluation meetings were scheduled. Additionally, the interviewers registered reflective notes after each interview and when they had transcribed the interviews verbatim.

The interviews lasted between 60 and 90 minutes and were audio-recorded, for which parents were asked for permission. Parents were informed that the recording could be stopped during the interview on request. Respondents of two interviews did not want their interview to be audiotaped. The interviewers wrote down the answers of the respondents as comprehensively as possible.

The interviews were semi-structured, using a topic list. This list was drafted following deductive and inductive strategies. Deductively, we first reviewed literature on parent's wishes in family-centered care in out-of-home facilities as discussed in the introduction. Additionally, the four categories of parental participation as distinguished by the FC program (Mos et al., 2014; Simons, Mulder, et al., 2017) were also added to the topic list. Then, more inductively, we noted experiences of JJI staff and of parents in the pilot phase of our study (Simons et al., 2016). These notes gave input to designing the topic list. Moreover, the topic list was supplemented after a try-out interview with a representative of the Dutch parents association for children with developmental disorders and educational or behavioral problems, whose son had previously been detained. Finally, purely inductively, if new themes arose in the interviews, they were used to supplement the topic list. The key features of the final topic list have been published before (Simons et al., 2016) and the topic list is available upon request from the first author. Although the topics follow a logical order in themes, the topic list was used in a flexible way, guided by the answers of the parents.

At the beginning of the interview, the parents filled out a short questionnaire about demographic background variables. The verbatim-transcribed interviews were imported into

ATLAS.ti. We used a code tree, which represented the themes in the topic list and was supplemented with new themes arising from the interviews. The first author and the students worked in a cyclic process. The first phase of open coding was followed by a second phase of axial coding. In this axial coding phase, codes were further interpreted and reorganized based on the interview fragments they referred to. In this phase, codes got split, were merged, and were combined into more abstract central themes. Code families were constructed for further analysis. In the final phase of selective coding, we found more general patterns in the data using theoretical interpretation. This analytic process enabled us to explain parents' wishes for family-centered care in JJIs.

Results

We will present here the interview findings in relation to the two main research questions: (1) how parents wish to participate during their child's detention and (2) what they expect from contact with the JJI staff.

How parents want to participate

All 19 parents wanted to participate during their child's detention, but not always in the same way and to the same extent. After analyzing parents' answers in the interviews, we distinguished three main themes in their need for participation. First, parents were eager for information about their child and about the JJI and its procedures. Second, they wanted to be part of the discussions about their child. Third, parents wanted to take part in services and activities offered by JJI.

Need for information

"Sometimes I say: 'How does he live there? What is he doing over there?' [cries] You're totally cut off!" (P6)

In all 14 interviews, parents showed an eagerness for information about various aspects of their child's detention. According to our data, parents' needs for information were threefold: to hear about (1) their child, (2) the JJI, and (3) practical issues.

Concerning the first point, the vast majority of parents said they would like to receive regular and timely updates about their child's well-being and their child's progress. These parents are concerned or worried about their child and they want to be informed about their child's behavior; good or bad.

"I am now very satisfied having a fixed contact moment every week. In this way, I am more up to date and have more faith in the institution. If something happens, it has to be passed on to me, to prevent that I hear it first and only from my son. This has not always been the case, so they should pay more attention to this" (P10).

Specifically, about half of these parents felt the need to be reassured that their son was safe. In two interviews, parents explained how they found out quite late about their child's transfer to another living group within the JJI. These parents would have preferred to be informed beforehand of these transfers. Finally, a few parents would like to know what was written in reports about their son so they could learn about his progress and to be able to correct for possible inaccuracies.

Regarding the institution, most parents expressed the desire to learn about the JJI-program, including daily activities and treatment possibilities. They would like to form an idea of how their child is spending his day at the JJI and it is important for parents to understand how the JJI works towards successful resocialization of their child.

"What are they able to do to give him back his social life? Because we can do lots of things, but I am wondering what they are able to do, because it is not a kind of prison like

'you get in, be penalized and that's it, then you'll return'. That's not how it works, I understand that. But I'm really wondering: what are they doing over there, what is happening there? I'm really wondering." (P3)

Over half of the parents mentioned that they would like to know what the living environment in the JJI looks like, which would provide reassurance about their child's living conditions. In addition, most parents wanted to be informed about schooling opportunities in the JJI and about their son's performance at school.

Half of the parents wanted to know which staff member was assigned to be their contact person in the JJI for questions pertaining their child. They explained that they wanted to know who takes care of their son and to understand the various roles and job responsibilities of staff. This would help parents to feel more confident that their child receives adequate care from competent people. Especially, one parent emphasized that she wanted to know if staff members had a certificate of good conduct.

As for practical information, more than half of the parents said they would like to know about rules and procedures in the JJI. This knowledge would better prepare them for visits and would prevent them from accidently violating the rules. These parents emphasized the importance of an information brochure to be sent to them as soon as possible when their child entered the JJI. Parents wanted information on visiting hours, contact possibilities via telephone, route directions, food, care, religious activities, and administrative procedures regarding child support money, transferring money to their child, travel allowance for themselves, and the import of goods into the JJI. Not every parent wanted to be informed about this information in the same way. Whereas some parents would like to receive all this information as soon as possible, even preferably via telephone, other parents described an information overload as too much information at once dazzled them. Some parents suggested JJIs to place procedural information on their websites or to combine the

first visit of parents to the institution with a personal meeting to share much of this information.

"I think that they have to spend more time on the first contact between the institution and parents. Because that is done via telephone. We were at the court and then your child is being arrested and just like that removed from the room and then you've lost your child. And then you don't know anything; only that he is being transported to [the JJI]. And then, it was already nine o'clock at night, we received a call with all the information. Like transferring money and so on. En then you get this all of the sudden poured out over you." (P7)

A final topic that more than half of the parents wanted to be informed about concerns the possibilities for parental participation. They explained that they need this information, as participation is otherwise impossible.

Being part of the discussions about the youth

Besides being informed about their child's well-being and his progress as described above, parents also wanted to inform the JJI about their child. More than half of the parents thought of themselves as a valuable source of information for the JJI on how to interact with their son.

"Feeling the engagement of the institution by contacting parents, approaching them, and asking them questions. Parents know their child so well. This might result in a mutual trusting relationship"'. (I. (P10)

Two parents specified that they would like to exchange views on their child with the staff. This would enable them to see if the adolescent behaved in similar ways in different environments and to compare their views. Most of the parents were eager to discuss their child's well-being and the care provided to their son, including diagnostics, mental health treatment, education, medical treatment, and aftercare. Over half of the parents wished to

participate in planning resocialization interventions, in which they would like JJI staff to take into account family needs and circumstances.

In addition to communicating with staff about their child, two parents described that they wish to keep the parental role in communicating with their son:

"In that case, the parent and the mentor can correct the child about what he [youth] has done, "You shouldn't do that" […], Then you still remain the parent. Because now, it is like it is decided there, done there, there is where everything happens." (P12)

Participating in discussions with staff appeared to be a condition for parents for participating in the decision-making progress regarding their child. Co-deciding cannot occur without participating in a discussion. Although the vast majority of parents wished to be part of the decision-making processes, most found it hard to imagine how this could be realized. Four parents felt being a 'co-decider' was impossible, and the same number of parents could not think of any topic suitable for parents as co-deciders.

"[…] you're actually not able to do anything. Because it concerns their rules, their moments. And we are outside the whole process and everything over there is regulated." (P12)

Topics and issues as mentioned by some parents to co-decide on, were care and treatment interventions, the resocialization plan to avoid recidivism, and types of parental activities. One parent would like to participate in policy-making processes for JJIs at a governmental level.

Participating in services and activities offered by the JJI

All parents were willing to visit the JJI for a variety of activities. Most parents would like to be involved in the care provided to their children. Some parents explained that they would like to participate if an activity benefits the development of their sons. One parent suggested JJIs to use contact with parents to motivate their children for treatment.

All parents said they would visit their son during visiting hours. They made a plea for longer visiting times and more frequent moments to spend time as a family. Half of the parents would like more flexibility in the registering procedure for visiting hours and more flexibility in visiting days and hours.

"Daily. Every moment of the day. It is my child. That's how it was. And he is ripped out of our lives, due to own fault. But we are being punished as well'. (P7)

Besides visiting hours, all parents were interested in other activities as well, especially if the activity involved contact with their child. For example, parents wanted to have more, longer, and more flexible opportunities for communicating with their child on the phone. Some parents said that these calls should not be limited by their child's 'telephone credit rations'. Parents suggested additional options for communicating with their sons: family group texts, Skype, or a communication book handed from youth to parents and back. When parents stayed abroad, they would like the JJI to facilitate telephone contact with their sons.

Almost half of the parents mentioned that they would prefer face-to-face meetings with JJI staff to discuss topics as described before. These meetings could be held in the JJI, for example combined with regular visiting hours as recommended by three parents, but some parents strongly advocate home visits as well. Parents explained that seeing the adolescent's home environment would help finding solutions for the current crisis and home visits would relieve parents.

Interestingly, half of the parents mentioned that they are unaware of possible activities to participate in. Most parents were interested in cooking at the living group, a tour in the institution and its intramural school. Additionally, the majority of parents were interested in parent-support meetings. Regarding the latter, one parent specified to be especially interested if the adolescent's detention would be longer, and one parent emphasized that these meetings should discuss how to support their child's transfers back

home. In two interviews, parents launched the idea of diagonal experience meetings, i.e. previously detained adolescents inform parents about their experiences and how parents can support their children, and experienced parents inform detained adolescents. Additionally, almost half of the parents are interested in a training provided by the JJI. They suggest topics such as recognizing problem behavior, upbringing of the adolescent, processing past events through role playing exercises, transitioning back home, and supporting the adolescent in the future.

"The understanding that parents determine the biggest part of the development of their child. Parents need to have this insight […] Parents have influence on their child, then where did it go wrong? If they know all this, they would have to be motivated, right?!" (P10)

One parent emphasized that training should be provided in parents' native language or otherwise in the presence of interpreters. Another parent suggested the JJI to increase parents' insights and skills in dealing with cultural differences and possible resulting identity forming problems for their children when growing up in two cultures.

Another activity as suggested by some parents is a special moment for parents or other family members on the living group, a so-called 'parent evening' or 'family day'. It would offer the opportunity to see the living group of the adolescent, spend time with him, and to observe his behavior in the JJI.

"In the future, he will return with a part of life of which I do not have knowledge of. Because that door…. Besides on a rare occasion, I'm not passing through that door. I'm not part of the group experience he is going through. I'm not in the action, in the interaction between the youths, or between group workers and youths, about table manners, or how things go. I have no knowledge of those things". (P1)

Another parent specified not to be interested in a parent evening at the living group, but rather to be interested in a parent evening at the intramural school of the JJI since school was considered important for the adolescent's future.

Other activities that were mentioned in only a few interviews, were: help cleaning, crafting, playing music or sports, celebrating birthdays, mother's day or father's day, and sibling activities. In four interviews, parents explained that their desire to participate in activities would increase as the duration of their child's stay in the JJI would increase. Overall, parents differed in their need to attend activities based on personal or previous experiences or attitudes.

For example, one parent said:

"I do not want to be involved in that [activities like dinner or cooking], because you don't want to make him feel like he's in a good place. I don't like coming there". (P13).

Another parent emphasized the importance of tailoring activities for parents towards their needs. Yet another parent underscores how participation should be content-driven instead of rule-driven. If exceptions are necessary, in contact between parents and adolescents or between parents and JJI staff, this should be made possible according to parents.

"See, we all visit our child because we miss our child. But someone might say: 'I would like to talk with a group of parents who are going through the same situation.' Another one might say: 'I would like to cook for the group, then the children will have something else to eat'. We are all different… So I think that it's different to everyone. So they would just have to look at where the parent's interest lies" (P11).

What parents expect from contact with the staff

Most parents felt that JJI staff members should have social skills and be respectful, kind, and sincere. Additionally, one parent emphasized to expect a professional attitude from JJI staff, i.e. neither too distant nor too close.

"Mutual respect, from parents and from them. That seems about right. Don't act haughty like: 'I am the boss around here'. Because you're not. Not in my eyes. It is just a job that you're practicing over there." (P14).

A few added that staff should be open and transparent, and some parents specified that they expected staff to honor agreements or appointments.

"Transparency and contact. If a youth knows that their parents are able to see how they are behaving, I think that it will be easier to control them. If everybody is up to date about everything, then thing go well." (P10)

Overall, parents wished for a two-way communication in a real collaboration with the JJI staff. The majority of the parents said that they expected staff to take more initiative for contact.

"By discussing information from within the institution with the parents. The more involved the institution is with us, the more involved we will be with the institution. This gives me the feeling that I am actually able to be part of the conversation, which causes me to have more faith in the JJI. I could pass on this resulting faith to my child. If I would not do this, he would not have faith anymore either." (P10)

Almost half of the parents wanted staff to be available for them, i.e., for support in difficult times or for reassurance. They would like the staff to answer questions and to address worries about the youth. One parent thought that staff needed more time to work with parents. Another parent wanted to see the same high level of family-centered care amongst all living groups.

"When my son was at [the first living group] there was no communication with me at all. […] Almost always, I had to call them myself in order to find out how my son was doing. I'm sad that there is a difference. There should not be a difference between [the previous living group] and [the current living group]. I mean, at [the current living group]. […] As a

parent, you already feel a degree of mistrust against the institution that detains your child. This isn't helping." (P10)

Almost half of the parents raised the issue of safety, in a wide sense (emotional and physical integrity, preventing drugs from being smuggled into the prison, preventing deviancy learning by peers). For some parents, this also applied to their own safety if they would take part in JJI activities.

The entry staff at the JJI usually has a combined job description for security and reception. While parents valued the security aspects, the experiences in interacting with the entry staff differed between parents. In general, parents would like to feel welcomed and make small talk with entry staff.

"When they wear a uniform, you think: 'Ooh'. But they were just very kind. Friendly. Yes, immediately when entering, very friendly. The contact is nice. And also when we have to move through the gate where we have to take off our things en when it beeps [metal detector]. Not so strict." (P4)

About half of the parents, who were all of non-Dutch origin, stressed that JJI staff should be sensitive to cultural issues. For example, one parent explained how the extended family is essential in their culture and that therefore, she wished that the JJI would involve more family members besides parents. Some parents said that ideally, there should be a match in the cultural background of the family and that of the JJI contact person in the JJI. A few of these parents preferred to talk in their native language, because this would improve understanding and communication. However in another interview, parents disclosed that they expected all parents to speak Dutch and that the JJI should help non-Dutch-speaking parents to learn the language. They additionally expected equal treatment for all parents visiting the JJI.

Almost half of the parents expected JJI staff to take into account and respond to their personal circumstances such as physical illness, volunteer work, or job obligations. For

example, a divorced parent advised JJI staff to be careful in approaching divorced parents, keeping in mind that guardianship matters.

Half of the parents would like to have a regular contact person in the JJI, who is closely connected to their child and who is easy to reach. This regular contact person is usually the adolescent's mentor. Having a mentor would help parents knowing who they can contact in case of questions or worries and who could provide them with information about their child's behavior.

"*I'm happy when they [the mentor] call and tell 'he is doing well' and 'he behaves good and complies with the rules'. This gives me such a nice feeling […], because even if I'm here [at home], my thoughts are there*." (P12)

Almost half of the parents expected the mentor to take initiative in contacting them and about one third would like the mentors to introduce themselves and to explain their role. Some parents desired more face-to-face contact with the mentors and suggested combining this with regular visiting hours. According to some parents wanting to have a regular contact person, this JJI staff member could be a "*spider in the web*". This Dutch expression reflects that parents consider the mentor to be the central contact person between them and the JJI. The mentor attends parents to JJI information of special importance to them, and connects them to colleagues if necessary. Two parents explained that if the mentor would not be present, they wished for an informed colleague to be available for parents. Two parents, who described not to need a regular contact person, said that they did not care who provided them with information about their son, as long as the person who did this, worked closely to him and knew what he or she was talking about.

A few parents stressed the importance of continuity of care, especially by the mentor. The current situation in which their child is transferred to other groups with other mentors as the detention period prolongs, is seen as undesirable as parents described

difficulties with establishing trusting relationships with new mentors again. One parent suggested the mentor to remain connected to the adolescent in case of a transfer.

"When he entered, he was in a different group. And now he is in another group again. And after a few more months, he'll be transferred again. Then I will have another person [mentor] again. I just don't like these things. […] If they are transferred, let them at least keep one mentor. Then at least you know what you're up to and what you're dealing with". (P11)

Discussion

To improve parental participation in FC during adolescents' detention, we need to know (1) how parents wish to participate and (2) what they expect from contact with the JJI staff. Parents themselves offer a unique source of information on these perspectives. Therefore, we interviewed parents whose child was detained in short-term detention groups in two JJIs in the Netherlands.

While all parents in the current study said to be motivated to participate during their child's detention, practice showed that actually involving parents in the pilot phase of implementing FC remained challenging (Simons et al., 2016). Apparently, staff have to bridge the gap between parents' motivation and actual participation.

The current study provides useful tips for JJI staff in bridging this gap. For example, parents were interested in activities in the JJI, especially if those activities offered the opportunity to spend time with their child. So far, this is in line with previous research among residential treatment centers (Demmitt & Joanning, 1998; Kruzich et al., 2003; Spencer & Powell, 2000). However, most of the parents in our sample were unaware of possibilities for activities within the JJI. Hence, providing parents with timely information might improve their participation. Additionally, our study suggests that participation could be optimized if JJIs are more flexible in contact opportunities for parents.

In line with previous findings in residential settings, some parents in our sample also described the wish to fulfill the parent role (Baker & Blacher, 2002). For example, they would like to be involved in decisions concerning their child (Demmitt & Joanning, 1998). Specifically, our study showed that being part of discussions about their child appeared to be a condition for parents to participate in the decision-making process. However, as JJIs are highly structured and regulated, some parents in our sample experienced difficulties in imagining how they could participate in decision-making processes. Being aware of this obstacle might help JJI staff to communicate more clearly which topics they would like parents to co-decide on.

Another important lesson drawn from the present study is that JJIs should tailor activities towards parents' needs. Although parents came up with a variety of activities, not every parent wanted to be involved in the same way. Consequently, the adolescent's mentor (or at least somebody who is closely connected to the adolescent) is expected to actively ask parents about their wishes and try to accommodate those, while being attentive to personal circumstances of parents. A few parents in our study emphasized the importance of continuity of care. Therefore, it is suggested that the mentor remains the contact person for the whole detention period of the adolescent. The mentor is encouraged to engage in a two-way communication with parents, in which the mentor not only discusses all major information pertaining their child with the parents, but also asks parents about their input and benefits from their knowledge of the adolescent.

Similar to research in residential treatment centers, the majority of parents in our sample expected JJI staff to take the initiative in contacting parents (Demmitt & Joanning, 1998; Nickerson et al., 2006). Communication with parents should be respectful, kind, and sincere (de Boer et al., 2007; Demmitt & Joanning, 1998). Additionally, JJI staff would have to honor agreements or appointments with parents, show that they mean well for their child, and sometimes have to overcome parents' mistrust against them. Investing in the

relationship with parents would increase rates of parental participation, according to parents in our study. Besides initiating contact, JJI staff could also visit parents at home, and communicate in the native language of non-Dutch speaking parents.

Notwithstanding the useful implications of our study for practice, it has limitations as well. A first limitation concerns the risk of a sampling bias. Although we strived to include a heterogeneous group of parents, we were only able to interview the parents who were willing to participate in this study. Perhaps this group is generally more motivated for activities compared to other parents. Nevertheless, the suggestion to tailor motivational strategies and activities towards parents' needs and circumstances also applies for possibly less-motivated parents. Secondly, as we conducted a qualitative study, we cannot pretend that our sample is representative for all parents whose child is detained. For example, as the two JJIs in our study only housed boys, we cannot assume that parents of girls have the same wishes and expectations. Therefore, we suggest future research to include parents of detained girls. However, because of our heterogeneous and purposeful sample selection, we expect that our results are also generalizable to other JJIs housing boys, keeping the first limitation in mind.

We also suggest future research to further explore which factors hinder or promote parental participation. Qualitative research would help in understanding which factors parents deem influential. Knowledge of these factors will further help JJI staff to tailor their motivational interventions, which could result in more parental participation.

Our final recommendation concerns the applicability of FC in other fields of residential care and in other countries. Recently, the FC program has been adapted to secure and open residential care facilities in the Netherlands (Simons, van Domburgh, et al., 2017). Currently, the FC program for JJIs is also being translated into English to make the program internationally available. The need for programs stimulating family involvement during adolescent detention is not only of concern in the Netherlands, but is internationally

recognized (Bernstein, Dolan, & Slaughter-Johnson, 2016; Justice for Families DataCenter, 2012). Therefore, the translation of the FC program would provide international professionals working in the field of adolescent detention with a framework of how to involve parents. A summary of the content of the FC program has recently been published and is thereby available for an international audience (Simons, Mulder, et al., 2017).

If JJI staff take into account the suggestions made by parents, and tailor activities towards individual parents' wishes, they would be able to optimize parental participation during their child's detention. By involving parents early on, the gap between the JJI and the family life at home is more likely to be bridged, which will contribute to the improvement of care for detained youth.

Chapter 6

Parental participation in juvenile justice institutions: Parents' perspectives on facilitating and hindering factors

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Abstract

Background*:* Parental participation during their child's detention is important for achieving positive treatment outcomes for youths and their families. To improve parental participation, insight in facilitating or hindering factors is necessary. To this end, we studied the perspectives of parents of adolescents detained in two juvenile justice institutions in the Netherlands.

Methods*:* Data were collected from 19 purposefully selected parents through semi-structured interviewing. The verbatim-transcribed interviews were imported into ATLAS.ti where data were coded and analyzed.

Results*:* Parental participation is influenced by a variety of factors that could be categorized into the following themes: (1) practical facilitating or obstructing factors, (2) parent-related emotional and mental factors, and (3) factors concerning issues of the parent-child relationship.

Discussion*:* Insight in facilitating and obstructing factors for participation might help JJI staff to understand differences in parental participation. This may enable them to create tailored solutions to improve parents' participation during their child's detention.

Introduction

Involvement of parents during their child's detention is important for achieving positive child and family outcomes regarding both mental health issues as well as behavioral aspects (Burke, Mulvey, Schubert, & Garbin, 2014; Latimer, 2001; Monahan, Goldweber, & Cauffman, 2011; Woolfenden, Williams, & Peat, 2002). For example, parental participation during their child's detention is likely to result in better insight in the nature of the youth's problems, which will result in better treatment for the adolescent, and a smoother transition back to the community (Garfinkel, 2010).

Until recently in the Netherlands, youth detention centers, called Juvenile Justice Institutions (JJIs), were unable to reach satisfying levels of parental involvement (Sectordirectie Justitiële Jeugdinrichtingen, 2011; Simons et al., 2017; Simons et al., 2016; Vlaardingerbroek, 2011). This struggle is not surprising, as JJIs originally were not focused on collaborating with parents. JJIs traditionally were oriented towards reducing criminal behavior and protecting the society by providing individual treatment to adolescents. Realizing the importance of involving families during adolescents' detention to ensure successful reintegration, JJIs in the Netherlands started to implement some family-oriented activities in their usual care program (Stuurgroep YOUTURN, 2009). Although this integration of family-oriented activities introduced a paradigm shift and was in theory a good start to involve parents, the program did not contain a wide range of options for parental participation, and the guidelines were neither well-translated nor implemented into practice. This resulted in poorly embedded parental participation (Hendriksen-Favier, Place, & van Wezep, 2010). In a new effort to improve this situation, the Netherlands Government issued a national position paper in 2011 encouraging JJIs to improve parental participation (Sectordirectie Justitiële Jeugdinrichtingen, 2011). However, this paper only contained broad outlines which every JJI needed to detail for implication in everyday practice. Additionally, youths are placed in JJIs after ruling of a juvenile judge, under the suspicion of, or after conviction for, criminal behavior. Accordingly, placement is mandatory in which neither youths nor parents have a say and parents are forced to deal with a situation where their child is detained after (possibly) having committed a crime (Janssens, 2016). Consequently, welcoming parents at a place where their child is held against their and their child's will, is somewhat paradoxical and thus challenging for JJIs. To provide JJIs with clear guidelines on how to improve parental involvement and participation during their child's detention, the Academic Workplace Forensic Care for Youth (in Dutch: AWFZJ, www.awrj.nl) took up the

challenge to develop a program for Family-centered Care in JJIs (Mos, Breuk, Simons, & Rigter, 2014; Simons et al., 2017).

In order to improve the participation of parents during their child's detention, we have to understand which factors promote or hinder their participation. One important but under-researched source of information concerns the parents' own views on these factors. Knowledge of parents' perspectives might help JJI staff to apply better-suited strategies to convince parents to participate during their child's detention. According to our knowledge, such qualitative research among parents, especially in JJIs, is scarce. Furthermore, factors that have previously been described in literature usually stem from other forms of residential treatment centers focused on for example mental retardation, psychiatric disorders, or younger children (Baker & Blacher, 2002; Knecht & Hargrave, 2002; Schwartz & Tsumi, 2003; Sharrock, Dollard, Armstrong, & Rohrer, 2013). We will elaborate on these factors below, on which we will build our qualitative study.

The factors described in the literature could be categorized into three types of factors: (1) personal or situational factors, (2) child or youth factors, and (3) facility factors. Regarding the first category, long distance between home and the facility has been shown to hinder parents' visits (Baker & Blacher, 2002; Kruzich, Jivanjee, Robinson, & Friesen, 2003; Lyman & Campbell, 1996; Sharrock et al., 2013), while living closer to the facility was facilitating (Baker, Blacher, & Pfeiffer, 1996; Robinson, Kruzich, Friesen, Jivanjee, & Pullman, 2005). Related to the travel distance, transportation also seems to influence parental participation. Specifically, it is shown to be negatively influenced by the lack of transportation and by transportation costs (Garfinkel, 2010; Kruzich et al., 2003; Sharrock et al., 2013). Other previously identified barriers all consist of parental burdens. For example, lack of child-care for other children, competing demands or constraints on time (e.g., by work), parental emotional problems, and medical concerns all have been found to negatively influence parental participation (Burke et al., 2014; Garfinkel, 2010; Lyman & Campbell,

1996; Sharrock et al., 2013). Additionally, parents might be less willing to participate because of previous disappointments through negative experiences with service providers (Garfinkel, 2010; Knecht & Hargrave, 2002). With regard to the influence of marital status, previous research has reached contradicting findings. For example, while Baker, Blacher, and Pfeiffer (1993; 1996) showed that intact marriages are facilitating and Robinson et al. (2005) found that single parenthood is obstructive, Kruzich et al. (2003) concluded that parents' marital status is not of influence on their involvement.

With regard to the second category 'child or youth factors', previous studies have shown that facilitating factors for parental involvement are higher IQs and lower ages of the child (Baker & Blacher, 2002; Baker et al., 1993; Kruzich et al., 2003; Robinson et al., 2005). Research on other child or youth factors is less conclusive about their influence. Some studies found that high levels of child's mental problems hinder parental participation (Baker & Blacher, 2002; Baker et al., 1993; Schwartz & Tsumi, 2003), while Kruzich et al. (2003) concluded that the severity of the child's mental health problems are not related to parents' involvement. Another contradicting finding concerns ethnicity. Kruzich et al. (2003) have shown that the child's ethnic background is not influential, while Baker et al. (1993) have concluded that parents of children with white ethnic backgrounds are more involved, and others found that parents of African American and Hispanic ethnic youths are less involved (Monahan et al., 2011). A third contradicting finding concerns duration of the child's stay. While Baker and Blacher (2002) and Schwartz and Tsumi (2003) have shown that longer duration of stays are obstructive for parental involvement, Baker et al. (1993) concluded that the duration of the child's stay is not related to parental involvement.

As for the third category, facility factors, the flexibility of the system, availability of staff, responsiveness to cultural values, and staff members' attitudes and behaviors can either facilitate or hinder parental participation (Burke et al., 2014; Garfinkel, 2010; Knecht & Hargrave, 2002; Kruzich et al., 2003; McNown Johnson, 1999). Other facility factors have

been shown to negatively influence parental participation, i.e., a high staff turnover and restrictive policies (Degner, Henriksen, & Oscarsson, 2007; Kruzich et al., 2003).

The effect of hindering and protective factors respectively, appears to be cumulative (Kruzich et al., 2003). On one hand, the more barriers parents experienced during their child's residential treatment, the less contact they had with their child and the less they participated. On the other hand, the more support parents experienced from the facility, the more contact they had with their child and the more they participated in educational and treatment planning (Kruzich et al., 2003).

Knowledge about factors promoting or hindering parents to participate during their child's out-of-home care stems predominantly from other forms of residential treatment centers (e.g., psychiatric hospitals, centers for people with intellectual disabilities, group homes, or out-of-home treatment facilities). This is quite different from a forensic setting such as the JJI, where adolescents are placed involuntarily because of (suspected) criminal behavior. Placement of a youth into a JJI is always preceded by the ruling of a juvenile judge. Hence, the setting of a JJI differs from that of other forms of residential treatment in regard to the population, length of stay, and the legal framework (Simons et al., 2018). Therefore, it is of interest to study if the same factors apply to parents whose child is detained in a JJI after being suspect of, or convicted for, criminal behavior.

Hence, our study aims to investigate which factors influence parental participation during their child's detention by interviewing parents themselves. The responses of these parents will reveal the unique perspectives of parents, which will be informative for policy-making and training of staff working in JJIs. Qualitative research is particularly suitable for obtaining parents' own views and for shedding a light on what is behind previously described contradicting findings. By taking into account factors that parents deem influential to their participation, JJI staff will be able to better respond to parents' needs. This has the

potential to help improving parental participation during their child's detention, which might contribute to improved treatment outcomes.

Methods

This study is part of a larger study on Family-centered Care in JJIs, of which the full design including that of the current study has recently been published (Simons et al., 2016). That paper offers a detailed explanation of the setting of our study, which was carried out in the two JJIs in the Netherlands that participated in the Academic Workplace Forensic Care for Youth. The current study took place on five short-term detention groups, where male adolescents reside for a maximum period of 90 days, awaiting the final ruling of the juvenile judge. Female adolescents were not placed in the two JJIs participating in the Academic Workplace Forensic Care for Youth. Consequently, only parents of male adolescents were able to participate in our study. Two groups in the JJIs recently took the first steps in implementing the Family-centered Care program (Mos et al., 2014; Simons et al., 2017) and the three other groups worked according to JJI's usual care. Because the JJIs are required to fill free slots in the living groups upon the arrival of new adolescents, the assignment of adolescents to the groups is without bias (Simons et al., 2016).

Recruitment

Parents received a flyer with information about the current study in the information leaflets from the JJI. As part of the practice-based nature of our study, we established exclusion criteria for our qualitative study in close collaboration with the psychologists assigned to the living groups of the youths. The psychologists based their advice on their clinical judgment, bearing in mind preventing the risk of overload for the parents of parents that required a specialized approach, which made them unsuited for participation in our study. Parents were included unless they met the exclusion criteria. Based on the advice of the

psychologists, criteria for excluding parents were if: (a) their child left the short-term detention group within two weeks, (b) their child was only temporary transferred to this JJI after an incident in a different JJI, (c) parents or their child had severe mental health problems (i.e., psychosis, acute suicidal behaviors, severe mental retardation, autism) as assessed by the JJI's psychologist overseeing the adolescent's treatment, and (d) their child was suspected of having committed a sexual offense.

If parents did not meet the exclusion criteria, we called them to explain the study and asked them if they were willing to be interviewed. Participation was voluntary, and parents were informed that they could withdraw from the interview whenever they wanted, without having to give a reason. If parents agreed to take part, we scheduled an interview at home or in the JJI, as chosen by the parents. Additionally, we followed the respondents' preference regarding individual interviews or interviews with mothers and fathers simultaneously if this made parents more willing to participate. After the interview, parents were thanked for contributing to the study by a small gift such as a mug filled with chocolates and a personal "thank you" note.

Participants

We aimed to include a heterogeneous group of parents and/or caregivers (from here on referred to as parents) to obtain a broad spectrum of perspectives of parents whose child was placed in JJI's. As parents were excluded if their son stayed less than two weeks in the short-term detention group, all parents already had some experience with the JJI. In total, we interviewed 19 parents in 14 interviews; six mothers, two fathers, one sister who was responsible for parenting her brother, and five pairs of mothers and fathers together (of which one couple were foster parents). In two interviews, a daughter or a daughter-in-law of the respondent served as an interpreter for non-Dutch speaking parents. At the beginning of the interview, the parents filled out a short questionnaire about demographic background

variables. For demographic characteristics of the respondents, see Table 1. One father did not fill out the demographic questionnaire, so his data are listed as missing.

Table 1. Demographic characteristics of the interviewed parents.

Characteristic	**Details**	**Number (*N*)**
JJI	A	13 (10 interviews)
	B	6 (4 interviews)
Marital status	Married/living together	10
	Divorced/separated	7
	Missing	2
Country of birth	Netherlands	6
	Morocco	6
	Other*	6
	Missing	1
Highest education level	Vocational Secondary Education	2
	Lower General Secondary Education	3
	Higher General Secondary Education	1
	Lower Vocational Education	2
	Intermediate Vocational Education	3
	Higher Vocational Education	2
	University	1
	Other (self-cultivation)	1
	Missing	4

Having a paid job	Yes	7
	No, housewife/houseman	3
	No, unemployed	1
	No, incapacitated	5
	Different (school/volunteer work)	2
	Missing	1
Previous family therapy	Yes	4
	No	14
	Missing	1
Total children in family	Range 1-9 (mean 4.06; SD 2.04)	n/a
Age of detained adolescent	Range 14-21 (mean 16.7; SD 1.65)	n/a

*Other: Costa Rica, Cameroon, Indonesia, Pakistan, Surinam, and Turkey

Procedure

The interviews were carried out by three students enrolled in their last year of the Bachelor's program in Social Work or Applied Psychology, under supervision of a Ph.D. candidate, who is a licensed psychologist. Each interviewer received substantial training in qualitative interviewing techniques and additional training was provided on issues related detention and safety. The supervising Ph.D. candidate either accompanied a student during an interview, or was available for support via telephone. After each interview, evaluation meetings were scheduled. Additionally, the interviewers registered reflective notes after each interview and when they had transcribed the interviews verbatim. Because of this verbatim transcription, the quotes as used in the Results section contain the literal wordings as used by the parents. This ensures that the quotes represent the voices of parents and avoids the risk of interpretation bias. Since not all parents were native Dutch speakers, sentences were sometimes not completely fluently. When translating the quotes to English,

we have opted for the same strategy and stayed as close as possible to the original sentences as verbalized by the parents.

The interviews lasted between 60 and 90 minutes and were audio-recorded, for which parents were asked for verbal permission. Parents were informed that the recording could be stopped during the interview on request. Respondents of two interviews did not want their interview to be audiotaped. With parents' consent, the interviewers wrote down the answers of the respondents as comprehensively as possible.

The interviews were semi-structured, using a topic list. This list was drafted following deductive and inductive strategies. Deductively, we first reviewed literature on factors influencing parental participation in out-of-home facilities as discussed in the introduction. Additionally, the four categories of parental participation as distinguished by the Family-centered Care program (Mos et al., 2014; Simons et al., 2017) were also added to the topic list. Then, more inductively, we noted down experiences of JJI staff and of parents in the pilot phase of our study (Simons et al., 2016). These notes gave input to designing the topic list. Moreover, the topic list was supplemented after a try-out interview with a representative of the Dutch parents association for children with developmental disorders and educational or behavioral problems, whose son had previously been detained. Finally, purely inductively, if new themes arose in the interviews, they were used to supplement the topic list. Combining deductive and inductive strategies is in concurrence with guidelines for qualitative research (Boeije, 2012; Lucassen & Olde Hartman, 2007). The main themes of the final topic list are summarized in Table 2. Although the topics follow a logical order in themes, the topic list was used in a flexible way, guided by the answers of the parents (Silverman, 2010).

Table 2. Main themes of the topic list for interviewing parents including the follow-up topics.

To what extent does the JJI involve you?
Opinion
Activities
Feelings about parenting role during your child's detention
Satisfaction (positive and negative experiences)
Improvements
To what extent and in which way do you wish to participate?
Information
Participation
Discussing
Deciding
Important moments
Ideal ways involving parents
How to motivate parents for participation?
Differences in activities
Reasons not to visit the JJI
What do you expect from staff in contact with you?
Wishes in staff's attitude and behavior
Wishes in communication
Wishes in language and culture
Differences in wishes per type of staff member
Which factors influence participation and in which ways?
Practical
Previous experiences
Family/parent-related factors

The verbatim-transcribed interviews were imported into ATLAS.ti. We used a code tree, which represented the themes in the topic list and was supplemented with new themes arising from the interviews (Boeije, 2012). The first author and the students worked in a cyclic process. The first phase of open coding was followed by a second phase of axial coding. In this axial coding phase, codes were further interpreted and reorganized based on the interview fragments they referred to. In this phase, codes got split, were merged, and were combined into more abstract central themes. Code families were constructed for further analysis. In the final phase of selective coding, we found more general patterns in the data using theoretical interpretation. This analytic process enabled us to explain which factors parents consider to influence their participation.

Ethics

The medical ethical board of the Leiden University Medical Center reviewed our study. The board ruled that our study falls outside the realm of the WMO (Dutch Medical Research in Human Subjects Act) and that it conforms to Dutch law, including ethical standards.

Results

When asking parents about factors influencing their participation during their child's detention in the JJI, three themes emerged: (1) practical factors, (2) parent-related emotional and mental factors, and (3) factors concerning issues of the parent-child relationship, see figure 1.

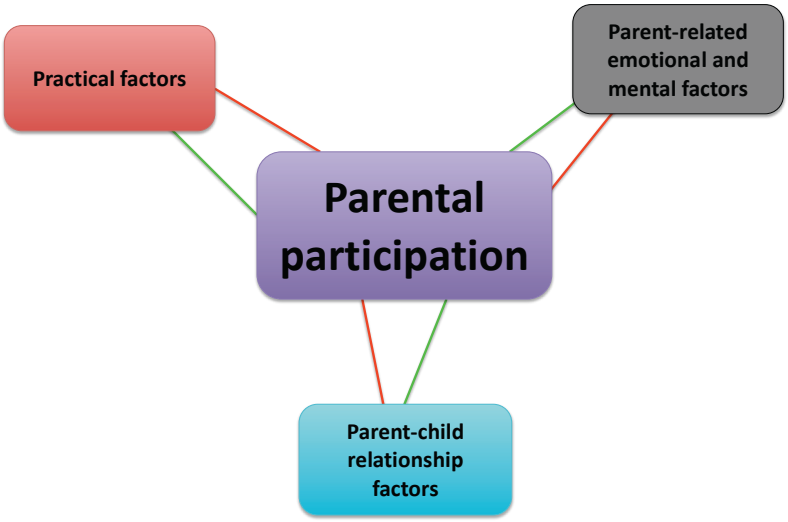


Figure 1. Factors influencing parental participation according to parents.

Each domain contained both facilitating and obstructing factors. Facilitating factors represent factors that contribute to parent's participation, whereas obstructing factors represent hindrances for parental participation. These factors are summarized in a figure for each theme after which the detailed results will be presented[1]. In the figures, the green lines represent a facilitating effect on parental participation, and the red lines symbolize a hindering effect.

Practical facilitating or obstructing factors

In the interviews, parents came up with much more obstructing than facilitating factors. Figure 2 displays a summary of the factors mentioned by parents. The green lines represent a facilitating effect on parental participation, and the red lines symbolize a hindering effect. We will elaborate on each factor below.

[1] When describing the outcomes we use quantifiers to refer to the number of respondents involved. As a rule of thumb this could be interpreted as follows: "A few" = 2; "Some" = 3-4; "Almost/About half" = 5 or 6; "Half" = 7; "More than half" = 8; "Most| = 9 – 13; "All" = 14.

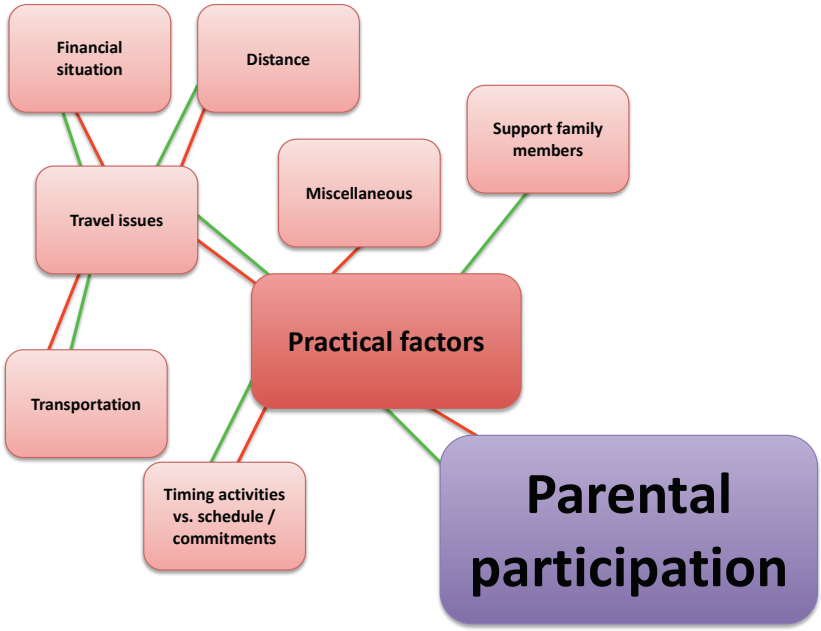


Figure 2. Practical factors influencing parental participation according to parents.

Most parents explained that traveling to the JJI costs money and they considered this to impede parents from visiting the JJI because of their financial problems. Some parents felt relieved that they are not facing financial problems themselves, while at the same time understanding how this could be a problem for other parents.

"And perhaps they don't own a car because they don't have the money for it. So that would be an obstacle for someone who doesn't have money. Our son is just lucky that we're both employed and are able to visit him each week, but there are also many parents, and sometimes I'm concerned about those parents. I think it's sad that they're not able to come because, of course they want to see their child every week. So that's an obstacle for them. And that's sad for the child. Because of course he's always longing for that one visit lasting that one hour." (P4)

Although providing parents compensation for their travel expenses could stimulate one parent to visit the JJI, another parent stated that having to pay the travel costs in advance and having to wait a while for receiving the compensation, combined with the administrative hassle, still did not stimulate her.

Moreover, other related travel issues prevented parents to visit the JJI as well. For example, half of the parents expressed that not having transportation or not having a driver's license is problematic for reaching the JJI. At the same time, some parents mentioned that having a car actually facilitated their visits. Public transportation did not seem like a solution for parents who do not own a car, since almost half of the parents experienced that the JJI is not well connected to public transportation.

"Some people don't have a car. They have to travel by train or with the bus. But the bus doesn't stop here I think [...] So you just need a car." (P6)

One parent elaborated that especially in the winter when darkness came early, the long walks to reach the bus stop were uncomfortable. On the other hand, a few parents considered support from family members in driving them to the JJI to promote their visits. Another parent explained that she was pleased that the JJI had enough parking spaces and that parking was free of charges. She thought that this stimulated parents to visit the JJI. To stimulate parents for visiting the JJI, one parent suggested JJIs to provide shuttle busses and to arrange carpool opportunities amongst parents.

The long distance from home to the JJI was another to travelling related hindering practical factor that was mentioned by most parents. Although two parents stated that no matter how long they had to travel, they would always visit the detained adolescent.

"[He –the youth- said] 'because in that case you won't have to come, […] as you need to travel for so long. So I said: 'Are you crazy or what?'. Yes, he is also worried about us. […] I really don't care if I have to travel for two hours or not, for him I will do that for sure. Even if he was, say, in another country, I really wouldn't care." (P3)

Most parents also identified the mismatch between the timing of the activities in the JJI and their own schedule as a practical hindering factor. Parents often had other commitments such as work, school, or volunteer work. One parent said that having a flexible employer and understanding colleagues, helped her to adjust her schedule to the one of the JJI. Some parents explained how not being employed actually promoted their participation in the JJI, because they had more time available and no work obligations. Two other parents mentioned being too busy keeping the family life on track, and about half of the parents thought that having small children at home who need a babysitter, made it harder to visit the JJI. With regard to this latter, two parents explained how support of family members would be helpful for babysitting younger children. The following practical factors that negatively influenced participation according to parents, each have been mentioned once by a different parent, i.e., not having a valid ID-card required to visit the JJI, having physical difficulties, or being divorced and not having a good relationship with the ex-partner which requires extra planning if parents want to divide the activities in the JJI between themselves.

Parent-related emotional and mental factors

Figure 3 displays a summary of the parent-related emotional and mental factors mentioned by parents. Again, the green lines represent a facilitating effect on parental participation, and the red lines symbolize a hindering effect. We will elaborate on each factor below.

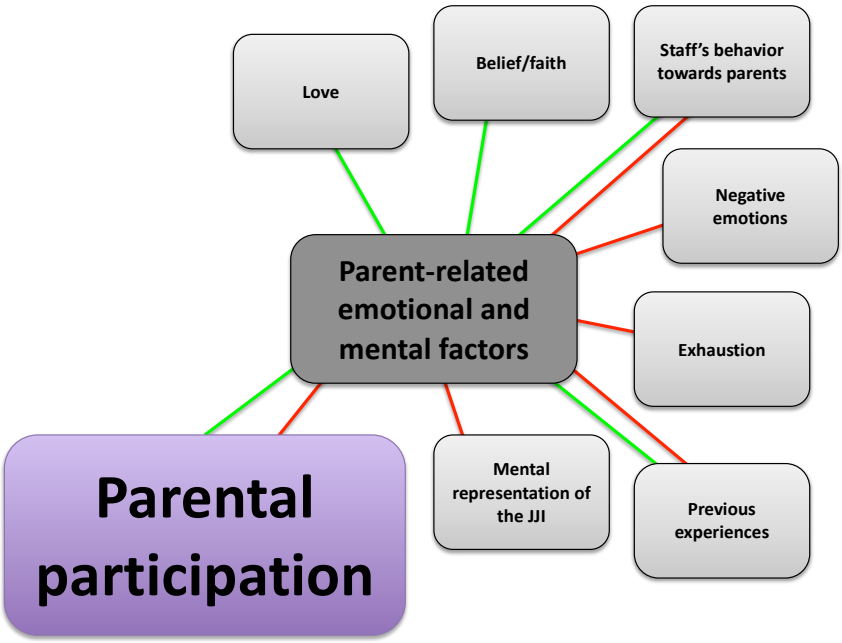


Figure 3. Parent-related emotional and mental factors influencing parental participation according to parents.

In most interviews, parents expressed their love for their child and their internal drive to see him. The connection they had with their son and their wish to support him motivated parents to participate during his detention.

"Because he is part of a family, he is family. He absolutely should not think that he is alone. Because he definitely is not. He has got his mother and his sisters." (P3)

Almost half of the parents explained that having faith in their child and believing that things will be okay in the future helped them to visit the JJI.

Other than that, parents mainly listed personal factors that negatively influenced their motivation to participate. For example, almost all parents explained how the detention of

their child elicited a variety of negative emotions for them. These emotions included anger, shame, and disappointment.

"You felt all of these emotions at the same time. You felt anger, you felt outraged, you felt sad. Actually, you're living in a daze." (P4)

Additionally, a few parents described feeling exhausted after all the worries they had about their child or after trying to seek the right help for him. Almost half of the parents explained that their child's detention was very hard, painful, and stressful for them. One parent even received psychological support for feeling very tense because having a child in detention was too stressful.

"I find it very tough, yes. When I enter the door, and oh, it's in my head. I cannot continue my live after that, it is hard. I'm completely locked down. I take the whole building home with me that day." (P6)

Some of the parents in our sample had a negative mental representation of the JJI, which caused some of them to feel scared about entering the JJI. These negative representations were caused by negative stories they have heard about the JJI, media that portrayed JJIs negatively, movies about prisons, or a negative feeling they got from passing by prisons in the Netherlands. Additionally, the concept of visiting their child in detention could be very confronting for parents. Although all these negative emotions or ideas about the JJI did not stop parents in our sample from wanting to visit the JJI, it did make visiting more difficult because parents had to overcome their first tendency to avoid it.

"It is easier not to go. Because when you do go, you're faced with what your child has done. And that can be painful. And it is painful indeed. But then at some point, you're able to process what has happened. I haven't processed it yet but I'm working on it. Together with my son." (P9).

Even though a few parents sometimes felt fed up with their child, all parents in our sample continued to support him.

"But I have always said: 'Okay, it is not okay what you have done, but no matter what, I will always have your back. After all, you are my child; you will continue to be my child'." (P9)

Beside negative emotions elicited by their child's detention, one parent described also feeling relieved about the situation at the same time:

"But I think that our situation was quite different, because we were actually experiencing lots of parenting stress. And now we're glad to be able to catch our breaths […] and calm down. For us it's just some time to find rest. And sitting peacefully in your room and not having to think all the time: 'Well, how is he behaving, what is he doing, why isn't he home yet?'. So actually for us, it's a little bit of a relief that he's over there." (P5)

Previous experiences further influenced parents' motivation for participation. For example, more than half of the parents described negative encounters with service providers from for example child welfare agencies, other youth care institutions, or previous therapists. These parents were disappointed in the previous service providers, which made them somewhat hesitant when dealing with JJI staff.

"When things outside are going a little bit wrong with institutions and they don't communicate well with each other, as a mom, you start to feel a bit desperate. Then there's too much to handle." (P9*)*

Although these negative experiences might hinder parents to participate in activities in the JJI, half of these parents emphasized that they were willing to give JJI staff a chance and that the previous negative experiences did not stop them from wanting to be involved during their child's detention. One parent specified that after years of disappointments with service providers, she hoped that finally someone would be able to provide the right help for her son. Two other parents told how positive previous experiences with service providers stimulated them to collaborate with JJI staff and to participate in activities, but one of these parents explained that there would always be some degree of mistrust against the JJI.

"We have had previous experiences with youth care, also for my son. They communicated very well with me and I had faith in the service provider. I dared to join the discussion. […] I trust the JJI enough to share some things, but there's a reason why I did not want this conversation to be recorded. A certain degree of insecurity and mistrust continues to prevail." (P10)

Another parent mentioned distrust in the effect of detention. He stated that people learn nothing from the experience. As he had been imprisoned as well, he did not feel the need to see that world anymore. Consequently, he was less motivated to participate during his child's detention. Other parents explained in which ways they would not like staff to behave, because they assumed that it would cause parents to refrain from participation. For example, one parent mentioned not wanting to be criticized on parenting efforts, two others were not pleased when the JJI canceled a visit or last-minute changed the visiting hour.

Factors concerning issues of the parent-child relationship

Regarding parent-child relationship factors, parents mentioned more factors facilitating their participation (green lines) instead of hindering it (red lines), see figure 4.

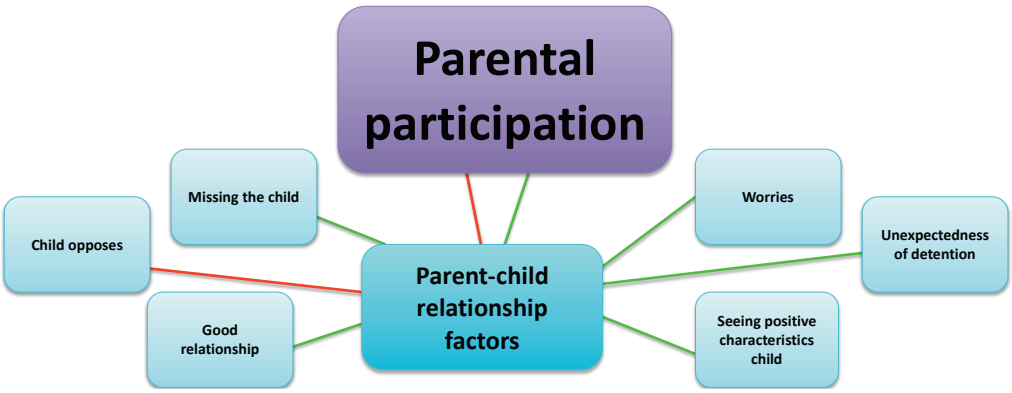


Figure 4. Factors concerning issues of the parent-child relationship influencing parental participation according to parents.

In general, most parents described that having a good relationship with their child motivated them to participate with the JJI. More than half of the parents explained that missing their child stimulated them to participate, because this meant more contact with their son.

"My family unfortunately isn't complete at this moment. And we are all very much sorry about this. It's very difficult. It's such a big loss not having him around." (P10)

Some parents specified that not only they missed the youth, but also siblings wanted to spend time with their brother. One parent however stressed that every visit caused her and her child to miss each other more. This made her to consider decreasing her visits to prevent an increase in missing.

Another reason for collaborating with the JJI mentioned by almost half of the parents was worry for their child. For example, one parent explained that because of her son's psychopathology, she was more worried about him and wanted to make sure that he was doing okay. Therefore, she participated more in the JJI because this provided her with the opportunity to observe her child, help him, and advice JJI staff on how to deal with her son.

"I picked up the signal [that the boy was not feeling fine]. And when I called [JJI staff]: 'No, he is doing completely fine'. And I do know certain things, sometimes you do have those kinds of contacts and you know your son. So I think: 'No, he is not doing fine. He is trying to stand strong." (P1)

In half of the interviews, parents described how kind, loving, and gentle their son was.

"*He is, believe it or not, he is really […] extremely helpful. If he sees that you're in pain, and that you're crying, he feels you. I'm almost getting tears in my eyes now. He will come to you, tells me: "darling, are you okay? […] Okay wipe your tears and we'll do something fun. He'll take you to the city. He wants to comfort you. He helps in the kitchen, he helps in housekeeping."* (P8)

They elaborated that their son could get into trouble because he was such a helpful person. Some parents explained that their son needed to learn to better assess when he should help someone or when he should not get involved. Seeing these positive characteristics of their child, motivated these parents to visit the JJI for activities with their child.

"It's just a very bad decision of him. But it doesn't make him a bad person." (P4).

For half or the parents the arrest of their child came unexpected. This appeared to stimulate parents' interest in participation, because it helped some of the parents to ascribe the cause of their child's offense to the bad influence of his peers.

"And the shock of course, because you think 'heh?!' You think you know your son and then all of a sudden he is doing this. And then you think 'How can this happen?'. You then ask yourself as a parent 'Did I miss something? Where did I fall short?'. Because I think, yeah, I'm at home a lot, we have always had a good relationship as well. But well, I'm of course not the only one who's telling him things, and he meets other boys and he is pretty easy to influence." (P4)

Some parents described that if their child expressed regrets for his criminal behavior, they were more willing to participate during his detention. Two parents explained that their son was not able to oversee all the consequences while breaking the law. Moreover, two parents suggested that the severity of the crime might influence parents' motivation for participation as well. A few parents describe how their support might be less in case of multiple arrests of their child.

"Perhaps also the offence committed […].. I don't know if this – how serious the situation can be. It could be that parents think: 'Okay, you have done something; we are not going to be around for a while. So you can really think about what you've done'. My ex-partner is an example of this." (P11)

According to some parents, objection by the detained adolescent to parental participation was an obstructing factor. Parents noticed that their child was embarrassed about his living situation, or did not want to trouble their parents with overcoming challenges to visit the JJI.

"[He –the son- said] 'I don't want you to come here with all these boys and have dinner'. 'Why? What would they do to us?' 'Well, no, some of them eat really gross'. […] Well, on the one hand I think: 'Who cares, whatever he does or does not think, I'm just coming'. But on the other hand, no, because I don't want him to be angry, and that he'll be a bit infuriated about these things. That's not what I want either. I don't want him thinking 'They have seen me here like this', I don't want him to feel bad about it. That's why on the other hand, I don't want it." (P3)

One parent elaborated that if the adolescent has to stay longer in the JJI, the resistance of the adolescent would be ignored as the parent deemed it important to participate. Finally, one parent explained she thought it was better to refrain from visiting her child because of the security measures. Adolescents undergo inspections on their bodies after receiving visits. This mother explained that she does not want to put her son through the embarrassment of having to bend over just because she visited him.

Discussion

To increase parental participation, it is important to understand which factors are stimulating or hindering for parents. Most previous research on factors influencing parents' participation was carried out in other residential settings than JJIs. As the setting of the JJI is different from that of other residential facilities, one cannot simply assume that the same factors play a role. After all, JJIs traditionally have an individually oriented approach, stays are involuntarily, and always part of the judicial process after ruling of a juvenile judge. Therefore, we interviewed parents whose child was detained to learn about their

experiences regarding such factors. While our study shows that juridical setting of the JJI, compared to other residential settings, brings along different factors that influence parental participation, our study also confirms that several factors play a similar role. For example, as previously found in other residential settings, longer distance to home, lack of transportation, negative previous experiences, parental burdens, and competing demands (Baker & Blacher, 2002; de Boer, Cameron, & Frensch, 2007; Garfinkel, 2010; Herman et al., 2011; Knecht & Hargrave, 2002; Kruzich et al., 2003; Lyman & Campbell, 1996; Sharrock et al., 2013) also negatively influence parental participation in JJIs. Many of these issues point out the importance that parents attach to being able to visit their child during detention. This also implies the importance for JJIs to facilitate visits and therewith participation. Particularly in family-centered care programs, this is a basic requirement.

Although JJIs are faced with some more static factors that are difficult to influence (e.g., distance from home to the JJI), the dynamic factors offer an opportunity to improve parental participation rates (e.g., staffs' behavior towards parents). Our results offer suggestions to policy makers and JJI staff members to better involve parents in JJI activities and procedures. Some of these suggestions are in line with outcomes of research in other residential settings. Based on parents' answers in our study, the suggestions include the following policy recommendations: (1) Offer transportation aid (Nickerson, Brooks, Colby, Rickert, & Salamone, 2006) in the form of shuttle bus rides, carpool opportunities, and good connections to public transportation. (2) Offer child-care, or help parents activating their support network to find babysitters (Garfinkel, 2010). One other policy suggestion for JJIs follows from a previous study showing high staff turnover to negatively influence parental participation in residential treatment centers (Degner et al., 2007). Parents in our study confirmed the importance of continuity of care. Therefore, JJIs are suggested (3) to prevent staff turnover and are invited to re-think their system where adolescents are transferred between groups and switch in mentors and psychologists if their stays prolongs. For JJI staff,

the results of our study offer the following practical recommendations: (4) Notify parents early about JJI activities (Demmitt & Joanning, 1998) and (5) be flexible in organizing activities for parents (Sharrock et al., 2013). According to Baker and Blacher (2002), one of the biggest disadvantages of a child's out-of-home placement is losing contact and sharing with the family. In line with that previous finding, parents in our study commonly stated that missing their child was one of the major reasons for visiting the JJI for activities. JJI staff could use this knowledge by offering activities to parents that include spending time with their child (6).

Our study shows that parents' feelings about their child's detention could influence their participation. Contrary to previous literature (Baker & Blacher, 2002; Baker et al., 1993; Kruzich et al., 2003; Schwartz & Tsumi, 2003), adolescents' psychopathology caused some parents in our sample to be more motivated to collaborate with JJI staff and to participate in activities, as they were worried about their son. Additionally, parents in our sample described that having to visit a JJI because their child is detained, was confronting and intense. A JJI in the Netherlands does not have a welcoming atmosphere due to the fence around the building, bars behind the windows, metal detector gates for visitors, doors that lock automatically, and staff wearing alarm systems. Having a child detained in a JJI elicited a variety of emotions amongst parents, including anger, shame, disappointment, and fear. Anger has been previously been identified as a hindering factor for parental participation (Sharrock et al., 2013). Some parents in our study first had to overcome these negative emotions before they were able to enter the facility.

Acknowledging that detention of their child could evoke negative emotions amongst parents might result in parents feeling better understood by JJI staff. This could help building a working alliance, through which it might be easier for JJI staff to motivate parents for participation. For example, being aware of possible feelings of mistrust or the negative

image parents have about the JJIs, might stimulate staff to reassure parents and to invite them to see and experience their child's living environment.

Besides emotions being elicited by their child's detention, our study seems to indicate that cognitions influenced parental participation as well. When their child got detained, parents seemed to apply cognitive strategies that enhanced their motivation for participation. One strategy was viewing placement in a JJI as an opportunity for their child, i.e., for finally receiving the right treatment. A second strategy was that parents separated behavior from person when thinking of their child. Most parents attributed positive qualities to their sons and half of them were unpleasantly surprised by the detention. Previous research has shown that that parents who had a good relationship with their child prior to detention, were more engaged with their child and were shocked about detention (Church II, MacNeil, Martin, & Nelson-Gardell, 2009). A third cognitive strategy was that parents externalized the cause of the alleged crime (e.g. negative influence from peers). This calls for providing psycho-education to parents about the multidimensional risk factors for criminal behavior, including the threats during puberty and how to protect the adolescent against them.

Besides the many useful suggestions from parents to improve practice resulting from our study, it also had some limitations. The first limitation concerned the possible sampling bias. We were only able to interview the parents who were willing to participate in our study. This might have influenced our findings, as it is possible that generally less motivated parents also were unwilling to participate in the study. These parents might experience other obstructing or facilitating factors for participation. Another limitation concerned the fact that the two JJIs in our study only housed boys. Therefore, our results cannot be generalized to parents who have a detained daughter. We suggest future research to study if these parents consider similar factors to influence their participation. A third possible limitation concerned the interviews with two parents together. Usually,

interviews in qualitative research are conducted with only one parent. However, some parents strongly preferred to be interviewed together. Conversations with two parents might be a reflection of the clinical reality JJI staff encounter when collaborating with them. Although the interviewers strived to receive answers from both parents equally, the dynamic of the interpersonal relationship between the parents might have influenced their answers. For example in an interview where one of the parents was the primary caretaker of the adolescent but where the other parent was still involved in his life and upbringing, the first parent tended to be more dominant in answering the questions of the interviewer. Therefore, the interviewer specifically asked about the opinion of the second parent on several occasions during the interview.

A similar limitation applied to the use of family members as interpreters as was the case in two interviews. Since these were not professional interpreters and, in some occasion, were closely involved with parenting the adolescent, this caused a risk of coloring the answers of parents by the interpreters. However, having a familiar face translating the interviewer's questions into parents' native language, and vice versa, actually stimulated parents' motivation to participate in the study.

Notwithstanding these limitations, our study yields some refreshing implications for practice. Besides the above-mentioned recommendations, our results suggest that JJI staff should invest in motivating youths for their parents' participation in activities. Some parents described that their child did not want them to participate out of embarrassment or out of protective intentions, and how this negatively influenced their motivation to come to the JJI. Hence, we suggest future research to examine what detained youths consider to be the best way to involve their parents and which factors might cause the adolescents to either embrace their parents' participation or to object to it.

On a final note, not all facilitating or hindering factors play a role for each parent to the same extent. Realizing that the factors potentially have cumulative effects (Kruzich et al.,

2003), we suggest JJI staff to inventory these factors in individual cases as soon as possible when an adolescent enters detention. Consequently, JJI staff are continuously faced with the challenge of individualizing their strategies to motivate parents for involvement to the specific parent at hand. Keeping an open and respectful conversation with parents about possible hindering factors, might contribute to finding solutions to overcome them. Overcoming obstacles for participation could improve parents' involvement during their child's detention, which in turn has the potential for optimizing care.

Conclusion

Our study showed that parental participation during adolescent detention in a JJI is influenced by a variety of facilitating and obstructing factors that could be categorized into the following themes: (1) practical factors, (2) parent-related emotional and mental factors, and (3) factors concerning issues of the parent-child relationship. To improve parental participation during their child's detention, JJI staff could meet with the parents early in the process of detention to assess which factors might influence their participation. Our results indicate that it is important to acknowledge negative emotions among parents that could be evoked by their child's detention, and JJI staff could offer parents reassurance by inviting them for a tour throughout the facility. Tailored solutions might help motivating parents for participation. Offering flexible opportunities to spend time with their child might increase parent's motivation. Additionally, the results of our study suggest JJIs to offer transportation aid, support in arranging child-care for other children, and re-think the system where adolescents are transferred between groups and switch in mentors and psychologists if their stays prolong.

Chapter 7

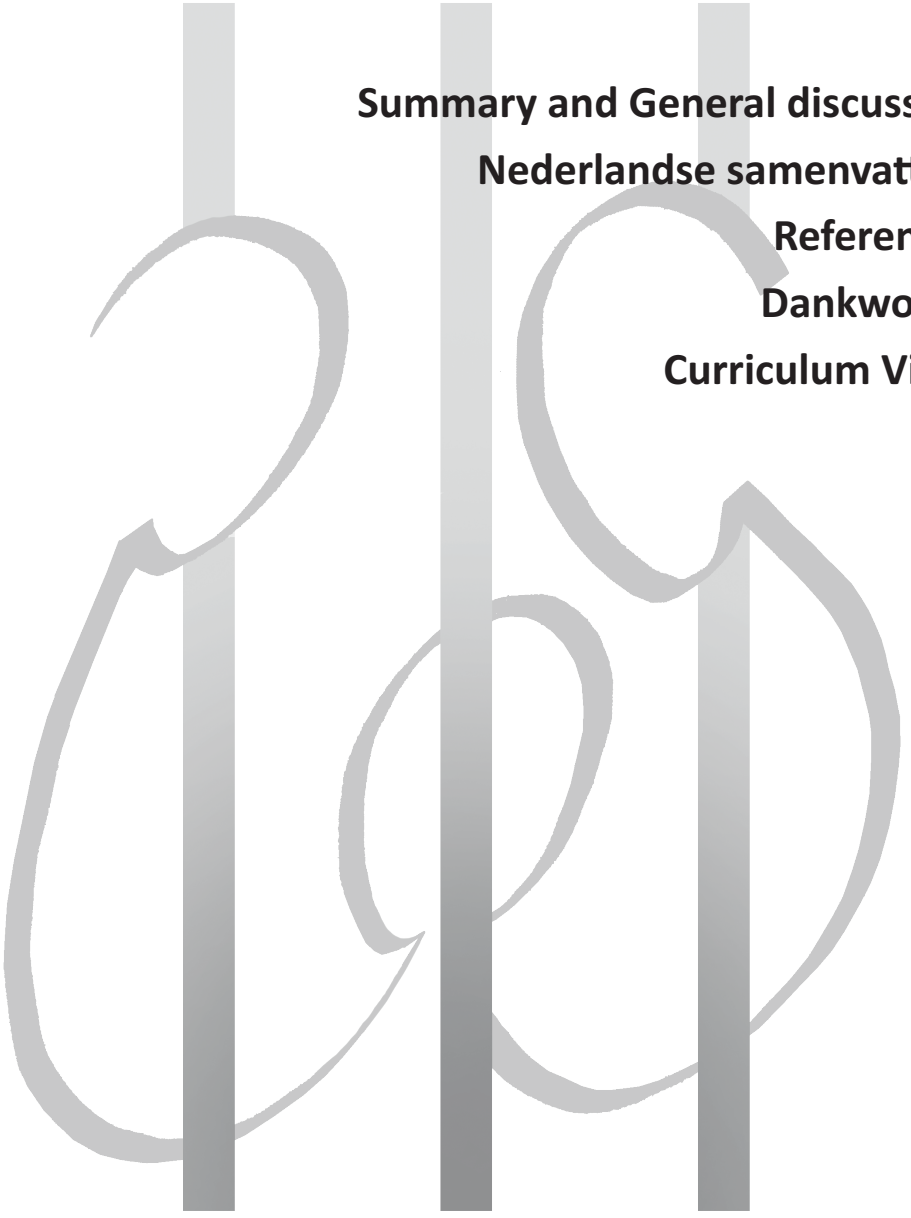
Summary and General discussion

Nederlandse samenvatting

References

Dankwoord

Curriculum Vitae



Summary and General discussion

The central focus of this thesis was on developing, implementing and studying Family-centered Care (FC) in short-term stay groups in Juvenile Justice Institutions (JJIs) in the Netherlands. Part of this research project was the bottom-up development of the FC program and the evaluation of its implementation success, for which we used quantitative and qualitative techniques.

This chapter starts with repeating the aims of this thesis, followed by a summary and general discussion of the major findings. As our study was practice-based, translation of research results into practice was crucial to our work. During our study, we used research results to provide feedback to practice, through which we aspired to boost the implementation of FC. Subsequently, this chapter will describe implications for practice and for policy. Finally, the discussion will be concluded with methodological considerations and recommendations for future research.

Aims

The overall aim of this thesis was to optimize care for detained youth by contributing to the knowledge, policy, and practice of family-centered care in JJIs. Hence, this study held five sub-aims. First, we aimed to develop a program for family-centered care, including a format for the accompanying training and coaching procedures for JJI staff. Our second aim was to study the effects of FC in practice, using a mixed methods research strategy. The third aim was examining to what extent parents participated in family activities and identifying which factors predicted parental participation. The fourth aim was to understand what parents' needs are in family-centered care, what they expect from activities, and from JJI staff members. The fifth aim of this thesis was to gain a deeper understanding of which factors parents consider to influence parental participation.

Summary and key findings

We opted for a bottom-up approach in developing a program of Family-centered Care (FC), focused on short-term stay groups. Chapter 2 describes that the FC program distinguishes four categories of parental participation: (1) informing parents, (2) parents meeting their child, (3) parents meeting staff, and (4) parents taking part in the treatment program. With regard to the latter category, the FC program offers the opportunity for families to engage in family therapy during detention. This therapy is to be continued after discharge from the JJI. Training and regular coaching of staff members are important aspects of FC, as working in a family-centered way needs a change in competence and attitude. In the one-day training therefore, staff are familiarized with the principles of FC, which helps them to adopt a systemic perspective. The training program includes bi-annual booster sessions to ensure that skills are practiced, improved, and fine-tuned. Besides the training and booster sessions, FC prescribes frequent team coaching supervised by a family therapist.

Chapter 3 describes our explanatory sequential mixed methods study protocol. This chapter discusses valuable aspects to bear in mind when setting up a study in challenging settings such as a JJI. These aspects include a practice-based design, a bottom-up approach in which staff members and researchers collaborate in workgroups to render the study feasible in practice, and the support throughout all layers of the institution. Another helpful aspect of our approach was that the PhD student worked as a clinician in one of the institutions. This ameliorated bridging the gap between research and practice.

When evaluating a new program, first order of business is to examine to what extent the program is successfully implemented. As FC aims to increase parental participation to achieve better treatment outcomes, chapter 4 describes the level of parental participation during the first two years after the launch of FC in short-term detention groups. We assessed parental participation in three activities: (a) the family meeting, (b) visiting during regular visiting hours, and (c) participation in Routine Outcome Measurements. Our results

showed that the family meeting was attended by 47% of the parents, that most adolescents (74.1%) received at least one parental visit during their stay with an average of 0.57 visits per week, and that 42% of the parents participated in measurements. Although effect sizes were small, this chapter additionally showed that the three types of parental participation each were predicted by different factors. More parenting problems predicted less parental attendance to the family meeting, having a job predicted more parental visits to their sons, and longer stays of the adolescent and Dutch ethnicity predicted higher parental participation in measurements. Other interesting findings as described in chapter 4, are that youth and parents reported low on family problems but relatively high on treatment motivation. Specifically with regard to family therapy, youths were significantly more motivated during detention compared to after detention. Parents were significantly more motivated for family therapy compared to their sons.

Chapter 5 describes parents' needs in family-centered care, their expectations from activities, and from JJI staff members. This chapter shows that all interviewed parents wanted to participate during their child's detention, but not always in the same way nor to the same extent. Three main themes emerging in parents' needs for participation were: (a) need for information about their son, the JJI, and its procedures, (b) being part of discussions about their child and their treatment, and (c) taking part in services and activities. With regard to expectations from JJI staff, parents described that they would like staff to exert basic social skills, including respect, kindness, sincerity, support, and reliability. Feeling welcomed by the entry staff was important for parents as well. As a pattern, parents expressed the wish for a two-way communication with JJI staff. Half of the parents described that they would like to have a regular contact person in the JJI, who is closely connected to their child and who is easy to reach. This regular contact person was usually the adolescent's mentor. Almost half of the parents expected the mentor to take initiative in contacting them. Some parents described the mentor as the "*spider in the web"*. This Dutch expression

reflects that parents consider the mentor to be the central contact person between them and the JJI. The mentor attends parents to JJI information of special importance to them, and connects them to colleagues if necessary. A few parents stressed the importance of continuity of care, especially by the mentor. Almost half of the parents expected JJI staff to take into account and respond to their personal circumstances such as physical illness, volunteer work, or job obligations. Finally, about half of the parents, all of non-Dutch origin, stressed that JJI staff should be sensitive to cultural issues.

After having gained a deeper understanding of parents' wishes in family-centered care, we examined why some parents participated in FC, while others did not. Chapter 6 shows that, according to parents, their participation is influenced by a variety of factors which could be categorized in the following themes: (1) practical facilitating or obstructing factors, (2) parent-related emotional and mental factors, and (3) factors concerning issues of the parent-child relationship. Each theme contains factors that are either facilitating or hindering to parental participation, or both. These factors are summarized in Figure 1.
The green lines represent facilitating factors and the red lines obstructing factors.
For example, some parents described that having a car enabled them to visit the JJI. However not having transportation or not having a driver's license, made reaching the JJI problematic for other parents. Almost all parents explained how detention of their child evoked a variety of negative emotions, including anger, shame, and disappointment. These emotions could function as a barrier to visit their child in the JJI. The love parents felt for their son, missing him, and a good parent-child relationship helped parents overcoming this barrier.

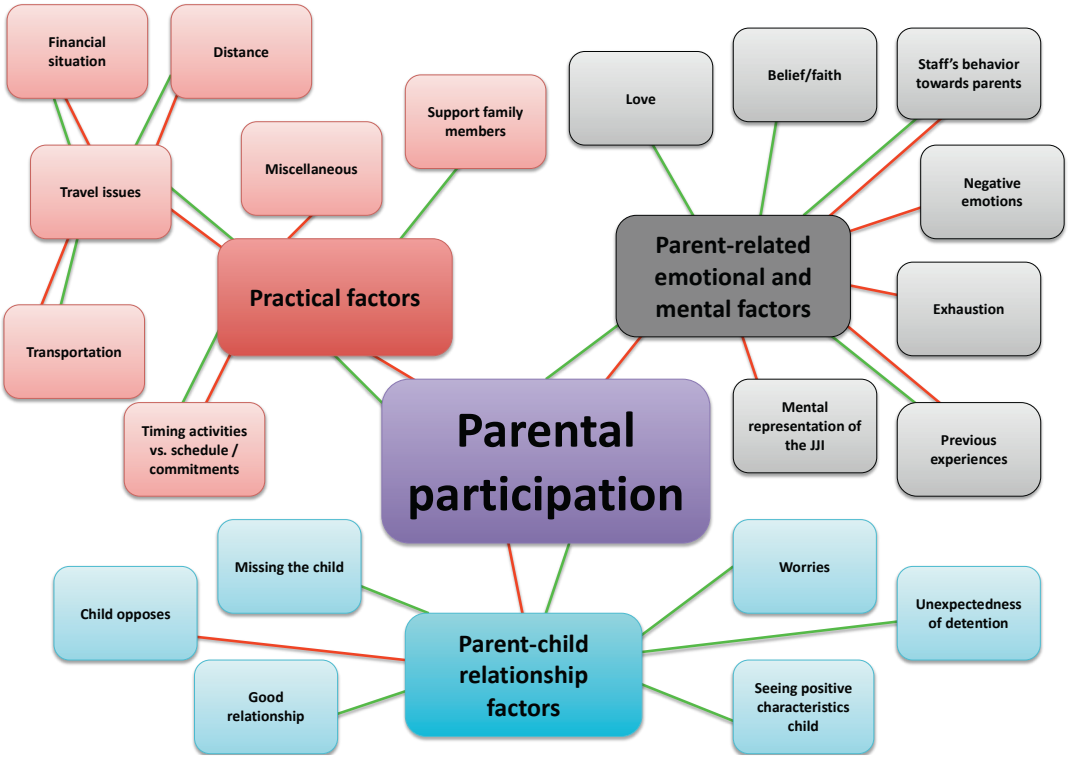


Figure 1. Factors influencing parental participation.

General discussion

We succeeded in developing a program of Family-centered Care (FC) for adolescents in short-term stay groups of JJI's. In this program, parents are actively invited to play a prominent role in their child's everyday life in detention, including in treatment. We expect FC to be successful because 1) it is based on theory and practice of two evidence-based family therapies, 2) it builds on suggestions from previous research, and 3) the program was developed together with JJI staff and supplemented with input from parents and youths. This bottom-up approach, both in developing the FC program and in carrying out practice-based research, was an important strength of our project. Close collaboration with staff

members made that the program was applicable in practice and ensured that research activities remained feasible. Bottlenecks along the course of the study could be solved in harmony after open discussions. Shared responsibility for a solid scientific study increased staff's motivation to participate in research activities.

Although our primary intention was to study the effects of FC by means of a quasi-experimental pre-post comparison of FC groups with usual care groups, several obstacles prevented us from carrying out that part of our research. First, practical issues made it impossible to gather enough data from the usual care groups. Since the management of one JJI decided not to wait with implementing FC in other groups during the course of our study, that JJI was no longer available to provide our study with a usual care group. Additionally, the usual care group in the other JJI experienced severe stagnation in youths on that group. There were few referrals to that JJI at the time of our data collection and youths were barely transferred to other living groups. These issues caused the sample size of our usual care groups to be too small to perform meaningful statistical analysis for our intended quasi-experimental comparison.

Another reason why the quasi-experimental design was not feasible at the time of data collection, is concerned with the process of implementation. Implementing a new program has previously been described as challenging, especially in the case of family-focused interventions for youth with behavioral problems (Bekkema, Wiefferink, & Mikolajczak, 2008; Stern & Smith, 1999). Our data collection took place within the first two years after launching the FC program in practice. In that period, the Dutch field of youth care was challenged with drastic transitions and the JJIs themselves were confronted with budget cuts, high rates of sickness among staff, and high staff turnover. These circumstances made implementing FC even more complicated (Barth, 2005; Bekkema et al., 2008). We realized that assessing to the level of implementation success of FC was a prerequisite for carrying

out a study on its effects. Hence, we aimed to study to which extent staff members in FC groups were able to motivate parents for participation.

Even though youths and parents reported relatively high levels of treatment motivation and all interviewed parents were motivated to participate in family-oriented activities, our study showed that more than half of the parents did not attend the family meeting and parents visited their son on average less than once a week. This implies that there is a gap between parents' motivation for participation and their actual participation level. We quantitatively assessed probable explanations for this gap, which resulted in only limited predictive factors as described in chapter 4. The qualitative study (chapter 6) showed that a diversity of factors influence parental participation, which differed largely between parents. In order target barriers for participation, JJI staff members need to tailor their interventions to individual needs of parents.

In an attempt to target barriers for parental participation, it would be useful for staff members to know if they are dealing with static or dynamic factors. Although static factors are beyond control of staff members, knowledge about their influence may be informative and useful. Specifically, taking them into account while conversing with parents might contribute to building a working alliance with them. For example in case of other ethnic backgrounds, JJI staff could assign a mentor from a similar background or make use of professional interpreters. The length of the youth's stay in the short-term detention group is also beyond staff's control as the decision to terminate detention is reserved for juvenile judges. Nevertheless, if staff expect that an adolescent will stay only for a short period, they could focus on timely and intensively involving parents in the decision-making process for aftercare. Additionally, JJI staff could quickly reach out to youth probation officers to ameliorate their working relationship with the adolescents and their parents to contribute to successful reintegration. Knowledge of dynamic factors that are eligible for interventions by JJI staff could enable them to tailor their strategies in motivating parents to visit the JJI,

which might improve parental participation. Below, we elaborate on our suggestions for practice.

Implications for practice

The results of our chapters provide several suggestions for improving parental participation rates, which is expected to contribute to achieving beneficial outcomes of care and treatment for delinquent adolescents and their families (Burke, Mulvey, Schubert, & Garbin, 2014; Latimer, 2001; Monahan, Goldweber, & Cauffman, 2011).

To optimize family-centered care, JJIs would have to opt for an outreaching approach to bridge the gap between home and the JJI. Consequently, JJIs would have to engage in intensive collaborations with the youth probation officers, as they are the professional links between the JJI and the community. Therefore, youth probation officers are of great value for detained adolescents and their families. Especially in case of short-term detention, 24% of the adolescents stayed less than two weeks and 37% stayed less than one month (Rovers, 2014). Consequently, in collaboration with youth probation officers, JJI staff need to assess for each adolescent and his family which interventions are required and which person is the best to intervene, in order to provide as much continuity in care as possible. In the Netherlands, local governments have formed so-called 'youth and family centers', or 'youth care teams' (Hilverdink, Daamen, & Vink, 2015) for voluntary or preventive care. In these teams, professionals of various disciplines in the field of youth care collaborate, e.g., professionals in the youth welfare, mental health, and social work fields. If an adolescent and his family are already involved in a youth care team before detention, the youth probation officer should consult with those professionals in the decision-making process. Continuity in care and an outreaching approach imply that in some instances, the JJI starts with therapy and continues treatment as part of after care. In other cases, therapists from outside of the JJI would start or continue treatment in detention and follow the youth

and the family after discharge from the JJI. The youth probation officer, potentially in collaboration with the youth care team, could help in linking the adolescent and the family with the desired therapist. The youth probation officer could also inform parents to which JJI their child is transported as soon as this information becomes available.

Close collaborations with the youth probation officers do not absolve the JJIs from their important tasks in building working relationships with parents to improve parental participation during their child's detention. Involving parents starts at the very beginning when an adolescent enters the JJI by contacting parents immediately. Preferably, this first phone call is made by the adolescent's mentor, who will serve as contact person for parents. If the mentor is not on shift, another group worker calls parents and transfers the information to the mentor. In this first contact, the mentor (or his colleague) introduces himself, explains his role, offers reassurance for parents, and tailors the rest of the information to parents' needs. For example, some parents would like to receive all information about procedures at once, whereas others would like to receive this information in a personal meeting.

In this first phone contact, the mentor not only provides parents with information, he rather engages in a two-way communication with parents, acknowledging them as a valuable source of information about the adolescent and to help them maintaining the parenting role. Therefore, the mentor asks parents for advice about the adolescent. Additionally, the mentor always informs parents about visiting opportunities and schedules the family meeting as soon as possible, preferably combined with parents' first visit.

While scheduling this meeting, the mentor assesses possible obstacles for parents for visiting the JJI and assists parents in overcoming them. These solutions are tailored to individual parents, as every parent might experience different obstacles. For example, parents are provided with support in dealing with negative emotions evoked by their child's detention or stimulated to overcome the fear of entering a JJI. If practical issues prevent

parents from visiting the JJI, staff support them in finding solutions. JJI staff turn to the youth probation officer for support in finding these solutions, who in turn could turn to the youth care team. For example, parents could be provided with help in activating their support network to find babysitters and/or to arrange rides to the JJI. If resistance to visiting the JJI is more deeply rooted in parents, the psychologist or family therapist tries to motivate parents to visit their child in the JJI and to participate in the family meeting. Again, the youth probation officer could also assist in motivating the parents. As part of an outreaching approach, JJI staff members could schedule family meetings at the parents' home when parents experience barriers to visit the JJI. Through home visits, JJI staff show that they value parental participation, that parents are worthy of their time and effort, and that the JJI takes initiative to collaborate with parents. When a family meeting starts at home with only the parents, it might be easier to motivate parents to continue the meeting in the JJI so that their child is able to attend as well.

In the personal family meeting, parents receive more information about family-oriented activities and the psychologist assesses protective factors within the family as well as parental problems. When indicated and after consulting with the youth probation officer, parents are offered family therapy for overcoming those problems. If parents experience other problems, e.g., related to unemployment, finances, or mental health, JJI staff direct them to the youth probation officer who is able to further assist parents in finding helpful professionals, possibly in collaboration with the youth care team.

Along the course of an adolescent's stay, family-oriented activities are tailored to parents' needs. These activities include the opportunity for parents to spend time with their child, which requires that JJIs are flexible in arranging contact moments between parents and their child. Staff also invest in motivating adolescents for family-oriented activities, preventing resistance among the youths against the idea of parental participation. Additionally, parents are continuously involved in the decision-making processes. In general,

staff members are cultural sensitive and provide parents with the opportunity to converse in their mother language or makes use of professional interpreters.

Policy implications

Based on the previous chapters in this thesis, there are also several suggestions for policy in order to improve parental participation. These are not just strategies that are suitable for individual staff members, but rather are to be decided on by the managements of the JJIs or even on national government level.

In order to successfully implement family-centered care, JJIs would have to take care of some basic conditions. First, the whole organization needs to be prepared for family-centered care (Fixen, Naoom, Blase, Friedman, & Wallace, 2005). The teams of group workers associated with a living group need to experience support for family-centered care from higher managerial layers in the institutions. All layers and disciplines of the institution need to adopt a systemic view and develop skills in working with families (Mos, Jong, Eltink, & Rigter, 2011).

FC requires that especially mentors are equipped in working with parents, as they are important for motivating parents for participation. Parents might be troubled with feelings of shame or anger, and therefore experience ambivalence towards, or even reject the idea of participation. Mentors are faced with the challenge to support parents in removing these barriers. To maintain their skills in working with parents, staff members need to receive regular coaching supervised by a family therapist, at least once per month. The managements of JJIs need to ensure that mentors have enough time to collaborate with the parents and that their tasks in family-centered care are integrated in their workload. Additionally, successful implementation of FC requires that the teams are stable with regard to staff members and that JJIs prevent staff turnover (Degner, Henriksen, & Oscarsson,

2007). More stable teams with well-trained group workers could ameliorate a therapeutic climate on living groups in the JJIs where treatment becomes the central focus.

With regard to the barriers experienced by parents for parental participation, the managements of the JJIs could assist in providing solutions. For example, administrative hassles for receiving compensation for travel costs could be minimized by providing clear instructions and reimbursing parents quickly, or JJIs could initiate discussions with the designated parties, including local governments, to make the community aware of the necessity of better connections to public transportation. In general, the managements of the JJIs could lay the groundwork for positive collaborations with youth probation officers to contribute to structural integrated care. The JJI is only a temporary station for youths and their families. To ensure that they are provided with the right care and treatment during and after detention, close collaborations with youth probation officers are required. These collaborations could provide the continuity in care that is deemed important by the parents in our study.

With regard to this continuity in care and care providers, JJIs could be more conscious when adolescents are transferred after three months in the short-term stay group to a long-term stay group. This transfer means new contact persons for youth and for parents, which means a discontinuation of care and care providers. One JJI even reformed their groups during our data collection phase by implementing a so-called 'intake group'. When adolescents entered the facility, they were placed on this group for a maximum period of three weeks before they were transferred to a short-term stay group. This means that adolescents, who stay more than three months in that JJI, are transferred to another group twice. As continuity in care is considered important (Pierpont & McGinty, 2004), this extra transfer conflicts with the principles of family-driven care. From a family-centered point of view, therefore, we suggest that JJI to regress to regular short-term and long-term stay groups. The youth probation officer could offer the desired continuity in care for youths

and their parents when they switch from a short-term to a long-term stay group. Additionally, JJIs could start organizing so-called 'warm transfer'-meetings when the adolescent moves from a short-term stay group to a long-term stay group to provide adolescents and their parents with the opportunity to become acquainted with the new staff members. Participants to this meeting are invited based on the needs and wishes of the adolescents and their parents. Importantly, the parents, the mentors and the psychologists from the short- and long-term stay groups, the youth probation officer, and other significant persons as requested by the youth or his parents are involved while preparing the adolescent for the transfer. Another possible solution for the lack of continuity in care in JJIs would be to assign one psychologist to each adolescent entering the JJI and his family, who would remain connected to them throughout the whole detention period and move along from the short-term to the long-term stay group. Even though the youth would still have to switch between the two types of groups, this would provide some form of continuity of care for the adolescent and his parents. As some psychologists in JJIs have previously suggested a similar workflow, we suggest JJIs to set up a bottom-up workgroup to further detail this process. These workgroups could exist of various disciplines within the JJI (e.g., group workers, psychologists, team leaders, and policy staff). Additionally, it would be valuable to include adolescents and parents in these workgroups. A pilot phase could be arranged in which this idea is brought into practice, and evaluated afterwards.

Over the past few years, JJIs have been subject to policy changes for JJIs specifically, and also within the transcending field of youth care in the Netherlands (Janssens, 2016). These changes resulted in a decrease of youths placed in JJIs, shorter stays, and several JJIs are closed (Ministerie van Veiligheid en Justitie, 2017; Rovers, 2014; van Alphen, Drost, & Jongebreur, 2015). In 2016, the Dutch government started experimenting with a new form of detention for youths in the so-called 'small-scale facilities'. Youth were placed in these small-scale facilities if protective factors against recidivism were present and eligible for

continuation, i.e., school or jobs, professional care givers, or other youth care team workers, and parental involvement, or if youths were transferred during their resocialization phase (Souverein et al., 2017). These facilities have lower security levels, are more embedded in the community, and regional placements are stimulated (van Alphen et al., 2015). Consequently, these facilities are better accessible for parents (Souverein et al., 2017). Although current JJIs cannot lower their security levels, they could learn from these small-scale facilities to make the facility more parent-friendly. In essence, family-oriented care does not smoothly fit with fences, bars behind windows, or metal detectors. Increasing parental participation calls for a more welcoming atmosphere, especially when realizing that some parents experience visiting the JJI as confronting and intense.

Limitations, strengths, and suggestions for future research

Although the previous chapters discussed limitations with regard to those specific parts of our study, we would like to explicitly address several limitations and suggestions for future research in the following section.

First, the prediction analyses in chapter 4 were carried out with a relatively small sample size. A larger sample size is not only necessary for detecting predictive factors; it also would serve to target heterogeneity between parents. Factors predicting whether parents are easier or harder to motivate for participation, are likely to differ substantially individually. The resulting distinguishing profiles would help JJI staff in deciding on motivational interventions for improving parental participation rates. Additionally, we suggest to additionally include other possible predicting factors such as the type of the adolescents' offenses, the family's socioeconomic status, travel distance from home to the JJI, and with more types of parental participation as distinguished by the FC program. Moreover, it would be interesting to also study parental involvement, as this includes more than only their participation. For example, parents could be very involved with their child, calling him daily

and providing him with meaningful emotional support, while being unable to physically participate with activities in the JJI. This bonding type of involvement and the dynamics between parent and their child however, are difficult to assess with quantitative measures. Assessing involvement by counting the number of activities attended by the parents is inherently limited by its post-hoc, unidimensional nature (Burke et al., 2014). Perhaps a qualitative study could shed more light on this form of parental involvement.

The second limitation concerns the risk of sampling bias in our qualitative study. Directly interviewing parents themselves was the best way to understand why some parents did not participate and how these rates could be improved. Although we strived to include a heterogeneous group of parents, we were only able to interview the parents who were willing to participate. Perhaps this group is generally more motivated for activities compared to other parents. Hence, we cannot rule out that other factors cause parents to refrain from participation in the group that we did not interview. This implies that our description of factors influencing parental participation might not be complete. Nevertheless, the suggestion to tailor motivational strategies and activities to parents' needs and circumstances, also applies for possibly less-motivated parents.

Third, related to the risk of the sampling bias, we cannot pretend that our sample is representative for all parents whose child is detained. For example, as the two JJI's in our study only housed boys, we cannot assume that parents of girls have the same wishes and expectations. Therefore, we suggest future research to include parents of detained girls.

Although parents were able to provide us with insights from a unique perspective on factors influencing their participation, a fourth limitation of this thesis is that we do not describe the perspectives of youths and staff members. There could also be barriers to parental participation among these groups. As described in our study design paper, we have also interviewed detained adolescents and staff members of FC and usual care groups. Although the data-collection is finished and coded, we still need to interpret the data. This

last phase, in which we aim to gain an even better understanding of all aspects of family-centered care, will take place beyond the scope of this thesis. We expect this increased insight to provide even more value suggestions for improving family-centered care.

Fifth, our bottom-up workgroups also developed a FC program for long-term stay groups in JJIs. Although that program was beyond the scope of this thesis, we suggest future research to study the effectiveness of FC in case of long-term detention.

Our final suggestion for future research concerns the lesson we have learned about setting up a practice-based study in a setting that is subject to a constant change of populations between and within the facilities (Rovers, 2014; van Alphen et al., 2015). This challenging setting calls for more innovative study designs as more traditional designs such as randomized controlled trials or quasi-experimental studies will not be sufficient. Studies in JJIs would benefit from a bottom-up approach and a combination of quantitative and qualitative measures. Through a continuous process of observing, reflecting, planning, and acting (McNiff & Whitehead, 2002), practice could be improved. Within a practice-based approach, policy, practice, and research collaborate closely and discuss possible changes before implementing them. Stability in policy and practice are requirements for solid research. Preferably, examining what works in practice provides insights for preparing possible changes in policy; not the other way around.

Nederlandse samenvatting

Inleiding

De afgelopen decennia worden ouders steeds vaker door hulpverleners betrokken bij de behandeling van jongeren met gedragsproblemen. Zeker bij gedetineerde jongeren is dit belangrijk omdat ouderbetrokkenheid tijdens detentie bijdraagt aan het behalen van positieve behandelresultaten voor de jongere en het gezin (Burke, Mulvey, Schubert, & Garbin, 2014; Latimer, 2001; Monahan, Goldweber, & Cauffman, 2011; Woolfenden, Williams, & Peat, 2002). Voor jongeren die in aanraking zijn gekomen met justitie heeft de steun van hun ouders bijvoorbeeld een positieve impact op behandelbetrokkenheid, welzijn, gedrag en recidive (Walker, Bishop, Pullman, & Bauer, 2015).

Als een adolescent in Nederland verdachte is van –, of veroordeeld is voor crimineel gedrag, kan de jeugdrechter besluiten dat de jongere in een Justitiële Jeugdinrichting (JJI) geplaatst moet worden. Omdat deze jongeren veelal opgroeien in gezinnen met problemen (Belenko & Dembo, 2003; Dembo et al., 2000), wordt aangeraden om niet alleen de jongeren, maar ook hun gezinnen te betrekken bij behandeling (Dakof et al., 2015; Hoeve et al., 2007; Mulder, Brand, Bullens, & van Marle, 2011). Eerder onderzoek liet immers zien dat gebrekkige opvoedingsvaardigheden voorspellend zijn voor recidive onder jongeren. Sterker nog, de ernst van recidive bleek daarenboven gerelateerd aan tal van andere factoren: crimineel gedrag van gezinsleden, alcoholmisbruik van ouders, het gebrek aan emotionele steun van ouders, verwaarlozing en fysieke mishandeling (Mulder et al., 2011). Deze bevindingen onderstrepen het belang van het betrekken van ouders bij de behandeling van delinquente jongeren.

In een poging om risicofactoren voor toekomstig crimineel gedrag te minimaliseren, én vanwege de eerder beschreven beschermende effecten van het betrekken van ouders bij hun gedetineerde kind, wordt ouderparticipatie tijdens het verblijf van een jongere in een JJI als essentieel beschouwd. Onder ‘ouder’ worden ook andere primaire opvoeders verstaan.

Ouderparticipatie bleek echter lastig te bewerkstelligen voor JJIs. Om JJIs daarin te ondersteunen, is vanuit de Academische Werkplaats Forensische Zorg voor Jeugd (AWFZJ, www.awrj.nl) een programma ontwikkeld voor Gezinsgericht werken (GGW) in JJIs.

Academische Werkplaats Forensische Zorg voor Jeugd (AWFZJ)

De AWFZJ was een samenwerkingsverband van twee JJIs, twee universiteiten, twee centra voor kind en jeugd psychiatrie en twee hogescholen. Zij werkten samen om de zorg voor forensisch jongeren te verbeteren en recidive te verminderen. De AWFZJ deed dit door een brug te slaan tussen praktijk, onderzoek, opleiding en beleidsontwikkeling. De AWFZJ-projecten gingen gepaard met praktijkgestuurd onderzoek, zoals bijvoorbeeld het onderzoek naar de ontwikkeling en evaluatie van GGW. Omdat in de deelnemende JJIs alleen jongens werden geplaatst, is in het onderzoek naar GGW enkel data verzameld van gedetineerde mannelijke adolescenten en hun ouders. Het programma voor GGW wordt desalniettemin ook geschikt geacht voor gedetineerde vrouwelijke adolescenten. Inmiddels is de AWFZJ voortgezet in de Academische Werkplaats Risicojeugd (AWRJ).

Samenvatting proefschrift

Het overkoepelende doel van dit proefschrift is het optimaliseren van de zorg voor gedetineerde jongeren door bij te dragen aan kennis, beleid en praktijk van gezinsgericht werken in JJIs. Het onderzoek had daarvoor vijf subdoelen.

Ten eerste wilden we een programma van Gezinsgericht werken ontwikkelen en dat programma beschrijven, inclusief bijbehorende training en coaching voor medewerkers. Middels een zogenaamde 'bottom-up' strategie ontstond in werkgroepen een nauwe samenwerking tussen medewerkers uit de JJIs, gezinstherapeuten van Relationele Gezinstherapie (RGT, voorheen FFT) en MultiDimensionele FamilieTherapie (MDFT), een ervaringsdeskundige van oudervereniging Balans en onderzoekers. De werkgroepen hebben

twee programma's voor GGW in JJIs ontwikkeld: één voor kort verblijf- en één voor lang verblijf leefgroepen. Omdat dit proefschrift zich richt op het kort verblijf programma voor GGW, behandelde hoofdstuk 2 de inhoud van dit programma en onderdelen van de training in GGW voor medewerkers. Omdat het tijd en oefening vergt om op gezinsgerichte wijze werken, is regelmatige coaching van medewerkers een cruciaal onderdeel van deze training. Het GGW programma onderscheidt vier categorieën van ouderparticipatie: (1) ouders worden geïnformeerd, (2) ouders brengen tijd door met hun kind, (3) ouders zijn in gesprek met medewerkers, (4) ouders nemen deel aan het behandelprogramma. Als onderdeel van die laatste categorie kan gezinstherapie al tijdens detentie worden opgestart en later ambulant worden voortgezet.

Het tweede doel van ons onderzoek was het evalueren van GGW middels een zogenaamd 'mixed methods' onderzoek, waarbij kwantitatieve en kwalitatieve onderzoekstechnieken worden gecombineerd. Het protocol voor dit voorgenomen onderzoek werd beschreven in hoofdstuk 3. In dit hoofdstuk kwamen waardevolle aspecten aan bod om in gedachten te houden bij het opzetten van een onderzoek in een uitdagende setting zoals een JJI. Eén van deze aspecten is een praktijkgestuurde opzet: een bottom-up aanpak waarbij medewerkers en onderzoekers nauw samenwerken om de haalbaarheid van het onderzoek in de praktijk te vergroten en steun vanuit alle lagen in de instelling.

Bij het evalueren van een nieuw programma is het allereerst van belang om te onderzoeken in welke mate het programma succesvol is geïmplementeerd. Omdat GGW beoogt om ouderparticipatie te vergroten om zo betere behandeluitkomsten te behalen, was het *derde doel* van dit proefschrift om in kaart te brengen in welke mate ouders deelnamen aan gezinsgerichte activiteiten en factoren te identificeren die ouderparticipatie voorspellen. De resultaten hiervan worden beschreven in hoofdstuk 4, waarbij nagegaan is of de leeftijd van de jongere, zijn verblijfsduur, zijn woonsituatie na verblijf, zijn etniciteit, huwelijkse status van ouders, hun opleidingsniveau, hun werk situatie, gezinsfunctioneren,

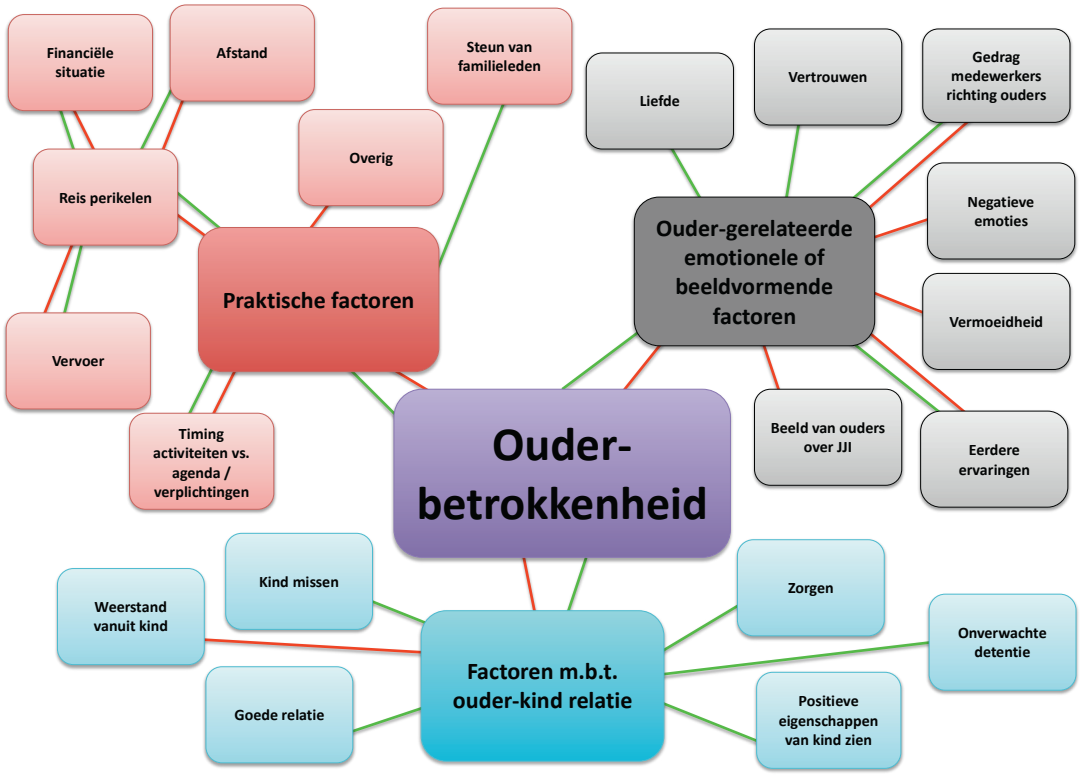
opvoedingsbelasting en behandelmotivatie voorspellend waren voor ouderparticipatie gedurende de eerste twee jaar na het lanceren van GGW in kort verblijf leefgroepen. Ouderparticipatie werd gemeten aan de hand van drie activiteiten (a) gezinskennismakingsgesprek, (b) regulier bezoek tijdens bezoekuren, (c) deelname aan Routine Outcome Monitoring (ROM; invullen van vragenlijsten in het kader van zorg). Hoofdstuk 4 toont dat bijna de helft van de ouders in de GGW-groepen deelnamen aan het gezinskennismakingsgesprek, dat bijna drie kwart van de kinderen tenminste één bezoek kregen van ouders tijdens het bezoekuur (gemiddeld 0.57 ouderbezoeken per week) en dat 42% van de ouders de ROM-vragenlijsten invulden. Alhoewel de zogenaamde 'effect sizes' klein waren, laat dit hoofdstuk zien dat de drie vormen van ouderparticipatie elk door verschillende factoren werden voorspeld. Meer problemen met opvoeden was gerelateerd aan minder aanwezigheid bij het gezinskennismakingsgesprek, het hebben van een baan was gerelateerd aan meer bezoeken per week, langer verblijf van de jongere en de Nederlandse nationaliteit voorspelden meer deelname aan de ROM-vragenlijsten. Daarnaast wordt in hoofdstuk 4 beschreven dat jongeren en ouders laag scoorden op vragen over problemen binnen het gezin maar relatief hoog op behandelmotivatie. Jongeren waren meer gemotiveerd voor gezinstherapie tijdens- dan na detentie. Ouders waren meer gemotiveerd voor gezinstherapie dan hun zonen.

Om ouderparticipatie te verbeteren, kwamen we tot het *vierde doel* van dit proefschrift. We wilden begrijpen waaraan ouders behoefte hadden op het gebied van gezinsgericht werken en wat zij verwachtten van ouderactiviteiten en van medewerkers. De resultaten van dit kwalitatieve onderzoek onder ouders worden beschreven in hoofdstuk 5. Alle ouders wilden participeren tijdens de detentie van hun zonen, maar de manier waarop en frequentie waarin, verschilden per ouder. We zagen drie thema's in de participatiebehoefte van ouders: (a) behoefte aan informatie over hun zoon, de JJI en de procedures, (b) meepraten over het kind en de behandeling, (c) meedoen met activiteiten

en behandeling. Met betrekking tot verwachtingen van medewerkers beschreven ouders de behoefte aan heel basale sociale vaardigheden zoals respect, vriendelijkheid, oprechtheid, steun en betrouwbaarheid. Ouders wilden zich graag welkom geheten voelen door de receptie. Ouders benadrukten de behoefte aan wederzijdse communicatie. Ongeveer de helft van de ouders had behoefte aan een vast contactpersoon binnen de JJI die nauw betrokken was bij hun kind en goed bereikbaar was. Dit was meestal de mentor. De ouders verwachtten dat de mentor initiatief nam in het leggen van contact. Sommige ouders beschreven de mentor als een soort spin in het web. Een aantal ouders benadrukte het belang van continuïteit in zorg; zeker door de mentor. Daarnaast verwachtten ouders dat medewerkers van de JJI rekening hielden met persoonlijke omstandigheden zoals ziekte, vrijwilligerswerk en verplichtingen op werk. Ten slotte gaf ongeveer de helft van de ouders aan (waarvan allen een niet-Nederlandse afkomst hadden) dat zij wilden dat JJIs cultuursensitief waren.

Met deze bevindingen hebben we meer zicht op de behoeftes van ouders bij gezinsgericht werken, maar we weten nog steeds niet goed waarom sommige ouders wel deelnamen aan gezinsgerichte activiteiten en andere ouders niet. Beter inzicht in welke factoren ouderparticipatie beïnvloeden, was ons *vijfde* doel. Hoofdstuk 6 beschrijft de resultaten van de ouderinterviews waarbij is gekeken naar factoren die ouderparticipatie faciliteerden of juist belemmerden volgens ouders. De factoren konden als volgt worden gecategoriseerd: (1) praktische factoren, (2) ouder-gerelateerde emotionele of beeldvormende factoren, (3) factoren met betrekking tot de ouder-kind relatie. Elk thema bestond uit verschillende factoren, die zijn samengevat in Figuur 1 hieronder. De groene lijnen staan voor faciliterende factoren en de rode lijnen voor belemmerende factoren. Zo beschreven sommige ouders bijvoorbeeld dat, doordat zij een auto hadden, zij de JJI konden bezoeken. Als ouders geen vervoer of geen rijbewijs hadden, bleek dat juist lastiger voor ouders. Bijna alle ouders benoemden dat de detentie van hun zoon diverse negatieve

emoties opriep, waaronder boosheid, schaamte en teleurstelling. Deze emoties maakten het soms moeilijk om hun kind in de JJI te bezoeken. De liefde die ouders voelden voor hun zoon, het missen van hun zoon en een goede relatie met hem, hielpen om toch naar de JJI te gaan.



Figuur 1. Factoren die ouderparticipatie beïnvloeden.

Algemene discussie

Het is gelukt om een programma voor Gezinsgericht werken (GGW) te ontwikkelen voor kort verblijf leefgroepen in JJIs. In dit programma worden ouders actief uitgenodigd om een prominente rol te spelen in het dagelijks leven en behandeling van hun kind tijdens detentie. We verwachten dat GGW effectief is omdat het 1) gebaseerd is op uitgangspunten van twee zogenaamde 'evidence-based' gezinstherapieën, 2) het voortborduurt op eerdere suggesties

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uit wetenschappelijk onderzoek en 3) het programma samen met medewerkers van de JJI is ontwikkeld en input heeft gekregen van ouders en jongeren.

De bottom-up aanpak, zowel in het ontwikkelen van het GGW programma als in het uitvoeren van het praktijkgestuurde onderzoek, was een sterk punt van ons project. De nauwe samenwerking met medewerkers zorgde ervoor dat het programma toepasbaar was in de praktijk en dat onderzoeksactiviteiten haalbaar bleven. Eventuele knelpunten gedurende het onderzoek konden na open overleggen worden opgelost. De gedeelde verantwoordelijkheid voor een gedegen wetenschappelijk onderzoek vergrootte de motivatie van medewerkers om deel te nemen aan onderzoeksactiviteiten.

Alhoewel we oorspronkelijk van plan waren om het effect van GGW te onderzoeken door middel van een vergelijking van GGW met 'huidige zorg in de JJIs', bleek dit niet mogelijk. Zo maakten praktische knelpunten het onmogelijk om voldoende data van de 'huidige zorg'-groepen te verzamelen. Omdat één JJI besloot het onderzoek niet af te wachten alvorens GGW verder te implementeren, was daar geen vergelijkingsgroep meer beschikbaar. In de andere JJI was sprake van een stagnatie van jongeren op de vergelijkingsgroep. Er stroomden nauwelijks nieuwe jongeren in gedurende de periode van dataverzameling en jongeren werden bijna niet doorgeplaatst naar andere leefgroepen. Uiteindelijk bleek het aantal gezinnen in de vergelijkingsgroep te klein om zinvolle statistische analyses uit te voeren.

Een andere reden waarom de quasi-experimentele onderzoeksopzet niet haalbaar was gedurende de dataverzamelingsperiode, heeft te maken met het implementatieproces. Eerder onderzoek toonde al aan hoe uitdagend het is om een nieuw programma te implementeren, zeker in het geval van gezinsgerichte interventies voor jongeren met gedragsproblemen (Bekkema, Wiefferink, & Mikolajczak, 2008; Stern & Smith, 1999). Onze dataverzameling vond plaats in de eerste twee jaar nadat gestart werd met de implementatie. In die periode werden de JJIs geconfronteerd met krimp, bezuinigingen,

hoog ziekteverzuim en een hoog verloop onder medewerkers. Een onzekere periode als deze maakt implementatie van een nieuw programma nog lastiger (Barth, 2005; Bekkema et al., 2008). We realiseerden ons dat het in kaart brengen van de mate van het succes van de implementatie een vereiste was voordat een effectonderzoek uitgevoerd zou kunnen worden. Daarom hebben we onderzocht in hoeverre het JJI medewerkers in GGW groepen lukte om ouders te motiveren voor participatie.

Alhoewel jongeren en ouders relatief hoge behandelmotivatie rapporteerden en alle geïnterviewde ouders gemotiveerd waren om deel te nemen aan gezinsgerichte activiteiten, liet ons onderzoek zien dat meer dan de helft van de ouders niet deelnam aan het gezinskennismakingsgesprek en dat ouders hun zoon gemiddeld minder dan één keer per week bezochten. Dit impliceert dat er een kloof bestaat tussen de motivatie van ouders om te participeren en hun daadwerkelijke participatie. Het kwantitatief analyseren van mogelijke verklaringen hiervoor liet slechts beperkt voorspellende factoren zien, zoals beschreven in hoofdstuk 4. Het kwalitatieve onderzoek (hoofdstuk 6) liet zien dat ouderparticipatie wordt beïnvloed door een diversiteit aan factoren, die erg verschilden tussen ouders. Om de barrières voor participatie te omzeilen, is het van belang dat medewerkers van de JJI hun interventies aanpassen aan de individuele behoeftes van ouders.

Om de barrières voor ouderparticipatie aan te pakken, zou het voor medewerkers handig zijn om te weten of ze te maken hebben met statische factoren (bijvoorbeeld afstand tussen JJI en huis) of dynamische factoren (bijvoorbeeld de houding van medewerkers jegens ouders). Alhoewel de statische factoren niet beïnvloedbaar zijn voor medewerkers, kan kennis over de invloed van die factoren toch behulpzaam zijn voor medewerkers in het contact met ouders. Het daarmee rekening houden in gesprekken met ouders kan bijvoorbeeld bijdragen aan het opbouwen van een positieve werkrelatie. Zo kan het bij ouders met een andere etnische achtergrond prettig zijn een mentor te spreken met

dezelfde achtergrond of gebruik te maken van professionele tolken. De verblijfsduur van jongeren in de kort verblijf leefgroep is evenmin beïnvloedbaar voor medewerkers omdat alleen de jeugdrechter hierover mag beslissen. Desalniettemin kunnen medewerkers ouders wel vroegtijdig en intensief betrekken in het beslisproces over nazorg als zij bijvoorbeeld verwachten dat de jongere maar kort zal blijven in de JJI. Daarnaast kunnen medewerkers al snel contact leggen met de jeugdreclasseerder (JR) om diens werkrelatie met de adolescenten en de ouders te bevorderen om zo bij te dragen aan een succesvolle reïntegratie. Met kennis van dynamische factoren die wel beïnvloed kunnen worden, is het mogelijk voor medewerkers om maatwerk te leveren bij het motiveren van ouders voor participatie. Dit kan er toe leiden dat ouders meer participeren. Hieronder worden aanbevelingen voor de praktijk toegelicht.

Implicaties voor de praktijk

De resultaten van dit proefschrift bevatten verschillende aanbevelingen voor het verbeteren van de ouderparticipatie. Dit kan op haar beurt een positief effect hebben op het behalen van positieve behandeluitkomsten voor jongeren en het gezin (Burke et al., 2014; Latimer, 2001; Monahan et al., 2011; Woolfenden et al., 2002). De aanbevelingen worden hieronder uitgewerkt en zijn daarna samengevat in een overzichtelijk kader.

Om gezinsgericht werken te optimaliseren, zouden JJIs ‘outreachend’ moeten werken om de kloof tussen thuis en de JJI te dichten. In dat licht kunnen JJIs intensief samenwerken met de JR, aangezien zij de professionele link vormt tussen het leven in de JJI en het leven daarbuiten. Daarom is de JR van groot belang voor gedetineerde jongeren en hun ouders. In kort verblijf leefgroepen verbleef 24% van de jongeren minder dan twee weken en 37% verbleef minder dan een maand (Rovers, 2014). Dit geeft aan hoe belangrijk het is dat JJI medewerkers, in samenwerking met de JR, voor elke adolescent en diens gezin inschatten welke interventies nodig zijn en wie die interventies het beste kan uitvoeren om

zoveel mogelijk continuïteit in zorg te bieden. In Nederland hebben gemeentes voor vrijwillige en preventieve hulpverlening de zogenaamde 'jeugd- en gezinsteams' of 'wijkteams' gevormd (Hilverdink, Daamen, & Vink, 2015). In deze teams wordt samengewerkt door verschillende disciplines, waaronder jeugdzorg medewerkers, maatschappelijk werkers en psychologen. Als een adolescent en diens gezin voorafgaand aan detentie al bekend zijn bij een jeugd- en gezinsteam, zal de JR hen betrekken in het beslisproces over nazorg. De continuïteit in zorg en de outreachende aanpak kunnen maken dat in sommige gevallen de JJI start met behandeling en die voortzet in het kader van nazorg. In andere gevallen zouden juist behandelaren van buiten de JJI behandeling opstarten of continueren tijdens detentie en daarna betrokken blijven voor nazorg. De JR, eventueel in overleg met het jeugd- en gezinsteam, speelt dan een belangrijke rol in de toeleiding van de jongere en ouders naar de betreffende behandelaar. De JR kan, zodra dit bekend is, ouders laten weten naar welke JJI hun kind wordt gebracht.

Een nauwe samenwerking met de JR ontslaat de JJIs niet van hun belangrijke werk in het opbouwen van een werkrelatie met ouders om ouderparticipatie te bevorderen tijdens het verblijf van hun kind. Het betrekken van ouders start zodra een adolescent de JJI binnenkomt. Ouders worden dan direct gebeld door bij voorkeur de mentor, die als contactpersoon fungeert voor ouders. Als de mentor niet in dienst is, belt een andere pedagogisch medewerker (PM'er) en wordt de informatie uit het telefoongesprek overgedragen aan de mentor. In dit eerste contactmoment stelt de mentor (of diens collega) zichzelf voor, legt zijn rol uit, stelt ouders gerust en stemt de rest van de informatie af op de behoefte van ouders. Sommige ouders willen bijvoorbeeld graag alle informatie over procedures in één keer ontvangen, terwijl anderen de details daarover liever tijdens een persoonlijk gesprek horen.

In het eerste telefoongesprek voorziet de mentor ouders niet alleen van informatie, hij of zij gaat een open 'tweerichting-gesprek' aan met ouders. Op deze manier worden

ouders erkend als belangrijke bron van informatie over de jongere en worden ouders geholpen de ouderrol te behouden. Daarom vraagt de mentor aan ouders advies over de jongere. Daarnaast informeert de mentor ouders over bezoekmogelijkheden en wordt zo snel mogelijk het gezinskennismakingsgesprek gepland, het liefst gecombineerd met het eerste bezoekmoment van ouders aan hun kind.

Bij het plannen van deze afspraak heeft de mentor oog voor mogelijke obstakels voor ouders om naar de JJI te komen. De mentor probeert ouders te ondersteunen bij het vinden van oplossingen daarvoor en levert daarbij maatwerk. De mentor voorziet ouders bijvoorbeeld van steun als de detentie van hun kind negatieve emoties oproept of moedigt hen aan om angsten te overwinnen voor daadwerkelijk bezoeken van de JJI. Als er praktische zaken zijn waardoor ouders niet naar de JJI kunnen komen, proberen medewerkers mee te denken in oplossingen. Daarvoor kunnen medewerkers ook aankloppen bij de JR, die op zijn of haar beurt eventueel weer ondersteuning kan vragen van het jeugd- en gezinsteam als het gezin daar al bekend was. Zo kunnen ouders bijvoorbeeld ondersteund worden bij het zoeken binnen hun netwerk naar oppas voor andere kinderen of bij het regelen van een lift naar de JJI. Als er meer diepgewortelde weerstand is tegen het bezoeken van de JJI, zal de gedragswetenschapper of de gezinstherapeut proberen om ouders te motiveren voor een bezoekuur en het gezinskennismakingsgesprek. Ook hier kan de JR meehelpen om ouders te motiveren. In het kader van outreachend werken kan het gezinskennismakingsgesprek bij ouders thuis plaatsvinden als ouders te veel barrières ervaren om naar de JJI te komen. Middels dergelijke huisbezoeken laten JJI medewerkers zien dat zij ouderparticipatie waardevol vinden, daar tijd en moeite in te steken en initiatief tonen om het samenwerken te bevorderen. Als een kennismakingsgesprek bij ouders thuis plaatsvindt, is het wellicht makkelijker om ouders over te halen om het gesprek in de JJI voort te zetten zodat hun kind er ook bij aanwezig kan zijn.

Tijdens het gezinskennismakingsgesprek ontvangen ouders meer informatie over gezinsgerichte activiteiten. Tevens kan de gedragswetenschapper protectieve factoren in kaart brengen en is er oog voor mogelijke opvoedingsproblemen. Indien geïndiceerd en na overleg met de JR, kan gezinstherapie worden aangeboden om die problemen aan te pakken. Als ouders andere problemen hebben, bijvoorbeeld op het gebied van werkloosheid, financiën, of psychische problematiek, brengen JJI medewerkers hen in contact met de JR die ouders verder kan ondersteunen om de juiste hulpverlener te vinden, eventueel in overleg met het jeugd- en gezinsteam.

Gedurende het verblijf van de jongere worden de gezinsgerichte activiteiten op maat aangeboden aan ouders, afhankelijk van hun behoeftes. Deze activiteiten zijn erop gericht om ouders in de gelegenheid te stellen tijd door te brengen met hun kind. Dit vereist dat JJIs flexibiliteit tonen in het aanbieden van contactmomenten tussen ouders en jongeren. Medewerkers investeren ook in het motiveren van jongeren voor gezinsgerichte activiteiten, om weerstand vanuit adolescenten te voorkomen. Daarnaast worden ouders voortdurend betrokken in beslisprocessen. Over het algemeen zijn medewerkers cultureel sensitief en bieden zij ouders de mogelijkheid om in hun moedertaal te communiceren. Zo nodig wordt gebruik gemaakt van professionele tolken.

Aanbevelingen voor de praktijk:

- Werk als JJI 'outreachend' om de kloof tussen de JJI en het gezinsleven thuis te dichten door contact met ouders te initiëren. Investeer in de relatie met ouders en werk nauw samen met de JR.
- Bewaar continuïteit in zorg: zowel tijdens verblijf in de JJI als erna in het kader van nazorg.
- Betrek ouders vanaf het moment dat de jongere binnenkomt in de JJI.
- Zoek direct telefonisch contact met ouders en pas de hoeveelheid informatie in dat eerste contactmoment aan op de behoeftes van ouders.
- Zorg voor een open 'tweerichting-gesprek' waarin ouders gezien worden als een informatiebron en ondersteun ouders de ouderrol te behouden.
- Informeer ouders al vroeg over mogelijke gezinsgerichte activiteiten.
- Plan zo snel mogelijk een gezinskennismakingsgesprek; heb daarbij oog voor mogelijke obstakels voor ouders en help bij het vinden van oplossingen waarbij maatwerk geleverd wordt.
- Ga bij teveel obstakels op huisbezoek voor het gezinskennismakingsgesprek.
- Tijdens het gezinskennismakingsgesprek:
    - Geef meer informatie over gezinsgerichte activiteiten.
    - Breng protectieve factoren in kaart.
    - Heb oog voor opvoedingsproblematiek en start indien nodig al tijdens detentie met gezinstherapie.
- Biedt gezinsgerichte activiteiten aan op maat, wees flexibel en stem af op behoeftes van ouders.
- Stel ouders bij gezinsgerichte activiteiten in de gelegenheid om tijd door te brengen met hun kind.
- Investeer in het motiveren van jongeren voor gezinsgerichte activiteiten.
- Betrek ouders gedurende het verblijf van hun kind voortdurend bij beslisprocessen.

Implicaties voor beleid

Op basis van de voorgaande hoofdstukken in dit proefschrift zijn er ook meerdere beleidsmatige aanbevelingen voor het verbeteren van ouderparticipatie. Dit betreffen geen maatregelingen die toegepast kunnen worden door individuele medewerkers, maar horen thuis op het niveau van het management van de JJIs of zelfs op overheidsniveau. De aanbevelingen worden hieronder uitgewerkt en zijn daarna samengevat in een overzichtelijk kader.

Om gezinsgericht werken succesvol te implementeren, zouden JJIs zorg moeten dragen voor een aantal basisvoorwaarden. Allereerst zou de hele organisatie voorbereid moeten worden op gezinsgericht werken (Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). De teams van PM'ers moeten het gevoel krijgen dat ook hogere lagen van de organisatie het gezinsgericht werken steunen. Alle lagen en alle disciplines van de instelling horen een systemische visie te hebben en vaardigheden te ontwikkelen in het werken met gezinnen (Mos, Jong, Eltink, & Rigter, 2011).

GGW vereist dat vooral de mentoren toegerust worden om met ouders te werken, omdat zij belangrijk zijn voor het motiveren van ouders voor participatie. Ouders hebben soms gevoelens als schaamte of boosheid waardoor ze ambivalentie ervaren ten aanzien van participatie, of het zelfs helemaal afwijzen. Aan mentoren de uitdaging ouders te ondersteunen in het overwinnen van die barrières. Om vaardigheden in het werken met ouders op peil te houden, is het nodig dat medewerkers regelmatig coaching van een gezinstherapeut ontvangen, minstens eens per maand. Het management van de JJI moet ervoor zorgen dat mentoren voldoende tijd hebben om met ouders samen te werken en dat taken vanuit GGW passen binnen de werklast. Daarnaast vereist een succesvolle implementatie van GGW een stabiel team waarbij verloop van medewerkers wordt voorkomen (Degner, Henriksen, & Oscarsson, 2007). Een stabiel team met goed getrainde

PM'ers kan zorgen voor een therapeutisch klimaat op leefgroepen in de JJIs, waar behandeling de centrale focus is.

Het management van de JJI kan bijdragen aan het wegnemen van barrières voor ouderparticipatie die ouders ervaren. Zo kan bijvoorbeeld de administratieve rompslomp verminderd worden voor het ontvangen van reiskostenvergoeding door duidelijke instructies te geven en ervoor te zorgen dat ouders de vergoeding snel ontvangen. Het management zou ook in gesprek kunnen gaan met de daarvoor aangewezen partijen zodat men doordrongen wordt van de noodzaak van een betere aansluiting van de JJIs op het openbaar vervoer.

Het management kan ook een situatie creëren welke bijdraagt aan een positieve samenwerking met de JR. Als het management deze samenwerking borgt in de organisatie, kan dit structurele integrale ketenzorg bevorderen. De JJI is slechts een tijdelijke halte voor jongeren en hun gezinnen. Om ervoor te zorgen dat zij de juiste zorg en behandeling ontvangen tijdens en na detentie, is nauwe samenwerking met de JR noodzakelijk. Die samenwerking kan voorzien in de continuïteit in zorg die door ouders in ons onderzoek als belangrijk werd aangemerkt.

Ten aanzien van die continuïteit in zorg en hulpverleners kunnen JJIs ook winst behalen bij het overplaatsen van de adolescent van een kort verblijf- naar een lang verblijf leefgroep na ongeveer drie maanden. Deze doorplaatsing betekent een nieuw contactpersoon voor jongeren en ouders; dus geen continuïteit in zorg en hulpverleners. Gedurende de dataverzamelingsperiode van ons onderzoek heeft één JJI de indeling van leefgroepen zelfs geherstructureerd waarbij een zogenaamde 'instroomgroep' tot stand kwam. Als een adolescent in de JJI werd geplaatst, verbleven zij voor maximaal drie weken op de instroomgroep alvorens zij naar een kort verblijf leefgroep werden doorgeplaatst. Dit betekent dat een adolescent die langer dan drie maanden in een JJI verblijft, zelfs twee keer naar een andere leefgroep wordt overgeplaatst. Aangezien continuïteit in zorg belangrijk is

(Pierpont & McGinty, 2004), druist elke extra overplaatsing in tegen de principes van gezinsgericht werken. Vanuit een gezinsgericht oogpunt suggereren we daarom dat de JJI teruggaat naar de reguliere onderverdeling van kort- en lang verblijf leefgroepen. De JR kan de gewenste continuïteit in zorg bieden voor jongeren en hun ouders bij een doorplaatsing van kort- naar lang verblijf. Daarnaast kunnen JJIs starten met het organiseren van 'warme overdrachtsgesprekken' bij de doorplaatsing zodat de jongere en zijn ouders kennis kunnen maken met de nieuwe betrokken medewerkers. Deelnemers aan dat gesprek worden op basis van de behoeftes en wensen van de adolescent en ouders uitgenodigd. Het is in ieder geval belangrijk de jongere, zijn ouders, de mentoren en gedragswetenschappers van de kort- en lang verblijf leefgroepen, de JR en andere belangrijke personen zoals verzocht door de jongere of zijn ouders te betrekken bij de overdracht. Een andere oplossing voor het gebrek aan continuïteit in zorg kan worden gevonden in het toewijzen van één vaste gedragswetenschapper aan de jongere en zijn ouders wanneer de jongere in de JJI wordt geplaatst. Die gedragswetenschapper kan dan gedurende de hele detentieperiode betrokken blijven en meebewegen bij een doorplaatsing van een kort- naar een lang verblijf leefgroep. Ondanks dat de jongere dan nog steeds zal wisselen van leefgroep, wordt op deze manier tenminste een vorm van continuïteit in hulpverlening geboden voor de jongere en zijn ouders. Deze manier van werken is al eerder door gedragswetenschappers in de JJI geopperd. Een goede manier om deze werkwijze verder uit te werken, zou zijn om hiervoor een bottom-up werkgroep samen te stellen. De werkgroep kan dan bestaan uit verschillende disciplines uit de JJI, waaronder in ieder geval PM'ers, gedragswetenschappers, teamleiders en beleidsmedewerkers. Daarnaast zou het meerwaarde hebben om ook adolescenten en ouders uit te nodigen voor de werkgroep-bijeenkomsten. Vervolgens kan een pilot periode worden georganiseerd waarin dit idee in praktijk wordt gebracht en daarna geëvalueerd.

De afgelopen jaren hebben de JJIs beleidsveranderingen ondergaan, zowel specifiek voor de JJI alsook in het overkoepelende jeugdzorg veld in Nederland (Janssens, 2016). Deze

veranderingen hebben geresulteerd in een afname van het aantal jongeren dat in een JJI werd geplaatst, kortere verblijfsduren en sluiting van meerdere JJIs (Ministerie van Veiligheid en Justitie, 2017; Rovers, 2014; van Alphen, Drost, & Jongebreur, 2015). In 2016 is de Nederlandse overheid gestart met een nieuwe vorm van beveiliging en zorg voor jongeren in zogenaamde 'kleinschalige voorzieningen'. Jongeren werden daar geplaatst als protectieve factoren (dagbesteding, hulpverlening, ouderbetrokkenheid) tegen recidive aanwezig waren en gecontinueerd konden worden. Jongeren konden er ook geplaatst worden in het kader van resocialisatie (Souverein et al., 2017). De kleinschalige voorzieningen hebben een lager beveiligingsniveau en bevinden zich in de regio dichtbij het eigen leefsysteem van de jongere (van Alphen et al., 2015). Als gevolg daarvan zijn deze instellingen toegankelijker voor ouders (Souverein et al., 2017). Alhoewel JJIs het beveiligingsniveau niet kunnen verlagen, kunnen ze wel van deze kleinschalige voorzieningen leren om de instelling meer 'ouder-vriendelijk' te maken. De gesloten uitstraling van JJIs met hekken, tralies voor de ramen en detectiepoortjes, maakt gezinsgericht werken niet makkelijker. Het verhogen van ouderparticipatie vraagt om een meer welkome sfeer door bijvoorbeeld een vriendelijke en persoonlijke ontvangst bij de receptie, zeker wanneer men zich realiseert dat sommige ouders het bezoeken van de JJI als confronterend en intens ervaren.

Beleidsaanbevelingen:

- Draag als JJI zorg voor basisvoorwaarden voor het slagen van GGW:
    - Bereid de hele organisatie voor op GGW.
    - Steun GGW vanuit alle lagen in de organisatie.
    - Zorg dat alle disciplines een systemische visie hebben en over vaardigheden beschikken in het werken met gezinnen.
- Rust met name de mentor toe om met ouders te werken:
    - Bied training en maandelijkse coaching door een gezinstherapeut aan voor PM'ers.
    - Geef mentoren voldoende tijd voor het samenwerken met ouders.
    - Zorg dat de taken vanuit GGW passen binnen de werklast voor mentoren.
- Zorg voor een stabiel team van PM'ers.
- Neem barrières weg voor ouderparticipatie:
    - Verminder administratieve rompslomp voor ouders bij het aanvragen en ontvangen van reiskostenvergoeding (duidelijke instructies en snelle vergoedingen).
    - Ga in gesprek met gemeentes: maak men doordrongen van de noodzaak van een betere aansluiting van JJIs op het openbaar vervoer.
- Creëer een situatie welke bijdraagt aan een positieve samenwerking met de JR en draag zo bij aan structurele integrale ketenzorg.
- Bied continuïteit in zorg:
    - Splits de reguliere onderverdeling van kort- en lang verblijf leefgroepen niet verder op met een zogenaamde 'instroomgroep'.
    - Zorg voor warme overdrachtsgesprekken bij doorplaatsing van kort- naar lang verblijf.
    - Stel een bottom-up werkgroep samen om de werkwijze van het koppelen van één vaste gedragswetenschapper gedurende het verblijf verder uit te werken. Start daarna met een piot fase en evalueer die vervolgens.
- Maak de instelling meer 'ouder-vriendelijk' en zorg voor een meer welkome sfeer.

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Curriculum vitae

Inge Simons was born on the December 17, 1984 in Alphen aan den Rijn, the Netherlands. In 2003 she completed her secondary education (Atheneum) at het Groene Hart Lyceum in Alphen aan den Rijn. Later that year, she attended Leiden University to study Psychology where she obtained her Bachelors' degree in 2006. She immediately continued in the Masters' program of Clinical Psychology at Leiden University. She took two internships, one clinical internship in the penitentiary institute in Alphen aan den Rijn, and one research internship about incarcerated women. As part of this latter internship, she wrote her Masters' thesis. In 2008, she graduated cum laude from the Masters' program. After working a short period as research assistant, she started her postmaster program in 2008 to become a licensed psychologist, in the Netherlands known as 'health care' (GZ-) psychologist. As part of this program, she worked two days a week in the penitentiary institute in Alphen aan den Rijn and two days a week in Juvenile Justice Institution Teylingereind. Inge graduated the GZ program in 2010, after which she worked one year as licensed psychologist in Teylingereind. In 2011, she started to combine her clinical work in Teylingereind with her Ph.D. program at the Academic Workplace Forensic Care for Youth (in Dutch: AWFZJ). During her Ph.D. program, she spent ten months in Saint Louis, MO, USA. In St. Louis, besides working on her research, Inge had the opportunity to volunteer as a psychologist in a youth detention center and a residential treatment center. There, she worked along side of a licensed psychologist. From 2016 to 2018, Inge combined her clinical work with a position as postdoc researcher at Intermetzo-Pluryn on a project on family-centered care in Dutch secure residential youth care institutions, called 'JeugdzorgPlus'. In 2017, Inge left Teylingereind and started working as a GZ-psychologist at GGZ Rivierduinen, specialist care for children and youth. At the beginning of 2018, she switched to the Jutters (Parnassia Group), where she now works as a GZ-psychologist for the children's department of the 'LangeLand' hospital in Zoetermeer.