

# Reentry Youth and Their Families: An Exploration of Their Perceptions of Family-based Interventions

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## ABSTRACT

Youth reintegrating into society following incarceration, commonly referred to as reentry youth or youth who reenter, face major challenges to achieving successful, healthy developmental trajectories when transitioning back to their families and communities. Family-based interventions focusing on family strengths and psychoeducational skills help reduce risky behaviors and assist youth who reenter transition back into their families and healthy trajectories into adulthood. Research on family-based interventions for youth who reenter and barriers to treatment engagement however, is limited. The qualitative findings reported in this paper draw from a larger randomized control trial of a family-based intervention for youth who reenter and their families. Youth who reenter and their guardians were queried about their motivation to participate in family-based interventions and their desired content for these interventions. Analyses revealed themes reflecting these families' needs and suggested strategies for researchers and practitioners to consider that may increase families' participation when developing and implementing family-based interventions. These findings are essential for fostering engagement in these interventions, promoting treatment adherence, and ultimately improving outcomes of youth who reenter when transitioning back to their families and communities. Implications, limitations, and future directions are discussed.

**KEYWORDS:** Re-entry Youth, Family-based Interventions, Juvenile Justice, Formerly Incarcerated Youth

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## INTRODUCTION

Reentry, the process of reintegration following involvement in the justice system, is considered a critical and vulnerable period for youth transitioning from detention facilities back to their families (Bondoc et al., 2021; Barnert & Abrams, 2024). Though the juvenile justice system has seen an overall marked decline in juvenile arrests in the United States, recidivism rates do not seem to show the same downward trend (The Sentencing Project, 2023). Data shows that 50% to 80% of youth in the United States with a history of involvement in the juvenile justice system continue to have repeat contact with the juvenile or adult justice system within a few years of their initial release (California Department of Corrections and Rehabilitation, 2017). These youth, commonly referred to as youth who reenter, face challenges that existed before incarceration and may continue upon their release (Belkin, 2020). Reentry and integration back into their families is difficult for many of these youths, highlighting the need for a family intervention that provides support and addresses the unique challenges youth and their families face when reconnecting (Bondoc et al., 2021; Panuccio, 2021).

Youth delinquent behaviors have been linked to poor family functioning, including coercive parenting, strained parent-child relationships, inconsistent discipline, neglect, parental substance use, violence, sexual abuse, attachment disruption, and inadequate levels of warmth and affection (Jackson & Choi, 2018; Kozak et al., 2018; Bosk et al., 2021; Backman et al., 2021; Kobulsky et al., 2021). Many families often lack tools or knowledge about how to improve family functioning on their own. The optimization of family relationships and family involvement, however, has been shown to play an important part in increasing the likelihood

that youth who reenter follow healthy trajectories upon release that include not only improved health outcomes and reduced risky behaviors, but also decreased delinquent behaviors (re-arrests, recidivism, and truancy) (Ruch & Yoder, 2018; Barnert et al., 2020; Dempsey et al., 2020). Thus, interventions that focus on improving family functioning by teaching psychoeducational skills such as family-based coping and communication to reduce family conflict and problems may facilitate a successful reentry process and help youth during this critical transition period (Aazami et al., 2023).

## LITERATURE REVIEW

### Family-Based Interventions

Several studies support family-based interventions as the best interventions and practices for youth who reenter (Amani et al., 2018; Anderson et al., 2021; Dir et al., 2023; Piper et al., 2024). Family-based interventions build upon adolescent developmental theory and acknowledge that families have a substantial influence on a young person's development including the shaping of their values and behaviors (Hogue et al., 2018; Santisteban et al., 2022). Furthermore, research has shown that family-based interventions are efficacious in decreasing the severity of mental health symptoms in adolescents and preventing delinquent adolescent behaviors (Kumpfer & Magalhães, 2018; Bosqui et al., 2024).

The development and implementation of family-based interventions with youth who reenter is, however, challenging. Most of the family-based approaches that are available and recommended for these youth are therapeutic treatments such as Multisystemic Family Therapy (Carr, 2018;

Administration for Children and Families, 2020). While these approaches may be effective in helping youth, they do require time-intensive commitment and participation from family members (Dopp et al., 2018). Therapeutic family-based approaches are psychoeducational with a goal of developing specific skills in youth and their parents/guardians. Family-based psychoeducational approaches may be useful tools to augment family-based therapy or to be used in lieu of to improve the transitions of youth who reenter and prevent recidivism through materials that can be paced for the families. This can possibly be done with less time and/or sessions than traditional family-based therapy.

Much less is known about family-based interventions for youth who reenter. First, most interventions for at-risk youth focus on the individual, not the family, and rarely ask families what they perceive to be important for the development and implementation of the intervention. This is consistent with intervention research, which has typically used a top-down approach instead of asking participants what they need before developing the intervention (Thier et al., 2020). Second, the available family-based interventions may not match the needs, values and goals of the families they are designed to serve. Limited research has focused on what youth and their families involved in the juvenile system actually want and believe that they need for youth to transition back into their families upon release. Existing findings show that when families are actively involved in the development of the content and structure of family-based interventions, they are more likely to participate in the interventions (Amani et al., 2018; Burney et al. 2024), especially racial/ethnic minority families. Even broadly, familial participation has been revealed to be a critical component in the success and efficacy of mental health interventions targeting youth (Haine-Schlagel et al., 2022).

### **Capturing Youth and Family Perspectives**

Conducting focus groups with youth who reenter and their parents/guardians is one way to elicit their perspectives on the resources, skills, training and education, and services they would like for a family-based intervention to provide, and how best to engage them in family-based interventions. For example, Amani et al. (2018) used focus groups to explore families' experiences with the juvenile justice system and found that interventions should address the needs and challenges of youth who reenter and their families by prioritizing empowerment, strength, and support. Meyer et al. (2024) utilized focus groups to develop a preventive parenting intervention aimed at decreasing adolescent substance use and improving adolescent health. They found that by incorporating feedback from the community, the intervention was better able to address the necessary and relevant needs of parents and adolescent youth. Under this collaborative process with researchers and important stakeholders, families were able to contribute their experiential knowledge to the intervention design.

Previous research demonstrates that family-based interventions are a promising approach for reducing recidivism for youth who reenter, but there is limited research that includes the perspectives of youth who reenter and their families in the tailoring and adaptation of family-based interventions for this population (Burney et al. 2024). Integrating these perspectives provides important information regarding support for youth who reenter and their families that is essential for reducing delinquent behaviors and promoting community reintegration, while also putting youth and families at the center of the treatment development and practices. This paper explores the perspectives of youth who reenter and their parents/guardians to identify key factors that facilitate engagement and participation in family-based interventions, as well as how to provide

family-based interventions in a culturally informed manner.

## METHOD

### Participants

Twenty-six participants (18 females and 8 males) were recruited via marketing materials (e.g., flyers, brochures, and handouts) distributed throughout the Los Angeles Juvenile Dependency and Delinquency Court system. Youth who reenter were defined as currently court-involved, non-incarcerated youth on probation who had previous experience with the juvenile justice system and were reintegrating back to the community. Parents/guardians were defined as individuals legally responsible for the youth involved in the court system and included biological parents, foster parents and legal guardians. As such, they will be referred to as caregivers to provide a more inclusive and accurate description of those participants. The majority of caregivers and youth identified as people of color, with the majority identifying as Latinx/e and Black. Youth age ranged from 12 to 17 years of age. Caregivers included English speakers and monolingual Spanish speakers.

### Procedures

As part of a larger randomized control trial of a family-based intervention for youth who reenter and their families, three 60-90 minutes in-depth focus groups, with six to ten people in each group, were conducted: two groups with the caregivers of youth who reenter, one in English and the other in Spanish, and one group with youth who reenter in English. The interview guide structured and directed the focus group discussions (see Appendix A). A qualitative methodology utilizing focus groups is well-suited for

family psychological research, as it enables in-depth exploration and reduces potential misinterpretation of caregiver and youths' subjective experiences, emotions, and perspectives (Creswell, 2014; Basnet, 2018).

Flyers were posted in the waiting areas of the courtroom in both English and Spanish. Participants saw them while waiting for their court appointments. Standard recruitment procedures included having interested families call a research assistant to schedule a consent meeting and receive information about focus group logistics. Focus groups were conducted in English for youth, all of whom were fluent English speakers, and in Spanish for the Spanish-speaking adult group.

All focus groups were facilitated by a research team member. Informed consent and assent were obtained from each caregiver and youth participant by verbally explaining the information of the informed consent to them. Participants were also given a paper copy of the consent form for their reference. Focus group participants were asked a range of semi-structured questions. The goals of the focus group questions were to: (1) elicit participants' perspectives about families participating in family-based interventions targeting mental health, and (2) develop an understanding of families' needs and goals when seeking family-based interventions. Examples of the questions include: What are the things that would most likely make you interested in a family workshop? What are the types of things you think would make you uninterested in a family workshop? Would you (your caregivers) like to know how to solve problems? All the focus groups were audio recorded and transcribed. The study received approval from the UCLA Institutional Review Board and the Los Angeles County Juvenile Dependency and Delinquency Court System.

## Qualitative Analysis

Thematic analysis (TA) was used to analyze the data from the focus groups. This approach is a qualitative methodology designed to reveal emergent themes in the data and is often used to understand the meaning of constructs (Boyatzis, 1998; Morrow, 2007). Given the inclusion of both parent and youth participants, thematic analysis was particularly appropriate because it accommodates diverse communication styles, experiences, and social perspectives without being bound to a specific theoretical framework. This flexibility enabled the exploration of both shared and contrasting views across parent and youth groups. The method also aligned with the exploratory nature of the study, allowing themes to emerge inductively from participants' accounts rather than imposing predefined categories. Following Braun and Clarke's (2021) six-phase framework ensured a systematic and transparent analytic process. Overall, thematic analysis offered a balanced approach to capturing rich, contextually grounded insights relevant to understanding parents' and youths' perspectives.

Using thematic analysis, themes are identified following independent review of focus groups and subsequent discussion regarding key ideas and recurring patterns; once thematic consensus is achieved, a coding scheme summarizing these themes is used to assign codes to focus group transcripts. In the current study, three research team members independently identified major themes for each focus group. Credibility was supported through strategies such as member checking, peer debriefing, and prolonged engagement, which helped verify that interpretations accurately reflected participants' perspectives. Transferability was addressed by providing rich, detailed descriptions of participants and contexts, allowing readers to assess the applicability of findings to other settings. Dependability was enhanced by maintaining an audit trail of analytic decisions and coding processes,

ensuring the research process was transparent and consistent. Finally, confirmability was strengthened through documentation, which helped bracket researcher assumptions and ensure that findings were grounded in the data rather than personal bias. Data from the three focus groups were condensed to produce one coding scheme with definitions. Every piece of raw data from the focus groups was accounted for by the themes and subthemes created.

## RESULTS

In the sections below, we report the results of the qualitative analyses of the focus group data from youth who reenter and their families. Included in the qualitative results are definitions, quotes, and examples used for each theme and subtheme. While there was much overlap, the focus group sessions yielded separate youth and caregiver themes. Focus groups resulted in two key themes for both caregivers and youth regarding why families want to participate in family-based interventions (see Table 1). Four caregiver and three youth themes were generated to outline what families want in family-based interventions (see Table 2).

**Table 1**

*Motivators to Participate in Family-Based Interventions*

Theme	Caregiver Subtheme	Youth Subtheme
Challenges	Negative View of Adolescence	Negative Caregiver Characteristics
	Communication Difficulties	Communication Difficulties
	Pressures on the Family	Generational Gap
Internal Processes	Desire to Participate	Unhealthy Coping
	Need for Universality	Social Benefit
	Helplessness	

**Caregiver Focus Groups Themes and Subthemes**

*Caregivers’ Motivators to Participate in Family-Based Interventions*

**Parenting Challenges.** Most caregivers described the parenting of an adolescent as a challenging time for them. The parenting challenges theme was defined as a caregiver’s difficulties and stressors associated with raising an adolescent. One caregiver stated, “It’s hard for us parents... I mean, it’s hard to keep straight.” This theme was divided into three sub-themes: negative view of adolescence, communication difficulties, and pressures on the family.

**Negative View of Adolescence.** Negative view of adolescence was defined as the negative views and feelings of unpreparedness that caregivers have for this stage of development. This includes caregivers’ belief that their child: keeps things from them, is not willing to take responsibility for his/her actions, does

not want to be told what to do by challenging authority figures, and has negative peer influences that lead to using alcohol and/or drugs, and fighting outside the home. One caregiver described her experience: “Sometimes, even if we talk to them or we try to explain what’s going on with them, they don’t answer the right thing.”

**Communication Difficulties.** Communication difficulties were defined as conflicts and miscommunications between the adolescent and caregiver. This included feelings of frustration due to lack of consistency among parental figures, and lack of trust between the youth and caregiver. An example of this is found in a caregiver’s statement:

Cause sometimes me and teen have an argument or something, he say something, I’m like ‘whatever. I’m your mother. Listen to me.’ But then I go in my room, and sit there, I’m like ‘damn, he was right.’ You know? I have to actually sit there and listen to some of the stuff that he was saying.

**Table 2**

*Desired Family-Based Intervention Content*

Theme	Caregiver Subtheme	Youth Subtheme
Strong Therapeutic Alliance	Family Centered	Family Centered
	Culturally Informed	Culturally Informed
	Accommodating	Accommodating
Authoritative Parenting Strategies/ Skill		Facilitator and Session Qualities
	Building Attachment	Open Positive Communication
	Positive Communication and Problem Solving Techniques	Adaptive Parenting
	Informed Parenting	
System Navigation	Increased School Communication	
	Probation Programs	
Problem Solving Skills	Learn Responsibility and Consequences	Distress Tolerance
	Conflict Resolution Skills	Conflict Resolution Skills
	Emotion Regulation	

**Pressures on the Family.** Pressures on the family was defined as additional tasks and stressors that arise as result of a child's involvement with the juvenile justice system. These included: coordinating court appearances, mental health appointments and community service activities, and the caregivers' belief that they lacked accurate information on all the requirements they are sometimes mandated to complete. A caregiver described this frustration by stating:

Because every time I come to court, I have to basically have a whole list. The judge asks me 'well, what is he doing?' 'Well, he's doing this, this, this, this.'...it's a lot. It's a lot. Kids don't understand how big the snowball gets when they push it down the mountain.

**Internal Processes of Caregivers.** The caregivers' internal processes served as a motivator to seek help. This theme was defined as internal feelings and thoughts motivating the caregivers to participate in family-based interventions. The themes of internal processes of caregivers were divided into three sub-themes: desire to participate, need for universality, and helplessness.

**Desire to Participate.** Desire to participate was defined as the caregivers' intrinsic motivation to improve their relationship with their child and increase family harmony. One caregiver described this desire: "There's nothing hard about it. You have to be willing to do this. And you have to want to do this for the family and everybody needs to be on board."

**Need for Universality.** Need for universality was coded to describe the caregivers' desire to feel like they are not the only ones going through difficulties and challenges with their child. A Spanish-speaking mother shared this need to not feel alone in her parenting challenges:

She says it's good to be here because she can see or live through other people's experience and probably get what those people are going through and maybe she can model at her home and also speak to other people who are going through the same problems as her and is glad that she's getting the opportunity and help that she needs. (translated by the facilitator).

**Helplessness.** Helplessness was defined as feelings of loss of control because current practices (e.g., probation and incarceration) were not working in helping their family overcome current family challenges. The feeling of helplessness was described by a caregiver:

But, once they don't want to go to school, what could we do? We call the cops and the cops are like 'well, you're the parent. You should know what you should do'.... Where do we have to go to get help or what do we do, to keep going because he's only fifteen.

**Caregivers' Desired Content in Family-Based Interventions.**

Caregivers also described in detail what they would want the content of the sessions to be in family-based interventions. They described four main themes related to concepts and techniques needed to help them overcome current family challenges (see Table 2).

**Strong Therapeutic Alliance.** Strong therapeutic alliance was defined as having a flexible-collaborative relationship and approach when working with families. Caregivers recommended that building rapport and trust with the families begins as early as possible. To illustrate this point, a caregiver shared:

You can get one therapist or worker or counselor that will say 'well, this is the way

it should be done'. But, then, all of us have to come together and make a conclusion. You know, make this thing work, together.

This theme was divided into three sub-themes of family centered, culturally informed, and accommodating.

**Family Centered.** Family centered was defined as proactively listening to the families in what they need and want. This was described as empathic listening and performing a needs assessment by asking the family what they want instead of assuming their needs. One caregiver stated what others echoed: "And like you said, we have to have people that understand our kids' needs and pay attention to our kids, instead of telling them."

**Culturally Informed.** Culturally informed was defined as the facilitator's ability to understand the family through a contextual cultural and social lens. This is opposed to conceptualizing the youth and family by looking only at actions and behaviors or only asking for information from the family instead of collaborating with them. For example, a mother stated:

She feels that in a program it seems like there is someone out there in the background who's going to work with them intensively with their issues and not just asking proof of this, this, and that...They need someone to confide in, not only as their parent, but probably an outside mentor.

Many of the Spanish-speaking caregivers described specific strategies they would like to see incorporated into interventions to feel like their family story is understood in this country. This included: wanting workshops in their language, defining appropriate description of family roles in their families, and discussing the concept of respeto (respect) with the youth. A caregiver shared her difficulty instilling respeto (respect) in her adolescent by stating, "Most of the time. They

answer back all the time. They don't like the opinion that we have."

**Accommodating.** Accommodating was defined as being responsive to the family's schedule and resources. This included conducting workshops/classes/sessions in a centralized safe location where it was easy for them to get to without worrying about their or their child's safety (e.g., in their home, near bus stops, etc.), and providing transportation assistance. Flexible enrollment with a welcoming policy was described as highly desirable by caregivers due to the unpredictability of work schedules and other competing demands. A few caregivers described not wanting to feel embarrassed if they have to step away from the intervention and then come back when they have more time to participate.

**Authoritative Parenting Strategies.** The majority of caregivers described a desire to learn authoritative parenting strategies. The authoritative parenting strategies sub-theme was defined as using proactive, respectful parenting techniques with their children. This theme was further divided into three sub-themes; building attachment, positive communication and problem-solving techniques, and informed parenting.

**Building Attachment.** Building attachment was defined as a desire to build a healthy attachment with their child in order to have a relationship based on trust and honesty. A caregiver stated this need as if she was speaking to her child:

I need to know where you are. Why all of this is going on and all of the things that fall under that borderline, because I want to know and I want you to know that I'm concerned. I care about you more than the people... your friends.

**Positive Communication and Problem-Solving Techniques.** This subtheme was defined as listening to their children and their different points of view and

keeping calm. Caregivers wanted to learn effective communication and negotiation strategies so their child does not become defensive and listens to the caregiver. Being able to control their own anger was also important to many caregivers. A few caregivers acknowledged that getting upset interferes with their communication: “So, maybe something... some skills that might help you in the moment be able to communicate better, be able to hear their point of view and be helpful.”

***Informed Parenting.*** Informed parenting was defined as having a youth-centered approach to parenting whereby caregivers have an understanding of developmentally-appropriate milestones and expectations, generational differences, and how to keep their child safe and not be bullied. Caregivers described that knowing typical and non-typical adolescent behavior can be helpful to them when they are disciplining and enforcing consequences. Several caregivers shared this dilemma: “And we as parents, sometimes, we have to listen to those points because just like you may feel that you’re older, but I’m disconnected too. I’m not a teenager. I’m not even close to a teenager.”

***System Navigation.*** The theme of system navigation was defined as assistance with understanding and navigating the many systems of care with which the caregivers and their children are involved. Participants voiced that it can be difficult for many families to shift through the volume of appointments and prioritize accordingly. Two sub-themes were created for this theme: increased school communication and probation programs.

***Increased School Communication.*** Increased school communication was defined as clear and frequent communication with their youth’s school in order to be informed of what is going on with their child at school. One caregiver described this desire

as follows: “some type of program assistance at school because she says she talks a lot to her daughter and she’s just baffled by the information her daughter brings to her...” (translated by group facilitator). The desired programs included ones that provide assistance with school challenges and build confidence in their youth.

***Probation Programs.*** Probation programs was defined as assistance in understanding the programs connected with probation and which ones benefit their youth the most. A caregiver shared:

It’s a good program for them as well because not only... you know, when they come to court, they feel like they’re accused and they got caught up in the situation. But they feel like the program would be sincere and help them with their internal issues and guide them for a lifetime commitment, not just short term. (translated by facilitator).

***Problem Solving Skills for Youth.*** Caregivers not only described skills they would like to learn but also skills they would like their children to learn as well. Caregivers want youth to learn problem solving skills, defined as skills related to accountability and the ability to problem solve and maintain calm in difficult situations. This theme was divided into three sub-themes: learn responsibility and consequences, conflict resolution skills, and emotion regulation.

***Learn Responsibility and Consequences.*** Learning responsibility and consequences was described as teaching youth that their actions have consequences and the importance of having discipline. Most caregivers expressed they felt youth needed to learn discipline and respect towards others. A caregiver expressed that his child:

We’ll come back to court in three weeks’ and he was like ‘what?’ I said “dude, once your

faith is in somebody else's hands, it's in their hands...once you're in front of that person with the black robe, your fate is their hands and all it takes is for that person not to have a cup of coffee, and you're through.

**Conflict Resolution Skills.** Conflict resolution skills was coded to describe skills such as critical thinking, decision-making and reflective learning. Caregivers shared a desire that their child learn from their mistakes and not repeat the same mistake which made them end up in the juvenile justice system.

**Emotion Regulation.** Emotion regulation was defined as the ability to control emotions and respond to an uncomfortable situation or conflict in a manner that is socially acceptable. This was a salient theme to many of the caregivers. They emphasized the stress that they and their children experience and expressed wanting their children to learn emotion regulation and coping skills. A caregiver noted that challenges in emotion regulation can manifest in anger for adolescents, sometimes resulting in incarceration: "Even though he's been really, really good, it's the temper. The temper, whatever fires him up, that's where the fire would begin. Other than that, everything's fine." Another caregiver echoed this by describing how their child's inability to control their anger got him involved in the juvenile justice system: "He got mad because I wouldn't let him wear a certain shirt. He went downstairs and slashed my tires."

### Youth Focus Groups Themes and Subthemes

#### **Youth's Motivators to Participate in Family-Based Interventions.**

Youth described current challenges that might motivate them to participate in family-based interventions (see Table 1).

**Challenges with Caregivers.** Several adolescents described having conflict and challenges with their caregivers. Challenges with caregivers was defined

as a youth's difficulties with their primary caretaker (e.g., parent or guardian) that caused the youth some conflict and stress. This included emotionally-charged arguments with caregivers when there was a disagreement between the adolescent and his/her other caregiver. A youth described this conflict by stating, "Sometimes they're yelling, and when they ask you questions, you try to answer back and they get even more mad." This theme was divided into three sub-themes: negative caregiver characteristics, communication difficulties, and generational gap.

**Negative caregiver Characteristics.** Negative caregiver characteristics was defined as a youth's perception of a caregiver's characteristics that were not desired by the youth. Some youth described their caregivers as being pessimistic, stubborn, and critical toward them and their behaviors. In addition, some youth stated that their caregivers seem to have difficulties with emotional regulation and engage in authoritarian parenting traits (e.g., strict, double bind, unclear rules, ineffective communication, etc.) that make connecting with them challenging. For example, a youth stated, "I just come back later. I'm like 'dude you were screaming like a maniac.'"

**Communication Difficulties.** Several youth described communication challenges with their caregivers. Communication difficulties was defined as youth feeling unheard or misunderstood by their caregivers. One youth described feeling "talked at":

Well, when we get into trouble, my parents like straight out yelling and like telling you things they're just yapping about like your problems, and I'm not even trying to hear it. Like, I can't say anything because they don't want to hear it at first because first you gotta listen to them.

Another youth added that he/she stops listening to his/her caregiver when they yell at him/her, but also has discomfort when they attempt to "talk" to them. An example of this is illustrated by the youth's

statement, “It’s like someone’s telling you what to do and you already know what to do.”

**Generational Gap.** Generational differences served as a source of high stress for the adolescents in these focus groups. Generational gap was defined as difficulties between the youth and caregiver as a result of having differing generational perspectives. A youth described a difficulty with his/her caregiver by stating, “Yeah, I think it also depends on how your parents are. Say your parents are old school they see it a different way, then it’s hard.” Another youth described this by stating:

Like, their mind is set on how things used to be when they were kids and it’s totally different nowadays, everything’s different, but they’re still trying to make it like how it was then. But, nothing works like that anymore. Everything’s totally different.

**Internal Process of Adolescent.** The internal process of adolescent theme was defined as the youth’s internal desire to participate in a family intervention in order to make positive changes in his/her life and relationships. This theme was divided into two sub-themes: Unhealthy Coping and Social Benefit.

**Unhealthy Coping.** Unhealthy coping was defined as the youth recognizing that they engage in unhealthy coping strategies when attempting to escape conflict (e.g., leaving the home, running away, etc.) and expressing the desire to change those strategies to more proactive ones.

**Social Benefit.** Social benefit was defined as the youth recognizing that participating in family-based interventions provided them some kind of social benefit, such as usually being removed from class to participate, getting “probation points” and impressing probation departments. One youth

described this, stating, “That does help. Like me, for coming to this, I was supposed to get off probation in September and I’m getting off on August just for coming here.”

### **Youth’s Desired Content in Family-Based Interventions**

In the youth focus group, the youth also described in detail what they would want to experience and need in family-based interventions. They described three main themes (see Table 2).

**Strong Therapeutic Alliance.** Similar to the caregivers’ theme, strong therapeutic alliance was defined as building a strong therapeutic alliance with a flexible structure and approach when working with families and proactively listening to the families about their needs. This included listening to the youth’s voice, valuing the youth’s perspective and opinion, and acknowledging the youth’s strengths. This theme was divided into four sub-themes: family centered, culturally informed, accommodating, and facilitator and session qualities.

**Family Centered.** Family centered was defined as the need for the intervention’s goals to be realistic for the family to achieve and to satisfy the youth’s needs, not just the caregivers’. A youth provided this specific recommendation: “Yeah, so you gotta get the teenager’s attention and the caregiver’s attention in a way that you know it doesn’t sound either dumb to the teenager or the parents, something that would fit right in the middle.”

**Culturally Informed.** Culturally informed was defined as the ability of the facilitator to have awareness and acceptance of cultural differences in the families they are working with. Youth stressed the importance of having “relatable” experiences and feeling like they could talk to that person without

having to explain themselves too much. An example of this is when one youth stated:

I have a problem with counselors that they don't even like...I mean, like, come on man, I'm not going to listen to you. You don't know nothing. You're some white guy trying to tell me what to do. You don't know how it is. You didn't grow up the same way we did. So maybe if they have like a past, then you can connect to them.

**Accommodating.** The accommodating sub-theme was defined as the facilitator having the desire and ability to be flexible to the family's busy schedule. This included being invested in the family and working around their schedules to set up appointments. This was described as being essential because many times youth wanted to participate but their caregivers could not come to session due to appointments being scheduled during working hours. The youth stated that the appointments should be around the caregiver's schedule:

Maybe like if... well, not us, but like our parents, if they actually had time to do it, because if you're getting off work to come to these things, then they're going to be stressed out because they could've been working; instead, they had to come to this. So it depends on the hours.

**Facilitator and Session Qualities.** Facilitator and session qualities was defined as qualities in the facilitator and in the session that help youth build a strong working alliance. This included being respectful, wise, and knowledgeable about what youth might have to face. A youth clearly described this, stating, "We need a counselor that knows; not one that doesn't know. Someone that's strong-minded and like... I don't know... that they could actually counsel somebody...Yeah, they'll understand you better. Someone who doesn't judge you." Youth also reported wanting developmentally

appropriate activities in the intervention that were fun, non-demanding and youth-centered and appealing. Several youth described that it was important that youth not be forced to participate and that activities allow youth to be slow to warm up instead of asking them to talk as soon as the intervention starts. One youth stated, "Yeah, kind of calm, kind of fun and we just talking to each other and enjoying it, instead of something serious that they're scared to be at."

**Problem-Solving Skills.** Youth also reported that they would like to learn conflict resolution and problem-solving skills. Problem solving skills were defined as learning ways to solve their conflict with their caregivers in a non-defensive proactive manner that leads to solutions with which they both felt satisfied. This theme was further divided into two subthemes: distress tolerance and conflict resolution skills.

**Distress Tolerance.** Distress tolerance was coded to describe skills used to help youth cope and survive during a family crisis or conflict and help them tolerate the short term or long term pain (physical or emotional). Youth stated they wanted to learn how to reduce tension by avoiding conflict, walking away in moments that were "heated" but also learning to re-engage and coming back to uncomfortable feelings when tension has lowered. A youth described this conflict that would lend itself to distress tolerance: "Sometimes they're yelling and when they ask you questions, you try to answer back and they get even more mad. It's like you're asking me a question. What the hell? You know?"

**Conflict Resolution Skills.** Conflict resolution skills was defined as the process of working through a specific problem to reach a solution that was mutually satisfying and beneficial for both the youth and his/her caregiver. This included addressing misunderstanding in a respectful manner, and both feeling like they got something positive out of the solution.

### **Authoritative Parenting Skills for Caregivers.**

Like the caregivers, youth also reported that they would like them to learn authoritative parenting skills. The authoritative parenting skills theme was defined as positive respectful skills that helped the caregiver discipline and build a relationship with their child. This included respecting the youth's autonomy and trusting the youth but also supervising the youth to make sure he/she is safe. Surprisingly, some youth recommended that caregivers supervise and guide the youth and stated, "...if they [we] want to do something really crazy, don't let them [us]." This theme was divided into two subthemes: open positive communication and adaptive parenting.

**Open Positive Communication.** The open positive communication theme was described as caregivers having empathy for their children and listening and talking to their children in a non-threatening manner while offering clear expectations and consequences for their behaviors. Several youths expressed wanting to have this subtheme with their caregivers and recommended that "... it's also good to let them know the consequences and just remind them because some kids don't really care for the consequences."

**Adaptive Parenting.** Adaptive parenting was defined as caregivers having psychological flexibility and modifying the support or discipline the youth needed at that time including acknowledging generational differences. A youth described a desire that their caregiver understand what is going on and be "open-minded":

Being open-minded about things is better because if your kid comes and try to talk to you and tell you something and you're just like 'No.' It's just like I'm never going to come to you again. It just closes that bond completely. And if you're there and you

listen and then maybe you're like ok, judge a little bit after, they'll accept that.

## **DISCUSSION**

The current study identifies important engagement factors that should be considered by researchers and practitioners when implementing family-based interventions for youth who reenter and their families. Focus groups revealed that there are key and common elements to developing and implementing efficacious family-based interventions for these youth and their parents/caregivers including: a) providing a family-centered approach by establishing a strong therapeutic alliance with the family, b) teaching authoritative parenting skills to caregivers in order to facilitate the caregiver-child bond, c) cultural sensitivity and responsive provider, and d) teaching prosocial and coping skills to youth.

Interestingly, most themes that emerged were discussed across both the youth and caregiver focus groups, indicating the saliency of these themes for family-based interventions for youth who reenter and their families. It highlights the need for interventions to be family-based and integrative of their cultural background and lived experiences. Families expressed wanting to strengthen their caregiver-child bonds and prevent another period of separation via recidivism. Both expressed hope about the potential of family-based interventions but were also wary about the facilitators and implementation process. Hesitations about the intervention included: limited trust with past providers, incompetent facilitators, coordination of scheduled appointments, and feelings of helplessness. Identifying these potential barriers is important for practitioners to be mindful of not perpetuating further harm or attrition and

instead best tailor their interventions to the family where they are in treatment.

### **Therapeutic Alliance**

Establishing a strong therapeutic alliance in a family-based intervention was primary among the preferences expressed by youth and their caregivers. Caregiver and youth both recommended that rapport building begin as early as possible with the family. Establishing a positive alliance early on can help facilitate the youth's healthy transition back to their family and community by beginning linkage to services and programs (e.g., substance use and mental health counseling, school, etc.). Offering support in this manner can foster hope for the entire family. This importance of rapport building is highly consistent with research about the importance of fostering the therapeutic alliance with youth at an early stage in order to see higher commitment and engagement (Dimic et al., 2023; Murphy & Hutton, 2018). Research has demonstrated that a strong therapeutic alliance facilitates the intervention and engagement, and results in higher likelihood of retaining the family in treatment (Campbell et al., 2015; Metcalfe et al., 2021; Sheehan & Friedlander, 2015).

### **Authoritative Parenting Skills**

Caregivers and youth suggested similar content for the family-based intervention sessions. They included topics such as: authoritative parenting skills, emotion regulation, conflict resolution, communication skills, and education about adolescent development and generational issues. Interestingly, the youth emphasized the importance of teaching their parents/caregivers authoritative parenting skills. Authoritative parenting style encompasses being firm, yet warm and responsive in a guiding manner when disciplining than pure punishment (Retnowati & Putry Sukmawaty, 2024). The youth participants also suggested sessions should be more informal in approach to foster a

warm and conversational style to increase connection and enjoyment of the work.

### **Cultural Competence and Sensitivity**

Cultural sensitivity and competence was also highlighted as being very important by both youth and caregivers to enhance engagement in family-based interventions. They stated the facilitator should be someone with lived experiences that youth and their families can relate to, racially/ethnically aware of cultural differences and similarities, flexible in ability to speak with both caregivers and youth, and is supportive and nonjudgmental. These preferences are common with youth and their families (Cullen et al., 2023; Lu et al., 2021; Sanchez et al., 2021; Turuba et al., 2022).

### **Communication and Conflict Resolution**

Additionally, and perhaps most importantly, both youth and caregivers recognized they often experience challenges in communication with each other and wanted to learn ways to improve communication including coping skills. Both caregivers and youth verbalized moments of distress and discordance. Some of the disconnect between youth and caregivers seemed to reflect the generational gaps and the difficulty that many caregivers encounter when parenting during adolescence, a gulf further widened by communication challenges. This further underscores the potential utility of family-based interventions that build communication skills and target conflict resolution (Lloyd et al., 2023; Fellmann, 2023). The exploration of youth and caregiver preferences suggests that there is an existing common ground with shared preferences to use as a foundation for developing relevant family-based interventions.

### **Limitations and Future Directions**

This paper contributes to our understanding of youth who reenter and their caregivers' perspectives on participating in family-based interventions. First, the

exploratory qualitative design approach was useful in that it provided insights into the breadth and scope of issues and considerations that can influence the adaptation and implementation of family-based interventions with juvenile justice-involved families. These insights were obtained from those who would be impacted the most by family-based interventions, the families themselves. Nonetheless, there are some limitations worth noting that should be addressed in future research.

The sample only consisted of two caregiver focus groups and one youth focus group from Southern California. In the future, more focus groups should be conducted to guarantee that full data saturation is achieved. Data saturation is often the standard in quality qualitative research so researchers are sure that no important factor/concept is missing and that the data has reached scope and replication (Sebele-Mpofu, 2020). The sample included racially/ethnically diverse participants but most of the participants were Black and/or Latinx/e. Future research should examine racial/ethnic differences in perceptions of family-based interventions. Also, most of the caregivers were women. Future research should attempt to recruit fathers/male caregivers and examine possible gender differences in caregiver perceptions of family-based interventions. The final limitation worth noting is also related to the sample of participants. Families that were invested in the family work would be more inclined to participate in the focus groups versus querying caregivers that may be less inclined or not as involved in family-based treatment.

### **Clinical Implications**

The findings of this study should be of interest to a range of practitioners such as mental health providers, youth probation officers, and social service providers, as they emphasize critical issues to

best support the successful development and implementation of family-based interventions for juvenile-justice involved youth to ensure a positive transition back to their families and communities (Aazami et al., 2023). These findings provide the beginnings of a potential framework for factors that can increase participation and understanding of interventions through culturally responsive and less formal practices to make treatment accessible as a whole. Further specification and delineation of this framework can guide future research and practice. Future family-based interventions designed for youth who reenter and their families should consider these findings and their implications for intervention development, implementation, and sustainment.

### **Summary and Conclusion**

In summary, youth who reenter and their caregivers shared many beliefs about preferences of what they would like to have included in the content and implementation of family-based interventions. For example, there was concordance between both groups in terms of the desired content for sessions, and the perceived importance of having a provider who was culturally informed and accommodating. These qualities were thought to be highly valued and associated with being able to form a strong therapeutic alliance, another stated critical issue for engagement in family-based interventions (Burney et al. 2024). It seems that when given the opportunity youth and their families are open to discussing their preferences in regard to family-based interventions. Such discussion sheds light on important factors for improving the success of family-based interventions in supporting youth who reenter and their families.

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## DECLARATION OF INTEREST

The authors have no conflicts of interest to report.

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## Appendix A

### Interview Guide: Focus Groups with Juvenile Justice–Involved Youth and Parents

#### **Purpose:**

This focus group interview guide is designed to explore the experiences, needs, and challenges of youth involved in the juvenile justice system and their parents/caregivers. Insights will inform program development, policy improvements, and service delivery.

#### **Participants:**

- Youth (ages 13–18) with current or past involvement in the juvenile justice system
- Parents/caregivers of justice-involved youth

**Format:** Semi-structured focus group (60–90 minutes)

#### **Confidentiality:**

Responses are confidential and de-identified. Participants may skip any question or leave the discussion at any time. Sessions are audio-recorded only to ensure accurate capture of responses.

### **Section 1: Background and Experiences**

#### **Youth Questions:**

1. Can you tell us a little about yourself and what led to your involvement with the juvenile justice system?
2. What kinds of help or support did you need most during that time?
3. What was the hardest part about going through the system?

#### **Parent/Caregiver Questions:**

1. Can you share a bit about your family’s experience with the juvenile justice system?
2. What were your biggest concerns or challenges when your child was involved in the system?
3. What types of help or support did you wish were available for you and your family?

### **Section 2: Access to Services and Barriers**

#### **For Both Groups:**

4. What kinds of programs or services did you or your family use (e.g., counseling, school supports, probation, mentoring, or community programs)?
5. Were these services helpful? Why or why not?
6. What made it hard to get the help you needed (e.g., transportation, cost, communication, not knowing what was available)?
7. What would make it easier for youth and families to get help when they need it?

### **Section 3: System Navigation and Gaps**

#### **For Both Groups:**

8. When you think about your experiences, what parts of the system worked well for you?
9. Where did you feel things didn't work or didn't meet your needs?
10. What kinds of changes would make the system more supportive and fair for youth and families?

### **Section 5: Looking Forward**

#### **Youth Questions:**

11. What advice would you give to adults or programs that work with youth in the system?

#### **Parent/Caregiver Questions:**

11. What would help families like yours feel more supported during and after involvement in the system?

### **Closing Script**

Thank you for sharing your experiences and ideas. Your input is very important and will help improve programs and services for youth and families involved in the juvenile justice system.