

DISC: USING FAMILY THERAPY TO REDUCE OFFENDING

A case study of a Clinks member in the North East

May 2016



Case study of DISC

Using family therapy to reduce offending

Introduction

This case study focuses on Developing Initiatives for Support in the Community (DISC), a charity working in the North of England, and the work it carries out with young offenders, those at-risk of offending and other vulnerable groups. Their approach is based on an intervention which involves all family members and has been shown to be very effective at helping families and particularly young people address their underlying problems, improve outcomes and reduce offending.

About DISC

DISC provide services designed to help people make the changes that will enable them to live independent and fulfilling lives. These can often be some of the most difficult groups in local communities, such as people with substance misuse problems, those that cause anti-social behaviour and Troubled Families and vulnerable groups such as young adult carers and people with learning disabilities. They currently operate from over 30 bases in Northumberland, Tyne and Wear, County Durham, Tees Valley, West Yorkshire, Lancashire and Greater Manchester and continue to develop across the North of England.

"I'm a totally changed person now".

(Young person)

The Family Therapy approach

The Family Therapy approach is a short intervention, typically lasting between three to five months, which works with each family member to achieve change. It draws from Multi Systemic Therapy (MST), which has a significant evidence-base demonstrating impact on reducing juvenile crime and disorder and improving family outcomes in both the United States and the United Kingdom. Similar to MST, DISC's Family Therapy is also designed to have a high degree of impact and sustainability; it leaves in place a set of tools that the family members can use and apply to a

variety of problems and issues. Family Therapy combines investigating the reasons for and drivers of problem behaviour in families, and then using cognitive behavioural therapeutic approaches applied in a systemic way across the family to effect change. People may be referred into DISC to receive Family Therapy by agencies such as Youth Offending Teams, Children's Social Care and community substance misuse services.

How it works

After referral, the project worker visits the family in their home and explains that they will be adopting a Family Therapy approach, which will mean working with all the significant family members, to which the family must agree. The intervention consists of a number of stages carried out with each family member, starting with taking rich and detailed family histories to identify the root causes of problems, whether they be substance misuse, anti-social behaviour, non-engagement with education, poor mental health or family dysfunction. Based on these histories and working with the family, overarching goals are identified - objectives that the family wants to aim towards. The family and the project worker then complete a change plan, which sets out how they are going to achieve their goals. Appropriate and relevant cognitive behavioural and psychological therapeutic intervention approaches are then chosen as the tools to achieve the changes and the therapeutic work begins. These may include Cognitive Behavioural Therapy (CBT), Neuro-Linguistic Programming (NLP), Motivational Interviewing, Community Psychological Interventions, Cost Benefit Analysis, Projected Hypotheticals or Free Node Mapping. The family's progress is constantly reviewed and new plans are created as different problems or issues arise. The tools are all transferable and the family can use the approaches they have learned to apply to problems for the rest of their lives.

"My outlook, my work is totally different now, not just with this family, but for my whole caseload it has completely changed because of our Family Therapy approach".

(Project worker)

External evaluation has shown DISC's approach to be effective in bringing about the change that is required to turn families' lives around.

Through using a person-centered, collaborative approach, a strong therapeutic relationship develops between the Family Therapy worker and the family, enabling the initiation of a change process. The evaluation found that families place significant value on the project workers' ability to connect with different family members, showing empathy, understanding, and genuine care. Other research studies have identified that this therapeutic relationship is not only important for engagement, but may also be beneficial in itself.

Underpinning these therapeutic relationships were high levels of trust between the family and the project worker, which was central to the success of the work. Families felt different about the DISC project worker compared to other professionals involved in their lives, some of whom had found their approaches patronising or judgmental, and much of this difference was related to trust. Families felt, because of the strong relationship that existed, they could trust the worker. In one family, the young person talked about the strong relationship that developed between him and the project worker as a result of the work that took place.

Families reported that workers did what they said they would do and they did it when they said they would do it. This was often contrasted to other professionals. This level of trust afforded the worker the ability to challenge the family and for them to listen and act upon that challenge. It also related to their willingness to try the actions suggested, such as the different Family Therapy techniques. The families felt that the worker was more like a friend and not somebody that was 'just doing their job'.

"My thoughts about everything's changed to what they were like a couple of months ago".

(Young person)

The project worker played many roles with the family including that of therapist, companion, motivator, mediator and advocate. This multifaceted role enabled the worker to respond to the family's many diverse needs and strengthened their relationship. However, when specialist

intervention was required then the project worker would access those specialisms by referring to other services.

Project workers engaged effectively with both young people and their adult caregivers. This happened both on a one-to-one basis, between worker and adult, and worker and child/young person, and as a mediator between young person and adult. For example, one young person reported:

“She has taught us how to work around you [mother] and taught you [mother] how to work around me”.

Interestingly, families raised no conflicts or issues with this role. Young people were engaged through the project worker acting as a mediator, offering an objective perspective, bringing together different points of view, and helping family members understand each other better, either through relaying opinions between parent and child as a messenger, or facilitating listening to each other in joint sessions. Adults appreciated the project worker’s knowledge of the situation and being able to ‘talk to somebody who understands’.

The evaluation also found that the intervention created positive and lasting change in the families, with a clear impact on behaviour in the home, such as reducing arguments, improving communication and generally creating a calmer atmosphere. For example, one young person said:

“Me and my mam don't really argue any more, like before I used to really kick off at her”.

A mother in another family reported:

“Before she [project worker] came he had 571 behaviour points, since she's come, he got 51”

And in relation to the son’s behaviour generally, she said:

“He's a totally different kid”.

As a result of the intervention, parents became calmer, stronger and firmer, and their relationship with their child improved. Families reported fewer arguments, better communication, and a better understanding of each other, leading to a closer, warmer relationship. As anger and conflict subsided, families spent more time together, and relationships began to be repaired.

The Family Therapy approach supported and clarified parenting roles. By working through the caregiver, the intervention made the family unit functional once again. Parents reported an increase in parental confidence and competence in parenting. They described themselves as firmer, stronger, and more in control, which suggested a more authoritative style of parenting. For example, in one family where the mother was *“doing the shouting and playing the mom and dad role”*. The practitioner reported: *“at the end of the Family Therapy intervention, granddad had taken a step back and [the child] was seeing him more like a granddad doing activities with him, stepdad was doing more of the father role and mum wasn't playing mum and dad role ... and now I feel it's all calm”*.

The interventions also led to improved health outcomes, particularly in the mental health of both adults and young people, with project beneficiaries reporting an increase in their emotional health and wellbeing. The Community Psychological Interventions played an important role in this by reducing the isolation of families and increasing social opportunities, as one project worker reported:

“Lots of families stay in their house or at most in their estate, they start to feel better if you get them out and about, doing things.”

The CBT and NLP techniques were also reported to have a positive impact on mental health, particularly depression, which is an evidenced and expected outcome of these techniques.

There have been improvements in families' cognitive ability, including in understanding and communication. One young person reported that their thinking patterns have changed because of the cognitive behavioural techniques used as part of the Family Therapy. They said:

“I think things differently from what I did. I think about things now and how I used to think, I don't think like that no [sic] more ... I'm a totally changed person now ...”

Families' communication improved in a range of areas, such as talking through issues rather than shouting, as well as sharing more thoughts, feelings, and concerns. One parent described the situation before the intervention as being characterised by her son's *"Massive mood swings, constant arguing and shouting ... he was uncontrollable sometimes"*.

One mother said the project worker developed her parenting skills and as a result the relationship between her and her son improved. She said:

"I'm listening better, we have a totally different relationship now ... I am thinking more clearly".

Conclusion

DISC's Family Therapy approach has been found to be an effective method of dealing with problem behaviours and their root causes. As one probation officer pointed out, *"[The intervention] is not a sticking plaster but something fundamental"*. The intervention is sustainable, giving families the tools they need to manage and deal with problems as they arise.

The approach has also been used in other areas of the organisation, such as education and young carers' work, improving the quality of the service in different thematic areas.

Even though this approach is comparatively time-intensive, the evaluation has shown it to be an effective way of achieving the desired outcome of behavioural change.

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CLINKS

Tavis House, 1-6 Tavistock Square, London WC1H 9NA
020 7383 0966 | info@clinks.org
www.clinks.org

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