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An Examination of Juvenile Treatment Facilities Based on Behavior Modification

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CERTIFICATE OF ORAL EXAMINATION

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An Examination of Juvenile Treatment Facilities Based on Behavior Modification

Brehan Frances Kuhn
Undergraduate Honors Thesis

An Examination of Juvenile Treatment Facilities Based on Behavior Modification

A child runs through the city streets clinching a brown paper bag. He glances over his right shoulder and gasps for a breath of air. Now facing forward and picking up his speed, he dodges a parked car, and ducks into an alley. He hears footsteps behind him, slapping the wet pavement at a rapid rate. A drop of sweat falls from his brow and onto his nose. His sweaty palms are making the paper bag harder and harder to hold onto. The voices behind him are starting to fade as he pushes himself to run even faster, and before he knows it, he hears nothing but his own footsteps echoing throughout the streets. He got away. He made it! He smiles to himself, his pulse slows down, and he breathes a sigh of relief. He slows his run to a walk, when all of the sudden, a man jumps out from behind a red, brick building and wrestles him to the ground. He is handcuffed, and charged with being an accessory to a robbery. The boy is eleven and this is his second offense. He has not yet received extensive treatment. Should he be sent through the adult system? Juvenile system? Put on probation? "Scared straight?" In my opinion, he would be a good candidate for a juvenile treatment facility.

The purpose of this paper is to examine juvenile treatment facilities that use behavior management as an integral part of their programs. In my paper I will examine three juvenile treatment facilities in Kalamazoo, Michigan. The programs vary in the populations they serve, their level of security, and their everyday expectations of the children, but they all use behavior modification techniques to shape the behavior of the children. First, I will explain the history of juvenile treatment and then I will look at

what the research shows about behavioral orientated facilities and their effectiveness in behavior shaping and sustaining those transformations after discharge. Second, I will explain the operation of each of the three facilities I have studied and discuss their effectiveness, or “successful discharge” rate. Then I will list some alternatives to juvenile treatment facilities, and finally, I will compare and contrast the different environments I studied and draw it all together, concluding the examination.

Although much research has been presented on juvenile delinquency and the success rates of various facilities designed to extinguish the delinquent behaviors found in some youths’ repertoires, before their erection, there weren’t many options for the parents of delinquent youth, or the community for that matter. Prior to 1899, when the first juvenile court was established in Cook County, Illinois, children were processed through the adult court and given harsh sentences (Koch, 1998:1). In 1909, William Healy established the Juvenile Psychopathic Institute, which later became the Institute for Juvenile Research (Bilchik, 1999:1). This research center evaluated and diagnosed children seen by the juvenile court (Bilchik, 1999:1). Healy believed that the behavior of a child was dependant upon his/her personal history; therefore, he portrayed delinquency as being extremely individualized, leaving other societal problems out of the equation (Bilchik, 1999:1). Soon after, youth guidance clinics adopting Healy’s ideas were opened throughout the country (Bilchik, 1999:2). The youth at these clinics received psychiatric assessment and treatment for their behavior problems (Bilchik, 1999:2).

When juveniles were processed through the system, they were usually placed in reformatories or training schools, in order to protect them from the bad influences of society, and were taught self-control through structure and harsh discipline (Koch,

1998:1). However, institutions (in the first part of the century) were dangerous and unhealthy havens for neglected, abandoned, and delinquent children (Koch, 1998:1). They usually lacked medical care, rehabilitation programs, and even food (Koch, 1998:1). As time went on, other programs for juveniles were started; for instance, probation, probation camps, community-based treatment, electronic monitoring, and boot camps.

Literature Review

Due to the unsatisfactory results of traditional treatment and prevention programs for juvenile and adult offenders, more learning-based programs have begun to be implemented (Braukmann, 1996:235). Behavior modification is the focus of these programs and is split into two categories, operant and respondent (Braukmann, 1996:235). Respondent learning is based on acquiring “reflex-like responses” (Braukmann, 1996:235). Respondent conditioning is when “a neutral stimulus acquires the eliciting properties of an unconditioned stimulus through pairing the unconditioned stimulus with a neutral stimulus” (Malott, 2000:492). For instance, when training a rat to pull a series of chains down from the top of a Skinner Box, the behavior analyst rewards the satiated rat with a drop of water every time he touches his nose to the chain. As time goes on, the individual only gives the rat a drop of water when he touches the chain with his paw, and eventually, the rat is not reinforced with water until he stands up on his hind legs and touches the chain with his paw. Finally, the rat earns a drop of water

when he puts all of these behaviors he has learned into one action of pulling the chain down; the learned behavior is called, ironically enough, chaining.

However, operant approaches to shaping and controlling behavior are more often used in treatment settings (Braukmann, 1996:235). Operant conditioning incorporates learning theory into its definition. Operant conditioning is defined as “reinforcing consequences immediately following the response increase its future frequency and aversive consequences immediately following the response decrease its future frequency” (Malott, 2000:491). Behavior analysts subscribe to the “medical model myth,” which is “An erroneous view of human behavior that behavior is always a mere symptom of an underlying psychological condition” (Malott, 2000:491). Therefore, treatment facilities that adopt the operant view believe that deviant behavior is learned and can be extinguished using positive reinforcement for good behavior, and presenting aversive conditions to eliminate deviant or negative behavior.

These changes in behavior can easily be developed and maintained in a treatment facility, but the ultimate success of any program is determined by the maintenance of appropriate behavior in the individual’s natural environment (Braukmann, 1996:235). Since generalization is not a guaranteed result of operant conditioning, an environment that most accurately portrays the outside world is necessary for generalization to occur (Braukmann, 1996:235). Another factor that must be present in order for a treatment facility to be successful is designing the reinforcements accordingly so that when the individual gets discharged from the facility, those same reinforcers will still be controlling his/her behaviors (Braukmann, 1996:235).

In order to see if a treatment program is effective, it must be evaluated and studied further to make the appropriate changes and modifications for an even more successful program (Braukmann, 1996:235). In applied behavior analysis, reliability is tested by a study of “single subject experimental designs in which it is possible to see whether the behavioral change under study is a reliable effect of the variable applied or only a coincidental random change that is not reliably associated with that variable” (Braukmann, 1996:235).

As far as juvenile and adult treatment is concerned, “research using applied behavior analysis measurement and design techniques has found both contingent consequences and systematic teaching procedures to be effective in eliminating some maladaptive behaviors and in establishing a variety of social, self-care, academic, and vocational behaviors” (Braukmann, 1996:235). The specific areas of difficulty for delinquents that have been significantly improved by the presentation of consequences and the implementation of certain teaching techniques are as follows: the amount of homework completed and overall grades were improved, the acceptance of critical feedback, job interview skills, communication skills with adult figures; specifically authority figures such as policemen, job related skills, and parental negotiation skills (Braukmann, 1996:236).

Treatment programs measure their effectiveness in many ways. Some measure successful discharges by whether or not the child has gone on to a more restrictive environment, while some contact the police and court records to assess the successfulness of treatment. Still, some measure success by the child’s truancy rate (whether the child

ran away or was chronically absent from school), grades, parental evaluation of behavior, and employment (Braukmann, 1996:237).

Many residential and institutional settings use a token economy as a means of positive reinforcement. When these programs are compared to other facilities that do not use this method of behavior shaping, little or no differences in the outcome of the individuals have been detected (Braukmann, 1996:237).

It is argued that in behavioral programs, so much emphasis is put into the contingency management of behaviors to facilitate the display of appropriate behaviors required at that specific institution, rather than establishing a repertoire of behaviors to be used in the outside world (Braukmann, 1996:237). Therefore, community-based residential treatment facilities (typically group homes where adolescents stay during the week, but return to their natural homes for the weekends) are deemed much more successful because they incorporate the child's own community in the treatment (Braukmann, 1996:237). Most of these facilities adopt a teaching-family model in which there are "teaching-parents" who incorporate specific teaching procedures with a moderate motivation and self-governing system that helps to reshape all of the adolescent's behavioral problem areas (Braukmann, 1996:237). The development of a strong relationship between the teaching-parents and the adolescent is imperative, because gradually the emphasis of learning by the use of a point system is replaced by simply modeling appropriate social behaviors, which will more than likely maintain these behaviors over time; whereas, a point system would maintain them temporarily (Braukmann, 1996:237).

Kirigen et al. conducted a study of 18 behaviorally challenged youths who participated in a community-based treatment facility called Achievement Place, and 19 youths who had similar behavior difficulties, but were placed in the state boys' training school (Braukmann, 1996:237). Two years after discharge, 47% of the boys that attended the training school had been reinstitutionalized, while only 22% of the boys that participated in Achievement Place had been reinstitutionalized (Braukmann, 1996:237). Although there were no significant differences between the individual groups before and after treatment, after discharge from both programs, all of the boys had a decrease in the amount of both police and court contacts (Braukmann, 1996:237). Also, the rate of youths continuing their education from the state boys' training school group was 33%, while the Achievement Place boys had a rate of 56% school attendance (Braukmann, 1996:237). Not only are these programs more successful statistically, their cost per child is about half of the costs reported by institutional settings (Braukmann, 1996:237). The reason programs like Achievement Place are more successful than training schools is because the adolescents are not merely programmed like robots to obey authority, they are taught living skills that last with them their whole lives—way after the “drill sergeants” are gone.

The Three Juvenile Treatment Facilities

There are many different types of juvenile treatment facilities. I have picked three different programs in Kalamazoo, Michigan to examine; they include: Lakeside Treatment and Learning Center, The Kalamazoo County Juvenile Home, and Park Place for Girls.

First, Lakeside is a privately run, medium security residential facility for at-risk youth and is located on 40 acres of land on White's Lake. The residents at Lakeside are emotionally and behaviorally impaired. Most of them have been physically, sexually, and emotionally abused, and most of the resident's biological parents have either voluntarily given up their parental rights, or the court has terminated them. The youth come from all over Michigan most of them having been placed there by the court; however, some have been admitted by the child's family, by Community Mental Health Services, or have voluntarily admitted themselves. It costs two hundred and eighty dollars a day to house a child at Lakeside.

There are between 10-12 beds per cottage at Lakeside, and there are five different cottages that house different populations of youth. They are as follows: boys aged 14-18 (Duplex), boys aged 13-15 (A2), boys aged 7-12 (B1), sex offender boys aged 13-18 (A1), and girls aged 13 and up (B2). No child exceeding the age of eighteen is accepted into the program.

There are five different levels the adolescents can "make" at Lakeside. A child's level is determined by his/her goal scores. These goals are constructed by the social worker and reflect areas of difficulty in the child's life. Each child has an average of three large goals with 3-4 objectives (smaller goals) that relate and tie into each of the large goals. These goals are graded on a scale of 0-4 and are done at the end of every shift (6:15am-2:15pm and 2:15pm-10:00pm).

As a child moves from orientation level, to level four, he/she has access to more privileges and in some cases, receives more "money" or points. In four of the five

cottages, points are used as the form of token economy, but in the B1, boys aged 7-12, they use money instead of points. Play money is used to buy privileges (waterfront, gym, stereo, movies, TV, game room, fishing, sledding, etc.) and goes up in increments of fifty dollars per level starting at \$250 per day and can increase to up to \$450 per day for level four. When a resident first comes to Lakeside, they are on orientation level. On this level, they do not have access to the computer, video games, off-ground trips, and have five minutes for each phone call they receive per week (one outgoing, two incoming). When level one is made, the child still has limited access to certain privileges, but may use the computer. Some perks of level two are being able to take part in off-ground trips (store, mall, etc.) and play video games. Level three kids can use the kitchen to cook special food and get to stay up an extra half hour every night. Money that is unspent is deposited into the individual's "store account" daily, and can be used to buy food items, compact discs, t-shirts, personal hygiene supplies, books, etc. from the cottage store.

Lakeside is both behaviorally and clinically based. Behavior management is implemented throughout each cottage by the use of behavioral contingencies. A reinforcement contingency is "the immediate, response-contingent presentation of a reinforcer resulting in an increased frequency of that response," which is applied by using a token economy (Malott, 2000:492). For example, if the child exhibits an appropriate behavior, he/she can earn extra points/money to use at store. This contingency is responsible for most of the behavior shaping at Lakeside; however, penalty contingencies, "the immediate, response-contingent removal of a reinforcer resulting in a decreased frequency of that response," are also widely implemented by the distribution of time outs (Malott, 2000:491). A time out is classified as a penalty contingency because it

is used not to punish a child, but to remove him/her from their environment of peers and cease any negative behavior the child is displaying. Two minute, five minute, and fifteen minute time outs are given and in order for the child to come out of his/her time out, he/she must “process out.” Processing out is when the child tells the staff how he/she earned the time out, why the behavior was wrong, and what he/she will do differently in the future if the situation should arise again.

The typical resident’s day is extremely structured. They wake up in the morning and eat breakfast (most meals are served hot and cooked by a nutritionist in the new cafeteria) around 6:15am on school days and either attend the on-grounds school (Lakeside School), or if they are level two or higher and have good school behavior records, are picked up by bus and are brought to off-grounds schools (one of Kalamazoo Public Schools). When they get home from school, they immediately start their homework (homework routine). Then they have exercise routine where they are either taken outside to run around, brought to the gym, or remain inside for Tae Bo. Following exercise, they have dinner routine in the cafeteria. Then job routine begins. Each resident is assigned a specific task such as: vacuuming, dusting, wiping off dining room tables, sweeping and moping the dining room and kitchen floors, washing the pots and pans, cleaning up the kitchen and starting up the dishwasher, moping bathroom floors, spraying the bathrooms, and collecting and taking out the trash. After all of the jobs are done, the residents go into “quiet time” where they must do a quiet activity in their room for thirty minutes without coming out into the environment. Finally, there is an evening activity (playing outside, movie, free time, etc.) and then shower routine starts. Everyone gets fifteen minutes in the bathroom, and then, according to what level they are, go to

bed. This schedule changes on the weekends, including a greater number of activities, free time, and later bed times.

If a resident at Lakeside breaks a rule, they are given a consequence by staff. Most consequences consist of earning cottage (where they are not allowed outside of the cottage for a certain amount of time: 24, 48, 72, or 92 hours), NAP (No Access to Privileges: 24, 48, or 72 hours), apology letters, and restorative justice. Restorative justice is characterized by making a “wrong,” “right.” For example, if a child breaks a window with his fist out of anger, he must replace that window with his own money. Room restrictions used to be implemented, but now are no longer part of the Lakeside program. Also, physical restraints are used often, especially with the young boys, and are used as a safety tool and a last resort de-escalation device.

The children receive some type of therapy (group, individual, or family) on an average of three times a week. However, if a child has a concern or problem that requires immediate attention, one-on-one therapeutic conversation is available, if not by the social worker, then by direct care staff, twenty-four hours a day.

Second, the Kalamazoo County Juvenile Home is a maximum-security facility that operates within the Administrative Division of the Circuit Court (Manual, 2001). The purpose of the facility is to hold juveniles who have committed a crime until the court processes them and finds them a more permanent placement (Vallier, 2001). When an individual becomes a temporary resident at the juvenile home, they are required to take part in the treatment program; however, if the child’s stay is three days or less, they are not allowed to participate in any part of the program, but still must follow all rules

(Manual, 2001). The average resident stays eleven days, and is a fifteen year old, African American male (Vallier, 2001). However, residents can be between the ages of twelve and seventeen years old, and the facility can hold up to 40 residents (Manual, 2001).

The program consists of skill building, educational and vocational training, conflict resolution, and mediation training (Manual, 2001). During the school year, residents attend the Youth Center School, which is located in the facility and is available for the individuals that reside at the juvenile home (Manual, 2001). However, there is another school located within the facility, the Intensive Learning Center, which is open to youths that live at home (Manual, 2001). This school gives grades that are transferable to the local school districts so students do not receive academic penalty for the inevitable transferring of schools (Manual, 2001).

The facility offers an alternative to institutional placement. The program is called I-CAN, Intensive Community Alternative Network, and is a community-based treatment program that helps individuals and their families eliminate the various at-risk factors in their lives (Manual, 2001). “Services provided in the program include: Alternative school placement, Family Interventionist casework services, on/off site treatment groups, vocational training/job placement, 24 hour tracking and monitoring, organized recreational activities, and on-call crisis coverage services” (Manual, 2001).

The Juvenile Home uses behavior management in order to shape desired behaviors. The kids are given a number of points that correlate with how well they did in each of the nine areas of the day. These nine areas include: talk, cooperation, dress code, gestures, manners, ignore, activity, hygiene, room, and quality (Vallier, 2001). The kids

are put in groups of seven, and staff analyzes the points earned by each child daily (Vallier, 2001). In each group, the individuals with the most points become the group leaders and earn special privileges, such as a movie night (Vallier, 2001).

Residents can also earn consequences for inappropriate behavior; however, discipline is much different at the Juvenile Home than at Lakeside. For serious offenses (assaults, confrontations, contraband, sexual situations, stealing, gang talk, escape) a child could be restricted to his/her room for 24 hours (Manual, 2001).

There are also routines at the Juvenile Home consisting of school, personal care, meals, and bedtime (Manual, 2001). They are also required to participate in group therapy sessions (Vallier, 2001). Therapy is done in various groups defined by the color shirt each child is wearing (Manual, 2001). These groups take place daily and are mediated by staff (Manual, 2001). Physical restraints are hardly ever necessary (Vallier, 2001).

Lastly, Park Place For Girls is located in Pioneer Park in Kalamazoo. It is a run-down looking house with a crooked picket fence out front, but inside it is quite clean and homey. The house has many small bedrooms each containing bunk beds. All of the residents are placed at the facility by the court (Weaver, 2001). It is a minimum-security facility, financed by the State, so because they have no locking doors, there are many truancies (Weaver, 2001). The house can hold ten girls, but usually only six or seven girls live there at a time. The girls that are admitted are between the ages of 12 and 21, but the average resident is between 14 and 15 years old (Weaver, 2001).

The program is based on behavioral contingencies . The first token economy system (involving the use of money) was actually developed in 1973 by Dr. Richard Malott, a member of the Western Michigan University psychology department (Weaver, 2001). The system worked well, but it was discontinued because it required too much upkeep for the management. Now, points are used and given for participation in routines and for extra efforts. Areas where points can be earned include: room check, attitude, group, dining/kitchen, jobs, and Saturday major room clean (Manual, 2001). Extra chores can be done for a maximum of \$3 a day and \$25 a week (Amanda, 2001). All of the girls must have jobs, but if the girl is too young to hold a job, she can volunteer and the house will pay her for it (Amanda, 2001). All of the girls are also required to attend school regularly.

Group is held on Monday nights from 5pm-6pm, and attendance is mandatory (Amanda, 2001). The girls can bring up any issues they may have with other peers, house concerns, or anything else that is on their minds. Also, groups may be added throughout the week if the girls' desire, but the extra meetings are not mandatory and no points are given for attendance (Amanda, 2001).

If a girl loses too many points, she will receive a consequence (Manual, 2001). Most of the consequences that are issued are loss of certain "in house" privileges, such as: house phone, lounge area, visitors, television, or later bedtimes (Manual, 2001). The most amount of time a girl can lose "in-house" privileges for is 24 hours (Manual, 2001). A girl may also receive an "out house" restriction where she may not leave the house (with a maximum amount of time of seven days, according to how many points have

been lost) (Manual, 2001). “Free privileges” that can be accessed regardless of restriction are: weights, basketball area, use of Pioneer Park, and the pay phone (Manual, 2001).

In order for a girl to go off-grounds, she must be at least level one (out of eight levels) and must be back in the amount of time permitted by her level (Manual, 2001). For example, level one only gets one hour of off-grounds time, and level eight gets eight hours of off-grounds time. They use a “sign in-sign out” system so staff knows where each child is at all times, and also to use as a reference if need be (Melinda, 2001). For example, if a crime is committed and the girl becomes a suspect, they can see exactly where she was at that time by looking at the sign in-sign out sheet (Melinda, 2001). Home visits are allowed, but a resident must have at least 1800 points for the first visit, and 650 points for every visit after that (Amanda, 2001). Finally, girls are not allowed to smoke, drink, do drugs, drive a car, ride with friends, not have a receipt for all items purchased off-grounds, or miss appointments (Manual, 2001).

Analysis

There are many different types of juvenile treatment facilities, but most of them are based on a liberal crime control policy (Walker, 2001:209). Juvenile treatment facilities were originally developed to provide delinquent youth with a safer, more supportive and rehabilitating environment. The goal of these facilities is to rehabilitate and gradually reintegrate the adolescents into society. This particular type of treatment is based on psychological theory, more specifically, operant psychology. Most of these facilities are based on behavior management and Skinnerian ways of operating. The Law

of Effect is the theme of these programs, in that the result of a given action determines whether or not that action will be repeated. For example, at each of the aforementioned facilities, if a child behaves inappropriately (theft, trespassing, assault), that child not only loses his/her opportunity to access privileges, in most cases they must also serve a consequence; however, the consequences at these facilities vary in severity. As explained before, at the juvenile home, the consequences are most severe and consist of room restrictions that can last for up to 24 hours. At Lakeside, isolation is discouraged and can only be used in crisis situations when a child is both out of control and a danger to himself and others. Therefore, “cottage” consequences, when child is unable to leave his/her cottage (no outside, off-grounds, home visits, special events on-grounds), can be earned. Park Place for Girls is similar to Lakeside because there is a loss of privileges and possible confinement to the house for the violation of any house rule. In most cases, save the juvenile home, consequences are not meant to “punish” a child, but to decrease problem behaviors and aid in the extinction of these behaviors from a child’s repertoire. Therefore, delivering positive reinforcement for desired behavior, and delivering an undesired event, condition, or stimulus for poor behavior, will shape the bad behavior into good behavior. Social learning theory also ties into these facilities because the children learn appropriate behaviors by modeling staff and peers. According to learning theory, when the people in a child’s environment are behaving a certain way, the child will model that behavior and begin to behave that same way (Bohm, 1997:94).

The research evidence for juvenile homes is extremely cloudy and hard to examine. Most facilities want the “successful discharge” percentage of their facility to be high in number, because if the numbers are showing that their program is working, they

are going to get more financial support by the state and private organizations, and are going to give themselves a good reputation. For instance, at Lakeside, a successful discharge is when a resident leaves Lakeside and goes to: 1) parent home, 2) family home, 3) foster home, or 4) independent living. An unsuccessful discharge is a release to: 1) detention, 2) jail, 3) psychiatric hospital, 4) another residential placement, or 5) staffed group home (see appendix A) (Annual Report, 2001:1). Also, the aftercare follow-up is three months and then six months after discharge. What if the individual commits a crime a year after discharge? Was the program a failure? Therefore, it is hard to assess the successfulness of juvenile treatment facilities. Their numbers may say that have reached their original goals, but the child is still not rehabilitated because he/she is still getting into trouble. The recidivism rate does not only depend on the particular program, but also on the individual receiving the treatment.

There are some alternatives to juvenile treatment facilities. Some reflect the views of classical theorists and are based on the idea that juveniles must be punished for their crimes and sent to juvenile prisons, or even sent through the adult system. Another popular program for juvenile offenders is boot camp, which involves components of the “tough love” view portrayed by the classical theory. There is another program called the Youth Offender System, which was implemented in one case as an alternative of sending a young boy to serve a four-year sentence with the department of corrections (Dallao, 1996:116). The first phase of the program is 30 to 45 days of boot camp where the youths are forced to take part in calisthenics for most of the day (Dallao, 1996:117). The second phase focuses on education where individuals can earn their GED and develop job skills (Dallao, 1996:117). Finally, the last phase provides six to 12 months of intensive

community supervision (Dallao, 1996:117). This program is expensive, and it is fairly new (1993), but it seems to have been getting positive results. This program combines classical theory and psychological theory. However, the facilities I have studied center around behavior modification; therefore, I would like to evaluate the three major ways to reduce undesirable behavior.

There are many methods used to reduce undesirable behavior, but there are three that are used most often in behavior modification programs, more specifically, the ones discussed in the previous pages of this piece. The first method I would like to address is a punishment contingency. A punishment contingency is, “The immediate, response contingent presentation of an aversive condition resulting in a decreased frequency of that response” (Malott, 2000:57). Behavior analysts find punishment to be the most effective method available for reducing the frequency of problematic behaviors (Malott, 2000:322). However, in today’s society, we usually try to find the least restrictive alternative for reducing these behaviors (Malott, 2000:322). The positive aspects of punishment is that it is shown to be the most effective, is immediate, the effects usually last for an extended period of time, and it is easy to implement (Malott, 2000:322). However, the negative aspects of punishment are sometimes the results are not permanent (Malott, 2000:322). When the punishment contingency is abandoned, the problematic behavior could make a recovery and again, be a part of the individual’s repertoire (Malott, 2000:322). Another downside to punishment is that it can be abused by staff members who give consequences simply because they are frustrated or angry with a child (Malott, 2000:322). At Lakeside, they have their own form of checks and balances to make sure consequences are given out appropriately. Lakeside requires direct care staff

to complete a “Critical Incident Report” for every consequence they give out. Then the “CI” is signed by the youth treatment provider (usually the one who gave out the consequence), the milieu manager on shift, the program manager, and the top administrative personal.

However, what happens if the punishment seems aversive to staff, but is not aversive to the child? For example, Daniel* is put on a waterfront restriction for swearing at the lifeguard and cannot go swimming/boating/fishing for three days. This seems like a punishment to staff because going down to the waterfront is usually reinforcing to the residents because it cools them off on a hot day and gets them out of the cottage for an hour. However, Daniel is secretly afraid of the water because he nearly drowned in the bathtub when he was three, so staying up in the cottage during waterfront time is actually reinforcing. In this case, the punishment issued does nothing more than reinforce Daniel’s problematic behavior. However, this problem has a very simple solution: give him a different consequence when he swears at the lifeguard, such as an apology letter.

A penalty contingency is the second major way to shape behavior and is used most often in the juvenile treatment facilities I have examined. A penalty contingency is, “The immediate response contingent removal of a reinforcer resulting in a decreased frequency of that response” (Malott, 2000:81). A positive characteristic of penalty is that it is easy to implement (Malott, 2000:324). It is very easy for staff to ask a resident to take a time-out. Also, people do not find the removal of a reinforcer as aversive as the presentation of an aversive condition, so it is more likely to be used, hence, “a time-out is

reliably effective and quick” (Malott, 2000:324). However, what does a staff member do if a resident refuses to cooperate and is large in size and very strong (Malott, 2000:324)? This is a situation where a physical restraint is used and presents a greater possibility for injury to both the resident and the staff. In addition, if the environment that the child is being removed from is not reinforcing, then the removal from that environment is not penalty (Malott, 2000:324). For example, Bobby* has very poor physical boundaries with his peers and is always provoking them by whispering things under his breath, and staff never seems to hear him. Therefore, the direct care staff suggested that he be put on an individual program where he had to *earn* the right to interact with his peers and to be included into the group. In order to do that, Bobby must maintain appropriate boundaries with his peers and be assertive and respectful to them as well. However, after this program is applied, staff discovers that Bobby is actually enjoying the program because he can be by himself all the time, complete his tasks quicker, and sit and read all day (which is a huge reinforcer). Even though Bobby’s behaviors seem appropriate, they are not desired because the purpose of the program is to improve his social skills, and since he does not want to work on those skills in order to get back with the group, the program is not effective. Therefore, what staff saw as an aversive situation, Bobby saw as a reinforcing. Again, this problem is easily solved by keeping him within the group, and every time he disrespects one of his peers, he has to do three good deeds for the person he wronged.

Lastly, there is the reinforcement contingency that is defined as, “The immediate response contingent presentation of a reinforcer resulting in an increased frequency of that response” (Malott, 2000:17). The benefits to this method are that it is more socially

acceptable and it is shown to be quite effective (Malott, 2000:328). However, a drawback to this method is that it is hard to do and requires skilled staff in order to implement it correctly (Malott, 2000:328). For example, in order to increase Aaron's* assertiveness towards adults, staff ignores him when he is yelling complaints and order at them, and acknowledges him and delivers praise when he is speaking assertively. This is difficult for new staff to do because most have not yet acquired the skills that are necessary to facilitate this contingency. For example, if a child is yelling at a staff member, the staff will most likely raise his/her voice (even unintentionally) at the child. Realistically, he will not think about ignoring the child, waiting for an appropriate behavior, and then giving the child praise for that behavior. Needless to say, this contingency requires much effort and is extremely time consuming (Malott, 2000:328). Obviously, it is easier to shout back at the child or put him in a time-out rather than apply the reinforcement contingency to the situation. There is only so long a staff can ignore a tantruming child (Malott, 2000:328). He or she might not only be an irritation to the staff, but also might be a disruption to the environment, or even display self-injurious behaviors. Therefore, in this situation, the contingency may have to be abandoned and attention may have to be delivered to the injured child (depending on the severity or potential of injury). Solution: in order to provide staff with the proper skills to successfully execute these reinforcement contingencies, additional training should be given.

These three contingencies for decreasing inappropriate behaviors are used within the juvenile justice system and must be implemented during appropriate situations and after the consultation of the child's treatment team. Even though these methods have both positive and negatives aspects to them, we have to remember that these are very

effective in most situations, and that it is much easier for on-lookers to criticize methods they have little experience implementing themselves.

Conclusion

Not only from my experiences within the walls of these facilities, but based on the proven effectiveness of behavior modification programs, I believe that these juvenile facilities are, for the most part, effective. Because we cannot put stock into the “successful discharge” data, we must believe that giving these children treatment and teaching them appropriate social skills is better than locking them away in a prison-like facility. However, the successfulness of a program does depend on the specific child and how the program is managed. If the program has skilled staff, that know how to keep the environment safe, can serve as counselors or mentors, have good de-escalation skills, can be consistent with following the program and implementing the appropriate behavioral contingencies, and have good listening and communication skills, chances are the youth are going to respond positively. I have seen the effects first hand, and for some adolescents, the program at Lakeside has really turned them around. They are positive and believe they can do something with their life; they actually want to do better, in fact, they strive for it. For example, Tim* was twelve years old when he was admitted to Lakeside and had problems controlling his anger and difficulties coping with situations in which he did not get his way. Many hours of therapy and behavior modification techniques were put into Tim’s treatment plan and he had to work very hard to make as much progress as he did. Upon admission, Tim was thought to be “unadoptable” because of the severity of his behaviors and was eventually going to be discharged into foster care

and then possibly be admitted to another residential facility. However, after being at Lakeside for over a year, he was discharged to a Pastor in Battle Creek, Michigan. Currently, he is going to school, getting good grades, and holds a steady job shucking corn. However, on the flipside, I have seen adolescents that did not do well in the program because either they were unwilling to put forth effort, or they were too old and already set on their ways.

One strength of these juvenile facilities is that they remove children from harmful environments. The people they are around and the abuse they receive is what shapes their behavior, and when those factors are taken out of the equation, they can work on rehabilitating themselves. Also, these programs promote cooperation and teamwork, because the youth must work together with peers, staff, and social workers in their daily lives. Most of the adolescents in these facilities are not used to working with people because for such a long time in their lives, they were always so alone.

On the negative side, it is hard for staff to engage in a lot of one-on-one therapy because there are eleven other kids that are also craving his/her undivided attention. Also, there is a large turnover rate among staff, and one thing troubled adolescents need is stability so they can learn to trust and grow to love. That may put a damper on their emotional development because they are constantly dealing with loss and starting new relationships. Also, I do not agree with the Juvenile Home's philosophy of not giving treatment to kids that are only there for three days. In the manual, it states that when other residents are in group therapy and doing recreational activities (using the gym, field, exercising, watching movies, etc.), that "temporary child" is to stay in his/her room

or sit in the hallway. To me, that goes against what the facility claims to be, one of treatment and rehabilitation.

Juvenile Treatment facilities should definitely continue to be used throughout the country because they give youth a chance to change their problem behaviors and in turn, begin to see a brighter future. Policy makers should develop even more programs for at-risk youth, because these facilities give adolescents a chance to prove themselves, and really change their lives. I have met some children that have really touched my life, and vice versa. The biggest reason I have for keeping these facilities around and keeping the faith in them is because of the responses I have gotten at “good-bye groups.” Before a child gets discharged at Lakeside, he/she goes around the room and tells each peer and staff what he/she is going to miss about that individual, and the peers and staff tell the child what they are going to miss about him/her. One little boy, Joey*, told me that he hopes I help someone else like I helped him, and that he would never forget me. To me, that makes it all well worth it.

*Names have been changed to protect the individuals' privacy.

Table A					
2001 Discharge Statistics					
Outcomes	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2001 Avg.
Successful	11/85%	15/83%	6/60%	6/60%	38/51=74.5%
Unsuccessful	2/15%	3/17%	4/40%	4/40%	13/51=25.5%
Truancy	0%	0%	0%	1/10%	1/51=2%
2000 Discharge Statistics					
Outcomes	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	2000 Avg.
Successful	7/70%	10/71.4%	6/67%	4/67%	27/69%
Unsuccessful	3/30%	4/28.6%	3/33%	2/33%	12/31%
Truancy	0%	0%	0%	0%	0%
1999 Discharge Statistics					
Outcomes	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1999 Avg.
Successful	5/71.4%	8/80%	16/84.2%	5/62.5%	34/77.3%
Unsuccessful	2/28.6%	2/20%	3/15.8%	3/37.5%	10/22.7%
Truancy	1/14.3%	1/10%	2/10.5%	1/12.5%	5/11.4%
1998 Discharge Statistics					
Outcomes	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1998 Avg.
Successful	11/73%	8/66.7%	10/66.7%	9/69.2%	38/69%
Unsuccessful	4/27%	4/33.3%	5/33.3%	4/30.8%	17/31%
Truancy	2/13%	2/16.7%	3/20%	1/7.7%	8/14.5%
1997 Discharge Statistics					
Outcomes	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1997 Avg.
Successful	13/72%	5/71%	6/46%	4/50%	28/61%
Unsuccessful	5/28%	2/29%	7/54%	4/50%	18/39%
Truancy					17%
1996 Discharge Statistics					
Outcomes	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	1996 Avg.
Successful	3/20%	7/50%	13/72%	3/75%	26/51%
Unsuccessful	12/80%	7/50%	5/28%	1/25%	25/49%
Truancy					27.40%

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