NATIONAL INSTITUTE OF CORRECTIONS

Prison Health Care: Youthful Offenders Sentenced as Adults

TABLE OF CONTENTS

PRISON HEALTH CARE:
YOUTHFUL OFFENDERS SENTENCED AS ADULTS

NATIONAL TRENDS

Total Time = 30 *minutes*

Equipment needed:

- In-focus machine
- Lap-top Computer that has Correl Presentations software
- Chart stand

Materials needed:

- Participant workbook
- Markers
- Chart pads
- Diskette with Correl Presentations slide show

Note: If an In-focus machine and lap-top computer is not available, overhead transparencies can be printed from the diskette.

Notes to Presenter: The trainer should read the entire BJA report, "*Juveniles in Adult Prison* and Jails, A National Assessment," October 2000. This will prepare them to answer questions that may come up.

Acknowledgments:

The National Institute of Corrections would like to acknowledge the following individuals for their contributions to this training package: Renee Bergeron, Diana Coates, Dr. Barry Glick, Madeline Ortiz, Nancy Shomaker, Michelle Staples-Horne, MD, MPH, and William "Bill" Sturgeon.

Slide 1 - Title Slide (National Trends)

ANTICIPATORY SET
How many of you have raised children?

What would you say were the most "difficult years?"

Children, particularly adolescents, can be "difficult." We need to keep this in mind as we think about youthful offenders in adult institutions.

Youthful offenders are not just little adults. They are experiencing all the difficulties related to adolescence and when you overlay these other issues related to incarceration it becomes quite complex.

As we will see when we look at national trends, although most facilities provide basic health care, counseling and education, it is not customized to these unique needs.

In this module we are going to look at some national trends regarding young offenders sentenced as adults. The specific performance objectives are:

Slide 2 - Performance Objectives

By the end of this module you will be able to:

- Describe national trends regarding the incarceration rates of young offenders.

INPUT

Slide 3 - Major Findings - How many?

This information comes from a monograph published by the Bureau of Justice Assistance, "Juveniles in Adult Prisons and Jails, A National Assessment," October 2000.

Here is summary of the major findings of the study

- Approximately 107,000 youth (younger than 18) are incarcerated on any given day.

- Of these, approximately 14,500 are housed in adult facilities. The largest proportion, approximately 9,100 youth, are housed in local jails, and some 5,400 youth are housed in adult prisons.

Slide 4 - Major Findings - Where are they?

- Of the 50 states and the District of Columbia, 44 house juveniles (age 17 and younger) in adult prisons and jails.

- Of the 44 state prison systems that house juveniles as adults, 18 states maintain designated youthful offender housing units.

- Approximately 51% of the youthful offender population were house in dormitory settings, 30 % in single cells, and 19% in double cells.

Slide 5 - Major Findings - Are the numbers increasing?

- In recent years, the numbers of youth in jails has escalated while the number of youth in prisons has stabilized or declined. (Although, of that number in prison, there has been an increase in younger offenders 14 to 16.)

Slide 6 - Major Findings - What do they look like?

- In comparison with the adult prison population, a higher proportion of youth were black (55% of youthful offenders versus 48% of adult inmates) and were convicted of a crime against persons (57% of youth versus 44% of adult inmates).

- The vast majority of these youth are age 17 (79%) or age 16 (18%).

Slide 7 - Major Findings - What kind of programs are available?

- Health, education, and counseling programs were fairly standard, with little evidence to customize programs for youthful offenders. A few states operate programs specifically for the most difficult to manage young offenders.

GUIDED PRACTICE

This module does not have a guided practice section. It is intended to "set the

stage" for the seminar.

CLOSURE AND EVALUATION

Take about 5 minutes to discuss the following with the person sitting next to you:

How do these national trends compare to your locale?

Trainer Note
After a few minutes ask a several pairs to share the key points of their discussion.

Transition
Although the numbers of young offenders being incarcerated as adults has remained relatively stable, there is an increasing population of younger offenders (ages 14 to 17) incarcerated as adults. These young offenders have many unique needs in the areas of mental health, physical health and education.

To meet these needs the following is recommended (summarized from the BJA report on "Juveniles in Adult Prisons and Jails"):

Slide 8 - Recommendations

- Develop specialized programming (mental and physical health, educational, vocational, substance abuse, sex and violent offender programs) that is responsive to the needs of youthful offenders and considers the issues around adolescent development.
- Ensure that classification instruments are valid for use on this subset of the adult correctional population
- Require special staff training to enhance the expertise of staff in managing a younger, more energetic and impulsive population.
- Expand the array of nonviolent incident management techniques that are effective in de-escalating volatile incidents involving youthful offenders
- Develop or adapt policies and procedures specifically for the youthful

offender population.

This seminar we will focus on many of the unique needs of this population, focusing specifically on those that are related to health care.

To begin, we will look at the stages of adolescent development and how these stages impact the approach that should be when administering physical and mental health care to this population.

Performance Objectives

NATIONAL TRENDS

As a result of this module you will be able to:

- Describe national trends regarding the incarceration rates of young offenders.

National Trends

1

Performance Objectives

As a result of this module, you will be able to:

- Describe national trends regarding the incarceration rates of young offenders.

2

Major Findings

How many?

- 107,000 youth (younger than 18) are incarcerated on any given day.
- Of these, 14,500 are housed in adult facilities.
- The largest proportion, 9,100 youth, are housed in local jails, and some 5,400 youth are housed in adult prisons

3

Major Findings

Where are they?

- Of the 50 states and the District of Columbia, 44 house juveniles (age 17 and younger) in adult prisons and jails.
- Of the 44 state prison systems that house juveniles as adults, 18 states maintain designated youthful offender housing units.
- Approximately 51% of the youthful offender population were house in dormitory settings, 30 % in single cells, and 19% in double cells.

4

Major Findings

Are the numbers increasing?

- In recent years, the numbers of youth in jails has escalated while the number of youth in prisons has stabilized or declined.
- Of that number in prison, there has been an increase in younger offenders, 14 to 16.

5

Major Findings

What do they look like?

- In comparison with the adult prison population:
  - a higher proportion were black (55% of youth versus 48% of adult inmates)
  - were convicted of a crime against persons (57% of youth versus 44% of adult inmates)
- Most of the youth are age 17 (79%) or age 16 (18%)

6

Major Findings

What kinds of programs are available?

- Health, education, and counseling programs were standard, with little evidence to customize programs for youthful offenders.
- A few states operate programs specifically for the most difficult to manage young offenders.

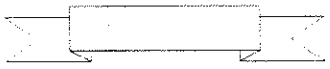
7

Recommendations

- Develop specialized programming
- Use valid classification instruments
- Require special staff training
- Expand the array of nonviolent incident management techniques
- Develop or adapt policies and procedures

8

National Trends



PRISON HEALTH CARE:
YOUTHFUL OFFENDERS SENTENCED AS ADULTS

ADOLESCENT DEVELOPMENT

Total Time = 90 minutes

Equipment needed:

- In-focus machine
- Lap-top Computer that has Correl Presentations software
- Chart stand

Materials needed:

- Participant workbook
- Markers
- Chart pads
- Diskette with Correl Presentations slide show

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Notes to Presenter: Use personal examples to support and illustrate key points.

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Slide 1 - Title Slide (Adolescent Development)

ANTICIPATORY SET

Take 30 seconds to think about these three questions. (Pause) Then list your answers on paper.

- What is an attitude or belief you hold about adolescence?
- What is an attitude or belief you have about adolescents that you work with?
- What is your role and function with these offenders?

Trainer Notes
Chart the above questions prior to beginning your session.

Give participants about 5 minutes to jot down some answers. Debrief by asking participants for some of their responses. Get several responses to the first question only. Then get several responses to the second question, then the third question. Responses will vary. Some examples are listed below.

Suggested Responses

- What is an attitude or belief you hold about adolescence

Those going through adolescence don't like authority, they are impressionable.

- What is an attitude or belief you have about adolescents that you work with?

Have very little support, I believe that they believe they are victims, their value system is skewed, they are anti-social, they are reckless.

Key Point
Our attitudes and beliefs control our actions or behavior and will impact how we perceive our role and how we function.

It is important for you to think about your thinking because your thinking impacts how you behave. You can teach new skills but attitude needs to match.

Only you can value what you believe and hold to be truth. Another person

can judge if this is right or wrong. But whatever attitude or value you hold, will impact how you do business which in turn impacts the offenders.

Let's hear some of your responses regarding roles and functions.

- What is your role and function with these offenders?

To help them, to make sure they are punished, to correct their behavior, to "cure" them , be a good role model, listener, teach, observe, and maintain security.

Key Point
Roles and functions are sometimes dictated by our job rather than our attitudes and beliefs.

You may have very positive beliefs about adolescents but how well you can act on those beliefs is a function of the system within which you work.

If the gap between your attitudes and beliefs and that of your organizations, is big, problems such as lower morale and excessive sick time are likely to occur.

Each of you has some influence over your own system. So the degree to which you can appreciate what adolescent development is in relation to the prison environment, the better you will be able to do your job.

Youthful Offenders placed in adult systems, whether they be incarcerated in jails, prisons, or involved with Community Corrections, pose special challenges to staff as staff attempt to provide a constitutionally safe environment with prescriptive programs and services. Health professionals who must deal with these offenders, either when they are ill, require medical treatment, or imparting preventive medical and health education, also face these same challenges. Basically these youthful offenders, although they have committed some heinous crimes, are developing through the second most active human growth period, after infancy. Adolescence. As such, many of their behaviors are very typical adolescent reactions to what is happening within themselves and in their immediate environments.

Corrections staff who better understand the concepts of adolescent development are better equipped to manage these youthful offenders and provide the most effective health services for them. In this regard, we shall summarize and review an adolescent development model that empowers staff to target their interactions with this population in a more efficient manner.

Trainer Note
Review the performance objectives.

Slide 2 - Performance Objectives

As a result of this module you will be able to:

- Describe the assumptions and principles underlying the adolescent development model.
- Describe the Adolescent Development Matrix.
- Apply these concepts to a specific health care issue which you identify and that involves youthful offenders.

INSTRUCTIONAL INPUT
Take this model and think about how you can use it as a tool to impact the attitudes and beliefs that you have about working with adolescents in a facility. If you empower yourself with this information you can impact not only what you do but what your system does.

Slide 3 - Adolescent Development - Assumptions

Adolescence is a process of growth. It is not a stage of development. It is a process of growth. Adolescence is the second most growth period in humans after infancy.

If you believe that adolescence is a process of growth you will look at it differently. Like all processes, there is not necessarily a beginning and an end.

In the 1940's it was believed that adolescence starts at 13 and ends at 18. In the 60's it was 12 - 19. Today it is 10 or 11 to 23 or 24. We'll talk about why these changes have taken place when we define some terms.

It is a process during which people explore attitudes, values and beliefs. Even if they are serving time they are still exploring attitudes, values and beliefs but now they are the prison attitudes, values and beliefs.

Cognitive restructuring and skills are acquired during this process, more so than at any other time of human development. This means we are faced with the challenge of dealing with a young population thinking through how they are going to get to adulthood. If you believe that kids are not going to change you will act that way.

Slide 4 - Definitions - Developmental theory

Life involves a series of human growth stages (pre-natal to geriatrics). Each stage has certain tasks that must be mastered for human development to occur.

Each stage is unique, the developmental tasks you learn in each stage are different. Fore example, in middle age, the tasks we learn are different than those we learned in adolescence.

Slide 5 - Definition - Developmental stage

A chronological period where certain behaviors, experiences, needs and skills are common and distinguishable from other age groups.

Slide 6 - Definition - Critical tasks

Emotional, physical, psychological, and social functions which must be mastered to progress along the continuum of development.

Any stage of human development must be mastered to progress along the continuum of development.

If it does not happen ..... what happens?

You can't move on or you move on "differently," you take a different road.

Our task is to look for fixation or arrest in the young offenders and to help them move on.

If a kid is immature with poor social skills, instead of being angry with him you might want to consider it an opportunity to help the kid correct some things.

Slide 7 - Definitions - Adolescence

A process during which young people, through a series of experiences, acquire greater:

- Autonomy
- Independence
- Skill development

* Emotional maturity

This definition applies to normal adolescence. Is the Young Offender normal? Your beliefs and attitudes will impact your reactions.

If you believe they are normal adolescents who made an error in judgement, then you will also hold as true that they will go through the process of adolescent development no matter where they are.

So if we provide them with a set of attitudes and beliefs about "getting over" other negative stuff then we will produce a more sophisticated predator criminal that our communities will not be able to respond to. We may not even know what crimes they are committing because now, they are smarter and don't get caught.

Unless we do something different to deal with this young offender population the above will prevail.

Their thinking is, "I'm here because I got caught." They already have low self esteem. Now they think, "I am not even a successful criminal." They will be successful when they get out (and won't get caught)

Slide 8 - Chronological Stages
Early Adolescence ----*10 -12 years of age*

Middle Adolescence ----*13 -15 years of age*

Late Adolescence ---- *16- years of age*

Why is adolescence starting sooner?

Let's look at the Developmental domains to answer that.

Slide 9 - Physical
- Dramatic physical change.
- Hair grows and darkens.
- Genitalia in males, breasts in females enlarge.
- Tremendous chemical and biological changes.
- Increases in hormones.

Physical changes such as hair growth and darkening did not occur at 9 or *10* as it does now. This is why textbooks had to change their 1940's definition

of adolescence.

Slide 10 - Cognitive

- Changes occur because of physical brain growth.
- Educational and social experiences.
- Exploration of alternatives.
- Thinking is first concrete, then abstract.

Slide 11 - *Emotional*

- Most misunderstood by care givers.
- Acts unpredictably.
- Experience a roller-coaster of mood swings.
- Egocentric.
- Exploration of identity.
- Influenced more by peers than family.
- Heroes.

This domain is probably most misunderstood by care givers. If you think that an offender is angry and acting out, that is probably not the correct emotion. If you can recognize this, and act appropriately, critical incidents will go down.

Side 12 - Social

- Most difficult to understand.
- More time with peers.
- Friendships mature.
- Exploration of male/female relationships.
- Dating begins.
- Initiation of one-on-one and active sexual relationships.

This is a critical domain because by the time an adolescent gets to adulthood they need to have one on one gender appropriate relationships. Unfortunately, prison does not lend itself to allowing adolescents to develop in this domain. For example, adolescents need some "alone" time. They may act out to get into administrative segregation just to get time alone.

Slides 13 - 15 Adolescent Matrix

Look in your notebooks at the adolescent development matrix. You can follow along there and make additional notes as I talk.

We see these behaviors manifested in an atypical way, through criminal behavior. These tasks in the matrix must be accomplished for the adolescent to proceed to adulthood.

Note that even kids who don't go to prison may not go through these tasks and they end up having problems too. For example, adults that still act immaturely, like teenagers. Why? Because they have not mastered some of these critical tasks.

Programs can help address some of these deficits. Cognitive programming is one example.

So, looking at the first matrix, labeled "Early Adolescence." There are the four domains (physical, cognitive, emotional, social). Under each domain are the tasks that need to be accomplished to go to the next stage.

Some of the tasks in one domain can impact another. Physical pain from a "growth spurt" can impact the emotional or social domain.

It is important for staff to recognize this and do some probing to try to figure out what is going on. For example, you tell an offender it is time to go to a class and they say, "I don't want to go." You can write them up or you can ask another question, "Why?" He or she may respond that they hurt, don't feel good etc. You can let them sit down for a minute and then join the group.

Using this matrix will put you in a better position to impact behavior changes.

GUIDED PRACTICE

Trainer Note
In small table groups, have participants choose a developmental stage (i.e. early, middle or late adolescents) and using the physical domain, apply some of the adolescent tasks that they may use given a medical or health situation they identify relevant to the youthful offender population.

For example a young offender complains of a stomache ache and you don't find anything wrong. What do you do?

Debriefing
Let's hear some of your responses.

Trainer Note
Responses will vary. Listen closely to make sure the participants have grasped the key points.

CLOSURE AND EVALUATION

To close the session, let's do a little review. I will give you a specific health issue. Tell me what approach(es) may be applied considering the information you have learned about stages of adolescent development.

An adolescent enters the health unit with an embarrassing medical condition. What approach would you use for early adolescence?

Middle adolescence?

Late adolescence?

The ability for health professionals to understand and apply adolescent development principles to the youthful offender population placed under their care is directly related to the effective and efficient services provided to this population. Medical and health care is critically important to the health and well being of adolescents, even if they happen to be placed within a criminal justice system.

Performance Objectives

ADOLESCENT DEVELOPMENT

As a result of this module you will be able to:

- Describe the assumptions and principles underlying the adolescent development model.
- Describe the Adolescent Development Matrix.
- Apply these concepts to a specific health care issue which you identify and that involves youthful offenders.

A MATRIX OF DEVELOPMENTAL TASKS

EARLY ADOLESCENCE

Physical	Cognitive	Emotional	Social
✡Rapid growth, changes in body. Puberty begins. ✡Pubic hair thickens, darkens. ✡Fidgets, squirms, can't sit still. ✡Needs lots of physical activity.	✡Inconsistent thoughts. ✡Discover logic, reasoning. ✡Their opinion counts. ✡Thoughts of self-consciousness.	✡Seeks independent relationships. ✡Starts mature relationships with siblings. ✡Adult approval critical for self-esteem. ✡Appearance important. ✡Girls feel less attractive.	✡Desire to fit in and be well liked. ✡Resist adult supervision. Form cliques. ✡Constant peer pressure. ✡Experimentation with smoking, drugs and sex

A MATRIX OF DEVELOPMENTAL TASKS

MIDDLE ADOLESCENCE

Physical	Cognitive	Emotional	Social
✡Puberty continues (acne and body odor present). ✡Form habits impacting life-long physical health. ✡Improved motor skills. ✡Poor health habits.	✡Think abstractly. ✡Learn by doing. ✡Academic separating of success and failure. ✡Decreased parental influence. ✡Decreased creativity, flexibility.	✡Craves freedom. ✡Masks feelings. ✡Needs privacy. ✡Hormones body changes lead to low self-esteem and confidence. ✡Increased sexual desire, experimentation. ✡Needs praise and approval.	✡Friendships and romance improve. ✡Appreciates different view points. ✡Develops, defines self-concept. ✡Improved communication, negotiation skills. ✡Hangs with other teens, same sex groups.

A MATRIX OF DEVELOPMENTAL TASKS

LATE ADOLESCENCE

Physical	Cognitive	Emotional	Social
✡Boys' growth doubled since age 12. ✡Physical tasks learned, managed. ✡Increased appetite. ✡Eating disorders may appear. ✡Life patterns consistent.	✡Critical thinking, reasoning begins. ✡Contemplates meaning of life. ✡Beliefs, values, attitudes, career choice develops. ✡Increased peer conformity. ✡Limited creativity.	✡Develops personal ID. ✡Increased self-esteem. ✡Develop decision making, stress management, problem resolution skills. ✡Friendships based on mature intimacy.	✡Peer pressure declines. ✡Increased need for parental love, care, respect. ✡Heterosexual groups; same sex friendship. ✡Involved with social causes. ✡Appearance important.

ADOLESCENT DEVELOPMENT

Applying what you have learned.

In your small table group, choose a developmental stage (i.e. early, middle or late adolescents) and using the physical domain, apply some of the adolescent tasks that you may use given a medical or health situation you identify as relevant to the youthful offender population.

Adolescent Development

1

Performance Objectives

As a result of this module, you will be able to:

- Describe the assumptions and principles underlying the adolescent development model.
- Describe the Adolescent Development Matrix.
- Apply these concepts to a specific health care issue which you identify and that involves youthful offenders.

2

Adolescent Development

Assumptions

- Adolescence is a process of growth.
- Attitudes, beliefs and values are explored.
- Cognitive restructuring and skills are acquired.
- Developmental tasks are learned in four domains, across chronological stages.

3

Definitions

Developmental Theory

- A series of human growth stages.
- Each stage has certain critical tasks that must be mastered for normal development to occur.

4

Definitions

Developmental Stage

- A chronological period where certain behaviors, experiences, needs, and skills are common and distinguishable from other age groups.

5

Definitions

Critical Tasks

- Emotional, physical, psychological, and social functions which must be mastered to progress along the continuum of development.

6

Definitions

Adolescence

- A process during which young people, through a series of experiences, acquire greater:
  - Autonomy
  - Independence
  - Skill development
  - Emotional maturity

7

Chronological Stages

- Early Adolescence ---- *10 -12 years of age*
- Middle Adolescence ---- *13 -15 years of age*
- Late Adolescence ---- *16+ years of age*

8

Developmental Domains

Physical

- Dramatic physical change.
- Hair grows and darkens.
- Genitalia in males, breasts in females enlarge.
- Tremendous chemical and biological changes.
- Increases in hormones.

9

Developmental Domains

Cognitive

- Changes occur because of physical brain growth.
- Educational and social experiences.
- Exploration of alternatives.
- Thinking is first concrete, then abstract.

10

Developmental Domains

Emotional

- Most misunderstood by care givers.
- Acts unpredictably.
- Experience a roller-coaster of mood swings.
- Egocentric.
- Exploration of identity.
- Influenced more by peers than family.
- Heroes.

11

Developmental Domains

Social

- Most difficult to understand.
- More time with peers.
- Friendships mature.
- Exploration of male/female relationships.
- Dating begins.
- Initiation of one-on-one and active sexual relationships.

12

A Matrix of Developmental Tasks

Early Adolescence

Physical	Cognitive	Emotional	Social
✡Rapid growth, changes in body. Puberty begins.	✡Inconsistent thoughts.	✡Seeks independence.	✡Desire to fit in and be well liked.
✡Pubic hair thickens, darkens.	✡Discover logic, reasoning.	✡Starts mature relationships with siblings.	✡Resist adult supervision. Form cliques.
✡Fidgets,squirms.	✡Their opinion counts.	✡Adult approval critical for self-esteem.	✡Constant peer pressure.
✡Needs lots of physical activity.	✡Thoughts of self-consciousness.	✡Appearance important.	✡Experimentation (drugs and sex).

A Matrix of Developmental Tasks

Middle Adolescence

Physical	Cognitive	Emotional	Social
✡Puberty continues (acne and body odor).	✡Think abstractly.	✡Craves freedom.	✡Friendships and romance improve.
✡Form habits impacting life-long physical health.	✡Learn by doing.	✡Masks feelings.	✡Appreciates different view points.
✡Improved motor skills.	✡Academic separating of success and failure.	✡Needs privacy.	✡Develops, defines self-concept.
✡Poor health habits.	✡Decreased parental influence.	✡Hormones body changes lead to low self-esteem and confidence.	✡Improved communication, negotiation skills.
	✡Decreased creativity, flexibility.	✡Increased sexual desire, experimentation.	

A Matrix of Developmental Tasks

LateAdolescence

Physical	Cognitive	Emotional	Social
✡Boys' growth doubled since age 12.	✡Critical thinking, reasoning begins.	✡Develops personal ID.	✡Peer pressure declines.
✡Physical tasks learned, managed.	✡Contemplates meaning of life.	✡Increased self-esteem.	✡Increased need for parental love, care, respect.
✡Increased appetite.	✡Beliefs, values, attitudes, career choice develops.	✡Develop decision making, stress management, problem resolution skills.	✡Heterosexual groups, same sex friendship.
✡Eating disorders may appear.	✡Increased peer conformity.	✡Friendships based on mature intimacy.	✡Involved with social causes.
✡Life patterns consistent.	✡Limited creativity.		

Adolescent Development

PRISON HEALTH CARE:
YOUTHFUL OFFENDERS SENTENCED AS ADULTS

Health Needs
Total Time = 60 minutes

Equipment needed:

- In-focus machine
- Lap-top Computer that has Correl Presentations software
- Chart stand

Materials needed:

- Participant workbook
- Markers
- Chart pads
- Diskette with Correl Presentations slide show

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Slide 1 - Title Slide (Health Needs)

ANTICIPATORY SET

How many of you have raised children?

What would you say were the most "difficult years?"

Children, particularly adolescents, can be "difficult." We need to keep this in mind as we think about youthful offenders in adult institutions.

Youthful offenders are not just little adults. They are experiencing all the difficulties related to adolescence and when you overlay these other issues related to incarceration it becomes quite complex. Their needs are not the same for adults in most areas, including health care.

In this module we are going to look at some unique health needs of young offenders. The specific performance objectives are:

Slide 2 - Performance Objectives

By the end of this module you will be able to:

- Describe the unique medical needs of youthful offenders.
- Identify barriers/opportunities to providing health care to adolescents in an adult correctional setting.

INPUT

Slide 3 - Medical Problems

- Few chronic diseases except asthma

Most young offenders have few chronic medical conditions but at this point their behaviors are being developed that will lead to health issues down the road.

That is not to say they are without medical problems. They are busy doing other things. They are thinking, "That is not going to happen with me." For example, their egocentrism leads them to believe that multiple sex partners won't lead to pregnancy or HIV.

Asthma is a chronic disease in the Georgia DJJ system. This often occurs in metropolitan areas. Cockroaches, dust mites, air quality are things that contribute to asthma.

- High risk behaviors for sexually transmitted diseases.

Often kids have been "street workers" from a very young age. Several 10 year old females are incarcerated for prostitution (in Georgia). STD's are common in these young prostitutes. What is commonplace for us is very different for them. We can't imagine a ten year old in this situation but it is common for them. Georgia has a facility with children who are 12 and younger.

- Mental health disorders.

- Substance abuse.

We may be over-medicating children that are exhibiting normal behavior. Rather than "parent", the parents choose to medicate.

- Injuries: Self-inflicted or due to youthful or aggressive behavior.

Children cannot think of consequences down the road.

Young offenders want to "horse play" and do things an adult won't do. Most adult inmates would not try to run and jump over razor wire. Young offenders are more likely to go for it. They just don't have the thinking skills needed to visualize the consequences. You almost have to child proof your prison.

Slide 4 - Medical Problems

- Lack of routine medical screening and care

Children will frequently not have had much prior medical screening. They may have symptoms that are ignored. Don't make the assumption that you don't need to do a health screening if the young offender "looks" healthy.

- Inadequate immunizations

If you have a young population the possibility of childhood disease is still there (measles, mumps etc.) They are now recommending a second MMR (measles, mumps and rubella immunization). Make sure that your primary physician is aware of the recommendation for this.

The other immunization that is due at age 15 is diphtheria and tetanus

vaccination. This is then due every 10 years thereafter.

Hepatitis B vaccine should be administered to staff. In Georgia, we are recommending that this be given to young offenders/juveniles. There is a free "Vaccines for Children" program administered by the Federal Government. You can get these free for children under 19. Usually this is connected with your public health organization.

- Lack of health knowledge

Even though we make the assumption that kids have health information they may not understand some very basic things even about basic anatomy. For example, when you ask young females about vaginal discharge or breast mass, they don't understand what is normal.

You can't always use an adult screening instrument on a young offender because they may not be able to understand it.

- Inadequate dental care

This young offender population has not had adequate dental treatment or education. You need to educate them in the basics of brushing and flossing.

Slide 5 - Health Screening and Appraisal

- Intake medical, HIV, and mental health screening (appropriate blood pressure cuff size)
-

Adult screening instruments may not be appropriate. A question such as, "What was your last job?", probably won't apply. You may need to translate it to questions about school. Things such as a facial blemish will cause a young offender much more anxiety than it would an adult.

Even if young offenders know the risk involved in tattooing, they may choose to ignore them and proceed to have the tattoo (created by friends rather than a tattoo parlor).

Some young offenders might be quite small physically and you might need a pediatric size cuff to get an accurate reading

- Nurse health appraisal (ROS)

Ask questions in a manner that the young offender can identify with.

- TB, UA, Hgb, PT

These tests need to be conducted on young offenders. (Tuberculosis, urinalysis can identify diabetes, hemoglobin, anemia). Usually adequate nutrition can correct anemia. One note is that young males can sometime show elevated protein in the urine, it is not considered abnormal. That is why it is important to have someone familiar with pediatrics involved.

Pregnancy tests should be conducted on every young female offender.

- Physical and dental examination

There are health care standards for juvenile facilities. You should have a copy of these. (Published by NCCAC)

Slide 6 - Medical Services

Because some young offenders are incarcerated for several years you should have an annual health visit.

Annual health visits should include:

- Developmental monitoring

Try to identify any developmental needs that may occur.

- Physical exam

- Preventive services

Try to focus the health visit to educate, provide information on health risk behaviors. This will help to impact future behavior if/when they return to society. Nutrition, smoking, etc.

- Participatory guidance

Trying to figure out where the young offender is in their stage of development and prepare them for the next "stage." For example, talk to them about decisions about becoming sexually active, importance of prevention, etc. Anticipate the next step and educate them.

Slide 7 - Physical Exam Variations

- Vital signs

Kids have a lower resting heart rate, use appropriate blood pressure cuff.

- Use of growth chart

Plot weight and height to make sure there are no underlying medical problems.

- Scoliosis screening

This is not usually done for adults. It checks for curving of the spine. It may only require monitoring but could require intervention.

- Tanner Staging

Not routinely done with adults. It is about development of genitals and breasts. It is important to do this because it can show if there is a hormone problem.

- Gynecomastia common

Development of breasts in males. It is a common occurrence in this population of males. It creates a concern for the young males because of the open shower situation. They need reassurance that this is a normal variation in the development of young males.

Usually this condition will resolve itself.

Slide 8 - Physical ExamVariations

- Serum Chemistries often not useful as screening tool
- Serum Cholesterol screening based on risk factors
- Immunization status critical
- STD screening

This is key, especially for young offenders first being committed. The young offender may not even realize they are having symptoms related to STD's. All females should have pap smears.

Chlamydia is most common in this population and does not give any symptoms. You need to screen for this.

Slide 9 - Adolescents are Different

- Treatment protocols and medications must be modified for adolescent care.

If you have a situation where a young offender has a headache and wants

Tylenol, using adult strength on a small young offender can cause damage over time. Drug dosage must be modified because of weight issues.

Antibiotics could cause hearing problems in young offenders.

- Privacy and confidentiality are more of a concern to youth.

Medical information is confidential. If you have a private exam room for a young offender, the young person may feel uncomfortable if there is a door opening right into the exam room. Using a screen between the door and exam table can alleviate anxiety.

Young offenders may "tell all" to their peers but they don't want you to release the information. They may deny sexual activity because they are afraid you might tell their parents.

Slide 10 - Medical Utilization Issues

- Access to sick call.

How many have a sick call structure in place?

(Most do)

Young offenders may put one thing on the sick call roster (a headache) but when they show up to sick call the issue they really want to talk about is totally different.

The young offender will keep requesting sick call every couple of hours if you have not responded. So it is important to reinforce that it may not be responded to immediately.

Also, it is recommended that you do not charge the younger offender a co-payment because they cannot make the decision that it would be in their best interest to pay and receive medical services. They would prefer to spend the money at the commissary.

- Health services by primary care physician, psychiatrist, dentist, nurse practitioner or physician assistant

Make sure that all your staff have some education regarding adolescent health care.

- Hospitalization and specialty care

Be very clear with the young offender that they need to see a specialist but it

may not be that very day. It may be a week or two. Specify that if it does get worse they need to come back to sick call. (Another example or their concrete thinking). It would be important to document all treatment and associated directions that you give to the young offender.

Slide 11 - Other Health Concerns

- Smoke free environment

Improves general health.

- Menus prepared by Registered Dietician

The nutritional needs of young offenders are much different than those of adults. You will need to offer extra calories. It is recommended that you give them the opportunity to consume 3,000 calories per day. Serve milk instead of tea.

You can apply to the Federal Government for meals (breakfast and lunch) as long as the young offenders are in school. You must meet the associated dietary guidelines to apply. The program is generally run through the Department of Education. One caveat is that the young offenders must be housed separately. The bookkeeping is extensive for this program. As soon as the young offender turns 21 they are no longer eligible etc.

The young offender may be a picky eater. One strategy is to supplement the meal with peanut butter and jelly sandwiches.

Many young offenders are sensitive to sugar so the diet should be low in sugar. A diet high in sugar content will make this population hyper-active.

What about the commissary access? Young offender can load up on sugar there. Here are some suggestions for handling this issue:

- *Can you consider a more nutritional vending machine for their use?*
- *Can you put policy into place to limit canteen priveleges?*
- *Can you work with your vendors to sell items with a lower sugar content?*
- *Can you involve them in a "taste test" involving lower sugar, healthier alternatives?*

- Special diets

You may have a person with food allergies or an obese young person that would require a special diet. Ask in general if they have food allergies. If they state that they are allergic to a food , ask them specifically what happens to them when they consume the food. They may say that they are allergic to tomatoes but they eat catsup on their hot dogs. If they cannot describe any specific reactions to a food, it may be that they may not like the food.

- Physical activity

Many kids today don't engage in a lot of physical activity. Keep this in mind, particularly in a boot camp situation. They may have to slowly build up to a higher level of physical activity. Asking a younger offender to do 100 push- ups right away isn't going to work. They won't be able to do it.

- School curriculum includes Health Education courses

Look at what is being done in the public schools. Get your medical staff involved. Have them review the curriculum. Encourage them to be a resource to your educational staff.

Slide 12 - Public and Social Implications

The following are some general public health social implications related to correctional setting.

- Overcrowding

- Sexual contacts

The spread of HIV and other STD's are possible. Appropriate screening and follow-up is needed. For example, if an assault occurs and you don't have baseline information on the offenders HIV/STD status, follow-up will be difficult.

- Length of confinement

Conduct annual exams if confinement is longer than a year.

- Health care costs

Costs are skyrocketing for all. The cost of the treatment, particularly for mental health, is being shifted from the community into corrections. This also applies to HIV, TB etc. It is also more difficult to recruit and retain medical staff in corrections.

- Literacy and education

Many of the young offenders have learning disabilities and literacy levels are low. Materials must focus on the young offenders literacy level. Also need to pay attention to language differences. Young offenders have a variety of slang terms we not be familiar with. The slang changes very frequently. Ask for a translation is you aren't sure.

- Security issues

- TB, other infections

Contact and follow-up with your local Public Health organization so that contacts can be traced.

Slide 13 - Public and Social Implications

- HIV, Hepatitis, STD

Contact and follow-up with your local Public Health organization so that contacts can be traced. There is a lot of acute Hepatitis B in this younger offender population.

- Continuity of community care

At some point the young offenders will return to the community.

- Uninsured, ineligible

A lot of young offenders lose their eligibility of insurance once incarcerated.

- Appropriate health messages

- Compliance

Independence issues may make young offenders resist compliance (taking medications, etc.) Be sure to educate them on side effects of medication to help improve compliance.

Slide 14 - Public Health Collaboration

- Staffing

You need to have adequate medical staff. Even if your young offender is coming from a juvenile facility don't assume that they have had adequate medical screening.

- VFC Program

"Vaccines for Children" Program

- Lab support
- Grant funding
- Health education

Slide 15 - Adolescent Health is Holistic

- Physical health
- Mental health
- Health education
- Emotional/social support
- Behavioral and developmental support
- STD reporting and contact tracing

Guided Practice

In this Guided Practice you will give participants some time to process the information you have provided by having them think through how they are going to apply it in their own settings.

Have participants discuss the following questions for approximately 30 minutes. Tell them they need to be prepared to report back to the large group.

- Identify barriers/opportunities to providing health care to adolescents in an adult correctional setting. Consider issues such as staffing, service providers, environment, treatment, and legal issues.

Suggested Responses

Common barriers include: Lack of funding

For those with juveniles housed in adult facilities a barrier is that it limits the young offenders access to some of the programs.

Lack of understanding of the youthful offenders. You can make this an opportunity to educate the staff and legislatures.

The key is to successfully transition offenders back into the community. This requires community involvement.

CLOSURE/EVALUATION

Take a minute to share with the person next to you, one thing you plan to take back and use from this information on the unique health needs of young offenders.

Trainer Note
Give participants about five minutes to discuss what they plan to take back and use. Ask for a few volunteers to share their responses.

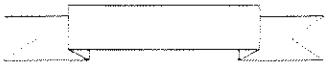
Performance Objectives

HEALTH NEEDS

As a result of this module you will be able to:

- Describe the unique medical needs of youthful offenders.
- Identify barriers and opportunities to providing health care to adolescents in an adult correctional setting

Health Needs



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Performance Objectives

As a result of this module, you will be able to:

- Describe the unique medical needs of youthful offenders.
- Identify barriers/opportunities to providing health care to adolescents in an adult correctional setting.

2

Medical Problems

- Few chronic diseases except asthma.
- High risk behaviors for sexually transmitted diseases.
- Mental health disorders.
- Substance abuse.
- Injuries: Self-inflicted or due to youthful or aggressive behavior.

3

Medical Problems

- Lack of routine medical screening and care
- Inadequate immunizations
- Lack of health knowledge
- Inadequate dental care

4

Health Screening and Appraisal

- Intake medical, HIV, and mental health screening (appropriate blood pressure cuff size)
- Nurse health appraisal (ROS)
- TB, UA, Hgb, PT
- Physical and dental examination

Medical Services

Annual health visit includes:

- Developmental monitoring
- Physical exam
- Preventive services
- Participatory guidance

Physical Examination Variations

- Vital signs
- Use of growth chart
- Scoliosis screening
- Tanner Staging
- Gynecomastia common

Physical Examination Variations

- Serum Chemistries often not useful as screening tool
- Serum Cholesterol screening based on risk factors
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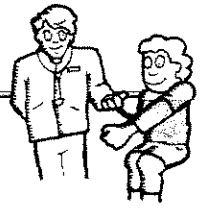


Adolescents Are Different

- Treatment protocols and medications must be modified for adolescent care.
- Privacy and confidentiality are more of a concern to youth.

Medical Utilization Issues

- Access to sick call.
- Health services by primary care physician, psychiatrist, dentist, nurse practitioner or physician assistant.
- Hospitalization and specialty care.

Other Health Concerns

- Smoke free environment
- Menus prepared by Registered Dietician
- Special diets
- Physical activity
- School curriculum includes Health Education courses

Public Health/Social Implications

- Overcrowding
- Sexual contacts
- Length of confinement
- Health care costs
- Literacy and education
- Security issues
- TB, other infections

Public Health/Social Implications

- HIV, Hepatitis, STD
- Continuity of community care
- Uninsured, ineligible
- Appropriate health messages
- Compliance

DJJ Public Health Collaborations

- Staffing
- VFC Program
- Lab support
- Grant funding
- Health education
- STD reporting and contact tracing

Adolescent Health is Holistic

- Physical health
- Mental health
- Health education
- Emotional/social support
- Behavioral and developmental support

Health Needs

PRISON HEALTH CARE:
YOUTHFUL OFFENDERS SENTENCED AS ADULTS

ORGANIZATIONAL AND ADMINISTRATIVE ISSUES
Total Time = 60 Minutes

Equipment needed:
- In-focus machine
- Lap-top Computer that has Correl Presentations software
- Chart stand

Materials needed:
- Participant workbook
- Markers
- Chart pads
- Diskette with Correl Presentations slide show

Note: If an In-focus machine and lap-top computer is not available, overhead transparencies can be printed from the diskette.

Notes to Presenter: Use personal examples to support and illustrate key points.

Acknowledgments:
The National Institute of Corrections would like to acknowledge the following individuals for their contributions to this seminar: Renee Bergeron, Diana Coates, Dr. Barry Glick, Madeline Ortiz, Nancy Shomaker, Michelle Staples-Horne, MD, MPH, and William "Bill" Sturgeon.

Slide 1 - Title Slide (Organizational and Administrative Issues)

ANTICIPATORY SET

I want you to close your eyes for a moment and visualize the following situation.

You are in a local hospital Emergency Room with a youthful offender who is under the age of majority, and who is experiencing stomach pain. The Emergency Room physician asks you if you have the authority to sign the release form so that the offender can be treated. What would you do?

Trainer Note

Give participants a few minutes to discuss this question and then ask for some responses.

Today we will look into some methods your department use so that you don't find yourself in the scenario we just talked about.

In this module we will look at the following information.

Slides 2-3 - Performance objectives

- Determine if current medical policies and procedures include youthful offenders.
- Analyze what methods your department can employ to ensure that they have adequate policies and procedures.
- Establish a policy to deal with a youthful offender's ability to consent to or refuse medical or dental treatment.
- Develop a plan to ensure that all youthful offender staff are trained in all medical policies and procedures.

INSTRUCTIONAL INPUT

Adult corrections has had a great deal of experience in dealing with lawsuits about medical care. All of those lawsuits to date have centered around medical care or the lack of it to adult inmates. Youthful offenders, however, present us with an entirely new group of issues on health care.

Slide 4 - Do We Have the Right to Treat?

The most pressing issue is this, "Does the department have the right to treat them or to sign consent forms for their treatment, or does this responsibility still lie with their parents or **LEGAL** guardians?" Oh, by the way, this also

includes dental care! Dental conditions can turn into serious health issues.

What gives us this right? They have been sentenced but what if the young offender does not want to consent? He has been sentenced as an adult and therefore can make that decision and can therefore refuse treatment.

Policy can impact this, for example, an adult offender can refuse mental health medications and you can force them to take the medicine. This would apply to young offenders also.

All this can get murky. Legislation varies from state to state.

According to Youthful Offender expert Bill Sturgeon, "Incomplete legislation makes for good lawsuits." In most states, legislation does not address some crucial areas of incarcerating youthful offenders (under the age of majority) in adult institutions.

Slide 5 - Legislation and Youthful Offenders

In fact, much of the legislation is silent on topics such as:
Medical care
Dental
Rights of parents
Rights of the offender (Can they call Child Protective Services to report abuse in the prison or are they an emancipated adult? What is your legislation in this area?)

There are more, but these let you sense the width and depth of the issues and challenges that are associated with incarcerating youthful offenders in adult institutions.

Slide 6 - Complex Issues

Unfortunately, many departments are operating under the premise that if the courts have adjudicated "them" as adults -- then they are adults.

That is a simplistic way of dealing with complicated moral, medical, and legal issues. We can't take a simplistic view because nothing will change unless an incident occurs, a parent complains. The same legislature who passed this legislation will not support you when something happens.
It is also a re-active way of dealing with problems rather than taking a pro-active position to head off problems.

Slide 7 - Reactive vs. Proactive

Many times we are reactive and we "wait and see." Instead we need to constantly examine policy to make sure they are up to date and congruent.

Departments have to ensure that they have taken the necessary measures to protect themselves as much as possible.

Slide 8 - Survey Youthful Offender Policies

A first step would be to take a survey of all medical and dental policies and procedures to ascertain the following:

- Are the policies and procedures up to date?
- Are the policies and procedures being followed as they are written? (Or has Institutional Practice replaced the written policies and procedures?)
- Do the policies and procedures provide for "specialized treatment"?
- Will the youthful program require any new policies and procedures?

Group activity

I want to actually get you thinking about these questions now. In your small groups, discuss the following:

- In the areas of Mental Health, Medical and Dental care: What policies do you have in place that you are comfortable with? What is lacking in your policies (for these areas)?

This is in regards to specific policy governing the young offender. You may have them in place for adults but they don't necessarily apply to young offenders.

Trainer Note
Chart the questions prior to the activity. After about 15 minutes have the groups report their key points. Responses will vary. Key points are as follows:

- A lot of organizations don't have policies or are uncomfortable with policy around consent, use of force, forced medication relating to mental illness, emergency surgeries, dental issues, sick call.

- Usually youthful offender policies are not up to date.

What about the policies you do have? Are they being followed as written?

Slide 9 - Institutional Practices

Frequently when written policies and procedures don't work in the field, facilities adapt them into what I have termed Institutional Practices. Basically, Institutional Practices are the way the field accomplishes what it has to do in order to serve the inmates, staff, and others. Institutional Practices work fine until something happens and the department finds itself in court. And as we all know, "There is no defense for violating your own policies and procedures."

Example: One state had a medical policy that any inmate who was sentenced to under 18 months would not be entitled to receive "prison issued, free" reading glasses." The youthful offender program required that the youthful offenders attend school and work toward reading at the eighth-grade level and getting their GED. These requirements are rather difficult if you can't see.

So, as you review your policies, determine the following:

- Are they followed as written or have you implemented "institutional practices" to make them work for you?

- I challenge you to re-write them to mirror the institutional practices.

Again, "There is no defense for violating your own policies and procedures."

Slide 10 - Application of Current Policy and Procedures

The second step will be to determine what adaptations to old policies will have to be made and what new policies and procedures will have to be developed? How will you consider the stages of adolescent development when adapting old/creating new policy and procedure?

In some cases adaptations to existing policies and procedures will be

sufficient.

Slides 11 - 13 - Adapt Old / Create New Policies and Procedures

Example: Adding ADD/ADHD drugs to the department's formulary, medicine for acne, dosage levels appropriate for young offenders. Immunizations are another example.

Other examples: rendering care to "underage offenders," keeping youthful offenders separate from adult inmates during dental visits, sick call, pill call, in-patient infirmary care.

New policies and procedures will have to be developed to deal with youthful offender issues such as:

- Rendering care and treatment to "under age" offenders.
- Having a specialist in adolescent medicine as a consultant.
- Keeping youthful offenders separate during medical and dental visits, pill call and during in-patient infirmary care.

The best person(s) to do the review are line staff, they are the ones who do the day to day work.

Assign responsibility: The policy needs to line out who is responsible for what.

Slide 14 - Ensuring Adequate Policies and Procedures

Our second performance objective, leads us into a "touchy" but important area. That is "Analyze what methods departments can employ to ensure that they have adequate medical policies and procedures."

The book is still being written on many of the management techniques we are using with youthful offenders. The most serious "gray areas" that we are facing currently are the medical and dental areas.

Part of what feeds into this gray area is that Juvenile facilities are built on a treatment model, adult facilities are not, they are designed to incarcerate.

Slide 15 - 16- Issues for the Attorney General

To help departments get some clarity on the issues that surround medical and dental care to youthful offenders, we need to reach out to others. Specifically, the various legislatures and attorneys general.

To give the departments some help in developing policies and procedures, it is highly recommended that the departments seek opinions from their individual Attorneys General for the following issues:

- Can the department of corrections authorize medical and dental treatment for youthful offenders who are "under the age of majority" or do they need to obtain parental consent?

- Does the Department of Corrections have to notify the parents of youthful offender "under the age of majority" that medical/dental/mental health treatment has been rendered?

- Ascertain if the state law (s) on emancipation of juveniles could be of some assistance.

If a kid is convicted as an adult, does that relieve us of these restrictions around juveniles?

Possibly, by automatically emancipating a youth at conviction as an adult, it might help relieve some of the potential liability to the department.

Be sure that they cite case law or some legal precedent so that the department can reference it in their policies and procedures.

Slide 17 - Issues for the Legislature

- Enact laws that will permit the Department of Corrections to render medical, dental, and mental health treatment to "under age" youthful offenders.

- Each department will have their own set of issues that should be brought before the legislature for new laws

- Work with the legislature to enact new laws or to amend the law that permits youthful offenders to be incarcerated in adult prisons to cover these issues.

By approaching the problem this way, it could clear the way for the department to render care to youthful offenders who are "under the age of majority" without parental consent.

Slide 18 - Establish a System

Our third performance objective deals with establishing a mechanism for youthful offenders to either consent to or refuse medical and/or dental care. Almost every department has policies and procedures for detailing how medical care is to be delivered. In the adult world there are even policies and procedures for "forced medicating of inmates."

Again, any department responsible for incarcerating youthful offenders needs to develop a precise policies and procedures detailing how it will deal with a youthful offender who refuses care. These policies and procedures should include details on how to go into court and get a court order, if necessary, to treat the youthful offender. These policies and procedures should be prescriptive as to who does what.

Slide 19 - Interim Measures

I am sure that you are all familiar with "Murphy's Law." As a rule, these types of events usually happen at night or on weekends or holidays. Therefore, it is important to establish a relationship with the local court prior to actually needing it to rule.

Slide 20 - Initiating the Process

The department should also predetermine who will initiate the process. The obvious person would be someone from the medical department. But there must be policy detailing coordination with the medical department, youthful offender program supervisor, and the security supervisor. The latter two will arrange for issues around their areas; they will not "second guess" the medical personnel. The time to do this is before something happens. Have policy in place.

Now, a reality check. If a judge can't be found -- the department must have a back-up plan that is detailed in policy.

Slide 21 - Staff Training

Our fourth performance objective deals with the training of all staff who are associated with the youthful offenders in the medical and dental policies and procedures. I really want to stress this training.

All Youthful Offender Personnel must be trained in medical, mental health and dental policies as they apply to them.

Because this area can be constantly changing until either legislation and/or a court decision determines what measures the department must take, it is critical that everyone be kept up to date on what to do or not do. This is a high liability area. Keep staff informed!

Professional Boundaries

Another area where staff will need training is around professional boundaries.

Trainer Note
Chart the questions below prior to the activity.

Group Activity:

I would like you to take about 20 minutes to discuss the following questions in your small groups. You don't need to chart your answers, but do select a spokesperson to report the key points of the groups discussion.

- How would policy regarding professional boundaries differ with young offenders (as compared to adult offenders)?
- How can managers and supervisors identify when a staff member might be getting too close to breaching the boundary of professionalism?
- Why might it be easier for staff to violate professional boundaries with youthful offenders (versus adults)?
- How can policy and procedure impact professional boundaries?

Debriefing
Have participants share key points of their discussion.

Training around professional boundaries is important. As with all training, you need to have policy and procedure in place before training. Since using professional boundaries includes interpersonal communication skills, the training must not only inform staff but give them an opportunity to think through situations and role play appropriate behavior.

Slide 22 - Blind Assumptions

In the area of health care it is irresponsible and unprofessional for correctional agencies to make "blind assumptions" about what it can or can't do. Pay special attention to DETAIL!

Slide 23 - Use Caution

- Youthful Offenders are just that: Youthful Offenders.
- We are still learning about them (youthful offenders).
- Move cautiously.
- Use all available resources. (American Correctional Association, National Institute of Corrections)

GUIDED PRACTICE

Trainer Note

The Guided Practice will occur during end of day action planning. The participants will be asked what they are doing in this area and what they need to be doing. This will help them apply the performance objectives to their personal situations.

EVALUATION AND CLOSURE

The entire area of dental and medical care for youthful offenders continues to present a great many issues to the adult corrections world. To make blind assumptions as to what can or can't be done is not a professional way to face these complex issues.

No longer can corrections shoulder all these issues alone. We now have to reach out to other governmental entities for guidance and assistance.

Attention to detail is crucial to every element of a youthful offender program. Youthful offenders, unlike adult offenders, won't follow the path. Also, we in adult corrections don't have a great deal of experience in dealing with this inmate population. We must move cautiously, using all the resources that we can muster.

Performance Objectives

ORGANIZATIONAL AND ADMINISTRATIVE ISSUES

As a result of this module you will be able to:

- Determine if your current medical policies and procedures include youthful offenders.
- Analyze what methods your department can employ to ensure that they have adequate policies and procedures.
- Establish a mechanism to deal with a youthful offender's ability to consent to or refuse medical or dental treatment.
- Develop a plan to ensure that all youthful offender staff are trained in all medical policies and procedures.

Organizational and Administrative Issues

Performance Objectives

As a result of this module, you will be able to:

Determine if current medical policies and procedures include youthful offenders.

Analyze what methods your department can employ to ensure that they have adequate policies and procedures.

Performance Objectives

As a result of this module, you will be able to:

Establish a policy to deal with a youthful offender's ability to consent to or refuse medical or dental treatment.

Develop a plan to ensure that all youthful offender staff are trained in all medical policies and procedures.

Do We Have The Right To Treat?

A Departmental responsibility?

A legal guardian responsibility?

Legislation and Youthful Offenders

Incomplete legislation makes for good lawsuits.

Most legislation is silent on:

- Medical Care
- Dental Care
- Rights of the Parent
- Rights of the Offender (Child Protective Services)

Complex Issues

"If adjudicated as adults, then they are adults."

Simplistic view regarding complex medical, moral, legal issues

Reactive view

Reactive vs. Proactive

Re-Active - Wait and See

Pro-Active - Prepare and Involve

Survey Youthful Offender Policies

Are the agency's policies and procedures up-to-date?

Are the policies and procedures being followed as they are written? (Institutional practices)

Do the current policies and procedures provide for "specialized treatment"?

Will the Youthful Offender Program require any new policies and procedures?

Institutional Practices

Institutional practices are the methods and techniques used by the field to accomplish the day-to-day tasks of operating a prison when the formal policies and procedures don't work.

Application of Current Policy and Procedures

Can your current policy and procedure be applied to Youthful Offenders who are under the age of majority?

Adapt Old / Create New Policies and Procedures

Make adaptation to old Policies and Procedures

Example: The addition of drugs to the formulary.

Identify

Assign Responsibility

Adapt Old / Create New Policies and Procedures

Make adaptation to old Policies and Procedures

Other examples:

Rendering care to "underage offenders"

Keeping youthful offenders separate from adult inmates during dental visits, pill call, and during in-patient infirmary care.

Adapt Old / Create New Policies and Procedures

Create New Policies and Procedures

Identify

Assign Responsibility

"There is no defense for violating your own policies and procedures."

Ensuring Adequate Policies and Procedures

Gray areas

Reach out to other stakeholders

Issues for Attorney General

Can the Department of Corrections authorize medical and dental care for youthful offenders who are "under the age of majority"?

Do parents of youthful offenders that are "under the age of majority" have to consent to treatment?

Issues for Attorney General

Does the Department of Corrections have to notify the parents of youthful offender "under the age of majority" that medical treatment has been rendered?

Ascertain if the state law (s) on emancipation of juveniles could be of some assistance.

Issues for the Legislature

Enact laws that will permit the Department of Corrections to render medical, dental, and mental health treatment to "under age" youthful offenders.

Each department will have their own set of issues that should be brought before the legislature for new laws.

Establish a System

Establish a system for youthful offenders to either consent to or refuse medical and/or dental care.

Interim Measures

Precise Policies and Procedures

Specific detail in all Policies and Procedures

Use of Court Order

Murphy's Law

Develop a relationship with the court

Predetermine who will initiate the process

Initiating the Process

Medical

Coordinated with Security Supervisor, Youthful Offender Program Supervisor, Facility/Departmental Administration

Staff Training

All Youthful Offender Program personnel must be trained in the medical, dental, and mental health policies and procedures.

Because of the high liability of this area there must also be a way of keeping the staff aware of all changes to these policies and procedures.

Blind Assumptions

In the area of health care it is irresponsible and unprofessional for correctional agencies to make "blind assumptions" about what it can or can't do.

Pay special attention to DETAIL!

Use Caution

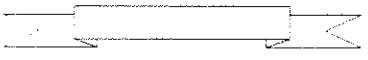
Youthful Offenders are just that: Youthful Offenders.

We are still learning about them.

Move cautiously.

Use all available resources.

Organizational and Administrative Issues



PRISON HEALTH CARE:
YOUTHFUL OFFENDERS SENTENCED AS ADULTS

SECURITY AND CLASSIFICATION ISSUES

Total Time = 2 Hours

Equipment needed:

- In-focus machine
- Lap-top Computer that has Correl Presentations software
- Chart stand

Materials needed:

- Participant workbook
- Markers
- Chart pads
- Diskette with Correl Presentations slide show

Note: If an In-focus machine and lap-top computer is not available, overhead transparencies can be printed from the diskette.

Notes to Presenter: Use personal examples to support and illustrate key points.

Acknowledgments:

The National Institute of Corrections would like to acknowledge the following individuals for their contributions to this training package: Renee Bergeron, Diana Coates, Dr. Barry Glick, Madeline Ortiz, Nancy Shomaker, Michelle Staples-Horne, MD, MPH, and William "Bill" Sturgeon.

Slide 1 - Title Slide (Security and Classification)

ANTICIPATORY SET

Slide 2 - Dynamic Security

In managing youthful offenders, the role of the security staff is expanded and enhanced to meet the unique and challenging issues this particular population presents. Security personnel become an integral part of the offenders' lives.

Slide 3 - Dynamic Security

One could say that security operations in a youthful offender program is truly "dynamic" security, in that it has to be able to Recognize (changes quickly), Resolve (issues), or Refer (to other team members).

In a youthful offender program, security has to be dynamic because the offenders dynamic themselves are dynamic. They are always in a state of change because they are going through the stages of their own adolescent development.

During this block of instruction, we will discuss the overall enhanced and expanded roles of security personnel, paying special attention to those areas associated with health care issues. However, that the most important difference between a youthful offender program and traditional adult corrections is the cohesiveness between departments within the juvenile offender program.

Slide 4 - *Performance Objectives*

The specific performance objectives will be:

- Identify the enhanced and expanded roles of security personnel assigned to a youthful offender program
- Define the 3 R's.
- List 3 specific areas of concern for security staff.
- Describe classification issues that affect youthful offenders and that involves youthful offenders.

INSTRUCTIONAL INPUT

Slide 6 - Managing Young Offenders

Always remember:

- The stages of adolescent development
- They're children in an adult environment
- Immaturity impacts behavior

All of us can appreciate that youthful (ADOLESCENT) offenders in adult institutions present some unique and challenging issues to security personnel who have become used to managing adult inmates by employing management techniques designed for adults. Now, they are faced with "adolescents." Regardless of what they have done, they are still "adolescents." They are in fact, children in an adult environment.

As you can guess, the management of youthful offenders directly conflicts with many of the traditional security management techniques.

The average youthful offender lacks the maturity to comprehend the management/operations of an adult environment. In an adult prison environment, all of the policies, procedures, management techniques, incentives, punishments, and operations have been predicated on the premise that with few exceptions, the inmates will have the maturity to comprehend and comply with all of these things and to understand if they don't there *will* be consequences.

Slide 7 - Sick Call

Our medical policies and procedures require, for the most part, that the inmates request to go on sick call. In the youthful offender world, going on sick call could indicate weakness and/or being a sissy. Remember, in their world "it is better to be considered 'bad' rather than sick or dumb."

Officers must be trained to recognize some basic symptoms.

Medical personnel should, to the extent possible, share information with staff.

Slide 8 - Referral Process

Expect undiagnosed illnesses.
According to Youthful Offender expert, Bill Sturgeon, most of the youthful offenders that he has interviewed report that they don't have a personal physician. When they are sick, they go to the Emergency Room for treatment,

so emergency room physicians are their primary care physicians. Also, they only go to the dentist when they have a toothache. Over 90% of them have not been to a dentist during the 12 month period prior to their incarceration.

Consequently, this population may have a lot of undiagnosed illnesses. It is best to err on the side of caution. For example, incidental research conducted by Bill Sturgeon has shown that many incidents of undiagnosed Type II diabetes have been discovered among youthful offenders.

The security staff should be taught that if they recognize that a youthful offender may be sick or injured, they should resolve the situation by sending (referring) them to medical personnel. This as all of you know is not the common practice in the adult world. In the adult world if an inmate is sick, he/she fills out a sick call form and goes on sick call.

Expect false alarms.
The medical department must understand that when a member of the security staff refers a youthful offender to them, they must deal with the situation. If they ascertain that nothing is medically wrong with the offender, medical personnel should not belittle the security staff person who referred the offender. We have to remember that there will be false alarms but, in my opinion, it is better to be safe than sorry when it comes to medical situations with youthful offenders.

We can't expect security personnel to become more involved with the offenders if they are belittled when they refer an offender.

The security staff, because of their "direct" involvement, are really the best people to recognize changes in the offenders. Again, remembering that in all reality these youthful offenders are still kids, they will wish something away rather than go to a doctor. Depending on where they are in their adolescent development, they may be afraid, embarrassed, or too status conscious to report for sick call.

As an example of this: In one facility, a youthful offender had a case of scabies but did not want to go to the health unit because he was embarrassed, not that he had scabies, but because he would have to take his pants down in front of a woman (nurse). Consequently, half of the unit came down with scabies.

Share information.
The enhanced role of security personnel requires that they look for changes

in the youthful offenders that are assigned to them. Whenever possible any information about an offender condition and related symptoms should be shared with the security staff. If the security staff is aware of the symptoms, they can refer the offender to the medical staff if the offender's condition gets worse.

If a young offender comes to sick call and nothing seems to be wrong, think about referring them to mental health.

I hesitate to push this area too far but the reality is that the security staff sometimes is required to play the role of surrogate parent.

Slide 9 - Areas of Concern for Security

Safety of medical personnel.
Other security concerns with youthful offender and medical personnel are the safety of medical personnel, the abuse of medicine by the offenders, and the feigning of illness to get out of work, school, or programs.

Although the above issues are also issues with adult inmates, they take on a different twist with youthful offenders.

Because the youthful offender can be impulsive and act without thinking about the consequences, there needs to adequate security personnel available when the youthful offenders are in the infirmary or the dental clinic.

Youthful offenders may act out in the infirmary because the are scared and/or they cannot deal with what they are being told about their medical condition. Make no mistake these same security concerns also are encountered in the dental clinics. (Every effort should be made to save the teeth of these youthful offenders. It is heartbreaking to see a 17-year-old without any teeth. There is the whole self-esteem issue that needs to be taken into consideration.)

Depending on what the youthful offender has been told, or what she/he has been through, security personnel should keep a close watch for self-harm or suicide. It would be helpful if the medical personnel could give security a head's up. Again, these offenders are adolescents and may, depending on their situation, see their current problem as the end of the road.

Abuse of medicine
It is fairly common in youthful offender programs. Many of these offenders have been on different medicines for several years and know the exact dosage

they need to take.

Medical personnel should be trained to ensure that the offenders take all of their medicine every time. Also, security should ensure that there are frequent shakedowns of the living, school, work areas and recreation areas.

An Aside: Ritalin is one of the most abused prescribed drugs by adolescents.

Feigning Illness/Injury

This is without question a difficult issue for both medical and security alike. It is important for medical personnel to build the trust of the youthful offenders so that when they are ill or injured they will come to them. Yet, they can't be seen as "an easy touch." Existing programs span the entire spectrum, from where the medical staff is short tempered and don't take into consideration that the offenders are adolescents (kids) with all their little fears, and quirks -- to where the medical staff is overprotective and at odds with the rest of the youthful offender program staff.

Rendering the proper care and understanding the goals of your youthful offender program and the stages of adolescent development will help to establish the trust factor that is needed.

A note to the security staff: be flexible and understanding of the role of the medical staff. And remember, the medical staff always has the final say.

Thinking back on what you have learned so far this week about adolescent development and using your personal knowledge of adult security operations, where would find you other conflicts between a youthful offender program and traditional security operations?

Trainer Note

Have participants share a few key points from their discussion, then ask the questions below.

Debriefing

- What new insight(s) did you gain from this exercise?

- How can you use this information once you return to your facility?

Slide 10 - Recognize- Resolve - Refer

Recognize - Resolve - Refer is a method for managing youthful offenders. The role of the security staff is enhanced and expanded in a youthful offender program. What I would like to do now is to give you some examples of these concepts in action.

One of the major tasks of the security staff is to conduct counts. Many institutions require 3, 5, 7, or even 10 official counts per day. Count times are a perfect time to **Recognize** if there is anything wrong with the offender. The very nature of count procedures requires the officer to "directly" observe the offender.

If the officer recognizes that something is not right with the offender, the officer can either resolve the situation then, finish the count and then **resolve**, or **refer** the offender.

One way to resolve is to ask questions.

You, in your role as medical practitioner, need to teach officers how to refer. If the officer recognizes that there is a problem with an offender and the problem is outside of his/her ability to resolve the problem, it should be referred to the appropriate person.

Adolescents who are experiencing a problem, any problem, tend to become very near sighted. They view their problem as astronomical in complexity, life threatening and in need of immediate attention. In reality, it maybe often something that the line officer can easily resolve. Understanding adolescents and patience is key to the successful management of youthful offenders.

Slide 12 - Prevent Escapes

Preventing escapes is another area that the security staff is responsible for and which takes on an enhanced role in a youthful offender program. Because of their immaturity, the "fight or flight" response in youthful offenders sometimes gets confused. When they feel that we are not controlling their environment and their safety is in jeopardy, they may run. The tendency to run from their problems always exists and the security staff should always be vigilant for escapes.

If mental health staff sense that someone may be a flight risk they need to pass on the information.

Slide 13 - Soft Issues

The real expansion and enhancement of the security staff's role is in what some people like to call "soft issues." But in a youthful offender program they are as important as fences and bars. These soft issues consist of:

- Modeling (Being a role model)
- Mentor
- Team member

Modeling and Mentoring

The security staff in any youthful offender program becomes the only adults that these offenders see every day of their incarceration. Therefore, they become the role models and mentors for these offenders. It may be they got these roles because of default. It really doesn't make a difference how they got them; they just need to know that they got them. Staff training in how to be a role model and mentor without crossing the professional boundaries is a must.

Once the staff has been trained to fulfill these "soft" roles, it is amazing how well they do. It is important, however, to constantly reinforce the boundary issue. It is very easy to cross the line.

Example: In the South Carolina Youthful Offender Program it was a rule that no one could swear or yell. It was amazing how quiet the living areas were and how well spoken and civil the staff and offenders became.

Team Member

Becoming a member of a "real" team is something that many security staff members never experience. In a youthful offender program, it is imperative that the security staff be considered "active" participants of the youthful offender team.

Attending a team building course would be be very advantageous for the youthful offender staff. Teamwork is what helps the staff of a youthful offender program stay on track.

Slide 14 - Classification

The classification of youthful offenders in adult institutions is a relatively new phenomenon. We all know that there are classification programs for

adults and classification programs for juveniles. What is missing is a classification procedure for youthful offenders incarcerated in adult institutions.

The environment of an adult institution on a youthful offender brings an entirely new set of variables that don't work on the current classification qualifiers.

Transition
Doctors Edward Latessa and Lawrence Travis, Ph.D., in a lesson plan that they developed for NIC in August 1996, give some insights into the classification quagmire of youthful offenders. I believe what they have to say is relevant to our discussion here today.

Slide 15 - Young Offenders Typically ....

A typical young offender is likely to:

- Be old (for a juvenile), 14-17 years
- Have a history of prior delinquent behavior
- Have been committed to a youth facility before
- Have Failed probation and/or aftercare supervision
- Have committed felony level offenses - generally a crime of violence
- Have a record of school disciplinary problems
- Had a poor record of school attendance and/or academic progress

Slide 16 - Social/Emotional Problems

The majority of today's youthful offenders can meet the criteria that Dr. Latessa mentioned. This research also says, "that these youths also tend to have a more pronounced set of social and emotional problems than those retained in the community and the juvenile justice system." Let's take a minute and look at some interesting characteristics of the type of youths who come to adult prisons.

- Have troubled relations with their parents
- Have a lower self-concept
- Are more alienated (feel less connected to legitimate groups, activities, values, and society in general)
- Have a greater history of substance abuse
- Are more likely to be involved in negative peer groups, notably gangs
- Tend to deny responsibility for their criminal behavior, blaming

others, rationalizing their actions

Slide 17 - 20 - Other Classification Issues

Taking all of these observations and characteristics into account, there are still more characteristics that are brought out by the adult prison environment and where the offender is in her/his adolescent environment. Let me share some of these characteristics with you and again these characteristics are from my own observations and conversations with youthful offenders:

- Belonging:

We have to get the offender to understand that this is where they are going to be for a long period of time. Now they are in a prison environment made for adults, geared for adults.

- Image:

Example: It is a very good thing to do some Administrative Segregation because it improves your "image."

- Impressionable:

We can change some of them, because they are impressionable, making change possible.

- Rape

Most of the male youthful offenders are worried about being raped in prison. It would be safe to say that, depending on what phase of adolescent development they are in, they could be still looking for their own sexual identity and/or homophobic.

- Self harm

This can come into play when assessing risk of escape, assaultive behavior, and suicide or self-harm. What I am not sure of is should these concerns cause the offender to be classified maximum? I would hate to see an offender held in a maximum classification just because he/she was going through an adolescent development phase.

- Although the "theory" is that the youthful offenders will be out of sight and sound of adult offenders for all practical purposes, this is unrealistic in an adult prison.

- Exposure to adult inmates

This can cause the youthful offenders to put on a facade to mask their fears

and act tough by performing for the adult offenders. By performing, I mean acting out either verbally or physically.

The adult inmates may pressure them to traffic contraband, getting into fights, feeling the necessity to make a name for themselves.

- Classifying higher leads to behavior issues.

If an inmate is placed in a classification that is higher than he/she requires, that inmate will have to take on the characteristics of that classification to survive.

By placing youthful offenders in adult institutions, we have forced them into a classification that is higher than required and they will have to taken-on the characteristic that they feel will help them survive.

If you classify them "maximum", they need to act "maximum" in order to survive.

- Having the correct instruments to assess the youthful offender is another area that is lacking in the adult world.

Many departments are either using the same instrument they use to assess adults or they are classifying all youthful offenders maximum until they have more time to observe them. The problem with the observation method is that they are observing them through the filters of the ideal adult inmate, not an adolescent inmate.

What is truly unfortunate is that the disciplinary record they build during the first few years of incarceration could determine their classification for years to come. Unfortunately adult corrections has a long memory. For instance an adolescent shoving match that was viewed as assaultive behavior in the adult world could stay with the offender for many years to come.

Read the disciplinary records of youthful offenders who are either classified maximum custody or who are in administrative segregation. You will find is that most of the problems that placed them there can be traced back to their immaturity and adolescent development.

A note about youthful offenders in segregation. Very often by placing a youthful offender into segregation the system is playing right into the offender's plan. Segregation for several youthful offenders is a status symbol.

In their misdirected world it is a badge of honor to have been in segregation. They use it for status while they are in prison and when they get out. Every program that I have been connected with has tried every means possible to keep from sending a youthful offender to segregation. We have used immediate sanctions that can about to losing privileges, extra work, or writing assignments. We would send a youthful offender to segregation if they violation involved violence, weapons, or escape.

Most youthful offender programs are predicated on the philosophy of helping the offender. Their structure is one of direct supervision where the offenders are constantly under the supervision of security, programs, and medical staff. And the surroundings are either medium or maximum.

I would like you to take a few minutes to talk about this questions in your small table groups.

- Is it more damaging to have a classification system that has been adapted from either the juvenile or adult world than to have a classification of "Youthful Offender Fit for the Youthful Offender Program" until a validated classification instrument can be developed?

Trainer Note
There is not a right or wrong answer. The idea is to get participants to think about the pros and cons of each approach and build their awareness of the need for a validated instrument.

GUIDED PRACTICE

Trainer Note
The Guided Practice will occur during end of day action planning. The participants will be asked what they are doing in this area and what they need to be doing. This will help them apply the information to their own work situations.

EVALUATION/CLOSURE

Why won't the traditional approach to security be effective in a youthful offender program?

Suggested Response

The traditional approach to security will not be effective in a youthful offender program. The security staff must be "actively" involved with the offenders.

What key training issues result from this non-traditional approach?

Suggested Response
You need to have specialized training.

References

Latessa, Edward, Ph. D., Travis. Managing Youthful Offenders In Adult Institutions, Classification and Needs Assessment

Performance Objectives

SECURITY AND CLASSIFICATION

As a result of this module you will be able to:

- Identify the enhanced and expanded roles of security personnel assigned to a youthful offender program.
- Define the 3 R's.
- List three specific areas of concern for security staff.
- Describe classification issues that affect youthful offenders and that involves youthful offenders.

Security and Classification

1

Dynamic Offenders = Dynamic Security

- **An enhanced and expanded role for security staff.**

2

Dynamic Security

A method for working with Youthful Offenders.

- *Recognize*
- Resolve
- Refer

3

Performance Objectives

As a result of this module, you will be able to:

- *Identify the enhanced* and expanded roles of security personnel assigned to a youthful offender program.
- Define the 3 R's.
- List 3 specific areas of concern for security staff.
- Describe classification issues that affect youthful offenders and that involves youthful offenders.

4

Adolescent Mind Set

- Primary Physician = Emergency Room
- Dentist = Pain

Managing Youthful Offenders

Always remember:

- The stages of adolescent development
- They're children in an adult environment
- Immaturity impacts behavior

"Sick Call"

- Security staff must be trained to recognize changes in the medical conditions of offenders.
- Share information with medical staff.

Referral Process

Medical staff must understand the referral process.

- Expect false alarms
- Be prepared for undiagnosed illness and/or other conditions
- Share information with security staff

Areas of Concern for Security

- Safety of medical personnel
- Abuse of medicine
- Feigning illness or injury

Recognize - Refer - Resolve

- Recognize ..... Counts
- Resolve ..... The issue if they can
- Refer ..... To other team members

Adolescents are "Near Sighted"

- Understanding and patience are the keys to management.

Prevent Escapes

- "Fight or flight" response
- Immature
- Confused

Soft Issues

- Modeling
- Mentor
- Team member

Security staff are in the best position to observe changes in the youthful offender.

Classification

Adolescents in adult facilities is a relatively new phenomenon.

- There are classification programs for juveniles.
- There are classification programs for adults.
- There is not a validated classification program for Youthful Offenders in adult facilities.

Young Offenders Typically .....

- Are old (for a juvenile), 14-17 years.
- Have history of prior delinquent behavior.
- Have been committed to a youth facility before.
- Have failed probation/aftercare supervision.
- Have committed felony level offenses (generally crime of violence).
- Have record of school disciplinary problems.
- Had poor school attendance/academic progress.

Latessa & Travis, 1996

Social/Emotional Problems

Characteristics include:

- Troubled relationships with parents.
- Lower self-concept.
- More alienated (feel less connected to legitimate groups, activities, values, society in general).
- Greater history of substance abuse.
- More likely to be involved in negative peer groups, notably gangs.
- Deny responsibility for their criminal behavior, blaming others, rationalizing their actions.

Latessa & Travis, 1996

Other Classification Issues

The adult prison environment.

- Belonging
- Image
- Impressionable

Other Classification Issues

Worried about rape.

- Homophobic
- Escape
- Self-harm

Other Classification Issues

Exposure to adult inmates.

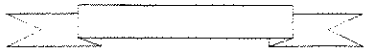
- Trafficking in contraband
- Fights
- "Making a name"

Other Classification Issues

Classifying higher leads to behavior issues.

- Take on the "higher" characteristics to survive.
- Build disciplinary records that "paint the wrong picture."
- The program itself can be the classification.

Security and Classification



PRISON HEALTH CARE:
YOUTHFUL OFFENDERS SENTENCED AS ADULTS

The Role of Medical Staff

Time = 60 Minutes

Equipment needed:

- In-focus machine
- Lap-top Computer that has Correl Presentations software
- Chart stand

Materials needed:

- Participant workbook
- Markers
- Chart pads
- Diskette with Correl Presentations slide show

Note: If an In-focus machine and lap-top computer is not available, overhead transparencies can be printed from the diskette.

Notes to Presenter: Use personal examples to support and illustrate key points.

Acknowledgments:
The National Institute of Corrections would like to acknowledge the following individuals for their contributions to this seminar: Renee Bergeron, Diana Coates, Dr. Barry Glick, Madeline Ortiz, Nancy Shomaker, Michelle Staples-Horne, MD, MPH, and William "Bill" Sturgeon.

Slide 1 - Title Slide (The Role of Medical Staff)

ANTICIPATORY SET

What pictures or thoughts come to mind when you hear the word "active?"

Responses will vary: They may include things like; lively, fun, involved, energized, etc.

Those same ideas hold true with medical personnel. Without question, medical personnel must play an "active" role in any youthful offender program. Meaning, they must be involved, interested, and willing to work As a team. Without the "active" participation of the medical personnel, many youthful offenders experience unnecessary physical, mental, and emotional problems.

Any successful youthful offender program realizes that each and every discipline in the prison, must become "actively" involved in the day-to-day operations.

Here is what we will accomplish in this module.

Slide 2 - Performance Objectives

For this session our performance objectives are:

- Outline the roles and functions of medical personnel associated with a youthful offender program.
- Develop a strategy for including medical personnel in the youthful offender program.

INSTRUCTIONAL INPUT

This section deals with the roles and functions of the medical personnel. In normal adult prison operations this would not take a great deal of explanation, but we are talking about their roles and functions with youthful offenders, and there are some unique aspects that need to be considered.

Slide 3 - Active

The best way to define the roles and functions of the medical personnel in a youthful offender program is that they must be "Actively Involved", as technical/clinical advisors, teachers, and team members.

Before we delve too deeply into specifics, let me share and example with you. I really think it helps to bring into perspective how medical personnel can act as advisors, teachers, and team members.

Note to Trainer
Here is a personal story by Bill Sturgeon. The trainer should try to use their own personal story to illustrate this and other key points.

Example: "My first real experience with how important the medical personnel can be to the operations of a youthful offender program came when a great number of youthful offenders were excluded from attending the youthful offender program because they had asthma. The medical staff felt that the program would be too strenuous for them and would aggravate their medical condition.

What I found after talking with the medical staff, was that no one had ever explained the overall concept of the program. Therefore "they" could place medical restrictions on offenders who had medical issues and those offenders would be excluded from the activities that aggravate their conditions. Once they understood that the physical component of the program could be adjusted to meet the medical needs of the offenders, they agreed to re-think their position. I also asked medical staff to teach the youthful offender program staff the signs and symptoms of an asthma attack. To make a long story short, the medical staff agreed to "give it a try" and to teach the staff. Throughout a long, hot, dusty, summer we only had one incident that required the offender to be placed in the infirmary.

By his own admission, he provoked his own attack by not using his inhaler. I interviewed him upon his return to the program and this is what he told me. "You see, Mr. Sturgeon, in the past whenever I was in trouble or I didn't want to do something, I would have an attack. I thought that if I had an attack I would not have to come back here. I guess I was wrong." This young man finished the program, was paroled, and at last report, he was *still* doing well."

This story illustrates some important points

Slide 4 - Communication

- Communication between the medical department and the program's staff is invaluable. Taking their advice on how to deal with offenders with asthma and deferring their clinical expertise permitted several young men the opportunity to experience the program.

Slide 5 - Training and Education

- The training that the medical staff can give to the rest of the youthful offender program staff can be very constructive.

Slide 6 - Holistic Approach

- Having the medical staff as "active" members of the youthful offender team can add a whole new dimension to the team and the overall program. It requires us to constantly look at the youthful offenders holistically.

Slide 7 - Focus on

- It is more important for members of the medical staff to share with the program's staff what youthful offenders in the program "can do" rather than what they "can't do".

Slide 8 - Team Work

The more involved the medical staff becomes with a youthful offender program, the more far reaching the program becomes.

For example: The medical staff working closely with mental health staff and the security staff can reduce the number of confrontational incidents with youthful offenders. This type of teamwork sets the tone for the program.

Now that we have discussed the positive roles and functions that medical personnel can play, we need to look at some issues that, if not addressed, could have a negative influence on the program

Slide 9 - Private Medical Care

First, if the medical care is provided by a private vendor, there can be a plethora of issues. We will take a minute to look at a few of the most serious ones.

Medical care and dental care for youthful offenders can be more costly than for adult (male) inmates. This can mean one of two things: the private provider will skimp on necessary care or the provider will want to increase the cost of the contract.

The private provider might not want to invest the extra time needed to be an "active" participant in the youthful offender program.

The private provider might be resistant to expanding the formulary to include medicines for youthful offenders.

The private provider might not be as willing to work closely with the department's mental health unit.

If the department is going to locate its youthful offender program in a facility that has private health care, it is very important that the department meet with the private medical provider and detail its expectations prior to starting the program. Please make no mistake, youthful offender medical care is expensive.

An aside - male youthful offenders experience a significant number of lower extremity injuries and hand injuries.

Second, if the medical personnel are agency employees, they might have to change their paradigms as to the roles and functions they will be asked to play in a youthful offender program.

They will be asked to become more involved with the day-to-day operations of the entire program. They will also be asked to provide training to both the youthful offender program staff and to the offenders.

The medical staff will be asked to present health education to the offenders in the program. I'm always astonished by the amount of mis-information that these young people have about almost everything to do with their bodies or health in general.

Slide 11 - Involving Medical, Dental and Mental Health Personnel

Whether the medical care is provided by private vendors or agency employees, their active involvement is a must. Therefore, it is important for the agency to develop a strategy for the inclusion of medical, dental, and mental health personnel. This strategy should include at least the following:

- Identify specific personnel/ key personnel from the medical, dental, and mental health areas that will be the active participants and conduit to the rest of the medical staff.

- Have a requirement that policies and procedures be reviewed by medical, dental and mental health "key personnel" assigned to the youthful offender program.

- Incorporate or amend corrections and/or suggestions into the

Program's policies and procedures if appropriate.

- Ensure that "key medical personnel" become an integral part of the design and implementation teams.

- require that "key medical personnel" youthful offender team members develop all of the medical, dental, and mental health policies and procedures.

- Require that "key medical personnel" assist the team in answering the following:
  - What information can be shared with the youthful offender team?
  - How will information be shared with team members?
  - Will information be shared with all members of the team or just certain members of the team?
  - How will this be determined?
  - Will it always be with the same team member(s)or will it change depending on the situations and/or circumstances?
  - What will these situations/circumstances would be?

- Have "key medical personnel" develop the methods and documentation they want the team to use to communicate issues to them.

There are certain things that can't be shared with the team because of "confidentiality" issues. But we need to be sure that the "confidentiality" issue isn't used as an excuse to withhold information with the rest of the team.

Some of you may have had some experiences with medical departments that could be construed as unpleasant. And I am sure that there are medical people out there who have had unpleasant experiences with other disciplines within the correctional arena. Remember, in many circumstances medical personnel have not been asked to become involved in the design of programs, nor have they been asked to play an "active" role in the day-to-to operations of the prison. Hopefully, this will not be the case as agencies design and implement youthful offender programs.

In a well run youthful offender program, the team really comes together and works, collectively, for the welfare of the offenders.

For too long we have approached the rehabilitation of offenders in a fragmented way. Interviews with successful youthful offenders have made it very clear that this approach will not work with this particular inmate

population. Maybe it's because they are too immature, too impulsive, too mixed-up, or too scared to accept our current management techniques.

GUIDED PRACTICE

Trainer Note

The Guided Practice will occur during end of day action planning. The participants will be asked what they are doing in this area and what they need to be doing. This will help them apply the information to their own work situations.

EVALUATION/CLOSURE

The roles and functions of medical personnel in a youthful offender program must be "active." Those people who are responsible for the development, implementation, and operations would be making a serious mistake if they didn't include medical personnel as some of their key advisors as soon as possible.

The medical personnel would be making a mistake if they didn't become totally and actively involved in their agency's youthful offender program. They can add so much to the program. Who knows maybe this cooperation between disciplines will spread throughout the agency.

Performance Objectives

THE ROLE OF MEDICAL STAFF

As a result of this module you will be able to:

- Outline the roles and functions of medical personnel associated with a youthful offender program.
- Develop a strategy for including medical personnel in the youthful offender program.

The Role of Medical Staff

1

Performance Objectives

As a result of this module, you will be able to:

- Outline the roles and functions of medical personnel associated with a youthful offender program.
- Develop a strategy for including medical personnel in a youthful offender program.

2

"ACTIVE"

Actively involved as .....

- ..... Technical/Clinical Advisors
- ..... Teachers
- ..... Team Members

3

Communication

- Communication between the medical staff and the rest of the Youthful Offender Program staff is invaluable.

4