



OJJDP

Desktop Guide to Good Juvenile Detention Practice

RESEARCH REPORT

DESKTOP GUIDE TO GOOD JUVENILE DETENTION PRACTICE

Research Report

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with the assistance of numerous juvenile justice
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In Memoriam

Time, like an ever rolling stream, bears all who breathe away;
they fly forgotten, as a dream dies at the opening day.

–Isaac Watts, 1719

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These friends of juvenile detention had outstanding careers cut short by untimely death.
Their names are remembered here. They are gone but not forgotten.

Foreword

Although research has identified deficiencies within juvenile detention, custody remains a critical and integral function of America's juvenile justice system.

The *Desktop Guide to Good Juvenile Detention Practice* constitutes the principal product of the Office of Juvenile Justice and Delinquency Prevention's Juvenile Justice Personnel Improvement Project. It is intended to serve as a useful aid in enhancing the quality and effectiveness of juvenile detention.

While the *Desktop Guide* draws on a national assessment of juvenile detention practices undertaken by the National Juvenile Detention Association, it is enriched by the constructive counsel of numerous practitioners and professional associations, including the American Correctional Association, the Juvenile Justice Trainers Association, the National Association of Counties, the National Association of Juvenile Correctional Agencies, the National Council on Crime and Delinquency, and several State Juvenile Detention Associations.

It is my hope that the *Desktop Guide to Good Juvenile Detention Practice* will fulfill its promise—not only to strengthen our Nation's detention services, but to stimulate the personal growth and professional development of the dedicated practitioners who provide those services.

Shay Bilchik

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What can 15 cents buy these days? Except for purchasing penny candy or bubble gum, 15 cents is not a very useful amount of money. In fact, it won't even buy a stamp for a postcard.

In 1947, the White House Conference on Juvenile Delinquency published an insightful and informative report on juvenile detention. The report included the findings of a national survey of juvenile detention practices conducted by Sherwood Norman. The information contained in the report would later become the foundation for the *Standards and Guides for the Detention of Children and Youth*, published by the National Council on Crime and Delinquency in 1958. This classic work shaped the definition of juvenile detention practice and served as the definitive resource until the development of the American Correctional Association (ACA) *Standards for Juvenile Detention Facilities* in 1979. These significant works are products of the information contained in the White House report, and one could order a copy of this report from the U.S. Government Printing Office for 15 cents in 1947.

Juvenile Justice Personnel Improvement Project

In 1992, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) awarded the Juvenile Justice Personnel Improvement Project (JJPIP) to the National Juvenile Detention Association (NJDA). Interested in current information about this important component of the juvenile justice system, OJJDP asked NJDA to examine three important areas in the definition and understanding of good juvenile detention practice.

First, JJPIP addressed the issue of staff training. Following an extensive review of the training literature, NJDA submitted to OJJDP a comprehensive report on the training needs of juvenile detention line staff. The report, *Juvenile Detention Training Needs Assessment*, identified training topics, categories, and curriculums for new and veteran juvenile careworkers. The report also defined various types of training needs and strategies to acquire this information.

Second, detention is a profession that has existed in relative isolation. Because a substantial number of juvenile detention facilities are operated or administered by a local branch of government, little emphasis has been

placed on sharing information and ideas. To reduce this isolation and fragmentation within juvenile detention, NJDA conducted a national survey of effective and innovative program ideas. The survey findings were reported in the *Effective and Innovative Programs: Resource Manual*. The manual was not a research or evaluation document. Instead, it provided information about innovative and effective program ideas. More than 300 topics appeared in its index. Descriptions were not comprehensive, but mailing addresses and phone numbers were included. The intended goal was to increase the interaction between detention staff through the direct sharing of information and ideas.

Third, OJJDP asked the question: What is good juvenile detention practice? The positive response by the juvenile probation community to the *Desktop Guide to Good Juvenile Probation Practice* by the National Center on Juvenile Justice convinced OJJDP that this strategy (a comprehensive review and updating of professional knowledge) would be beneficial for juvenile detention. The *Desktop Guide to Good Juvenile Probation Practice* served as the model for studying juvenile detention, a topic that has not been systematically examined in more than 45 years.

The Desktop Guide

Written under the guidance of a network of volunteer authors, advisers, and resources, the *Desktop Guide to Good Juvenile Detention Practice* is a major step in the development of a contemporary definition of state-of-the-art juvenile detention practices. It complements other publications arising from OJJDP and NJDA's collaborative efforts, including *A Resource Manual for Juvenile Detention and Corrections: Effective and Innovative Programs* (Roush and Wyss, 1994), *Juvenile Detention Training Needs Assessment* (Roush, 1996), and *Juvenile Detention Careworker Training Curriculum* (Jones and Roush, 1995). With this background information, several additional words of explanation are needed about the *Desktop Guide*. First, the juvenile detention practitioner, professional, or reader should understand what the *Desktop Guide* is and what it is not. Second, the *Desktop Guide* is divided into two parts, each with a different emphasis or focus. Third, the *Desktop Guide* contains a bibliography of current and related works on juvenile detention.

Hints for Using the *Desktop Guide*

More than anything else, the *Desktop Guide* is a beginning. It is unlikely that another 45 years will pass before it is revised and updated. The *Desktop Guide* is meant to be a working document, intended to enlighten, inform, and challenge.

The materials in the *Desktop Guide* should evoke a reaction. Although NJDA hopes that the reaction is positive, it also hopes that disagreements and negative reactions will result in renewed dialog on particular subjects. An openness exists within OJJDP and NJDA to discuss dissenting or contrary beliefs and to work through the differences so that the ultimate benefactor of this interaction is the practice of juvenile detention and the youth it serves.

The *Desktop Guide* assumes that juvenile detention professionals cannot be totally competent and skillful without a solid understanding of the basic concepts and principles involved in juvenile detention. Therefore, the *Desktop Guide* is not a “how to” manual even though it contains definite “how to” sections. To get the full benefit of the information in the *Desktop Guide*, staff will have to engage it seriously—this means reading. It may mean rereading. It may also cause a critical reevaluation of your current practices. It may lead to a rethinking of your professional commitment and career development. To produce professional growth, the materials need to stimulate you, and we trust that they will. Again, the *Desktop Guide* is intended to enlighten, inform, and challenge.

Part I: Principles and Concepts

The first part of the *Desktop Guide* explores the background principles, concepts, and knowledge that are at the core of juvenile detention and juvenile justice. This information provides the foundation for skill acquisition and skill development. Following are brief descriptions of each chapter:

Chapter 1 addresses the history of juvenile detention and includes background information about the development of the juvenile court and juvenile probation. The chapter draws heavily from the *Desktop Guide to Good Juvenile Probation Practice* and the *Task Force Report* from Pennsylvania. In addition to historical perspectives on the formation of the juvenile court, the chapter includes a description of the Pere Marquette Institute in 1968, which was a culminating event in the creation of NJDA and federally sponsored staff training programs.

Chapter 2 is a thorough explanation of the relationship between juvenile detention and the law (the Juvenile Court Act). Professor Frank Kopecky from the Center for

Legal Studies at the University of Illinois at Springfield carefully outlines the legal obligations of juvenile detention careworkers as contained within the Juvenile Court Act. He provides a basic understanding of the operations of the juvenile court with sufficient detail so that juvenile detention careworkers can make informed responses to detainees’ questions about “what’s going to happen to me now?”

Chapter 3 looks at the definition of detention, a critical concept given current challenges to the juvenile court and contemporary theories of juvenile justice. The definition materials are from the NJDA definition, which was forged from 3 years of debate and discussion. This definition, unanimously adopted by the NJDA Board of Directors in 1989, serves as the benchmark for definition statements.

Chapter 4 addresses adolescent development. Under the direction of Professor J. Steven Smith, a team of psychologists, criminologists, and developmental specialists identifies many of the distinguishing characteristics of adolescence. In particular, the chapter highlights the developmental and psychological differences between children and adults. This chapter also includes information about gangs and their relationship to delinquency theory.

Chapter 5 reviews the legal liability of juvenile detention careworkers. Developed by James R. Bell, the chapter outlines the critical areas of juvenile rights as they relate to conditions of confinement. Bell provides a clear overview of the legal expectations of juvenile detention line staff.

Chapter 6 discusses professionalization and career development. Basic qualities of good juvenile detention careworkers are examined, using Ernest Shelley’s description of “staff of the right kind” as a guideline. The chapter also includes the NJDA Code of Ethics and a review of staff development issues contained in recent NJDA and OJJDP projects.

Part II: Daily Practice

The second part of the *Desktop Guide* examines daily practice, addressing the principles and concepts for skill acquisition.

Chapter 7 identifies and explains three critical areas of juvenile detention management. Developed by Joe Christy, the first section explains the importance of the mission statement and its relationship to internal and external management environments. The second section looks at institutional security. Developed by Tom Stokes, the three areas of good institutional security include personal security, resident security, and building security.

The final section of the chapter is a comprehensive review and explanation of policies and procedures. Developed by Rosalie Rosetti, the policy and procedure section is a clear and detailed analysis of the “whos, whats, whens, and wheres” of policy and procedure development. Specific examples of priority areas for policy and procedure development are provided by Donald Steitz, based on the experience of the Jefferson County Youth Center. A final section also includes a report by Donald DeVore on the recent efforts of the Juvenile Detention Centers Association of Pennsylvania to develop performance-based standards in juvenile detention.

Chapter 8 is an adaptation of “The Critical Hour: Admissions to Juvenile Detention,” a training video developed by ACA. Using the ACA standards on admissions, this chapter examines the concepts of (a) how to quickly establish a working relationship with newly admitted juveniles and (b) how to acquire important information about the juvenile. The chapter presents several different types of youth as examples of how these principles are applied.

Chapter 9 is an overview of juvenile health care issues. Building on the efforts of the National Commission on Correctional Health Care, this chapter by Drs. Robbie Morris, Martin Anderson, and Chuck Baker is a revised and updated version of their chapter on the same topic contained in the *ACA Juvenile Careworker Resource Guide*. Special emphasis is placed on the assessment of communicable diseases during the time of admission.

Chapter 10 is an overview of juvenile detention programs. Developed by Steve Coulman, the chapter describes a broad range of helpful programs and services. Included in the chapter are discussions of activities programs, recreational programs, leisure-time programs, volunteer programs, and religious services programs. This chapter should be used in conjunction with *Effective and Innovative Programs Resource Manual* (Roush and Wyss, 1994).

Chapter 11 describes the components of a good detention education program. Based on the nationally recognized detention education program developed by Jon R. Hill and his staff, this chapter reviews a range of components, including class size, teacher qualifications, general education curriculum, remedial education curriculum, special education services, and relationships with the home schools of the youth. Additional references include professional standards as well as other program resources and guidelines from various States.

Chapter 12 explains behavior management. Developed by Nelson Griffis, the behavior management materials are comprehensive and detailed. Griffis makes two essential points in these materials. First, effective

behavior management is a function of emotionally stable individuals who serve as good role models for youth and who are necessary for effective behavior management programs. Second, effective behavior management is a comprehensive and integrated approach to all aspects of the daily program in juvenile detention. Merely having a point system or a time-out room does not guarantee effective behavior management. Griffis discusses consistency and its relationship to setting limits, making rules, enforcing rules, and using specific behavior-management techniques. A special contribution in this chapter is a list of more than 100 reinforcers that can be used by line staff in a juvenile detention program.

Chapter 13 identifies the critical skills of behavior observation and recording. Based on the training program developed for Detention Basic Training at the Center for Legal Studies at the University of Illinois at Springfield, the chapter is an adaptation of David Roush’s instructional article “Behavior Observation and Recording” (Roush, 1993). Supplemental materials are also available from the Center for Legal Studies.

Chapter 14 provides instruction and advice about mental health problems in juvenile detention. Developed by Kirk Blackwood and Jana Ewing, the chapter uses information prepared by Kathleen Kroening. The chapter starts with the assumption that mental health problems should be dealt with by mental health professionals. Recognizing that this assumption is problematic for line staff who work with juveniles who need mental health services during the day when mental health services and staff are not available, the chapter outlines a clear and simple list of “do’s” and “don’ts” for direct-care staff in juvenile detention centers.

Chapter 15 addresses special topics, giving attention to (a) suicide assessment and intervention, (b) alcohol and other drug abuse assessment and intervention, (c) minority concerns, (d) gender issues, and (e) the management of violence. These topics do not represent all of the issues and concerns facing line staff in juvenile detention. As stated earlier in this introduction, the *Desktop Guide* is intended to start the discussion about the variety of topics relevant to juvenile detention.

What’s Missing?

Several topics are conspicuous by their absence. First, the *Desktop Guide* does not address the isolation or confinement of juveniles. ACA standards and case law seem to be sufficient on this issue. References and resources for further study are listed in the bibliography.

Second, the *Desktop Guide* does not discuss physical and mechanical restraints. Although these skills may be required of all juvenile detention careworkers at some

time in their career, excellent programs are available to train and certify staff members at a basic level of competence in each of these areas. This type of certification should be an essential component of every staff training program in every juvenile detention facility.

Third, the *Desktop Guide* does not cover staff training and development. However, these issues are addressed in NJDA's *Juvenile Detention Training Needs Assessment*, offering another example when the *Desktop Guide* should be used in conjunction with other products and materials developed by NJDA and OJJDP. You may also wish to consult *Juvenile Detention Careworker Training Curriculum*, which provides a comprehensive 40-hour training program for new line staff in juvenile detention facilities.

Fourth, as you read the *Desktop Guide*, you will probably note several topics that are very important to you but missing from the materials. Constraints on time and resources often resulted in omissions. NJDA encourages you to tell us what was omitted and why it is important to you.

Bibliography

A rather lengthy bibliography appears at the end of the *Desktop Guide*. It includes numerous relevant works in juvenile detention along with many other related publications and manuscripts. Although not complete, the bibliography is an attempt to compile a list of references that provide an understanding of juvenile detention.

Very little has been published about juvenile detention during the past several decades. Yet the bibliography section is quite lengthy, reflecting a greater number of works about juvenile detention than was originally anticipated. Publications such as *NJDA News*, *Corrections Today*, and *Journal for Juvenile Justice and Detention Services* have added numerous articles to juvenile detention literature. Because articles about juvenile detention were becoming more plentiful, the bibliography section was the last part of the *Desktop Guide* submitted to OJJDP. The list of references is as current as possible.

Advent of the Juvenile Justice System

The roots of the juvenile court movement in this country can be traced to 16th-century educational and religious reform movements in Europe. These reform movements changed the public view of children from one of “miniature adults” to one of persons whose moral and cognitive capacities were not yet fully developed. This new perspective resulted in the development of boarding schools with strict regimens designed to shape the mentality and morality of the child (Aries, 1962).

The impact of industrialization and immigration on the United States accelerated what probably would have been a more gradual revamping of criminal law and its application to children. Rapid urbanization disrupted families, resulting in overcrowding and an increase in crime, including crimes committed by children. A strong public concern for the protection of these children, particularly from their surroundings, began to surface, setting the stage for a series of social reforms that created special courts to hear cases involving children.

The numerous reforms preceded the juvenile court movement, and in retrospect, the eventual creation of the court was a predictable outcome of a process characterized by the protection of children. The development of child labor legislation, specialized care for the handicapped, and public education evidenced growing support for a philosophy of governmental responsibility for individuals who needed special protection and care (National Center for Juvenile Justice, 1991).

Houses of Refuge

In the United States, reforms can be traced directly to a Quaker-led movement in New York City. One of the first visible achievements of this movement was the passage in 1796 of legislation that, for many crimes, replaced punishment by whipping and death with confinement in newly built prisons. In 1823, a component of this movement, the Society for the Prevention of Pauperism in the city of New York, focused on the plight of the horde of “dirty, foul-mouthed children who thronged the city streets and subsisted on picking pockets and other crimes.” The Society advocated the construction of a “House of Refuge” for vagrant or deprived young people and declared that the contamination of locking up children with mature criminals was one of the worst consequences of prison reform (Fox,

1970). The New York legislature responded in 1824 by granting authority to build a House of Refuge for the reformation of juvenile delinquents, establishing the first detention of youth separate from adults.

Pennsylvania was also at the forefront of the House of Refuge movement. Houses of Refuge were designed to remove children from the adult prisons and poor-houses. The Philadelphia House of Refuge, established in 1826, initially accepted children who had been convicted of crimes or who were vagrants. This was the second such institution to be created in America.

In 1835, Pennsylvania enacted legislation to add incorrigibility as a reason for commitment. The new law was soon challenged as unconstitutional after an incorrigible child had been committed to the House of Refuge without a jury trial. However, in *Ex Parte Crouse*, 4 Wharton Reports 9 (PA 1839), the Pennsylvania Supreme Court upheld the commitment, finding that “The House of Refuge is not a prison, but a school, where reformation, not punishment, is the end.” With regard to the State’s authority to care for Mary Ann Crouse, the court found:

toward this end may not the natural parent when unequal to the task of education or unworthy of it, be superseded by the *parens patriae*, or common guardian of the community. ... The infant has been snatched from a course which must have ended in confirmed depravity ... and not only is the restraint of her person lawful, but it would be an act of extreme cruelty to release her from it.

The *Crouse* case is regarded as perhaps the first case involving a delinquency matter to employ the *parens patriae* doctrine, although the doctrine had been used previously in other areas of law (Pennsylvania Juvenile Justice Task Force, 1991:19).

The right of the State to intervene in the life of a child differently from the way it intervenes in the life of an adult is based on the British doctrine of *parens patriae* (parent the king). The doctrine was interpreted as the inherent power of the king (State) to provide protection for persons who were not of full legal capacity. This chancery jurisdiction was generally applied to cases of child neglect and abuse or on behalf of insane and incompetent persons. The essential element of this doctrine was its emphasis on the welfare of the child, permitting the proper balance of social and economic interests. The chancery court might well have

limited its concern to dependent, neglected, and destitute children. However, in extending chancery principles to include delinquent children, the court was following these principles to their logical conclusion because delinquent children were often dependent, neglected, and destitute, and all of these children were in need of the court's benevolent intervention.

The early Houses of Refuge in New York, Pennsylvania, Massachusetts, and Ohio were founded on principles of education and religion, generally providing a program for children based on strict discipline and useful labor, while protecting them from adult criminals. These institutions began developing rather rapidly and were the forerunners of State-operated reform schools and industrial schools. Chronologically, the public training school emerged before our current concept of juvenile detention. In the mid-1800's, progressive States began to develop reform schools that provided the discipline needed by wayward youth but offered a homelike atmosphere where education was emphasized. The first, Lyman School for Boys, was opened in Westboro, Massachusetts, in 1847. A similar school for girls was opened in Lancaster, Massachusetts, in 1855. Ohio created the State Reform Farm in 1857 (Cole, 1989).

Some members of the Progressive Reform movement became concerned about the mistreatment and neglect of children in orphanages and Houses of Refuge. Primarily active in urban areas, the movement became known as the "child savers," with prominent women citizens acting as the lead advocates for children. Other targets of child saver reforms included child labor practices, neglect and dependency, inadequate assimilation of immigrant children, runaways, orphans, and delinquents (Newman, 1986).

John Augustus and Probation

Equally important to the development of the juvenile court system in America was the development of probation as a sentencing alternative. Probation as we know it was derived from a logical extension of the English common law practice of the conditional suspension of punishment. Use of the judicial reprieve, release of offenders on recognizance, release on bail, and suspension of sentence were direct precursors of probation.

The first step beyond these common law practices was taken in Boston, Massachusetts, in 1841 when John Augustus, a local cobbler, attended police court and requested that the court allow him to post bail for a man charged with being a common drunkard. The court agreed, and Augustus was ordered to return with the defendant in 3 weeks, at which time he was to show

convincing signs of reform. At sentencing, instead of the usual imprisonment, the judge imposed a fine of 1 cent and ordered the "reformed" defendant to pay costs.

Encouraged by his initial experience, Augustus provided bail for more offenders and began supervising and guiding their behavior pending sentencing. Although he worked initially with adult males, he gradually extended his activities to include work with women and children. Augustus subsequently "bailed on probation" thousands of persons. He was credited with developing many of the features that came to characterize the American probation system, including the use of case studies, regular supervision, employment, and education. Although Augustus has been acclaimed for his work with adults, he was also—without question—a juvenile probation officer.

In 1847, I bailed nineteen boys, from seven to fifteen years of age, and in bailing them it was understood, and agreed by the court, that their cases should be continued from term to term for several months, as a season of probation; thus each month at the calling of the docket, I would appear in court, make my report, and thus the cases would pass on for five or six months. At the expiration of this term, twelve of the boys were brought into court at one time, and the scene formed a striking and highly pleasing contrast with their appearance when first arraigned. The judge expressed much pleasure as well as surprise, at their appearance, and remarked, that the object of law had been accomplished and expressed his cordial approval of my plan to save and reform (Moreland, 1941:5).

In 1869, Massachusetts provided for the appointment of an agent of the Board of State Charities. The agent investigated cases of children tried before the court, attended trials, received certain children for placement, and found foster homes, when appropriate. These agents, with the help of volunteers, also supervised children placed under the common law practice of probation (Shultz, 1973).

The practice of probation was regulated by statute for the first time in 1878, when Massachusetts enacted legislation that enabled the mayor of Boston to appoint a paid probation officer for the courts of criminal jurisdiction in Boston (Pennsylvania Juvenile Justice Task Force, 1991:20). For more historical information on probation, John Augustus, and the Progressive Movement, see the recent article by Edward Sieh (1993).

The Juvenile Court

In a historical review of the origins of the juvenile court, the Center for Legal Studies at the University of Illinois at Springfield attributed the evolution of the juvenile court movement to Illinois Governor John Altgeld (Kopecky, 1989). Other key actors identified in the report were social workers Jane Addams, Julia Lathrop, Lucy Flowers, and Elvina Stevens, as well as members of the Chicago Bar Association—Judge Richard Tuthill, Judge Harvey B. Hurd (“Father of the Juvenile Court Law”), Ephriam Banning, John W. Ela, Edwin B. Smith, and Clarence Darrow. According to Kopecky, Governor Altgeld appointed Julia Lathrop to evaluate the conditions of confinement in all Illinois correctional institutions. She was so appalled by the treatment of juvenile offenders that she asked members of the Bar to implement legislation for juvenile reform. With the help of Lucy Flowers, the Bar Association drafted the bill that eventually became the Juvenile Court Act.

Although it is common practice to attribute the invention of the juvenile court to inspiration in Cook County (Chicago), Illinois, parallel evolution was taking place in several States. The practice of trying children separately from adults began in Suffolk County, Massachusetts, in 1870. The practice became statewide in 1872. New York developed a similar statute in 1892, followed quickly by Indiana and Rhode Island (Sussman and Baum, 1968). Nevertheless, the Juvenile Court Act, passed by the Illinois legislature in 1899, was the first such enactment to be acknowledged as a model statute for other States and countries (Platt, 1969).

Juvenile Court Act

The Illinois Juvenile Court Act eliminated the need for warrants to arrest children, the use of indictments, and most other features of criminal proceedings. The Act established a separate courtroom and separate records, and it provided that “where a child would come within the jurisdiction of the courts—that the care, custody and discipline of a child should approximate as nearly as may be, that given by its parents.” The new law created a juvenile court with jurisdiction over children under the age of 16 who were delinquent, dependent, or neglected (Pennsylvania Juvenile Justice Task Force, 1991:20). The Illinois Juvenile Court Act delineated three distinctions of the juvenile court movement: (1) the creation of a separate court of justice for children because children are different, (2) the recognition that juvenile court is not a criminal court, but a civil court, emphasizing the rehabilitation and treatment of children, and (3) the creation of a system of probation (Lathrop, 1917).

In 1893, prior to the passage of the Illinois statute, Pennsylvania enacted legislation that prohibited a child under age 16 from being confined with adults charged with or convicted of crimes. This law also required that children should be tried separately from adults and provided that cases involving children be listed on separate dockets. Although Pennsylvania’s first Juvenile Court Act, passed in 1901, was very similar to the Illinois law, the Pennsylvania Superior Court declared the new statute unconstitutional (Pennsylvania Juvenile Justice Task Force, 1991:20).

Shortly thereafter, the General Assembly enacted the Juvenile Court Act of 1903, which was very similar to the 1901 statute. The Pennsylvania Supreme Court upheld its constitutionality, citing the *parens patriae* doctrine as a valid basis for approving different procedures, such as the denial of a jury trial, in cases involving children. Around this time, the juvenile court movement gained considerable momentum, and by the mid-1920’s, nearly every State had enacted juvenile court statutes in some form.

Early Definition of Delinquency

The definition of delinquency was broadened shortly after the passage of the Illinois Juvenile Court Act to “embrace both the list of peculiarly juvenile offenses, such as frequenting places where any gaming device was operated” and the apparently all-encompassing “status offenses” of incorrigibility and a livelihood of idleness or crime. In 1907, the list was again broadened to include “running away from home, loitering and using profanity.” These acts defined the characteristics of juvenile delinquency. Discrimination between behavior defined as criminal for everyone, adult or child, and behavior seen as inappropriate only for a child was not believed to be necessary. Juvenile crime was not viewed as an adult crime but as evidence of *delinquency*. Juvenile errors and omissions were not to be held against an offender in later life. The court’s task was not to punish juvenile crime but to guide delinquents toward a responsible and productive adulthood.

The focus of the juvenile court proceeding shifted from the particular offense that a child had committed. As Judge Julian Mack, the first juvenile court judge in Cook County, described the role of the judge in these new proceedings, “the problem for determination by the judge is not—has the boy or girl committed a specific wrong, but what is he, how has he become what he is, and what had best be done in his interest and in the interest of the State to save him from a downward career” (Pennsylvania Juvenile Justice Task Force, 1991:21).

Adjudication

The adjudication proceeding itself was intended to be nonadversarial in nature, with the judge presiding as a father-figure who represented simultaneously the interests of the child and those of the State. The early courts operated without providing alleged delinquents with many of the rights afforded adults, including adequate notice of charges, the right to counsel, and trial by jury. The power of the juvenile courts to act in the absence of many of these procedural safeguards eventually became the basis of attacks on the philosophy of the system. Although the level and frequency of the criticism increased throughout the 20th century, the juvenile courts of the early 1900's functioned virtually unchanged until 1966, when the U.S. Supreme Court ruled on certain procedures of the court (Pennsylvania Juvenile Justice Task Force, 1991:21).

Women's Role

Women played a significant role in the development of the juvenile justice system. According to Cole (1989):

Such activists as Jane Addams and Julia Lathrop of the Settlement House Movement ... and the National Congress of Mothers were successful in promoting the juvenile court concept, so that by 1904 ten states had implemented procedures similar to those of Illinois, and by 1920 all but three states provided for a juvenile court. (p. 649)

Other key women identified in the juvenile court movement are Lucy Flowers and Elvina Stevens (Kopecky, 1989). Women also developed powerful advocacy groups for juvenile justice (e.g., League of Women Voters and denominational women's groups), and they contributed countless volunteer hours to all aspects of the system.

The women's movement of the 1970's combined with the economics of the 1980's to move a substantial number of women from advocacy or volunteer roles and into the workplace. However, the diminished involvement of these advocacy groups has adversely affected the juvenile justice system's ability to maintain its equilibrium in the face of the punitive policies of the 1980's.

The Origins of Contemporary Juvenile Detention

Very little is written about the history of juvenile detention in the United States. Information about the development of detention must be drawn from historical

accounts that focus primarily on other juvenile justice matters. However, these sources provide some insight on how detention developed.

There appear to be three major phases in the development of juvenile detention, and we are currently in one of them. The current increase in juvenile violent crime combines with the continued disintegration of the family and a punitive public philosophy to place an increasing demand on juvenile detention as a major resource for the juvenile justice system. As a result, the number of facilities is increasing, while existing facilities are expanding.

Juvenile Detention Homes

The two other periods described in the literature are the times preceding and following World War II. For the first 50 years of the juvenile court, most juvenile detention occurred in either homelike settings or jail. Many juvenile courts actually purchased large houses for the detention of status offenders, minor offenders, and dependent-neglected children. Staffed by house parents, these houses were generally not secure. The practice was very similar to current nonsecure detention programs such as the types operated in New York State. Because of the relatively low number of youth committing delinquent offenses, serious offenders were diverted to the local jail or committed to State training schools and reformatories. Secure detention facilities (institutions with secure hardware and design) were the luxury of larger juvenile court systems.

Early accounts of juvenile detention describe similar systems. In rural and small-town communities, the detention home or small, homelike institution developed (Norman, 1957). Extended families throughout rural America helped suppress delinquency and enabled small jurisdictions to meet their detention needs through detention homes, foster homes, and group homes. Small institutions (under 20 beds) were also designed with a homelike atmosphere that included live-in house parents. The legacy of the homelike approach to juvenile detention survived through the 1960's, and a few detention centers are still called homes—e.g., the Calhoun County (Michigan) Juvenile Home.

Jailing Juveniles

Urban areas constructed more traditional detention facilities, using a hospital-like architectural design (Norman, 1957). In both cases, jails were used for serious offenders. Most jurisdictions without access to a detention center made arrangements to detain youth in county jails or municipal lockups. By 1945, nearly 27 percent of all youth detained overnight were incarcer-

ated in a county jail or police lockup as opposed to a juvenile detention facility (Tappan, 1949). As the procedure of jailing juveniles continued, reports of deaths, injuries, and unsanitary living conditions raised questions about the practice of detaining youth in jails (Tappan, 1949; and Norman, 1957).

Construction of appropriate juvenile detention facilities was hindered, however, by the economic problems associated with the Depression and World War II. By 1930, 141 juvenile detention facilities existed in the United States, but many of these were homelike residential group facilities (Norman, 1957). An accurate count of institutional detention facilities was not available prior to World War II.

The Construction Boom

The post-World War II prosperity enabled those within the juvenile justice system and the public to look more closely at the problems surrounding juvenile delinquency, especially the practice of jailing juveniles and the need for appropriate detention facilities for children and youth. As a result, a construction boom occurred in the 1950's and 1960's. By 1967, 242 secure institutions for juvenile detention existed in the United States (Cavan, 1969:393). The height of this construction occurred between 1945 and 1957, when more than 100 detention centers were built (Norman, 1957:396). Between 1950 and 1957, California built 22 new juvenile detention facilities.

Since then, construction has continued. By 1971, 303 juvenile detention facilities were reported in the United States (Pappenfort and Young, 1980). By 1989, that number had risen to 492 facilities (Allen-Hagen, 1991).

Trends from the early 1990's indicate that construction is continuing. However, the rising costs of the adult criminal justice system, particularly the operational costs of prisons and jails, are placing extreme financial burdens on local jurisdictions. In 1993, one New Jersey county closed its juvenile detention facility as part of a cost-saving effort.

First Juvenile Detention Center

The absence of historical records prevents a definitive identification of the first juvenile detention facility in the United States. Tappan (1949) recognized the Arthur J. Audey Home, operated by the Cook County Juvenile Court, as the first juvenile detention facility. Opened around 1906, the Audey Home was a multistory residential building near downtown Chicago (Jordan, 1968). In 1923, a new juvenile detention facility was built using state-of-the-art designs. By 1970, the demands for more space and a new physical plant led to the construction of the 500-bed Cook

County Temporary Juvenile Detention Center, operated by the executive branch of Cook County government.

To describe the large juvenile detention facility and its programs, Cavan (1969) used the Los Angeles County Juvenile Hall. She reported that the Juvenile Hall was established in 1906, the same year as the opening of the Audey Home in Chicago. Was the first juvenile detention center in Chicago or Los Angeles? It is hoped that this question will elicit historical evidence to support one theory or the other.

Recent History

Even though the concept of juvenile probation is older than juvenile detention, the histories of both ideas have been somewhat similar during the past several decades. Juvenile probation and detention represent the two primary interventions of the juvenile court. Many juvenile probation officers came from the ranks of juvenile detention, while detention administrators frequently evaluate detention workers with an eye to those who can be promoted to the probation department. The salary and status disparities between detention and probation imply that detention is secondary within juvenile court. The State of Illinois recently enacted legislation that created salary parity between juvenile detention officers and juvenile probation officers, enabling Illinois detention facilities to maintain greater staff stability.

At the beginning of the 1950's, juvenile probation professionals were certain that management caseloads, new facilities, and full staffing of trained probation officers would completely control juvenile delinquency. However, by the end of that decade, these professionals were smarting from the criticism of a subcommittee of the U.S. Senate Committee on the Judiciary, which had spent 5 years studying juvenile delinquency and laying the foundation for the Juvenile Delinquency and Youth Offenses Control Act of 1961 (Hurst, 1990). The authors of that legislation were sufficiently impressed with current social theories to make provisions to fund virtually every kind of community effort that prevented or controlled delinquency—except juvenile probation.

The juvenile court also came under attack by outsiders because it failed to meet its promises. During the 1960's, civil libertarians found powerful allies on the Supreme Court, and the cannons of procedural due process were turned first on the criminal justice system and, once it had been "blasted into constitutional submission," on the juvenile courts (Hutzler, 1982:28). With the *Kent* decision in 1966, *Gault* in 1967, and *Winship* in 1969, the Supreme Court denounced the informality of

juvenile proceedings and demanded that juvenile courts consider a defendant's rights, due process, and constitutional safeguards while finding facts. (For more detail on these and other decisions, see Chapter 2.)

In response to President Lyndon Johnson's "war against crime" and the recommendations of the Katzenbach Commission on Law Enforcement and Administration of Justice in 1967, Congress passed the Juvenile Delinquency Prevention and Control Act of 1968. That Act made specific provision for financial assistance to courts and correctional systems to treat and control juvenile delinquency. It also recommended that children who were charged with status offenses be screened from the court system. The U.S. Department of Health, Education, and Welfare (HEW) spent 4 years developing the national strategy for this legislation but never requested an appropriation that could be used to support services in the States (Hurst, 1990).

The late 1960's brought rapid change to the juvenile justice system. The nature and intensity of change created high levels of uncertainty within the field as basic assumptions were challenged, clarified, and redefined, sometimes simultaneously. These changes foretold even more significant transformations.

Pere Marquette Institute

The first documented attempt to convene juvenile detention professionals and experts was the National Institute for Juvenile Detention Home Administrators in spring 1968 at the Pere Marquette State Park in Grafton, Illinois. The Institute was the cooperative effort of Dr. Charles Matthews, director of the Delinquency Study in Youth Development Center at Southern Illinois University-Edwardsville, and Gerald Wittman from HEW's Office of Juvenile Delinquency and Youth Development. Matthews and Wittman believed that juvenile detention in the United States needed more attention and that nationally respected expert practitioners should set an agenda for the future of the profession. Little progress had occurred for juvenile detention since the National Council on Crime and Delinquency (NCCD) published the *Standards and Guides* in 1958 and revised it in 1961. Furthermore, the history of practitioner involvement in the development of the field of juvenile detention was sporadic, and those in the profession remained isolated. This concept of using training experiences as a way to share ideas on a national level led to the development of the National Juvenile Detention Association.

National Juvenile Detention Association (NJDA)

Two issues emerged from the Pere Marquette Institute. First, in addition to the American Correctional Association (ACA), a separate professional association was needed to represent juvenile detention nationally. The 1968 Institute marked the first time that detention administrators convened on a national level to address the future of juvenile detention. Second, the Institute was to provide a vehicle for detention practitioners to unite and provide national leadership so that juvenile detention practices could be standardized. Institute participants elected LaVon Kindall as the president of the fledgling association. The first group of officers also included James M. Jordan, who was responsible for incorporating NJDA as a nonprofit organization under Illinois law in 1971.

Since 1968, NJDA has provided semiannual training programs for juvenile detention personnel. In 1989, NJDA initiated the National Juvenile Services Training Institute (NJSTI), an annual training event that provides detention and corrections practitioners with various workshops, seminars, and training certification programs. Furthermore, NJDA publishes an education, research, and training journal in conjunction with the Juvenile Justice Trainers Association (JJTA) and the National Association of Juvenile Correctional Administrators (NAJCA).

Origins of Detention Staff Training

Another reason for the Pere Marquette Institute was the need for staff training (Grass Roots and NJDA, 1990). Matthews saw national training efforts as a way to sustain ongoing interaction among detention staff. He assigned training responsibilities to Dr. Tom Hughes, a faculty member at the Delinquency Study and Youth Development Center. Hughes secured funding through the Office of Juvenile Delinquency to conduct regional training programs for detention staff.

Much of the experience gained in training detention staff has been transferred to the Detention Basic Training programs operated by the University of Illinois at Springfield Center for Legal Studies. Coordinated by Hughes, the program is a 40-hour introductory training program, accredited by the American Probation and Parole Association.

National Council of Juvenile and Family Court Judges (NCJFCJ)

During the past several years, NCJFCJ has been greatly interested in NJDA. Gerald Wittman, a previous NCJFCJ training director, helped establish NJDA when

he worked for HEW, the Federal predecessor to the Department of Health and Human Services (HHS). This contribution was always a point of pride for Wittman, who displayed in his office a photograph of himself receiving an award from John Holmes, a former executive director of NJDA.

During the past decade, NCJFCJ collaborated with NJDA to sponsor three national institutes on juvenile detention issues. The first institute convened in 1985 in Las Vegas, Nevada. The second convened in June 1988 in San Antonio, Texas, while the third assembled in June 1990 in Las Vegas. These institutes addressed major juvenile detention issues that interested judges, detention personnel, and other court staff.

On a statewide level, NCJFCJ has actively collaborated with the New York Juvenile Detention Association for the past several years, aiding its annual April conference. Similarly, NCJFCJ has assisted the New Jersey Juvenile Detention Association with its annual conference.

Each March, NCJFCJ, in conjunction with the National District Attorneys Association, sponsors the National Conference on Juvenile Justice. Detention professionals often participate in the meeting, which addresses specific detention issues and general interest topics that benefit detention staff. When finances permit, NCJFCJ also provides States with assistance for their juvenile justice conferences. Although detention may not be the only specialization presented at these conferences, numerous detention professionals attend.

Detention is a critical part of the juvenile justice continuum, and detention services often fall within the jurisdiction of the judicial branch. Although NCJFCJ's general philosophy is to work collaboratively while providing the specialized continuing education of judges, it believes that nothing in juvenile justice is foreign to its training enterprise.

American Correctional Association (ACA)

The ACA standards are perhaps the most significant event in detention training history. Although the training standards present a comprehensive list of topic areas, the required training hours have redefined the importance of training. ACA requires 160 hours of actual training during the first year of employment (40 hours of preservice orientation and 120 hours of specialized training) and 40 hours annually thereafter (1991:23). By contrast, in detention facilities where staff often receive no more than 8 to 10 hours of training per year, the standards seem very strict.

During the 1980's, ACA made substantial contributions to juvenile detention training. ACA provided regional training, correspondence courses, onsite training, and staff certification for trainers (Taylor, 1985). ACA worked with the National Institute of Corrections (NIC) to develop a training program designed to create competent trainers within the ranks of correctional staff (American Correctional Association, 1981). Limited resources have increased the importance of inservice training programs, and the Training Staff Trainers (TST) certification appears to be a cost-efficient strategy that increases the amount and quality of inservice training hours provided. Juvenile detention was included in this concept.

Reform in Massachusetts

In 1969, the Massachusetts Director of Youth Services resigned after a series of crises in the State's training schools. His successor, Dr. Jerome Miller, took office with a mandate to develop new programs. During the next 2 years, Miller worked to establish therapeutic communities within the State's existing training schools. Adherents of the old custodial philosophy resisted his reforms. By 1971, Miller concluded that therapeutic communities could not be run successfully within the traditional training schools; so he closed them. They were replaced by a network of decentralized community-based services and a few small secure-care units for violent juvenile offenders.

The Massachusetts revolution constituted the most sweeping reform in youth corrections in the United States since the establishment of juvenile training schools and juvenile courts in the 19th century. It demonstrated that juvenile corrections need not be centered around large training schools. Because the essential components of the community-based system are still in place, the Massachusetts experience serves as proof that deinstitutionalization and diversion can be implemented without destroying the rehabilitation goal of juvenile justice or compromising the community protection goal. For more information on the Massachusetts experience, see Loughran (n.d.) and Miller (1991).

The effects of the Massachusetts experience on juvenile detention have been varied. The continued positive evaluations of Massachusetts have encouraged other States and local jurisdictions to explore and implement risk assessment devices to divert offenders from secure detention. There has been a greater confidence in community-based alternatives, which have eased or reduced the crowding in juvenile detention facilities. However, a secondary effect felt by detention staff is the further distillation of the detention population, leaving more serious and violent youth

incarcerated. Although this outcome is predictable given the current philosophy about juvenile delinquency treatment and prevention (see page 17 for the Comprehensive Plan by Wilson and Howell), most detention facilities have had neither the time nor the resources to respond adequately to these changes.

Juvenile Justice and Delinquency Prevention Act of 1974

In response to the inadequacies of the Juvenile Delinquency Prevention and Control Act of 1968 and its administration in HEW, Congress passed the Juvenile Justice and Delinquency Prevention Act (JJDPA) of 1974. JJDPA created the Office of Juvenile Justice and Delinquency Prevention (OJJDP), which was charged with administering the Act, and established the office within the U.S. Department of Justice. The major provisions of JJDPA focused on deinstitutionalizing status offenders and nonoffenders and separating incarcerated juveniles from adults. (The 1980 Amendments to JJDPA added the jail removal mandate.) To receive their share of Federal funds under JJDPA, States were required to comply with these requirements. Other major purposes of JJDPA included delinquency prevention, development of community-based alternatives to the juvenile justice system, and improvements in the juvenile justice system (Sweet, 1991).

Deinstitutionalization of Status Offenders

The National Council on Crime and Delinquency Survey. At the request of the President's Commission on Law Enforcement and the Administration of Justice, the National Council on Crime and Delinquency (NCCD) surveyed State and local correctional agencies and institutions across the United States in 1966. The survey documented extensive use of detention facilities to house juveniles accused of noncriminal conduct. Although such detention was permitted under broadly written State juvenile court statutes, it often occurred without the benefit of court petitions. Wide variations in detention rates and lengths of stay compounded the problem (Sweet, 1991). NCCD concluded that "confusion and misuse pervade detention. It has come to be used by police and probation officers as a disposition; judges use it for punishment, protection, [and] storage" (1967). As a result, NCCD recommended that:

No child should be placed in any detention facility unless he is a delinquent or alleged delinquent and there is a substantial probability that he will commit an offense dangerous to

himself or the community or will run away pending court disposition. He should not be detained for punishment or for someone's convenience. (p. 211)

The National Advisory Commission. The National Advisory Commission (NAC) on Criminal Justice Standards and Goals identified its own concerns regarding detention problems, observing that status offenders made up at least 50 percent of most detention populations (1974). This percentage and the deplorable conditions found in detention centers and jails prompted NAC to propose the following:

- The delinquency jurisdiction of the court should be limited to those juveniles who commit acts that if committed by an adult would be criminal, and juveniles accused of delinquent conduct should not, under any circumstances, be detained in facilities designed to house adults accused or convicted of crime.
- Detention should be considered as a last resort when no other reasonable alternative is available.
- Detention should be used only when the juvenile has no parent, guardian, custodian, or other person who can provide supervision and care for the youth and who can ensure the youth's presence at subsequent judicial hearings.
- Juveniles should not be detained in jails, lockups, or other facilities used for adults.

NAC recommended that juvenile courts should only be authorized to institutionalize delinquents whose offenses would be crimes if committed by adults.

State Plan. JJDPA initially required that States wishing to receive Formula Grant Funds submit a plan that would "provide within two years after submission of the plan that juveniles who are charged with or who have committed offenses that would not be criminal if committed by an adult, shall not be placed in juvenile detention or correctional facilities, but must be placed in shelter facilities." This provision became known as the "deinstitutionalization of status offenders" (DSO) requirement. JJDPA further directed that participating States "provide for an adequate system of monitoring jails, detention facilities, and correctional facilities to insure that the [DSO] ... requirements are met, and for annual reporting of the result of such monitoring to the Administrator" (Sweet, 1991).

Standards Movement in Juvenile Detention

Another significant event in the history of juvenile detention is the professional standards movement. The focus on standards identified and legitimized juvenile detention as an integral part of the juvenile justice system. Previously, juvenile detention had been obscured by the secrecy of the juvenile court and had been referred to as a “hidden closet” (Schwartz, Fishman, Hatfield, Krisberg, and Eisikovitz, 1985). ACA’s *Standards for Juvenile Detention Facilities*, published in 1979, generated intense concern within the juvenile detention and juvenile justice communities about the role of detention, its mission and vision, and its purpose and goals. Although ACA deserves much credit, the idea that professional standards are the mechanisms that bring detention into full recognition has a long history.

The National Conference Report

In 1923, the Children’s Bureau, in cooperation with the National Probation Association (NPA), published the first official juvenile court standards, including little more than one page on juvenile detention (Norman, 1957). These standards stressed three points: (a) keeping children out of jails and police lockups, (b) using detention only when it was absolutely necessary, and (c) keeping detention as short as possible. In 1930, NPA conducted the first systematic study of detention, surveying 141 detention homes. The survey report was the first comprehensive description of detention practices.

In 1945, the NPA—now called the National Probation and Parole Association (NPPA)—conducted another study of juvenile detention to determine the best examples of all types of detention so that principles and standards could be established. For the study, 68 facilities in 22 States were visited.

The results were reported at the 1946 National Conference on the Prevention and Control of Delinquency and published as the *Report on Juvenile Detention* (National Conference, 1947). The report, which contained 13 basic standards for juvenile detention, was the first effort at detention standards development and shaped contemporary juvenile detention standards. These 13 standards were the forerunner of NCCD’s *Standards and Guides*, published in 1958. The standards of good juvenile detention care identified in the *Report on Juvenile Detention* are as follows:

- No child is ever held in a jail or prison lockup.
- Detention intake controls are established by the juvenile court with the cooperation of the police and other agencies.
- The length of detention is as short as possible, less than 1 week as a rule.
- The types of facilities chosen are based on the real detention needs of the community, as determined by survey and evaluation.
- Building design and construction are adapted to the special demands of detention care, with emphasis being placed not only on cheerfulness, livability, and ease of maintenance, but on flexibility and ease of supervision.
- The administering agency is one that specializes in the field of child care and can guarantee programs that will make detention a constructive preparation for the child’s future rehabilitation.
- The program not only provides good physical and custodial care but meets the nonphysical needs of children through activities that challenge the interest of each age group, including a varied and stimulating educational program, social life and recreation, and spiritual guidance.
- The staff is large enough to ensure the night and day supervision of small groups and is competent to handle the problems of maladjusted children compassionately and intelligently.
- Medical examinations are given to every child admitted, and a trained nurse is employed in larger institutions.
- Clinical child guidance services are available to provide first aid treatment for acute emotional disturbances and for more intensive study.
- Comprehensive, confidential records are kept to provide information to the court and other agencies concerned and to allow periodic evaluation of detention practices.
- The school program is under the supervision of the local board of education, and curriculum adjustment is made to stimulate the interest of pupils and to meet their individual needs.

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- Persistent effort is made to promote public education and cooperation because they are essential in maintaining a good detention program (National Conference, 1947:18–20).

NPPA National Survey

As NPPA detention consultant, Sherwood Norman, a former superintendent of the Chatham County Juvenile Detention Center in Savannah, Georgia, conducted the 1945 survey of juvenile detention (mentioned above). In addition to the development of basic standards for detention care, Norman identified numerous issues facing juvenile detention. Most of these issues reflect similar problems currently facing detention (Roush, 1992). For example, Norman (1949, 1951, 1957) discovered a variety of detention practices because of the absence of a clear definition of juvenile detention. Furthermore, the inability to control intake meant that detention facilities were crowded and that there was an unhealthy commingling of youth who were classified as dependent-neglected, status offenders, misdemeanants, and felons.

Norman was also one of the first to comment on the new architecture for juvenile detention facilities. Post-World War II construction of juvenile detention facilities was influenced by his perspectives. Previously, juvenile detention facilities reflected a multitude of design strategies. Norman stressed that form follows function and that juvenile detention has specific and unique functions that dictate special architectural strategies. He was concerned that juvenile detention facilities would become jails for juveniles, reflecting the hard and austere architectural designs of adult jails.

The NPPA survey, *Report on Juvenile Detention*, and the publication of NCCD's *Standards and Guides* in 1958 established Sherwood Norman as the most influential force in juvenile detention and standards development. His concepts—(a) programming, (b) small, secure detention facilities, (c) detention as a process instead of a place, (d) regional detention, (e) nonsecure detention, (f) a continuum of services, and (g) counseling as a component of daily programs—have had a significant impact on the current role of juvenile detention. His writings have influenced many, and the *Standards and Guides* remains a classic in detention literature. Because it is out of print, NJDA published excerpts in the spring 1990 (Vol. 5) edition of the *Journal for Juvenile Justice and Detention Services*. (For additional information about Norman's philosophy of detention, see Roush, 1993b.)

ACA Standards

Under the leadership of Anthony Trivisono and William Taylor, the ACA professional standards movement focused attention on the essential components of juvenile detention. Standards development addressed the nature and quality of adequate services offered to the offender. Because ACA included juvenile detention in the standards development process, detention received an instant boost in legitimacy. Although many practitioners wanted NJDA to develop the professional standards for juvenile detention, it did not have the resources to accomplish this task. Therefore, ACA invited key leaders from NJDA to help prepare an initial draft of juvenile detention standards.

After several years of work, the NJDA detention standards team—composed of Donald Hammergren, James Jordan, and Richard Kelley (all students of Sherwood Norman)—presented a final draft of juvenile detention standards to the NJDA membership at its 1978 annual meeting in Fort Wayne, Indiana. After modifications by the ACA Standards Committee, ACA published the first edition of the *Standards for Juvenile Detention Facilities* in 1979. The second edition was published in 1983, and the third edition was released in 1992. Each revision streamlined the standards in an attempt to make them more relevant to the daily practices of juvenile detention. In 1981, NJDA formally endorsed the ACA standards as “the best guidelines for the operation of juvenile detention.”

Accreditation. Standards development represents half of ACA's contribution to this important process. Accreditation is the mechanism that substantiates an institution's compliance with professional standards. A team of three ACA-trained auditors conducts a 3-day, onsite review of a facility's standards, policies and procedures, programs, staff, and residents to determine the level of compliance with ACA's standards. If the institution is in compliance with 100 percent of the applicable mandatory standards and 90 percent or more of the applicable nonmandatory standards, the institution is accredited by ACA. Accreditation is seen as a hallmark event for detention facilities, resulting in more efficient operation, improved ability to secure an adequate budget, increased staff morale, improved professionalism, and increased resistance to liability (Roush, 1990a:71–76).

Since the early 1980's, relatively few juvenile detention facilities have pursued accreditation. According to ACA, less than 10 percent of detention facilities are accredited. The following reasons explain why the field of juvenile detention has not responded favorably to involvement in the accreditation process:

- Initially, practitioners complained that the cost of accreditation was excessive for small detention facilities with a capacity of 50 beds or fewer. (ACA responded by creating sliding-scale fees and by developing a set of standards for detention facilities with a capacity of 20 beds or fewer.)
- Practitioners do not like standards that are policy based as opposed to being outcome based. In other words, an institution could be in compliance with a standard merely by having a policy that might not be put into practice. This complaint was one of the major findings of the OJJDP *Study of Conditions of Confinement* (Parent, Leiter, Kennedy, Livens, Wentworth, and Wilcox, 1994), resulting in a debate over the relationship between standards compliance and improved conditions of confinement.
- Practitioners complained that each revision of the standards actually weakened the requirements for performance-based or practice-related outcomes. Law professor Lynn Branham (1993) examined the evolution of ACA's adult standards and concluded that many do not even require a daily practice that safeguards basic constitutional rights.
- Since the early 1980's, many States have initiated or strengthened the standards development process within their departments of social services or child welfare licensing. A State-operated inspection process, conducted by an independent third party and paid for by the State, appeared to many juvenile detention professionals and juvenile court judges to be as attractive and equally effective as ACA accreditation.
- Litigation by the Youth Law Center revealed that policy-based criticisms of standards are accurate, and successful litigation was conducted against accredited facilities, raising significant concerns among practitioners about the claims that accreditation is the best defense against liability.

The future of accreditation in juvenile detention remains uncertain. Despite its great appeal to practitioners, the integrity of the process has been threatened. The call for performance-based standards issued by OJJDP may be the event that redefines accreditation for juvenile detention facilities. With the increasing concern over litigation and legal liability of staff, it will be interesting to follow the continuing evolution of the standards and accreditation processes.

Balanced Approach

LaMar Empey (1985) reviewed the history of childhood and the juvenile court system, examining the theories that shaped juvenile justice policy during the first 70 years. In the following quote, he encapsulates this examination:

In the 19th century Americans were convinced that family depravity was at the root of delinquent behavior. That is why they constructed asylums and reformatories in an attempt to replicate the functions of the family and why they invented the juvenile court to act in lieu of parents.

In the first third of this century biological and Freudian theories more than reinforced these beliefs. ... Then, from the 1930's through the 1960's, a variety of theorists insisted that delinquency could not be understood without attention to a host of extra-familial factors. Delinquency must be viewed as an understandable response to these conditions (poverty, discrimination, inequality and the demoralization that follows). Peer groups and youth subcultures encourage delinquency because it makes sense, either as a means of gaining status or as a means of pursuing success illegitimately.

Finally, in the 1970's, the role of the family was reemphasized. But even then, it was not seen as an exclusive cause of lawbreaking. Rather ... the result of failures in the socialization process which, while beginning in the family, also took place in the school and other youth serving institutions. (pp. 26–27)

As juvenile justice faces its second century, the lessons learned from the first 100 years reflect the need for a balanced approach to services for children and families. Maloney, Romig, and Armstrong (1988) observed that the swinging pendulum of social thought that shaped juvenile justice policy in the late 1960's and early 1970's was directed by liberals who reacted to the perceived shortcoming and failure of the court, which committed large numbers of juveniles to institutions for indefinite periods of time in the name of treatment. The response was a shift in corrections policy, choosing community-based programming and closing juvenile training schools in some States. This push led to a substantial deemphasis on procedures and activities related to concerns for offender accountability and community protection. Proponents of this philosophy wanted to decriminalize, deinstitutionalize, and divert youth from the juvenile justice system.

In response to criticism that the movement was soft on crime and a perception that serious crime by juveniles was increasing, the pendulum was beginning to swing toward law enforcement and harsher sanctions by the 1980's. State legislatures responded by passing reforms that permitted mandatory sentencing and automatic waiver-transfer to criminal court jurisdiction. In describing these changes, Hutzler (1982) suggested that some of these legislative responses were designed to remove certain offenders from the protection of the juvenile system to deal with them as criminals in criminal court. However, other legislative approaches altered the basic principles of the juvenile justice system, requiring the juvenile court to adopt criminal justice policies and to treat certain offenders as criminals within the juvenile justice system. Some observers noted that treatment and rehabilitation, judicial discretion, and individualized justice were dismissed in favor of a just deserts philosophy that included a mechanical, mass handling of juvenile offenders who were defined primarily in terms of legal categories (Maloney, Romig, and Armstrong, 1988).

Different Issues or Different Juveniles?

Many experts in juvenile justice say that the critical issues facing juvenile detention have remained somewhat constant (i.e., overcrowding, lack of adequately trained staff, lack of programs, and inadequate financial resources). Others note that during the past few decades, the role of juvenile detention in the juvenile justice system has changed. In particular, the past several years have seen a renewed emphasis on juvenile detention by OJJDP and professional associations, such as NJDA and ACA.

James Bell of the Youth Law Center warns, however, that the very nature of juvenile detention is fundamentally different because of changes in the population of detained youth. The changes in juvenile justice during the past three decades have altered the basic characteristics of today's detained youth. These youth are typically older, more aggressive, and more emotionally and developmentally troubled. They also are minorities charged with serious or violent offenses (Pecora, Dodson, Teather, and Whittaker, 1983:395).

Juvenile corrections and probation are changing extensively as new punitive laws and guidelines are adopted across the country. The accompanying policies—which decriminalize status offenses, divert minor or first offenders, and provide community-based corrections for all but the most serious offenders—also increase the length of stay in correctional and detention facilities and ensure that those who are locked up are the most troubled and troublesome offenders (Pecora and Fraser, 1988).

One review of the juvenile justice system identifies four challenges facing the future, and although each is significant, they combine to create an impending crisis for juvenile detention and corrections. These challenges include:

- **Frequency.** The increased rate of referrals to the court for serious juvenile crime, including drug crimes and weapons offenses, has placed a strain on juvenile justice services (e.g., overcrowded institutions and excessive probation caseloads) to the extent that services and effectiveness are suffering.
- **Intensity.** Because youth are more frequently using violence as a problem-solving strategy, the youth entering the juvenile justice system require additional, highly specialized programs and services.
- **Resources.** The decreased financial resources available to juvenile justice agencies and institutions require them to offer more services with less funding.
- **Efficiency.** Governmental systems are becoming less able to deliver effective services because of complexity and bureaucratic dysfunction (Roush, 1993b).

Part II of this *Desktop Guide* describes the critical areas of practice for the juvenile detention professional, adopting a more balanced approach to detention services. Such an approach acknowledges the potential value of applying, to some degree, an entire set of principles—community protection, accountability, competency development and/or treatment, and individualized assessment and classification—in an attempt to define “best practices” (Huskey, 1994). In describing the balanced approach concept, Maloney, Romig, and Armstrong (1988) suggested that the particular circumstances of the delinquent act, the offender's culpability, and other social or psychological factors of the youth would play a determining role in how the system will respond. A policy decision to consider the possible relevance of each principle in each case is a significant step toward avoiding the extreme remedies characterizing both ends of the pendulum's swing.

A New Paradigm? The balanced approach is a holistic perspective of juvenile justice interventions. Much of what is included in the balanced approach has a history of success, regardless of the dominant political philosophy. The balanced approach calls attention to the fallacy that the truth is the sole property of one philosophical or ideological perspective. Some would argue that the original goals and objectives of the juvenile court are as relevant today as they were in 1899 and that

the past century has provided insight on *how* to implement these goals and objectives with maximum efficiency. Rethinking juvenile justice is a worthy endeavor, and it should be a priority for each new staff member to think critically about his or her job and how it affects youth.

A Comprehensive Strategy

Although the juvenile justice system is currently facing problems related to issues such as the impact of drugs, disproportionate numbers of minority youth in placement, overcrowding in public-sector treatment programs, and limited funding, the system is poised to respond and is committed to meeting the challenges that these problems represent. OJJDP has outlined a balanced strategy for delinquency prevention and intervention (Wilson and Howell, 1993). The strategy incorporates essential research findings and practitioner perspectives. It has encountered widespread support as a model for delinquency prevention and intervention. The strategy contains three components: general principles, prevention strategies, and intervention guidelines.

General Principles

The following general principles provide the framework for the delinquency prevention and intervention strategy:

- Strengthen the ability of the family to fulfill its primary obligations to instill prosocial values in younger generations.
- Provide family surrogates to nurture children when no functional family unit is available.
- Support core social institutions (i.e., the school, religious institutions, and community organizations) in their role of developing capable, mature, and responsible youth.
- Intervene immediately and effectively when delinquent behavior occurs in order to successfully prevent delinquent offenders from becoming chronic offenders. The movement within the adult criminal justice system toward greater severity of punishment and sanctions may have resulted from the failure to apply the classical criminological tenet that the effectiveness of punishment as a deterrent is more a function of its swiftness and certainty rather than its severity.
- Identify and control the small group of serious, violent, and chronic juvenile offenders who

have committed felony offenses or who have failed to respond to intervention and community-based treatment and rehabilitation services.

Prevention Strategies

Prevention strategies focus on the five categories that current research has identified as causes and correlates of delinquency: individual characteristics, family influences, school experiences, peer-group influences, and neighborhood and community. The following prevention strategies target each of these five categories:

- Much of the difficulty with children can be traced to a decline in values and appropriate social skills. Prevention strategies must include the development of moral, spiritual, and civic values along with opportunities to acquire a variety of social and vocational skills.
- Parents must be fully involved in the plan to help youth and must be accorded full partnership. Prevention programs must strengthen the family (National Coalition, 1993). Interventions should be at the earliest point of impact in order to reduce negative family involvement factors, such as parental rejection, inadequate supervision, inconsistent discipline, family conflict, marital discord, physical violence, and child abuse (Christensen, Bowling, and Schauer, 1991).
- Outside of the family, the school has the greatest influence on the lives of children and youth. Carbone (1989) maintains that education is rehabilitation for all at-risk youth. For this reason, prevention efforts should focus on increasing the attachments of youth to the school experience and to teachers through the following outcomes: reduction in the number of dropouts to the lowest level possible, reduction in the number of suspensions and expulsions, reassessment of truancy as a school-related problem, use of violence reduction programs, use of alcohol and other drug prevention programs, and development of alternative programs through school-linked services (Koppich and Kirst, 1993; and Jehl and Kirst, 1993).
- Research indicates that delinquent behavior is strongly correlated with delinquent, drug-using peers and gang membership. In particular, gangs fulfill a very powerful need for belonging and affiliation. Prevention efforts must

address peer-group influences, particularly gang membership (National Coalition, 1993).

- Although children do not choose where they live, a safe environment is important. Neighborhood and community prevention programs should include safe havens for youth, neighborhood mobilization for community safety, drug-free school zones, church-sponsored afterschool programs and tutoring, recreation, mentoring, cultural activities, community and business partnerships, foster grandparents, job training, and apprenticeships for youth. It is important to underscore the job-related element of neighborhood and community intervention. In the absence of meaningful employment, drug-related activities take on an employment characteristic. The sale of illegal drugs is an employment opportunity for many young people whose skill deficits prevent them from accessing legitimate jobs (Taylor, 1990).

Intervention Guidelines

The strategy's intervention guidelines include a system of graduated sanctions. Although the full description of these guidelines is more than can be covered in this section, OJJDP developed a manual for the implementation of the strategy (Howell, ed., 1995), and it is available through the National Criminal Justice Reference Service (NCJRS).

Summary

The rethinking of juvenile justice in the light of three decades of conflicting policies has led to:

- A balanced approach to juvenile justice that is inclusive rather than exclusive of effective concepts, programs, and ideas and that recognizes the holistic nature of delinquency prevention by placing a greater emphasis on the family, community, meaningful employment, and aftercare services.

- Greatly improved research capabilities that have facilitated the gathering of more accurate statistics and the establishment of an empirical, research-driven set of criteria for evaluating effectiveness principles.
- The development of a continuum of services that more accurately meets the needs of the offender, while safeguarding community protection and providing cost-effective services.
- A shift to a social competence model that includes (a) a developmental, ecological, and skill-based approach to working with the juvenile offender and (b) an emphasis on the identification of skill deficits associated with delinquency and on the effective matching of programs to remedy these needs.
- The development and dissemination of effective program models (Roush, 1993a).

In 1968, Robert Perkins, executive director of the Youth Study Center in Philadelphia, addressed his colleagues at the Pere Marquette Institute. He described how the Hennepin County (Minnesota) Juvenile Detention Center graphically interpreted the paradox of a balanced approach to good juvenile detention by adopting a pictorial symbol for the center's logo. Represented as a crest or seal, the symbol proclaimed, "Youth Detention Has Two Hands," and it displayed two hands—a vertical hand inscribed with the word "Control" and a horizontal hand inscribed with the word "Guidance" (Perkins, 1968:69).

Endnotes

- ¹ Much of the historical material regarding the reform movements and the origins of the juvenile court and probation is from the *Desktop Guide to Good Juvenile Probation Practice* (National Center for Juvenile Justice, 1991) and *Toward the Year 2000: A Blueprint for Excellence* (Pennsylvania Juvenile Justice Task Force, 1991). Both are excellent resources and warrant special consideration.

Juvenile detention is a key component of the juvenile justice system. One of the primary aims of juvenile justice is to separate juveniles from adults. Juvenile detention serves this function, providing separate buildings in which to house juveniles and a separate staff operating under a different set of guidelines. Furthermore, under modern theories of juvenile justice, as many juveniles as possible should be diverted from the formal court system, using detention only for those youth who need supervision. Knowledgeable, considerate, and humane individuals are needed to work with these youth. Detention staff have a great challenge. They must work with the most difficult youth, under difficult circumstances, and in a facility where the juvenile is being unwillingly detained.

The juvenile caregiver must be familiar with law. First, the detention center is a component of the legal system and is governed itself by law. Laws provide the basic rules that define and authorize staff behavior in relation to the juvenile. Second, all of the minors who find themselves in detention are in the system because of alleged violations of the law. The legal system is about to make a decision that will have some impact on the lives of these minors. Detention staff often are in a position to explain the system to the youth. Furthermore, detention staff have a voice and an obligation to participate in that decisionmaking process. Each juvenile caregiver must learn as much as possible about the law. Because some people comprehend legal issues better than others, those staff and supervisors who are interested in law should be identified and contacted whenever legal questions arise.

Law and Discretion

Law is often viewed as the opposite of discretion. Yet, the juvenile justice system vests vast amounts of discretion in the various participants of the system. Police, probation officers, and judges all have a great deal of discretion in deciding which cases will be brought into the system and which manner will be used to handle them.

Detention also requires a great deal of discretion. Detention intake staff in many communities are authorized to determine who is held and who is released from detention. When youth are placed in detention, staff have a voice in establishing the nature of programming and security needed for each youth.

The simple fact is that the legal system cannot function without discretion. It would simply be too rigid. Furthermore, the whole idea of individualized justice, which is a hallmark of the juvenile justice system, is based on discretion. Juvenile justice practitioners need the flexibility to examine the individual's situation and make a determination that balances the minor's best interest against the interests of society.

The solution to the law versus discretion tension is not to think of the terms "law" and "discretion" as opposites, but rather to view law as a means of controlling discretion. If both law and discretion are necessary in a properly administered legal system, the question then becomes, What is the right mix of discretion and law? Discretion must be recognized, but it also must be confined, structured, and checked.

Controlling Discretion

The most effective way to ensure the appropriate exercise of discretion is:

- Hiring the best possible people who have been trained and who accept the philosophy of the juvenile justice system.
- Developing policies and guidelines that authorize discretion, identify who may exercise discretion and when it may be exercised, and establish criteria and standards for exercising discretion.
- Having a personnel system that allows for consultation and for monitoring and review of decisions. Procedures such as writing up unusual incident reports and obtaining a supervisor's permission are informal means of structuring and checking discretion.

In many ways, the various stages of the juvenile justice system provide checks upon the discretion of others in the system. The discretion of the police is checked by the intake screening aspect of juvenile detention, and the juvenile court checks the discretion of both at a detention hearing.

The purpose of this chapter is to give you, the new juvenile detention caregiver, information about the law so that you can do your job better. This information will help you identify the discretion you have and the limits of that discretion. One way to understand the law is to view it as a set of rules that confines, structures, and checks the behavior of individuals. The law establishes rights, responsibilities, and the means to enforce them.

Your job is valuable to the legal system, and at the very least, a limited knowledge of the law is essential.

Law may be defined as the rules that govern a person's behavior and decisions. Figure 1 is a list of the major sources of the rules governing detention. The juvenile caregiver should have general familiarity with the sources of law. Each of the sources will be discussed briefly in the section that follows. A more detailed description of the Juvenile Court Act and the laws governing liability will be given later in this chapter.

Figure 1: Sources of Law

- | |
|---|
| <ol style="list-style-type: none">(1) Policies and Procedures Manual of the Detention Center(2) Local Practices of the Juvenile Court(3) State Juvenile Court Act(4) State and Federal Laws Relating to Delinquency(5) Related Laws, Statutes, and Case Law |
|---|

Although the list includes formal sources of law, such as statutes, it starts with the local policies and procedures manual.

The local policies and procedures manual is the most important resource about the concerns of detention. If your bosses (administrative personnel) are doing their job, the manual should be consistent with the more formal sources of law on the list. A good detention center must have written policies, and the staff should take the time to know them. Supervisors should be available to help staff interpret and follow the policies. Furthermore, the policies should be reviewed periodically by administrators and staff and revised as needed.

Local Detention Policies and Procedures Manual

The manual gives detention staff the rules that govern their day-to-day activities with youth. It defines who has discretion, provides a structure to exercise that discretion, and establishes a way to check that discretion. Policy manuals are basically authorizations for staff to take actions regarding youth and guidelines for these actions. For example, policies establishing criteria for admitting youth to detention illustrate ways to confine discretion. Staff case planning meetings and reviews of unusual incident reports also are examples of methods for checking and structuring discretion. If the manual is properly written and kept up to date, it should incorporate all of the formal sources of law that relate

directly to the internal operations of a detention center. Obviously, it does not deal with those aspects of the juvenile justice system that are outside the control of detention. Furthermore, no manual can be complete, no matter how thorough. If a staff member thinks that a legal problem exists, he or she should ask senior staff or a supervisor about the problem.

The manual also establishes standards of reasonable staff behavior. In situations concerning the liability of detention staff, courts often are asked to determine whether staff behavior was reasonable under the circumstances and whether the employee was undertaking an activity included in his or her job duties. In legal terms, the question is whether the employee is operating within the "course and scope" of employment. The procedures manual is the most important source for answering these questions. To minimize the risk of liability, detention staff should always follow the book. If a lawsuit is filed and if staff are engaged in authorized activities, reasonableness and "good faith" defenses can be raised. Furthermore, many detention centers will provide legal counsel and pay any resulting judgments if the employee was acting in the course and scope of employment. A more detailed discussion of liability issues appears later in this chapter.

Staff should read the institution's policies and procedures manual carefully and be trained in standard operating procedures. The manual should be reviewed and updated periodically to address new developments in terms of legal responsibilities and in terms of good detention practices. All staff should have a voice in the review process.

A detention center without a manual should develop one as soon as possible. Not having a manual does not mean that the center lacks procedures. It only means that they are not written down (which makes establishing what they are more difficult), and staff members have no clear guidelines to follow or to use for training. A center without written policies could suffer if a legal dispute arises.

Local Practices of the Juvenile Court

Detention staff must be aware of the local legal traditions and culture regarding juvenile detention and the juvenile justice system. Juvenile justice varies from county to county almost as much as it does from State to State. It also varies depending on the philosophy and values of the presiding juvenile judge. For example, some judges are more willing to use detention, while others are more supportive of diversion. Local practices and traditions will have a great impact on the role that detention plays in the juvenile justice system. Immense differences exist in the way detention is administered

from county to county. These differences are particularly obvious in detention systems that are not administered by a statewide agency.

Juvenile practice vests considerable discretion in the various people who make decisions about youth in the system. Juvenile judges have considerable flexibility in the way they decide cases and in their use of juvenile court resources. For a variety of reasons, the number of appellate cases interpreting juvenile laws is limited, and the likelihood of an appeal from any particular case is small. The juvenile judge in many systems is also the chief administrative officer and, as such, has a voice in the policies developed by probation, detention, and other court resources.

Detention administrators should communicate periodically with the juvenile judge and other practitioners in the juvenile justice system to minimize disagreement and conflicts that may arise over the appropriate use of detention. The community should have a consensus about the appropriate role of detention. The procedures manual should be revised to reflect this consensus and any changes in practice. Staff should be advised about any changes and should be encouraged to discuss local juvenile justice practices.

Juvenile Court Act of the State

The most important source of law—other than the procedures manual and local practice—is the juvenile court act. The juvenile court act outlines the process of how a case moves through the system and gives general guidelines to the various decisionmakers in the juvenile justice system. A copy of the juvenile court act of the State should be available to staff in each detention center, and a general familiarity with its terms and provisions, or at least those sections dealing with detention, should be required of all staff.

Much of the remainder of this chapter will describe the typical juvenile court requirements. Because this chapter is written for a national audience, it does not address specific requirements, such as time limits and other issues that exist in each particular State. However, most juvenile court acts follow a chronological pattern and raise similar issues. Having access to a juvenile court act and reading it in conjunction with these materials will increase your understanding. At the end of this chapter is a list of questions that should be answered using the juvenile court act of your State.

Some detention administrators and staff should have more extensive training on juvenile court practices and procedures. A few staff members who find law interesting can serve as resources for the rest of the staff. Retaining an attorney or paralegal who can keep detention administrators and staff apprised of juvenile

court act changes might be helpful. A judge, a prosecuting attorney, or a public defender may serve this function. The juvenile court act is continually being interpreted by appellate courts, and legislative changes are common. These changes are available in a law library, in an annotated version of the juvenile court act, or in looseleaf services and journals published for juvenile justice practitioners. Some method should be established to keep administrators advised of these developments and to revise the procedural manual.

State and Federal Statutes Relating to Delinquency

Your State may have a Code of Corrections or a special statute dealing with detention. The State often enacts, by administrative rulemaking, standards and guidelines for detention. These guidelines cover topics such as physical space requirements, staffing requirements, and discipline and programming issues. These standards must be reviewed periodically. Often, some mechanism exists to have detention centers inspected to ensure compliance with these standards.

The Federal Government has become involved with delinquency primarily as a funding source. One Federal statute directly involved with detention is the Juvenile Justice and Delinquency Prevention Act (JJDP). This law provides States with funding for certain delinquency prevention programs but also requires States to create jail removal programs. As a result, most States have (a) programs to keep nondelinquent youth out of jails, lockups, and adult detention centers and (b) laws regulating the time and conditions under which delinquent youth can be held in local jails. (Generally, delinquent youth should be transferred to detention centers within a short time period.)

Related Statutes

Numerous other statutes and laws may have an impact on detention. The most important of these is the Criminal Code of the State. Most often, youth who find themselves in detention are there because of a violation of the criminal laws. Some familiarity with the elements of the various crimes would be helpful. Furthermore, youth are in some type of family situation, and knowledge of family law and the laws governing education and social welfare programs may be necessary. Finally, the laws of negligence and liability should be considered. A brief overview of the liability laws will be given later in this chapter. It is obviously impossible to become an expert on all of these laws, but some method should be found to keep staff current on major developments in the law. Staff also should be aware of the type of legal questions that may arise in

any particular situation and should discuss these issues with more experienced staff or with supervisors who may know the answer or will know how to find the answer to the problem. The most basic advice to new staff is to recognize that the law is a complex subject and to be willing to ask questions.

Juvenile Court Act

Each State has adopted a juvenile court act. The juvenile court act of the State should be available and examined. The juvenile court acts of most States follow a chronological pattern that outlines the process from the earliest police contact to posttrial review. Most State juvenile court acts allow for an alternative to the adversary process model of the criminal justice system. The materials that follow review the history and philosophy of juvenile justice and describe those procedures of juvenile law that govern detention.

Juvenile Court Philosophy

Two basic models of juvenile justice exist—the due process model and the *parens patriae* model. Figure 2 illustrates these two concepts. The major differences between the two are the roles of the court and the judge. Although these two models are frequently viewed as opposites, in reality most juvenile justice practitioners have developed a philosophy that incorporates elements of both models.

Figure 2: Basic Models of Juvenile Justice

Due Process Model	<i>Parens Patriae</i> Model
Traditional Court Model: Court intervenes only for good reasons (e.g., the commission of a crime)	Monarchical Court Model: Court perceives good and bad and provides services accordingly (e.g., the provision of social services)

Due Process Model. The due process model is the traditional model of the court in this country. It is based on the premise that individuals, including children, have a right to liberty. They have the right to act freely without state intervention. The state may intervene in a person’s life only if it can show valid reason. The commission of a criminal offense, if proven, is one such reason. Consistent with theories of adversarial justice, the court stands as a neutral arbitrator between the state and the child or family, demanding that the state prove at a hearing that intervention is necessary. The term

“due process” is derived from the 5th and 14th amendments to the Constitution, which prevent state interference with life, liberty, or property without the “due process of law.”

Persons who view the court in due process terms frequently subscribe to classical “free-will” philosophy and believe that individuals make choices in life. One choice they make is to engage in criminal conduct. The purpose of a criminal justice system is to punish wrongdoers so that they will be deterred from criminal activities. The creation of the juvenile justice system is based on the belief that young people do not have the maturity and judgment to make sound choices. Consequently, they should not be held fully accountable for their actions. Lawyers and law enforcement officers often approach juvenile justice from this perspective.

***Parens Patriae* Model.** The *parens patriae* model is based on a different philosophy. The court in the *parens patriae* model is viewed more as a benevolent gatekeeper determining what needs exist and providing social services to children and their families. The court makes an investigation to determine if intervention is necessary and often administers the services in the form of probation or detention. The fact that the minor does not perceive these services as helpful is deemed irrelevant because as guardian of children, the court is acting in the best interest of the child and society.

The phrase *parens patriae* is Latin for “parent the king.” It is based on the medieval doctrine that the king—in modern terms, the state or government—has the duty to protect children and become the guardian of children and other less fully competent individuals. To this day, minors who are adjudicated as delinquents in juvenile court are referred to as wards of the court in many States.

Persons who subscribe to the *parens patriae* model often approach juvenile justice from a philosophical position of determinism. They see the child as controlled by the environment and often stress the underlying causes of crime, such as poverty, lack of family support, or poor educational opportunities. They believe that children not only have rights, but needs, such as protection, which enable the child to develop into a sound and secure adult citizen. The goal of the juvenile justice system is to give minors the opportunity, guidance, and services necessary to allow the maturation and developmental processes to function. Social workers and others in the helping professions often approach juvenile justice from the *parens patriae* model.

Balancing the Role of the Court

The original juvenile court attempted to balance these two views of its role. However, the balance switched heavily toward the *parens patriae* model by the 1950's, and the focus of the court was on providing services and helping youth. The juvenile court literature even spoke in terms of trading rights for care. Unfortunately, the services have never been given sufficient funds. Rather than receiving the best of both worlds, youth were receiving the worst—neither the services nor the rights. This emphasis on services without requiring a neutral decisionmaker to review the case ultimately brought discredit upon an extreme *parens patriae* model.

Today, as a result of several Supreme Court cases and renewed interest in children's rights, the due process model has been brought into balance. Modern juvenile court acts once again blend the due process model with the *parens patriae* model. The most important element of this blending is the separation of adjudication and the dispositional hearing. Prior to an adjudication and a determination of delinquency, the youth is entitled to the safeguards of the due process model. After a finding of delinquency, court procedures tend to be less formal, and *parens patriae* thinking is more prevalent.

Because the greatest use of detention is prior to adjudication, the due process rights of the minor must be given priority. However, this division between adjudication and disposition is not absolute. Many young people are diverted from the juvenile justice system and receive informal dispositions, such as station-house adjustments. Because they are voluntary, these informal programs eliminate the need for a due process hearing. Likewise, dispositional hearings and hearings held after disposition are not without some aspects of due process.

Placing a youth in detention prior to adjudication is designed to hold that youth for an adjudication, not for punishment. Because no due process hearing has been held, punishment is inappropriate. Due process also requires a hearing to determine if placing a youth in detention while awaiting adjudication is necessary. At a detention hearing, the state has the burden of introducing evidence to establish the need for detention. This detention hearing must comply with due process standards and must be held on relatively short notice. More information on the rights of a minor at a detention hearing will be given in the section on juvenile court procedures.

Juvenile Court History

The history of juvenile justice has many rich and important aspects that are beyond the scope of this short chapter. This chapter will focus on two important events—the creation of the first juvenile court in 1899 and the *Gault* decision of the United States Supreme Court in 1967. These events represent important turning points in the legal development of juvenile law. A more extensive article in the *Desktop Guide to Good Juvenile Probation Practice* (National Center for Juvenile Justice, 1991) describes juvenile justice history in greater detail.

Goals of the Juvenile Court Act

Why are the juvenile court act and the reforms contained in that Act considered to be milestones in legal history? Is the juvenile court act still needed today? Ironically, many respected critics of juvenile justice argue that a juvenile court act is no longer needed. In order to answer both questions, it is necessary to examine the basic goals of juvenile justice and to ask whether those goals are still important today. The basic goals of juvenile justice are set out in figure 3.

Figure 3: Goals of Juvenile Justice

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|---|
| <ol style="list-style-type: none">(1) Separation From Adults(2) Youth Confidentiality(3) Community-Based Corrections(4) Individualized Justice of Minors |
|---|

Separation From Adults. Separation is clearly the most important goal of the juvenile justice system. Reformers argued that children and families needed (a) a different form of justice, (b) separate courtrooms, (c) separate detention centers and institutions to avoid corruption of juveniles by adult criminals, and (d) separate sentencing guidelines to avoid the harsh penalties of adult sentencing. However, the most important aspect of separation may have been the development of a separate group of professionals, judges, probation officers, and detention staff dedicated to working with youth and their families. These individuals undertook separate and specialized training to understand the needs of families and to develop a separate procedure for dealing with young people, a procedure that reduced the adversarial aspects of court processes and emphasized informality and diversion.

Youth Confidentiality. Confidentiality of court proceedings and services for youth was the second goal of the juvenile court reformers. Juvenile court acts

emphasize confidentiality because it reinforces the theory that youth will mature beyond a criminal lifestyle if given proper guidance and alternatives. This emphasis on confidentiality is consistent with both classical free-will theories of human behavior and more deterministic developmental theories. Because of their immaturity, youth lack sound judgment and should not be held fully accountable. Consequently, no criminal record should hinder adult advancement. From a developmental standpoint, confidentiality minimizes stigma and labeling, thereby reducing the likelihood that the young person will perceive himself as a criminal. Maintaining a positive self-image is important to success in the future.

Community-Based Corrections. A community corrections system was the third goal of the reformers. They strongly believed that young people should learn and grow in their own communities. The juvenile court act was promoted by Jane Addams, who was active in the Settlement House Movement which (a) helped individuals adjust to life in their own neighborhoods, (b) provided education and training for persons in the neighborhood, and (c) advocated changes that would improve the quality of life in the community. Offering probation as a method for monitoring youth behavior in the community, while providing services that allowed the youth to grow to adulthood, was seen as the primary dispositional alternative. The probation order would contain provisions requiring education, training, and counseling, in addition to restricting certain forms of behavior.

Individualized Justice for Minors. Finally, the reformers advocated individualized justice. Each case was to be viewed separately. A social history that explored the total social circumstances of the youth and his or her family was to be prepared, and a casework plan that encouraged appropriate development and reduced future criminality was developed. Indeterminate sentences—that is, open-ended commitments in which being released to home depended on behavioral change and not the amount of time served—were also advocated. Probation staff were to look into the social situation early in the process and were to be involved in the decision to file a case. Whenever possible, the case would not be filed, and an informal outcome would be encouraged.

The original juvenile court act was concerned with due process because the reforms were attempting to create a specialized court of law, not a social service agency. However, as the years passed, greater emphasis was placed on social history, treatment, intervention, and informality than on proven criminal behavior and due process. The court's jurisdiction expanded to

include status offenders and truants under the theory that delinquency could be prevented by dealing with predelinquent behavior. Also, professionals with backgrounds in social work and psychology, rather than law, began to play a larger role in the courts' decisions. The period from the 1920's through the mid-1960's is often referred to in juvenile court literature as the period of "the sociological court." During this period, the *parens patriae* model was clearly in the forefront with an emphasis on diagnosis and treatment of criminal behavior.

Supreme Court Decisions Affecting Detention

During the 1950's and 1960's, criticism of the juvenile court increased. While juvenile court practitioners could talk about trading rights for protection, juvenile courts were not funded adequately enough to deliver certain services, and minorities and the poor were disproportionately represented in caseloads. Concerns were being raised about whether the juvenile court was delivering a second-class form of justice. As the Supreme Court stated in *Kent v. United States*, 383 U.S. 541, 86 S.Ct. 1045, 16 L.Ed. 84 (1966) (the first juvenile case decided by the Court):

There is evidence, in fact, that there may be grounds for concern that the child receives the worst of both worlds; that he gets neither the protection accorded to adults nor the solicitous care and regenerative treatment postulated for children.

The Gault Decision. In this atmosphere, the Supreme Court decided the landmark case of *In Re Gault*, 387 U.S. 1, 87 S.Ct. 1428, 18 L.Ed. 527(1967). In this case, the Court ruled that a minor in juvenile court is entitled to many of the rights that an adult would have. In subsequent years, State and Federal courts ruled that minors have a constitutional right to proof beyond a reasonable doubt, protection from double jeopardy, Miranda warnings, and virtually all rights found in adult criminal justice, except the rights to a jury and bail. In some States, even bail and juries are provided for juveniles in certain circumstances. The chapter on the legal rights of juvenile offenders in the *Desktop Guide to Good Juvenile Probation Practice* (National Center for Juvenile Justice, 1991) contains summaries of the major court cases involving juvenile justice. Persons interested in a complete review of the constitutional limitations of juvenile justice should read all the cases thoroughly.

The *Gault* case and case of *Schall v. Martin*, 467 U.S. 253, 104 S.Ct. 2403, 81 L.Ed. 207(1984), are two Supreme Court cases that are so important to the

understanding of juvenile justice and the role of detention that an extensive analysis is justified. Gerald Gault was a 16-year-old youth who had been placed on probation for burglary. Subsequently, he made what the court characterized as an obscene telephone call to a neighbor. Following his arrest and detention, an adjudication was held. Neither he nor his parents were told when the hearing was to be held until shortly before the hearing began. No lawyer represented him, and no witnesses appeared at the hearing other than his probation officer, who reported to the court that Gerald had made an obscene telephone call and that his behavior warranted a more structured setting. Relying on this recommendation and the hearsay evidence submitted, the court committed Gerald to the Arizona Department of Corrections for an indeterminate stay in a youth correctional institution.

The Supreme Court ruled that “The Constitution is not for adults alone” and reversed the conviction. The Court determined that the hearing did not meet due process standards. The lack of an attorney, the failure to give prior notice of the hearing to allow for time to prepare a defense, the failure to present witnesses, and the lack of opportunity to cross-examine witnesses were listed as necessary due process safeguards that were missing at Gault’s hearing. This case and the due process cases that followed led to profound changes in juvenile court practices. First, attorneys would be required at all significant stages of the court process, including detention hearings. Second, most juvenile court acts were amended after the decision to provide for separate adjudication and dispositional hearings. This separation allowed juvenile courts to proceed to a disposition in the best interest of the child, but only after a hearing that provided full due process protection.

Although the *Gault* case gave due process protection to youth, it did not explicitly reject the *parens patriae* model of juvenile justice. It required a hearing in which rights are protected prior to intervention, regardless of whether the motive for intervention is to punish or to help. The State, consistent with the due process model of juvenile justice, must prove before an impartial judge that a crime has occurred before any dispositions may be ordered. However, *Gault* is not an equal protection case. The Court did not say that adults and juveniles must be treated equally. If the Court had reached that conclusion, the basis for a separate court would have been undermined. The Court ruled that juveniles are entitled to many of the same procedural safeguards that an adult would receive in the decisionmaking process. If these due process concerns are met, the State can maintain a separate juvenile court process for dealing with youth.

Obviously, young people are different from older people. They are at a different developmental stage of life. They are immature and often dependent on their families for care and custody. It makes sense to treat them differently. When it stops making sense to treat adults and juveniles differently, the idea of a separate juvenile court should be abandoned.

The Case of *Schall v. Martin*. *Schall v. Martin* is the only detention case ever to be decided by the Supreme Court. This case involved the question of whether detention practices in New York City violated due process rights. Under New York law, a youth charged with a delinquency may be held for 72 hours if detention intake staff find that it is in the interests of the minor and society that he or she be held. This period of detention can be expanded in certain circumstances for an additional 72 hours, before a judicial hearing has to be held establishing probable cause that the minor has committed an offense. This potential 6-day time period prior to a court hearing was challenged. In most States, the time limit before there must be a hearing is much shorter. In Illinois, for example, the hearing must be held within 36 hours of the minor being taken into custody. Most States have time limits ranging from 24 to 48 hours.

The Court ruled that the longer timeframe used in New York did not violate a youth’s due process rights. The Court felt that the State had the obligation to protect the child. The Court stated:

The Constitution does not mandate the elimination of all differences in the treatment of juveniles. ... The state has an interest in preserving and protecting the welfare of the child. ... Juveniles unlike adults are always in some form of custody. They are assumed to be under the control of their parents and if parental control fails the state must play its part as *parens patriae*.

This emphasis on *parens patriae* should not necessarily be viewed as a defeat for the child advocate interested in expanding the rights of minors. The Court clearly stated that detention is not a jail and that special facilities and programming must be provided for youth. Without these special provisions for youth, the Court might have ruled otherwise. Although the Constitution may allow States to adopt a relatively long period of time prior to a detention hearing, most States have much shorter time requirements. The law of the State in which the detention center is located governs this length of time.

Present and Future

Currently, doubt exists about whether the juvenile court should continue. The juvenile court is under attack from both the political left and right. Liberals dislike the informal nature of juvenile court proceedings, the overrepresentation of minorities, and the tendency of some juvenile courts to waive jurisdiction of predelinquent youth. Reforms, such as the narrowing of the court's jurisdiction over status offenders and a renewed emphasis on diversion, have been part of the liberal agenda. On the other hand, conservatives believe that the court is too soft on crime. They have promoted laws that increase the number of crimes outside the juvenile court jurisdiction and lower the age of criminal accountability.

Is the Juvenile Court Still Needed? Some would argue that adult court procedures with different sentencing provisions are all that is necessary. To determine the validity of juvenile court, one needs to review the reasons for creating a juvenile court. Is a separate, confidential process that emphasizes community corrections and individualized justice necessary? Is a process that balances due process rights and community protection with the needs of the minor necessary? Is a process that holds youth accountable to the extent of their competency but also allows the youth to mature and develop within their own community necessary? Are adults and youth equal? The positions taken in this manual are that separate facilities and procedures are needed.

Juvenile Court Procedures

The juvenile court act is the primary source of law for the State. Most juvenile court acts are arranged in chronological order by the activities that may occur as a case proceeds through the system. Each section of the act generally describes an activity, such as filing a petition or setting the date for a detention hearing; identifies the appropriate decisionmaker; and provides guidelines for the decisionmaker.

Decisionmaking and the Juvenile Code

Many juvenile court acts are further divided by the type of case brought before the court. Most juvenile court acts have a delinquent category for crimes, a neglect and dependency category for children who are not receiving appropriate care, and a category for noncriminal misbehavior (truant or runaway youth) and status offenders. A status offense is one involving activities that would not be criminal if engaged in by an adult. In most States, only delinquent minors are placed in detention. Nondelinquent youth are housed in child

welfare foster care facilities or nonsecure institutions or in specialized programs such as runaway centers. Most States have adopted jail removal programs, and nondelinquent youth are placed in detention only under very limited exceptions. Before admitting any youth not charged with a criminal offense, staff would be well advised to review the procedures manual carefully and to check with supervisory personnel.

Underlying Principles of the Juvenile Court

Most juvenile court acts contain three underlying principles: (a) the presumption of innocence, (b) the presumption of the least amount of involvement with the system, and (c) the presumption of the best interest of the minor. The decisionmaker—whether the police deciding to take a minor into custody, an intake worker deciding to detain a child, or a juvenile court judge presiding at a hearing—must consider these three principles. The existence of principles instructs a decisionmaker to rule in favor of the principles, unless evidence exists to the contrary. The amount of evidence may vary depending on the decisionmaker. Although police or detention intake may hold a minor if reasonable or probable cause exists to believe that the minor has committed an offense, a judge at an adjudication must be satisfied beyond a reasonable doubt that an offense has been committed.

Presumption of Innocence. The presumption of innocence is one of the hallmarks of our criminal justice system. It places the burden on the state to prove that the accused has committed an offense. The state cannot force accused persons to testify against themselves, cannot use illegally seized evidence, and must use a process consistent with due process standards to establish guilt.

Least Restrictive Alternative. The principle of least involvement assumes that minors, like adults, have liberty interests that include the right to be left alone or the right to live in a family situation without state interference. The state has the burden of showing that intervention is necessary for the protection of either the minor or society. Sometimes this presumption is described as a presumption of the “least restrictive alternative.” Diversion should be considered before a formal petition is filed and probation before commitment to an institution. When the continuum of services available to the juvenile court is narrowly defined as detention or probation, the least restrictive alternative may be secure detention as opposed to a more appropriate, but nonexistent, nonsecure placement. In the detention situation, many codes require that a child not be held unless a probable cause exists to believe that a

minor has committed a crime and unless an immediate and urgent necessity exists to admit the child. In some instances, detention intake workers may be authorized to release a child, even if he or she has committed an offense, if no need to detain exists. Intake policy should be carefully written to reflect the laws of the State and local practices.

Best Interest of the Child. The primary purpose of juvenile justice is to operate in the best interest of the child. The interest of the child must be balanced against the interests of society. These two interests must be considered together, and often no true conflict between the two exists. Society benefits by programs that help minors mature into law-abiding citizens, and children benefit by being held accountable and developing responsibility. In many ways, the goal of operating in the best interest of the child reinforces the presumption of innocence and the presumption of least involvement. Both of these presumptions support the belief that children are best off when they are developing without government coercion in family situations—a situation that, in most instances, is in the best interest of children.

Detention Before Adjudication

The primary function of detention from a legal system perspective is to provide temporary custody while a youth is awaiting adjudication in juvenile court. Most juvenile court acts have fairly specific requirements about who can be detained; require a judicial detention hearing within a short time following admission to detention; and limit the length of detention by requiring an adjudication and a disposition hearing within a short period of time. Detention staff should be thoroughly familiar with these aspects of the juvenile court act and with the sections of the procedures manual that give additional guidelines to staff. Those portions of the juvenile court act relating specifically to detention should be read by all staff, and an inservice training session should be provided to clarify questions and issues that may arise. To assist learning, study questions that raise issues of importance for detention follow this chapter. These questions should be answered using the juvenile court act of the State.

Decisions To Detain. Under most codes, only persons charged with criminal offenses may be placed in detention. Often, minimum age requirements exist. Detention intake staff are often given the authority to exercise their discretion when deciding whether detention is required. There must be a determination that detention is necessary because reason exists to believe the minor has committed a criminal offense and that (a) detention is in the best interest of the youth, (b) detention protects society (i.e., the alleged offense is

of a serious nature), or (c) reason exists to believe the youth would not appear for the court hearing if released. Many codes contain a specific prohibition on housing status offenders and other nondelinquent minors. Often, limitations exist on the length and conditions under which a minor may be held in local jails or lockups prior to transfer to the detention center. Specific policies may exist on housing minors who are beyond the age of juvenile jurisdiction or who have been transferred to adult court. Staff should be aware of these age and offense requirements.

Most codes give detention intake some discretion on who will be held. This discretion only exists if the youth is brought to the center without a warrant. If a warrant or judicial order requiring that the youth be held has been issued, generally this order must be followed until the court is allowed to rule on the matter. Most codes require that parents or other responsible adults be contacted and notified. Some States authorize bond for some offenses. In those States, some process must be established to collect and account for the bond.

Intake is a complex and serious matter that should be implemented under the guidance of experienced and trained individuals. Many detention centers have developed intake criteria that require detention for serious offenders and repeat offenders. Often, criteria establish who a responsible adult is, who may receive released offenders, and whether minors may be released on their own. Intake not only has liability risks, but it places intake staff in the position of checking the discretion of police and other juvenile practitioners, which can lead to friction and conflict within the system.

If the decision is to detain a minor, procedures for admitting the youth into the facility must exist, including procedures for searching and health screening. Also legal paperwork must be filed, and a detention hearing must be established. Parents, guardians, and other responsible adults must be notified of the time and place for the hearing. Although the responsibility for undertaking these activities may fall on law enforcement or court personnel, the process must ensure that someone in the system undertakes these activities. A detention hearing is required in a reasonably short time (e.g., 24 to 48 hours after a minor has been taken into custody). The time may be extended for weekends and holidays.

Detention Hearing. At a detention hearing, the State must prove reasonable cause for believing that a minor has committed an offense and that detention is necessary. At a detention hearing, detained juveniles are entitled to counsel, and an attorney will be appointed for indigent youth. If no lawyer is available, the hearing can be continued or will be reheard when the attorney is

present. The court may base its decision on hearsay evidence. Evidence establishing why detention was necessary and what other alternatives to detention were considered may be necessary.

Adjudication Hearing. A hearing should be set for an adjudication. Most juvenile court acts require this hearing within 10 to 30 days. The hearing date can be delayed with permission of the court for an additional time period, but this period should not be long. Juvenile justice should proceed quickly, and the time in preadjudication should be short if the process is working correctly. Juvenile justice is generally much quicker than the adult criminal system. However, there are two major reasons for delay. The first reason is the need to notify parents, and the second reason is a continuance granted at the requests of counsel and prosecution. Detention centers should have some procedure to track the length of stay and to periodically notify legal authorities of the status of youth in detention.

Under many juvenile court acts, a court hearing cannot proceed unless parents, guardians, or other responsible adults are given notice, served with a summons, or are otherwise present at the court hearing. These provisions usually do not cause delays if all necessary parties are living in the community and their whereabouts are known. If they cannot be located, then they must be served by mail or publication. Service by publication consists of running an advertisement (legal notice telling persons when and where a hearing is). However, running an advertisement jeopardizes confidentiality and should be avoided if possible. Detention and probation staff investigating cases must determine who the parents are and where they are located. Someone usually knows where a person may be found, eliminating the need for publication, which is costly and time consuming.

Continuance by defense counsel is the other major cause of delay. In most instances, youth are represented by public defender offices and other publicly financed sources of legal representation. These resources are understaffed and have huge caseloads. Unfortunately, some do not consider juvenile justice a priority. Sometimes delay is used as a plea bargaining strategy. If the youth has done considerable time in the detention center, attorneys, particularly those accustomed to adult criminal justice practices and values, are willing to consider releasing the minor on probation or for time served. However, juvenile detention facilities are not equipped for lengthy stays. Therefore, in the interests of detention staff and detained youth, the court should be reminded constantly of minors who are still awaiting hearing.

Transfers

Most juvenile court acts provide a mechanism to transfer (waive or bind over) serious and repeat offenders to adult criminal court. In recent years, a trend has started toward lowering the age at which minors can be tried in adult court (so-called automatic transfers). Often, youth tried as adults are detained in juvenile detention centers. Because of their experience and age, these youth may provide difficulties for the detention staff. Also, they probably will be held in detention for a longer period of time. One example of the negative impact of automatic transfers on a detention center operation is the Cook County Temporary Juvenile Detention Center (Cosgrove, 1985; Jordan 1985; and Roush, 1993). Many juvenile court acts have procedures to transfer these youth under certain circumstances. Staff should be aware of guidelines with regard to these youth.

Detention After Adjudication

After adjudication, the juvenile court may use the detention center as a temporary placement while awaiting a final dispositional order. Often, youth who are already wards of the court are detained for subsequent offenses or violations of a court order, or the youth may be placed in detention as a dispositional alternative. Frequently, a period of time passes between adjudication and dispositional hearing. This time period allows probation staff and others interested in the youth to complete a social history and to make dispositional recommendations. Many jurisdictions include information from the detention staff in the dispositional reports. After all, if the youth has been in detention, the contact hours and the opportunities to observe are immense. In fact, one of the original justifications for detention was for diagnostic purposes—an idea that is at odds with the emphasis on due process.

Although less frequent than delays in the adjudicatory process, the dispositional hearing may be continued. A process for notifying the court of minors who have been detained for extensive periods of time awaiting a dispositional hearing should be implemented in each detention unit.

Many times, youth already on probation are placed in detention for a subsequent offense or a violation of probation. Many juvenile court acts have separate requirements and time schedules for proceeding with the case of a ward of the court. One of the reasons for placing a nondelinquent youth in detention is violation of a valid court order. In some instances, probationers have been placed in detention and released as a “shock” sentencing program. Unless shock sentencing is done under a court order, it most likely violates due process

and should be eliminated. Departmental policy about using detention for those already under the jurisdiction of the court should be reviewed.

Increasingly, detention is being used as a dispositional alternative. Some States allow for short terms in detention as an outcome. Other States use short stays as a shock sentence followed by a term of probation. In some jurisdictions, courts are given the option of committing to detention but staying the detention order as long as the youth does well on probation. This latter practice also may violate due process if there is no court order prior to implementation of the commitment. Most juvenile practitioners oppose the use of detention as a dispositional alternative, because most centers are not set up to administer such a program.

Liability Issues

One of the major issues currently facing detention and individuals employed by detention centers is the threat of lawsuits for money damages. In recent years, an increasing number of lawsuits have been heard in State and Federal courts. Lawsuits can be brought against the center, but they are often filed in the name of an individual employee. Risks of individual lawsuits are particularly troubling because most individuals do not have the money to pay for the judgments. Fortunately, a lawsuit resulting in a judgment that is to be paid by an individual will likely be small if (a) that individual was merely fulfilling required job duties and (b) he or she did not intentionally try to harm someone.

Lawsuits have increased in the past 20 years because more people have recognized that children have rights and that governments, like private individuals, are responsible for their wrongs. Until 20 years ago, the prevailing attitude was that persons who found themselves in a correctional institution, particularly following a sentence, had no rights. This attitude has changed. Children and prisoners have rights, as the article by James Bell (1992) describes. Also, the prevailing theory held that governmental entities should be immune from liability suits. This theory has been weakened. The net result is that children who find themselves in detention centers have the ability to sue and that these suits will not be dismissed automatically. Also, some attorneys now specialize in protecting children's rights and civil rights. Fees can be obtained from individuals, and in many instances, courts provide for attorney fees even if no damages are awarded to encourage suits. Often, public officials obtain a court order requiring a certain activity to stop and ordering attorney fees.

Liability is a complex matter that cannot be fully addressed in a short introduction to detention, but it is important not only because the risk of a lawsuit exists, but because it emphasizes the responsibilities of staff toward minors who are in detention centers. If someone has rights, then someone else has the responsibility to protect those rights.

What follows is a brief introduction to some of the emerging liability issues. Although Federal lawsuits may have a degree of uniformity, each State and some localities have developed different approaches to liability. Staff should not discuss liability issues exclusively from the perspective of avoiding lawsuits but from the perspective of established policies that reduce wrongs to children, meet legal standards, and maintain security needs. If these criteria are met, liability questions will be reduced.

Purpose of Liability

Liability is one method that the legal system uses to hold detention centers and other public and private organizations accountable. Liability is imposed to instill appropriate behavior and to discourage or deter wrongful behavior. It is also designed to compensate injured individuals for their losses. Other methods can be used to hold persons accountable, such as criminal prosecutions brought against staff who violate criminal laws as well as personnel policies and disciplinary actions. Grievance procedures may eliminate the need for lawsuits. If a detention center has adopted other methods of monitoring its behavior, then the risk of a lawsuit will be greatly reduced.

Managing Liability. Rather than viewing liability in negative terms and living with the constant fear of being sued, staff should approach liability as a risk that can be controlled and managed. Often, the fear of lawsuits can cause staff to be reluctant about undertaking activities because of the common belief that "If I do that, I will be sued." In reality, the failure to undertake some action can lead to a lawsuit just as quickly as undertaking an action. In risk management terms, risks must be identified, reduced where possible, avoided in some instances, and transferred in others. Because all risks cannot be reduced, individual liability ultimately must be insured. Most States protect individuals from lawsuits or agree to indemnify them for loss if the employees are acting in good faith and in the course and scope of employment.

Good Faith. Basically, staff can know they are acting in good faith and in the course and scope of employment by following the policies and procedures manual. The manual may not provide an absolute defense because situations may arise when the policies

do not correspond with what a court thinks is reasonable and constitutional. However, in the case of a well-managed facility, these instances should be extremely rare. Most likely, upper level management will be responsible. In most cases, line staff will be able to use “just follow policy” as a defense.

Risk Management

The first step in a good risk management program is to identify risk areas. The second step is to reduce the risk by adopting policies and training staff. Avoiding risk may be another possibility to consider. Pool tables are rarely found in detention centers because they are just too risky. Risk may also be transferred. The sheriff’s department, rather than detention staff, should transport youth. If none of these steps can be enacted, the center should make every effort to ensure that the governmental agency, State or local, will stand behind an individual who is sued while carrying out a policy, and the agency should provide legal counsel and money to pay any claims that are made.

Section 1983. Liability arises from State or Federal law. Under State law, the issue is usually brought as a tort claiming either negligence or intention. Under Federal law, the suit is usually brought under a violation of one of the civil rights laws. Often, the suits are filed under section 1983 of Chapter 42 of the United States Code and are known as 1983 actions that “prohibit an individual who, acting under State law authority, from knowingly or intentionally violating the civil rights of an individual.” Detention center employees, who are also employees of government, may be responsible for these actions. In either instance, three elements must be met. First, a duty owing must exist. Second, a violation of that duty must have occurred, and third, harm must have been done. Many States have reduced the risk of liability by specifically granting immunity for certain activities and by saying that no liability occurred unless the duty of care was violated in a grossly negligent or willful and wanton manner.

States may be able to grant immunity for certain activities in State courts, but they cannot control the Federal courts. However, immunity has been developed under this section for good faith. A person who in good faith carries out a reasonable public policy will be granted immunity. The governmental entity will not be able to use this good faith defense, but the individual employee will not have to pay damages.

Reviewing Policies and Procedures. A final policy that will reduce the risk of liability is one that encourages staff to participate in the development of a risk management plan. Openly reviewing procedures to reduce risk and monitoring compliance with these

policies will avoid many injuries. However, even in the best run institutions, accidents happen, and persons are injured. A process of preparing unusual incident reports is essential. Staff should document what they did, and this documentation often will establish that they were not careless and that they were acting reasonably or in good faith. Staff should be instructed in steps to follow after an injury. Medical care should be provided. A process to mitigate or reduce the harm will reduce monetary damages. Witnesses should be identified, and outside investigations may be appropriate. Reports may have to be filed with insurance providers and with legal resources.

Several activities that occur in detention should be reviewed regularly, and these activities justify careful consideration and training from a risk management standpoint. Some of the major issues are listed below:

- Intake screening and release.
- Medical and health care.
- Programmatic injuries.
- Security, searches, and discipline.
- Communications, visitors, and mail.
- Confidentiality.

In each area, the policy developed to reduce staff liability should be reviewed to identify risk and manage the reporting mechanisms.

At intake, staff should be aware of the juvenile’s right to have a due process hearing before or shortly after the loss of liberty. Time limits for holding hearings must be met, and the purpose of detention at these early stages is only to provide secure custody while awaiting further decisions. In releasing a youth, the staff should take precautions to ensure that the youth is being released to a responsible adult, and staff should alert the juvenile court about the release if a strong possibility exists that the youth will injure himself or herself or others.

All activities involve risks, but doing nothing also has a risk. Each activity should be reviewed, and policies should be developed that (a) establish reasonable guidelines for each activity and (b) manage the reporting mechanisms that document injuries, which will inevitably occur even in the best of circumstances. If an injury does occur, staff will be in a better position to use a reasonableness or good faith defense.

Security is an essential aspect of a detention center, but it must be undertaken in a manner that recognizes the rights of the youth. Searches must be for the purpose of security, not punishment. They must not be excessive and must be carried out in a professional manner. Many States have policies limiting strip

searches and body cavity searches. Searches should be conducted by staff of the same gender as the youth being searched. Even this precaution can lead to problems, and some States have statutes that prohibit body search and same-sex searches. Policies should be established to regulate the manner and time of a search and to designate who may conduct a search.

Discipline must be maintained in a detention setting, but it must be for reasonable correctional purposes. When discipline is being used, a process must exist for structuring, controlling, and checking the discretion of the staff member authorizing the discipline.

Security needs do not preclude the youth from communicating or having contact with visitors. Policies must allow for reasonable communications consistent with correctional needs. Special attention must be given to communications with attorneys, judges, and other legal advocacy organizations.

Confidentiality is another area that needs to be considered when designing policies to avoid lawsuits. Although staff should not disclose the identity of persons in the detention center to the general public, the fact that a youth is in detention is not a secret. Information must be shared with parents and responsible relatives when determining whether to hold or release a youth. Furthermore, communication with schools, social service agencies, and other organizations concerning a youth in detention may be necessary to continue services for the youth and to develop a release plan. Staff should be aware of the circumstances under which information can be shared.

Another difficult area is the use of confessions or admissions of criminal activity by youth in detention. In most States, statements and confessions made to staff are admissible as evidence against the youth. Policies concerning these admissions should be established in each detention center. Furthermore, policies should be established governing the ability of law enforcement to question the minor who is in detention. Generally, police may question, but this activity sometimes places staff in the awkward position of advising the youth of his or her legal right to remain silent. As in other legal risk situations, the

problem should be anticipated, and policies that will give guidance to both the police and the detention staff should be established prior to the situation.

Liability is a complex issue that can be addressed only superficially in an introductory manual such as this one. Potential risks exist in virtually every activity undertaken by a detention center. However, by developing a risk management strategy and training staff appropriately, a detention center can reduce these risks.

Conclusion

Detention is a key element of the juvenile justice system. Persons employed in detention centers are generally working with the most difficult youth in circumstances that are challenging. The need for security and routine operating procedures may cause detention staff to feel institutionalized. The risk of burnout is high. Staff members need to consider how long they can maintain a positive attitude when faced with the working conditions. Detention staff who meet this challenge must remember that the very purpose of detention is to provide a safe, secure, and humane facility for holding youth who are awaiting adjudication under the juvenile court act.

The activities of detention center staff should be governed by the simple but straightforward principle of “do more good than harm.” Staff should become familiar with the basic laws of the juvenile justice system so that they can (a) act in a manner consistent with the law, (b) explain the system to the youth in the center, and (c) become advocates for the juvenile justice system within the general public. They must be aware of the risks inherent in the system and do everything they can to minimize harm to youth in detention by finding the appropriate balance between security and freedom for those detained youth. By better understanding the legal system, detention staff will be in a stronger position to accomplish the difficult task of helping to educate and train some of the most challenging members of the next generation.

For Discussion. . . .

Juvenile Court Act Study Questions

- (1) What is the minimum and maximum age at which a youth may be detained?
- (2) What categories of youth may be placed in detention?
- (3) What laws authorize police to take youth into custody and govern their activities at a police station?
- (4) How long may a child be detained at a local police department or jail?
- (5) What authority do detention staff have in relation to intake?
- (6) How long may a youth be detained prior to a detention hearing?
- (7) What procedures govern a detention hearing?
- (8) Who is required to give notice to parents regarding a detention hearing?
- (9) If a youth is detained, when must the adjudicatory hearing occur?
- (10) What law governs continuances?
- (11) Who is responsible for filing a petition and serving parents with legal summons or other documents?
- (12) What is the time limit for detaining a youth awaiting a disposition?
- (13) Do detention staff play a role at the dispositional hearing or in the preparation of the social history of the child?
- (14) What are the rules governing the use of detention as a dispositional alternative?
- (15) How do staff know they are acting reasonably or in the course and scope of their employment?

The National Juvenile Detention Association (NJDA)

There are numerous definitions of juvenile detention, but until recently, no single definition achieved priority. Without consensus on a definition, juvenile detention had become all things to all segments of the juvenile justice system (Hammergren, 1984). On October 31, 1989, following 3 years of work on the subject, the board of directors of NJDA unanimously adopted the following definition of juvenile detention:

Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the court who require a restricted environment for their own or the community's protection while pending legal action.

Further, juvenile detention provides a wide range of helpful services that support the juvenile's physical, emotional, and social development.

Helpful services minimally include: education; visitation; communication; counseling; continuous supervision; medical and health care services; nutrition; recreation; and reading.

Juvenile detention includes or provides for a system of clinical observation and assessment that complements the helpful services and reports findings.

This definition was developed from the seven essential characteristics of juvenile detention identified by the American Correctional Association (ACA) Juvenile Detention Committee (Smith, Roush, and Kelley, 1990). These themes are defined as follows:

- **Temporary custody.** Of all the methods of incarceration within the criminal justice system, only juvenile detention stresses its temporary nature. Detention should be as short as possible.
- **Safe custody.** This concept implies freedom from fear and freedom from harm for both the juvenile and the community. This definitional theme refers to a safe and humane environment with programming and staffing to ensure the physical and psychological safety of detained juveniles.

- **Restricted environment.** The nature or degree of restrictiveness of the environment is generally associated with the traditional classifications of maximum, medium, or minimum security or custody.
- **Community protection.** In addition to the factors listed above, the court has a legitimate right to detain juveniles for the purpose of preventing further serious and/or violent delinquent behavior.
- **Pending legal action.** This theme includes the time spent awaiting a hearing, disposition, a placement, or a return to a previous placement.
- **Helpful services.** Programs are available to detained juveniles to help resolve a host of problems commonly facing detained juveniles. Because detention has the potential of creating a tremendously negative impact on some juveniles, it is important that programming have the depth of services required to meet the needs of a wide range of juvenile problems.
- **Clinical observation and assessment.** Most juvenile codes specifically refer to this theme as a purpose for detention. The controlled environment of juvenile detention often provides the opportunity for intense observation and assessment to enhance decisionmaking capabilities. Competent clinical services are provided by properly credentialed individuals who coordinate and conduct the observation and assessment process. (This service may be provided by staff or through contract.)

The NJDA definition incorporates those program elements outlined in ACA standards. The collaboration between ACA and NJDA led to a definition statement grounded in professional agreement.

Confusion of Function

Juvenile detention is a paradox that is difficult to define. Hughes and Reuterman (1982) explain the paradox with exceptional clarity in their second national survey of juvenile detention. They note that juvenile detention is a very important part of the juvenile justice system. Yet, their survey responses simultaneously indicate that detention is often ignored, criticized, and deprived of the support and assistance available to other

juvenile justice agencies. These findings echo the earlier comments of Rosemary Sarri (1973), who said that detention is both “significant and ignored.”

A History of Confusion

The confusion of function has a long history in juvenile detention. When mutually contradictory definitions generate ambivalence and confusion, detention is at the whim of the individuals or agencies that exercise control over it. Cohen (1946) maintained that a “good” detention program cannot be established if detention is viewed as a catchall. Hammergren (1984) warned that without clear mission and goals, detention will become all things to all segments of the juvenile justice system. In some jurisdictions, secure detention is a convenient alternative to the court for a wide range of troubling youth. Schwartz, Fishman, Hatfield, Krisberg, and Eisikovitz (1986) specifically point to this problem of confusion as a culprit for the overuse of detention.

In an analysis of the administration of juvenile detention, Kihm (1981) states that detention management is “the most difficult job in the juvenile justice system.” The reason for this difficulty stems from “the framework of contradictions” within which detention must operate. Although Kihm lists several problems associated with these contradictions, the importance of his work is its systematic focus on the difficulties created by the absence of a clear definition of detention. The confusion surrounding contradictory definitions is the central problem for juvenile detention administrators.

Recommendations

The confusion of function ranks even above the perennial problems of crowding, the lack of funding, and the lack of personnel. The National Conference (1947) recommended the following distinct solutions to the confusion of function:

- Detention must have a clear definition.
- There should be controls on intake in the form of guidelines or criteria.
- There should be cooperation between children’s agencies to divert youth who do not require secure detention into alternative programs.
- There should be a well-organized network for transferring youth to the appropriate placement.

The intent of these solutions is to open detention to those youth who truly need secure, temporary custody. Viewed as important for the future of detention over four decades ago, these solutions are equally relevant today.

Despite these straightforward recommendations, the confusion of function persists. NJDA reported that the

absence of clearly defined standards for detention services permitted the use of subjective reasons for incarceration, ranging from punishment to protection (Studies Charge Detention Abuse, 1982). In an analysis of detention programs, Carbone (1984) pointed to the lack of a mission statement as the central problem inhibiting effective detention programs. With no curriculums or training programs required of detention administrators, the day-to-day administration of detention is also marked by a lack of consistency (Gallas, 1985). The absence of uniformity in administrative practice has been identified by Norman (1946); more recently by Pappenfort and Young (1980) and Hughes and Reuterman (1982, 1984; Hughes, Reuterman, and McGibany, 1982; and Reuterman, Hughes, and Love, 1971); and currently by Parent et al. (1993).

What Are the Functions of Detention?

Two functions (goals) make up the conflicting parts of the juvenile detention paradox. First, detention restrains and inhibits a youth’s freedom or liberty through placement in a locked institution, in a physically restricting environment, or in some other level of custody with supervision. This function is called preventive detention. Second, detention is also one of the services associated with the juvenile court. When detention services include helpful programs for the diagnosis, remediation, or restoration of the juvenile offender, this function is called therapeutic detention.

Hughes and Reuterman (1980, 1982) addressed this issue in a national survey of detention administrators. Starting from the assumption that a definition of juvenile detention should incorporate both functions, an ideal definition would place primary emphasis on custody (preventive detention) and secondary emphasis on programs and services (therapeutic detention). Their findings revealed interesting perceptions of juvenile detention. One-third of the detention administrators agreed with the ideal definition, whereas approximately 37 percent indicated that custody is the single and exclusive function of detention. Some detention administrators exclude therapeutic detention as a legitimate function of detention.

Preventive Detention

The earliest studies of juvenile detention identified security and a physically restricting environment as universal characteristics of juvenile detention (Warner, 1933). These characteristics are essential to preventive

detention. The preventive function is easier to understand because it is consistent with the meaning of the word “detention.” According to the dictionary, detention means “a keeping in custody or confinement.” Custody means “a guarding or keeping safe; care; and protection.” The implication of preventive detention is that detention is a form of custody that prevents certain things from happening to ensure protection or safekeeping.

What are the goals of preventive detention? There are different opinions regarding how many goals are included in the preventive detention function. However, three general goals emerge:

- Detention provides the juvenile court with a reasonable assurance that the youth will be available and present for court hearings and other legal matters. (Detention prevents absconding, running away, or failing to appear before the court.)
- Detention is used to prevent harm from happening to the juvenile offender, the family, and the community.
- Detention is used to prevent the juvenile from committing further offenses during the legal process (Pappenfort and Young, 1980).

There is little doubt that protection of the child and protection of the community (public safety) are universal goals expressed in the detention literature. However, is preventive detention the exclusive function of juvenile detention?

Therapeutic Detention

The word “therapeutic” is sometimes misleading. Although preventive detention stops certain behaviors or actions, the nature of therapeutic detention is to initiate certain events. Therefore, therapeutic detention could also be called “educative detention,” “helpful detention,” or “proactive detention.” This function examines what detention can do to help the juvenile, achieving the preventive goals of protecting the offender, family, and community and preventing the occurrence of additional offenses.

Although the ultimate goal of therapeutic detention is not the complete rehabilitation of the juvenile offender, detention should be seen as the place where the process begins (Brown, 1983). The term “therapeutic” is associated with the programs and services provided by the juvenile court. Ideally, juvenile detention is only one component of the range of services available to the juvenile court. (See the discussion of continuum of care later in this chapter.)

The basis for the therapeutic detention rationale is diagnosis and observation. Tappan (1949) specifically

listed clinical observation as an important reason for detention. For the court to make an informed decision regarding the future of the juvenile, information is needed regarding the juvenile, the home environment, and peers. Short-term detention has been used as an opportunity to accomplish this task (Cohen, 1946; Lenz, 1942; National Conference, 1947; Norman and Norman, 1946; and Norman, 1941, 1949, 1961). The diagnostic and observation themes are so common that many juvenile codes include these concepts as a rationale for detention, and they have created conflict in the definition of detention goals.

It is difficult to know exactly when the conflict began. The confusion of function (goals) began to appear in the detention literature more than 50 years ago. Like many other critical issues in juvenile detention, the debate about the goals of detention was articulated by Sherwood Norman. Our present understanding of the “preventive detention versus therapeutic detention” controversy is the result of national surveys conducted by Drs. Tom Hughes and Nick Reuterman. Even though all therapeutic concepts within juvenile detention have their origins in the philosophy of the juvenile court, the rationale of diagnosis and observation may have generated the greatest call for programs, training, and professional or clinical staff and services.

Balanced Approach

The goals of preventive detention and therapeutic detention are not mutually exclusive. However, the lack of consensus about juvenile justice philosophy increases the tension between these two functions. Until NJDA established a national definition of detention, the confusion of function was a major obstacle to the definition of detention. The problem was the inability of practitioners to integrate these two detention goals and balance them in daily practice. (Refer to the discussion of the balanced approach in Chapter 1.) Now would also be a good time to return to the NJDA definition at the beginning of this chapter to see how it combines the preventive and therapeutic themes.

“Place Versus Process” Argument

With the preventive and therapeutic goals of detention established, another controversy arises regarding the objectives of detention—specifically, how it goes about meeting or achieving these goals. There are two different ways of representing the objectives of juvenile detention. One way is more restricted and narrow in its focus, while the other is quite broad and flexible.

Use the game of golf as an example. If your goal is to shoot a low score and if your golf skills are as good as they'll ever be (meaning your ability is held at a constant), there are a range of variables that will affect your score. Some of these variables include course selection (you want to choose a course that fits your skills), weather conditions (wind, rain, and cold weather make golf more difficult), club selection (you may carry 14 clubs, but there are more than 20 different clubs you could choose), and mental attitude (golf is a challenging game that requires concentration and a positive mental attitude). As each of these variables changes, a good golfer is flexible enough to adapt to the new conditions.

What would happen if someone were to control these variables so that you had to play:

- On a very challenging golf course?
- On a cold, wet, and windy day?
- With only a driver and a putter?
- In front of a gallery of your most severe and vocal critics?
- With your job on the line?

As the available alternatives narrow, your task becomes significantly more difficult. You must work significantly harder to achieve similar results, and the increased stress and pressure reduce your ability to perform. If given the choice, you probably would not choose this particular arrangement for golf. The “place versus process” controversy in juvenile detention is similar to this golf analogy. Juvenile detention is forced to “play the game” under very difficult conditions with severely restricted options.

More than 35 years ago, the National Council on Crime and Delinquency (NCCD) suggested that juvenile detention should be understood as a “process,” not as a “place” (Norman, 1961). Recent problems regarding the overcrowding of juvenile detention facilities call attention to the definition and mission of juvenile detention. Although overcrowding is a function of several variables, Dunlap (1993) used the “place versus process” controversy as the focal point for evaluating “successful versus unsuccessful” responses to overcrowding. Dunlap linked overcrowding and systemic failures to reduce the negative effects of overcrowding to jurisdictions that defined juvenile detention as a place. He claimed that systems that successfully addressed the increase in juvenile delinquency without overcrowding juvenile detention were systems that viewed detention as a process. As the pressures on juvenile justice and juvenile detention continue to increase, “detention as process” offers more alternatives and greater flexibility.

From the perspective of how a detention system is organized, a “place versus process” controversy is particularly relevant. If the system defines detention as a place, then the physical plant becomes the focus of detention services, and incarceration is the primary intervention strategy for the system. Although detention frequently serves as the focal point for juvenile justice interventions, incarceration is a very expensive alternative. Under public pressure for increased incarceration, operational costs may become overwhelming. For example, one county in New Jersey eliminated juvenile detention because of the high costs of incarceration, and another county in Michigan funded a juvenile detention facility only through the remainder of the fiscal year.

Detention as Place

References to juvenile detention as a place emphasize the physical structure of detention, the building, and its physical characteristics, such as rated bed capacity, security hardware, square footage, furnishings, and sanitation. References to place also denote the objective characteristics of detention. Place focuses on the “what” of juvenile detention, including the development of administrative and operational rules and regulations expressed in policy and procedure. Detention as place is a limited definition of the methods to achieve the goals of detention.

The ACA standards movement is a crucial component of the “what” factor. However, the standards have not been instructive regarding how to implement successful detention. This gap has been documented by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) Study of Conditions of Confinement (Parent et al., 1993) that revealed a weak relationship between conformance with nationally acceptable standards and improved conditions of confinement.

Detention as place is a passive concept. It is the object or outcome of juvenile court action. When the demands for greater use of detention increase, the detention as place argument focuses on the increase in secure beds or the increase in capacity. The operation of the detention facility becomes the primary focus of concern. Detention as place is best captured by the aphorism: “If a hammer is the only tool in your tool box, soon all your problems will start to look like nails.”

Detention as Process

References to “detention as process” focus on the “how” of detention (the detention experience). Key words reflective of process are intensity of services, quality of care, quality of staff and their relationships with youth, and philosophy of detention. From an organizational perspective, process moves juvenile

detention beyond a single building or entity, suggesting a wide range of services under the umbrella of detention. Detention as process is associated with references to graduated sanctions and a continuum of care.

Detention as process is an active concept. Detention refers to the act of providing custody. This custody can be achieved through various methods to match the custody needs of the individual youth with the ability of juvenile detention to achieve its goals, which include ensuring the youth's presence at trial; providing protection to the youth, community, and family; and preventing the occurrence of additional offenses during the legal process. The range of custody options available to the court appear to be limited only by the creativity of those on the bench and within the juvenile justice system. When a wide range of custody alternatives exist, detention becomes a question of matching the level of restrictiveness with the detention needs of the offender. This concept is called a continuum of services or continuum of care.

Effective detention safeguards the health, safety, and well-being of staff, residents, and the public. Practitioners understand that process issues are more influential in effecting safety and security within a juvenile detention setting than are policies and procedures. A balanced approach includes both.

Graduated Sanctions

The OJJDP strategy (Wilson and Howell, 1993) identified three levels of graduated sanctions: immediate sanctions, intermediate sanctions, and incarceration. Immediate sanctions are nonresidential community-based programs located in or near the juvenile's home to maintain community participation in program planning, operation, and evaluation. First-time delinquent offenders and nonserious repeat offenders generally are targeted for this type of sanction. Examples of immediate sanctions programs include juvenile court diversion, informal probation, programs that use school counselors as probation officers, probation, home probation, mediation, community service, restitution, day treatment programs, alcohol and other drug abuse treatment (outpatient), mentoring programs, and family preservation programs.

Intermediate sanctions are for offenders who are inappropriate for immediate sanctions or who have failed to respond to an immediate sanctions program. These programs include regular drug testing, weekend detention, intensive supervision probation, alcohol and other drug abuse treatment (inpatient), outdoor challenge programs, community-based residential programs (group homes), electronic monitoring, boot camps (see Taylor, 1989), and staff-secure juvenile detention.

Incarceration includes secure detention, specialized residential treatment, training schools, youth ranches, residential placement institutions, and transfer to adult court jurisdiction.

Continuum of Care

For years, juvenile justice practitioners have complained that juvenile detention is the mainstay of the local juvenile justice system, and problems have arisen because incarceration has been used to solve all problems facing the juvenile court (Hammergren, 1984). Since 1946, the service component of the juvenile justice system has been defined as a continuum. Juvenile justice practitioners schooled in this train of thought welcomed the OJJDP strategy because graduated sanctions were another way to define a continuum of care. Those State and local jurisdictions that have exemplary programs and services for juvenile offenders incorporate a continuum of care during a significant portion of their intervention strategy (Armbruster, Abbey, and Schwartz, 1990).

The Center for the Study of Youth Policy at the University of Michigan concluded that the existence of a continuum of services provided community protection and public safety in a cost-efficient manner. Massachusetts was the pioneer in creating community-based alternatives for delinquents. Since its transition to a community-based continuum of services, the number of juvenile offenders going into the adult correctional system has dropped from 35 percent to 15 percent. Similar positive results have been experienced through the development of a continuum of community-based services in Utah (Armbruster, Abbey, and Schwartz, 1990).

On the local level, the best example of a continuum of services is the Jefferson County (Kentucky) Juvenile Services Division, an executive branch of county government that was developed by Earl Dunlap and the Honorable Mitch McConnell to include a wide range of community-based alternatives ranging in various degrees of restrictiveness. At the preadjudicatory level, the juvenile court judge makes the detention decision, and Juvenile Services staff conduct a risk assessment and place the juvenile in the appropriate program. The decision about where to place a youth is a function of the assessment outcome, not the juvenile court.

The ability to control resident movement within the continuum of services resulted in a very low number of detention days in the Jefferson County Youth Center (JCYC). JCYC operated below its regular rated capacity, frequently operating at 50 percent capacity—a rare phenomenon for a metropolitan detention center with a history of overcrowding (Kihm, 1981). This program

Sample Continuum of Care

Level of Intervention	Programs and Services
	Big Brothers/Big Sisters Afterschool Programs Afterschool Employment
Low	Drop-In Centers Street Outreach Workers Mentor Programs Informal Probation (No Probation Officer Assigned) Informal Probation (Supervision by Adult Friend or Relative) Informal Probation (Supervision by Allied Agency—e.g., Scouts) Alternative Education Programs Community Services (Health, Pregnancy, Crisis Intervention, etc.) Foster Home Placement Volunteer Probation Probation Restitution Attendant Care or Holdover Group Homes (Parent Model) Group Homes (Staff-Secure Diagnostic) Group Homes (Staff-Secure Treatment)
Medium	Family Preservation Programs Alcohol and Other Drug Treatment (Outpatient) Intensive Probation Tracking Probation Tracking Probation <i>Plus</i> (Staff-Secure Detention Bed Available) Home Detention Electronic Monitoring Intensive Day Treatment Alcohol and Other Drug Treatment (Inpatient) Nonsecure Detention Periodic Detention Weekend Detention (Detained Friday Through Sunday Evenings) Postdispositional Electronic Monitoring Specialized Residential Treatment Training School
High	Secure Detention Training School (Maximum Security Unit) Adult Detention (Jail) Adult Corrections (Prison)

concept is still used as a model for other local juvenile justice systems. It earned Jefferson County the status of a National Resource Center from the ACA, and OJJDP technical assistance projects continue to include references to the Jefferson County model.

Mentor Programs. Mentor or proctor advocate programs allow individual youth to reside in the homes of professional staff who serve in a surrogate parent capacity. Mentors advocate for youth and provide positive behavior modeling. The residential component distinguishes these programs from typical mentoring programs, such as Big Brothers/Big Sisters.

Group Homes: Parent Model. House parents or foster parents provide services to six or fewer youth who attend community schools. In addition to the traditional parent model, two variations of group homes are worth consideration.

Group Homes: Staff-Secure Diagnostic. Under 24-hour supervision by professional staff, 12 or fewer youth reside in these homes. Youth are placed there while a more permanent placement is being developed. In addition to being assessed for treatment placement needs, youth are oriented and attitudinally prepared for their treatment placement assignment.

Group Homes: Staff-Secure Detention. Under 24-hour supervision by professionally trained staff, 12 or fewer youth reside in these homes. Although youth may attend community schools, education usually is provided on the premises because of security risks.

Community-based, staff-secure detention accounts for about half of the annual detention admissions in the State of New York. Virtually every county has access to community-based detention programs, and these programs are an integral part of the detention system. Some localities use community-based detention exclusively for status offenders and other forms of detention exclusively for delinquents. Because of their nonsecure nature, some community-based detention programs mix the two populations.

As evidenced in the New York experience, there are several elements crucial to the success of a community-based, staff-secure detention program. The mission of the program must be clear. The intake screening process must be designed to admit legally eligible youth who do not require a higher level of restrictive care because frequent mistakes in this area will doom the program.

Of course, communities rarely welcome nonsecure residential facilities. Efforts to educate the community about the mission of the facility are critical. Linkages must be made, preferably by written agreement, with community agencies that provide the facility with health, education, mental health, and emergency services on an ongoing or as-needed basis.

Intensive Day Treatment. Intensive day treatment programs consist of highly structured and focused daily activities for youth. Structured programs may be 8 to 15 hours long and include evenings or weekends. Family participation is required, and youth reside in their own homes or foster homes. Program content varies but often includes education, vocational development, specialized counseling (sex offense, substance abuse), family counseling, leisure-time activities, community projects, and wilderness experiences. Programs operate at various locations, such as a detention center, a public school, or a community center.

Intensive Family Preservation Programs. Family treatment or preservation programs, such as Washington's Home Builders and Michigan's Families First, require youth to reside at home, and an extensive range of highly intensive services and resources are brought into the home to maintain and strengthen the family unit. These short-term, high-impact programs work with families from 10 to 30 hours per week for 30 to 60 days. Family preservation caseworkers are usually assigned to no more than two families at one time.

Intensive Probation. Intensive probation provides increased daily contact with youth, at least two or three daily contacts. Specially trained probation officers know each youth's schedule of activities and whereabouts at all times. Youth are required to report to their probation officers in person or by telephone (normally, there is one face-to-face contact daily) and to review their schedule of the day's activities. Intensive probation officers often work with the families. Intensive probation is a popular alternative to secure detention or to dispositional placements. This model can also be used for high-risk youth on aftercare status.

Tracking Probation. Tracking probation is a variation of intensive probation. Rather than two to three daily contacts, youth assigned to tracking probation are usually required to have four or more contacts with the tracking probation officer (tracker), and more than one of these contacts may be face to face. Two philosophies of tracking have evolved. First, because of the intensive contact, some jurisdictions use tracking as a therapeutic intervention strategy with youth and their families. Second, increased tracking caseloads mean that most trackers have only enough time to provide basic monitoring functions. In these instances, trackers become surveillance officers or enforcement officers ("bird dogs"). In either case, tracking provides an increased level of accountability for youth on probation.

Tracking Probation Plus. Tracking probation *plus* is a variation on tracking probation that includes a staff-supervised, short-term bed for youth who lose control while on regular tracking probation. The

availability of such a bed can eliminate the need for temporary detention or other secure placement. Youth generally return to the regular tracking probation within 1 to 3 days.

Specialized Residential Treatment. Therapeutic or specialized residential treatment programs address homogeneous populations, such as sex offenders, teen prostitutes, and substance abusers. These programs can take the form of professional, staff-secure group homes or small (up to 12 beds) or self-contained residential programs within larger institutions.

“Draw Down” Programs. Behavior management draw down programs operate in secure detention facilities and are a systematic way to reinforce appropriate institutional behavior by providing an opportunity for detainees to move to a less restrictive placement, when appropriate. These programs require the continuum of services to be under one agency’s control so that the placement of a youth in the appropriate alternative is an administrative function. In this manner, youth may earn the opportunity to move from secure detention to staff-secure detention, which results in a more appropriate level of service and a more cost-efficient use of resources. The “down” component is one way; movement from greater to lesser security does not require a due process hearing.

Periodic Detention. Eskridge and Newbold (1993) describe a variation on the home detention and weekend detention strategies. Periodic detention (PD), pioneered in New Zealand, is the oldest and probably the most successful of the country’s noncustodial alternatives. It is also one of the most popular, accounting for 35 percent of all those on community sentences. PD began in 1963 as a form of weekend confinement for juveniles. Since then, it has been extended to adults, and its residential component has been dropped in an attempt to cut cost. Today, the sentence allows for a periodic detainee to be kept in the custody of a PD ward for up to 9 hours on any 1 day and for up to 15 hours per week for up to 12 months. In practice, the bulk of periodic detainees report to a PD work center each Saturday. Accompanied by a PD warden, gangs of approximately 10 detainees work, unpaid, on community projects, cutting scrub, picking up trash, and cleaning government buildings.

Nonsecure Detention

Philosophy of Nonsecure Detention

The underpinnings of juvenile detention philosophy are embodied in the broad strokes of the themes of

the NJDA definition of juvenile detention. The nature of nonsecure detention, the range of program structures, and the difference in client population dictate thoughtful exploration of those themes.

At first glance, even the name Nonsecure Detention (NSD) may seem to be a contradiction in terms. Upon closer examination, however, it is not. “Nonsecure” refers to the characteristic absence of restrictive hardware, construction, and procedures. The detention process remains the same, firmly grounded in the coercive authority of the court to remand youth into detention care. It is the authority of the court (the process) that is restrictive, not necessarily the detention setting (the place).

The statutory criteria for remand to NSD are the same as those for remand to traditional locked facilities. In the ideal world, the court’s determination to opt for one level of restrictiveness over another will reflect how best to serve and protect the community and the youth.

NSD programming is directly rooted in the philosophy of the least restrictive alternative in the detention and residential care of youth. It is consistent with the concept of the least intrusive intervention necessary to ensure a positive outcome for both youth and community. In general, positive outcome means safe and successful movement of the youth through the court process, reunification of youth and family when appropriate and possible, or out-of-home residential treatment or supervision as determined by the court of jurisdiction.

Intrinsic to NSD is the assumption of adult responsibility for the developmental experience of youth remanded to care. As length of stay increases, the complexities of that responsibility also increase.

NSD attempts to fill the gulf between traditional locked facilities and voluntary shelter care. The detention process represents a deprivation of liberty. Staff should have a thorough understanding of the statutory basis for detention and the regulatory framework in which it operates.

Programming structure must be a direct response to the needs of the region’s juvenile justice agencies and the local community.

Youth are served by a divergent range of program models. In general, large facilities tend to be more restrictive, self-contained, and staff intensive. Smaller program models tend to be more flexible and community dependent for services.

The best NSD programs, regardless of size or type, serve as a seamless component in a continuum of local services directed at the best interests of individual children and families, while protecting the community.

Translating the philosophy of NSD into actual service to the community and individual youth is an art as much as a science. The direct-care line worker in the nonsecure detention institution as well as the foster detention parent providing care in his or her own home benefit equally and immeasurably from a clear understanding of the underlying philosophies that will successfully help them to achieve the broad goals enumerated in the definition of juvenile detention.

Each State, each locality, and each detention provider will need to come to terms with its individual philosophy of care, supervision, and service to youth, families, the court, and community. The direct careworker is best supported by a thorough knowledge of his or her agency's working ethos.

Program Models

The Nonsecure Detention Institutional Facility generally:

- Has a capacity of more than 12 youth.
- Services a large urban or regional population base.
- Tends to be more restrictive and staff intensive.
- Tends to be a self-contained facility—educational, medical, psychological, recreational, and other services are provided within the facility.
- Is the most expensive program model to operate.
- Is capable of handling the widest range of problems presented by remanded youth.

The Nonsecure Detention Group Care Facility generally:

- Has a capacity of 12 or fewer youth.
- May serve as one component of a network, or may stand alone in serving a population base.
- Tends to be more flexible and less staff intensive than an institutional facility.
- Tends to access community resources for services, although it will often use a combination of onsite services as well as community-based resources.
- Is a fairly expensive program model to operate.
- Is capable of handling a wide range of problems presented by remanded youth.

The Nonsecure Detention Foster Family generally:

- Is conducted in the private residence of a family, specifically certified as a detention home.
- Has a certified capacity based on the size of the dwelling, the philosophy of the administering agency, and the ability of the family to provide care and supervision. It is generally not certified for more than four youth.
- Serves as a component in a network of detention services.
- Is totally dependent on community services to meet the needs of youth remanded to care.
- Is much less expensive to operate.
- Cannot be expected to handle more disruptive or aggressive youth.

Own-Home Detention generally:

- Supervises youth who reside in their own homes.
- Allows greatest flexibility in sustaining continuity of positive influences and activities in a youth's life.
- Serves as a component in a network of detention services.
- Is totally dependent on community services to meet the needs of youth remanded to care.
- Is the least expensive program model to operate.
- Is designed to accommodate fairly well-socialized youth with intact families and to provide some basis for positive community involvement.

Daily Programming as a Preventive Measure

A key to preventing the institutional abuse and maltreatment of youth in detention is to change the focus of programming. The direct careworker is a key player in shifting the focus of responsibility from "maintenance and custody" to assumption of positive developmental responsibility for youth while they are in detention. As programming focus shifts toward positive development, it moves further from the possibility of abusive or neglectful situations.

Programming structure, organization, and predictability are key elements in reducing situations of conflict and stress for both youth and staff. Reduction of conflict and stress reduces confrontation and the

potential need for subsequent physical interventions. The direct careworker should be given an active role in designing and refining daily programming routines. Routines should facilitate smooth transitions from activity to activity. Activities should be designed to enhance self-esteem and facilitate individual feelings of completion and success. Win-win activities generally serve program goals better than win-lose activities.

Supervision and Interaction

In the absence of restrictive construction and hardware, staff supervision and interaction are the most significant methods to monitor, control, and motivate the behavior of youth.

The relationship of the direct-care team and the individual direct careworker to groups as well as individual youth is a powerful and dynamic tool for implementing the agency mission. Building a consistent approach for establishing discipline, limits, program procedures, and behavioral expectations of residents minimizes “testing” behavior, inequities, and subsequent confrontations and interventions.

Judicious use of authority by direct-care staff is highly respected by detained youth. The authoritative battle of wills generally escalates confrontation, puts staff in a “must win” position, and is counterproductive to program goals. It should be held in reserve as a last resort.

Supervision of youth through proactive interaction by a direct-care staff team unified by a commitment to positive youth development will minimize the potential for abusive situations in NSD.

Alternatives to Secure Detention: The Case of Diversion

The Need for Alternatives to Secure Detention for Juvenile Offenders

The need for alternatives to secure detention for juvenile offenders within the justice system has once again become an issue of critical concern. Between 1979 and 1984, the number of juvenile offenders sent to adult correctional facilities rose by 48 percent, and by 1985, two-thirds of the Nation’s training schools had reported conditions of chronic overcrowding (Krisberg and Austin, 1993). Notably, this increase in youth custody rates occurred at a time when the overall youth population was declining (U.S. Department of Justice, 1992).

The focus on deinstitutionalization and alternative programming for juvenile offenders, prominent during

the 1960’s and early 1970’s, has shifted to a current emphasis on the use of secure detention (Schillo and Davidson, 1994). This shift in the philosophy of the juvenile justice system has been attributed to the conservative agenda, which dominated national debates over juvenile justice during the late 1970’s and 1980’s (Krisberg and Austin, 1993). Conservatives accused the courts of being too lenient with dangerous juvenile offenders, questioned the practice of diverting offenders from the juvenile justice system, and called for the use of punishment and deterrence, specifically secure detention.

Furthermore, many communities failed to develop and fund adequate alternative programs, as directed under the 1967 President’s Commission on Law Enforcement and Administration of Justice (Krisberg and Austin, 1993). As a result, the juvenile justice system is currently strained to provide services to a population that is detained mostly because of property, drug, and assorted minor offenses.

Increased rates of incarceration and high rates of recidivism for juvenile offenders highlight the need to reexamine the use of alternative intervention strategies. In 1995, the adolescent population again peaked as the children of the baby boom generation reach their teenage years (Krisberg and Austin, 1993), creating a serious strain on the resources of the juvenile justice system if the incarceration of juvenile offenders continues at the rate witnessed during the previous decade. The use of cost-effective alternatives to secure detention that reduce delinquency will be critical to the functioning of the juvenile justice system.

This section is intended to provide the juvenile detention caregiver with an understanding of a widely used alternative to secure detention—the diversion of juvenile offenders. The definition of diversion will be discussed as well as an understanding of how an alternative program is started, funded, and operated; how referrals are made to an alternative program; and how youth who might otherwise be detained might benefit from an alternative program. Finally, the critical components of developing a diversion project as an alternative to secure detention are outlined. The goal of this section is to provide the detention worker with an understanding of his or her role in promoting an alternative program.

Diversion as an Alternative to Secure Detention

Diversion represents an alternative method for dealing with delinquent youth outside the formal juvenile justice system. The practice of diversion is not a new concept because the creation of the original juvenile court

was actually an attempt to divert juvenile offenders from the adult criminal system (Mennel, 1972).

Present-day diversion programs developed mostly in response to the 1967 President's Commission on Law Enforcement and Administration of Justice (Gensheimer, Mayer, Gottschalk, and Davidson, 1987). The Commission presented the goal of eliminating ineffective practices in the juvenile justice system by developing dispositional alternatives to adjudication (Whitehead and Lab, 1990). These alternative methods would divert youth from the formal system to minimize the adverse effects of the justice system on youthful offenders and to provide effective services that would help the youth avoid future trouble.

Diversion Defined. Diversion has been broadly defined as "the formal channeling of youths away from further penetration into the juvenile justice system to an alternative nonjudicial means of handling the juvenile" (Gensheimer et al., 1987, p. 41). However, there is a great deal of variance in the use of diversionary practices within the juvenile justice system. The practice of diversion differs greatly according to the point at which the juvenile is diverted from the system (Whitehead and Lab, 1990). At the initial level of contact with the juvenile justice system, juveniles can be directly diverted by law enforcement officers either before an arrest or after an arrest, but this must occur before any further system involvement. Diversion can also take place during intake or after adjudication, but it must occur before disposition.

Diversion and Delinquency Theory. Diversionary practices also differ according to their theoretical basis concerning the causes of juvenile delinquency. The use of secure detention is most often based on deterrence notions of behavior (Davidson et al., 1990). By contrast, many diversion interventions are based on social labeling theory (Davidson et al., 1990). Proponents of this theory argue that the negative effects of labeling juvenile offenders as "deviant" produce continued criminal behavior.

Diversion programs are also frequently based on an environmental differences model, which argues that the source of delinquency is found in the environment rather than the youth (Davidson et al., 1990). Diversion programs based on this theoretical assumption attempt to alter the environment or, more specifically, the opportunity structure for youthful offenders through the use of skills training, education, and vocational programs.

Finally, other diversion interventions are based on theories of social control, which suggest that a variety of conditions weaken a youth's ties to conventional order and lead to criminal behavior, or theories of social learning, which argue that juvenile criminal activity

results when the youth learns that delinquent behavior is rewarded (Davidson et al., 1990). Diversion programs based on these theories may work to strengthen the youth's ties to conventional order or to reinforce prosocial behaviors through the use of behavioral contingencies and/or involvement of families, peer groups, and significant others within the program.

Diversion programs vary greatly depending on when the juvenile is diverted from the system. Diversion may involve police officers releasing youth after an arrest with no further intervention. It may include providing youth with information about appropriate community resources for dealing with problems. Diversion may also include programs designed to provide service brokerage or referral to a community agency for assistance. Finally, diversion may include alternative, community-based programs designed to provide diverted offenders with direct services.

Michigan State University Adolescent Diversion Project

An excellent example of a diversion program is the Michigan State University Adolescent Diversion Project (ADP) conducted in conjunction with the Ingham County Juvenile Court (Schillo and Davidson, 1994). The model serves as a viable alternative for the county juvenile and/or family court. The project continues to receive strong support from officials responsible for the allocation of county funds that support ADP. In a time of shrinking local budgets and increasing costs for incarceration, ADP is considered an effective and cost-efficient alternative for handling juvenile offenders. Recently, county officials have encouraged project staff to consider expanding services by 25 percent—a proposal that is currently under discussion.

ADP remains flexible and responsive to changes that have an impact on adolescents and the juvenile justice system. In response to a request on behalf of probate court, ADP and court staff are currently working together to examine the possibility of introducing elements of community service into the project. Furthermore, ADP staff are constantly engaged in updating training materials and procedures to address the changing needs of the youth served by the project.

Developing a Diversion Program as an Alternative to Secure Detention

Several critical components in the process of developing and operating an effective diversion program have been identified throughout the history of ADP. The primary component is convincing the public that the people who run the project know and understand the problems of delinquent youth (Ku and Blew,

1977). Briefing judicial officials about the purpose, nature, and operations of the project as well as the potential impact that this program may have on juvenile court operations or caseloads is critical in avoiding future misunderstandings. This process of establishing credibility and selling the project may need to occur at multiple levels, from law enforcement officers and court staff to prosecutors and judges.

Another critical element in this process involves working directly with those who will be responsible for diverting youth (Ku and Blew, 1977). To convince officials to divert offenders, it is necessary to meet with these officials and assure them that the program will be able to handle potentially delinquent juveniles and those with records of serious delinquency. Those responsible for diverting youth must understand how diversion operates. To have a significant impact on the justice system, they should not divert youth who would be informally diverted anyway (warned and released). It is also important to provide referral officials with timely feedback about the performance of the youth who have been diverted.

The other half of the process of establishing an alternative program involves identifying available resources for the operation of the project. The initial decision is deciding whether to locate the program within or outside the formal justice system. Although it may be logical to locate some types of diversion programs within the justice system (e.g., the diversion of juveniles by police officers), the objectives of other programs may be compromised by such actions. Research reveals that volunteers who work under the supervision of the formal justice system are limited in their abilities to effectively address the needs of their youth (Blakely, 1981).

Regardless of where the program is located, a source of funding for the project will need to be secured. Various levels of government (city, county, and State) and private sources (foundations) represent possible sources of funding for alternative programs. In localities with access to university or college resources, the potential exists to establish collaborative agreements with these institutions for the development and operation of an alternative program. In the case of ADP, Michigan State University provides the resources (office space, staff, and a pool of volunteers) that allow ADP to operate at a fraction of the cost of a court-run program. It should be noted, however, that using college students is not essential to the operation of a project such as ADP because this project has been successfully replicated with contractual staff (Davidson and Johnson, 1987).

Summary

In summary, the basic elements for replication of an alternative diversion program such as ADP include a community that recognizes a need for juvenile intervention services, cooperation from law enforcement and juvenile officials, and accessible resources and interested individuals (Ku and Blew, 1977). Diversion programs offer a viable alternative to the use of secure detention and offer flexibility for an overburdened juvenile justice system. This chapter has been designed to assist detention workers in developing a clear understanding of the operation of an effective diversion program and an understanding of their role in using and promoting effective alternatives to the use of secure detention.

Adolescent Development

Instead of juvenile detention, what if this were your first day on the job at Joe's Service Station? You have just been hired to change or fix flat tires. It sounds like a simple task, but you notice a variety of equipment associated with each job. Do you need to know how these things work? Does understanding how to operate a pneumatic drill to remove lug nuts help you do your job more efficiently?

Do you remember the first time you cut the grass with a power mower? Did someone explain to you how the mower works, where the dangerous parts are, and how to turn it off in case of an emergency or problem? You probably felt more comfortable and safer as you learned more about the operation of a power mower.

The more knowledge and understanding you have about what you are doing, the more likely you are to do the job better, more efficiently, and more safely. The same thing applies to working with juvenile offenders. The better you understand juveniles, the greater the likelihood that you will be successful at the job and will be able to ensure the health, safety, and well-being of the youth you supervise, your coworkers, and yourself.

In recent years, there has been less emphasis on adolescent development as an area of knowledge essential for juvenile detention caregivers. The assumptions found in adolescent development and delinquency theories contradict many contemporary views of juvenile justice. As will be discussed later, an understanding of developmental stages as well as the biological and psychosocial correlates of delinquency support the belief in a diminished capacity on the part of juveniles. The more you understand why delinquency occurs, the more you are obligated to use your skills to improve or remediate this diminished capacity. The more you buy into the idea of diminished capacity on the part of young people, the greater the obligation to help.

A conservative approach to juvenile justice minimizes diminished capacity, looks at offense seriousness as an indicator of maturity, and reasons that all serious and violent offenses are a product of a rational decisionmaking process. Using such a free-will perspective, many people involved in juvenile justice subscribe to the belief that juveniles carefully and thoughtfully choose to break the law. If you believe that youth are totally free from outside influences and forces, then their behaviors (or crimes) would be the result of their choices. From this

perspective, you need only make the consequences of their choices more painful or aversive so that they do not choose this behavior in the future (a punishment-based approach to juvenile justice). This belief relieves you of any responsibility to help, and you may then consider yourself a "correctional officer" or "guard." The National Juvenile Detention Association (NJDA) is not aware of any evidence to support the effectiveness of this strategy for changing the behavior of juvenile offenders. For this reason, your job is that of a "caregiver."

Choices and Diminished Capacity

Charly Skaggs developed a delinquency prevention program based on the concept of choices. His assumption was that the majority of juvenile offenders made poor choices (chose crime) because of a diminished capacity fueled by a lack of good information. Without good information and knowledge about how and why juvenile offenders behave the way they do, you also could operate under a diminished capacity and make poor decisions about your job. You are not working in *adult* detention; this is *juvenile* detention. The difference is not only a matter of age but a matter of development. We do not have the same expectations of a freshman in high school that we have of a freshman in college. Like the acquisition of knowledge, personality development occurs sequentially, and problems with the sequence can lead to delinquency or other problem behaviors.

Assumptions

All human beings progress through stages and processes as they develop into people. These processes include:

- Maturation of biological systems.
- Development of cognitive abilities and personality.
- Knowledge of how to get along with and behave around others.

Development occurs in sequential stages. Each stage builds on the experiences of previous stages and involves interdependent physical, cognitive, emotional, and social processes. Full maturation and realization of developmental potential can be influenced positively or negatively by the complex interaction of various factors, including:

- Genetic predispositions.

- “Socializing agents” (i.e., family, peer groups, and schools).
- Basic living conditions.

Adolescence as Transition

Adolescence is the period of transition from childhood to adulthood. This transition is a time of rapid changes in body, emotions, attitudes, values, intellect, relationships (parents, peers, authorities), freedom, and responsibilities. During this period of change, the main goals of an adolescent include:

- Learning about a new body with new potentials for feelings and behaviors.
- Making an initial separation from the family to establish an independent identity.
- Defining his or her place in adult society.

It is important for the juvenile detention professional to remember that great developmental diversity occurs during this stage (approximately between the ages of 12 and 18) and among adolescents of the same chronological age. So much is changing for the adolescent in the areas of physical, mental, emotional, and social factors that there is great variability and often a great difference between youth of the same age.

Basic Needs

Every behavior is explainable as an attempt to meet or mediate among needs. Indeed, much of life is a continual struggle to resolve conflicting forces. Basic needs include survival, a sense of belonging, power, freedom, and fun. Survival needs include food, clothing, shelter, and reproduction. Everyone desires a sense of belonging (loving, sharing, and cooperating). Healthy adults and juveniles need to feel a degree of power over their lives. Power needs include competing, achieving, and gaining importance.

As a person begins choosing his or her behavior, that individual experiences freedom. It is particularly important for juvenile caregiver staff to provide the greatest possible opportunities for youth to exercise their desire for the freedom to make choices.

Having fun provides an adolescent with time to learn and play. These times of pleasure allow a welcome relief from the pressures of the institutional process.

Psychosocial Developmental Stages

The concept of psychosocial stages of development is attributable to Erik Erikson (1967). He proposed eight stages of development that call attention to

problems of social adaptation. Erikson described development as a process that extended throughout life, rather than occurring only in the early years. His underlying assumption was that personality developed according to steps or stages, which were determined and influenced by several factors, with society being the most important. When society was structured to help individuals through each stage, normal and healthy development occurred.

Erikson identified certain learnings that had to take place in each stage and were critical to further development. Calling these learnings “crises,” he described the results if the learning crisis was not overcome. Erikson called the most important learning crisis “the identity crisis.” He believed that every young person needed to generate a central perspective or direction that gave meaning and purpose to life. Erikson contributed two important points to our understanding of juveniles. First, human development progresses through stages, and the inability to resolve any conflicts in one stage will create problems for subsequent stages. Second, even though outcomes (or movement through the stages) are influenced by biological and hereditary factors, the most important influence is the role that society plays in satisfying or frustrating these developmental needs.

A Common Virtue

People are more than just collections of behaviors. Each person consists of many thoughts, feelings, and experiences that are uniquely his or her own. Juvenile caregivers and youth in detention programs are no different. Both groups come to this encounter with their own particular ways of seeing, interpreting, and responding to the world around them.

A key way for juvenile caregivers to work effectively with so much difference is to be at ease with themselves and to allow youth to be themselves as well. Toward this end, it is important for each juvenile caregiver to operate from a frame of reference that includes a knowledge of:

- What all people have in common by virtue of being human—the needs and changes specifically associated with adolescence.
- What underlying factors may be involved with any behavior.
- What behaviors may signal the need for professional intervention.

The Family

Families provide youth with many critical values, perceptions, and beliefs. These issues have a dramatic

effect on a person's behavior as the individual grows and leaves the family to enter the larger world of adulthood.

Perhaps the most important item supplied by a family is a sense of self-worth. Self-worth is the internal picture a person has of himself or herself. The nature of this picture (i.e., whether it is positive or negative) is a crucial factor influencing what happens inside the person and between that individual and other people.

Youth who have a positive sense of self-worth possess a feeling of importance and believe that the world is a better place because they exist. They have faith in their own competence, are able to ask for help, and appreciate the worth of others. Youth with a positive self-worth radiate trust and hope. Furthermore, effective juvenile caregivers also need positive self-worth.

Juveniles who possess a negative self-worth feel that they are of little consequence and expect to be cheated, stifled, and unappreciated. In expecting the worst from others, they tend to invite such treatment. As a defense, they will hide behind a wall of distrust and will isolate themselves from others. Separation from others often leads to apathy ("I don't care") and indifference ("So what?!"). Juveniles with negative self-worth will often treat others badly, because they "know" others will treat them badly if given the chance.

Every youth develops ways to communicate with others in a family context. Communication is simply how we make and share meaning with others. How one communicates and what happens as a result are usually the products of early interaction with family members.

Every youth is linked through family relationships to people and institutions of the larger society. Through family interaction, a child learns ways for communicating with others, the guidelines (rules) for feeling and behaving, and the consequences of being "linked" to the society.

In a healthy family, each member feels like a person in his or her own right. Each member is noticed, valued, and loved. Each member also is expected to notice, value, and love the other members. When mistakes (actions that cause some sort of pain) occur, they are dealt with in ways that promote healing, learning, and growth.

In a troubled family, there is a consistent pattern of mistake making, which cripples the ability of each member and the entire family to cope effectively with reality. This family is dysfunctional. Feeling guilty or blaming others in the family is never useful but occurs regularly in dysfunctional families. Generally, the causes of any dysfunction tend to be invisible because no one in the family knows what to look for.

Family and the Detention Experience. There is a growing trend to involve the families of juvenile offenders as soon as possible after the youth has been placed in a detention center (Roush and Roush, 1993). This movement is based on the need to strengthen the family as a resource for the youth. Parenting skills training and family intensive interventions work to safeguard the family as the "natural community" of the child. This safeguarding is best accomplished by involving the family as a partner in the youth's restoration from the beginning of the court or detention process (Christensen, Bowling, and Schauer, 1991). The relative isolation of the detention facility from the public as well as the power of the court to compel parental involvement can create a "safe" place where something can be done to improve family-child relationships (which are usually the origin of the youth's problems).

Urie Bonfennbrenner, a noted expert on child development, believed that the family was all that American society possessed for raising children. In most cases, it makes sense to develop strategies that involve the family in the programs and services offered by the juvenile facility. Detention personnel should be encouraged to set up activities that involve parents, and the institution should take the initiative in this regard. The feedback from staff, youth, and parents is very positive regarding "family" activities at the detention center (Roush and Roush, 1993). Parents of juvenile offenders are looking for help, and they want to be a part of the helping process.

Developmental Needs

Because of the above-mentioned changes occurring in their lives, adolescents have a number of developmental needs, including physical activity, competence and achievement, self-definition, creative expression, positive social interactions, structure and clear limits, and meaningful participation.

Activity. It is important that any program designed to serve youth provide a means for the constructive channeling of energy (physical activity). There is a particular need for at least some involvement in noncompetitive sports and activities that allow for differences in strength, dexterity, and size.

Competence. Everyone, the adolescent in particular, needs to have his or her accomplishments valued by individuals he or she respects. One needs to have opportunities to prove oneself, especially in ways that are rewarding if all goes well but not devastating if there is disappointment.

Identity. Adolescents need to become accommodated to the “new self” that they are becoming. Rapidity of change requires time to absorb new ways of thinking, feeling, and reacting to others, and it requires time to reflect on the meaning of new experiences in exploring a widening world.

Adolescents need to develop new and constructive ways to express new feelings, interests, abilities, and thoughts. It is helpful if a youth can engage in a variety of activities, such as the arts and sports, that encourage passion, intensity, curiosity, learning, and individuality.

Social Skills. Youth need positive social interactions with peers and adults. Teenagers need relationships with reassuring and informed adults who like and respect them for who they are. An effective worker must be able to respond sensitively to the youth’s joys and confusion as well as to his or her dreams and worries. The staff should be models of healthy, functioning adults. Juvenile caregivers should not impose their own personal ethics and values but should help youth develop their own ethical standards. Healthy interactions with peers provide support and companionship, while creating opportunities to deal with criticism and promoting identification and imitation. Social skills training programs are used in detention to enhance this process (Roush, Christner, Lee, and Stelma, 1993).

Structure. Adolescents must be provided structure and clear limits with flexibility to accommodate their ever-increasing capabilities. Clear expectations help unsure, self-critical youth by defining areas where they can legitimately have the freedom to explore, which allows for safe experimentation with new emotions and sensations. Establishing expectations should become an increasingly participatory process so youth can gain experience in setting their own limits.

Involvement. Youth need to see themselves as participants, not merely observers. It is through this process of participation that youth learn to set limits on themselves. Youth should have a voice in planning activities that shape their lives. Meaningful participation in the development of plans for short-term commitments that involve varied tasks and responsibilities allow exploration of diverse interests and abilities.

Distinguishing Between Disturbing Behavior and Disturbed Behavior

Adults often find it difficult to deal with the range and intensity of behaviors exhibited by adolescents. It is helpful to distinguish between behaviors that merely disturb adults and those that may warrant professional intervention.

Behavior can be classified as a range, beginning with positive, considerate, productive, prosocial behavior and ending with disturbed, abnormal behavior that clearly indicates the need for professional intervention (Dorman, 1985). These extremes are easily recognized, but it is very difficult to assess the needs of an adolescent who displays worrisome behavior that may irritate or worry adults.

Adolescents are also prone to display behavior that is reckless, irresponsible, and potentially dangerous, yet typical of their youthful immaturity. An example of irresponsible behavior and irrational adolescent thinking is MTV’s “Beavis and Butt-Head.” The popularity of this questionable cartoon is its ability to capture both the troubling and troubled aspects of adolescence. It also captures a bit of the adolescent in the adults who watch it.

Detention workers should consider the following factors when assessing the harmfulness of an adolescent’s behavior:

- The frequency and duration of the behavior.
- The adolescent’s personality.
- The circumstances under which the behavior occurred.
- Cultural and subcultural norms.
- The personality, tolerance, and values of the adults determining the seriousness of the behavior.

Effective detention workers operate on a daily basis with an understanding of client needs. The particularly difficult teenage years require detention workers to constantly assess the youth’s developmental needs in each interaction. Such attention to the client’s needs and perceptions will greatly encourage communication and desired behavioral changes.

Common Changes During Adolescence

Physical Development

During early adolescence, the biggest changes youth experience are changes in their bodies. The only other time the body changes as greatly and as quickly is during infancy. During early adolescence, some people grow rapidly, while others grow slowly. However, by late adolescence, most of the slower growers will have caught up. Boys generally start to develop 2 years later than girls but catch up very quickly between the ages of 14 and 16.

In adolescence, the basic shape of the body changes as youth grow and develop. Girls become narrower at the waist and broader at the hips and shoulders. Boys become broader at the shoulders and more muscular. Their voices deepen, especially between the ages of 16 and 18, and they grow facial hair. Both girls and boys grow body hair and develop sweat glands. Chemicals called hormones control many of these changes. It is during this period that primary and secondary sex characteristics appear, and adult reproductive ability emerges with its associated behavioral changes.

Feeling a bit awkward during times of change is normal, especially because most juveniles do not quite understand what is happening. The following are some important points for juvenile detention staff to keep in mind:

- Adolescents whose bodies have matured and developed may still think and feel like children. This emotional immaturity can be confusing for them and for the adults around them. The physical growth spurt has nothing to do with how mature a person thinks, acts, or feels.
- Besides getting taller, boys and girls are likely to gain weight, which is perfectly normal. Still, because bones tend to grow faster than muscles, some teenagers look lean and lanky.
- Good nutrition is especially important during adolescence. Juveniles who do not eat a nutritious, balanced diet may not reach their full potential height, strength, or size.
- Some changes during adolescence are permanent, while others are temporary. Acne can be bothersome, and that awkward feeling when youth are not used to their new body also can be bothersome. However, these problems are temporary.

During adolescence, youth begin to look the way they will look as adults. They cannot do much about their height, their body build, or their bone structure. For this reason, they must accept their physical development, however quickly or slowly it takes place, and juvenile detention staff must help them make the most of who and what they are.

Intellectual Development

Youth also experience rapid growth in their intellectual development—the way the brain works. The brain is a marvelous organ with capabilities that make the most complex computer in the world seem primitive by comparison.

During adolescence, important changes happen in the brain and in the way youth think. Some scientists believe that the brain actually grows larger at this time. Youth develop the ability to remember much more than they could when they were younger. Even more important, their view of the world changes in small but important ways.

For example, a young child who looks up at the moon sees a round object about the size of a basketball. As far as the child knows, the moon really is the size of a basketball. The child is using concrete thinking, believing only what he or she can see or hear or touch. By the age of 10 or so, the youth understands that the moon only appears to be small because it is so far from Earth. This is abstract thinking. The youth can't really see how the moon's distance from Earth makes it seem smaller, but he or she can understand it.

As teenagers begin to do more abstract thinking, they can understand more about the world around them. They become better problem solvers and can figure out more difficult math, analyze a short story, or predict the results of a science project. They also gain an appreciation for contradictions, especially in moral and ethical behavior. Fairness and equality become major sources of concern.

Social Development

Social development refers to changes that move youth toward new relationships with friends, more independence, and more responsibility. With each change, youth become more mature and less childlike.

Most young adolescents want to be liked and accepted by people their age. This need to be accepted can work for or against youth. On the positive side, it can encourage youth to do their best so people will like them. On the negative side, it may cause youth to do things that are wrong or that they really do not want to do so they will fit in with the crowd or so people will like them. Resisting negative influences is one of the greatest challenges youth face.

Social change is another profound concern for adolescents. "Who am I?" and "Who will I become?" are questions that are of great importance to youth. Teens find new interests, while approval from peers and significant others becomes very important. Youth want greater participation with adults in the framing of limits for behavior. Adolescents begin to shift attention from their role in the family to their role in society, with increased desires for independence, responsibility, and privacy. Youth still rely on adults (particularly parents) for affection, guidance, and safe limits. Generally, adolescence is a time of strict conformity to models of behavior that are not learned from parents.

Emotional Development

Because of all the changes adolescence brings, youth may sometimes feel worried or uncertain about the future. Youth may feel that no one understands what they are experiencing. Youth may be moody and angry one minute, then happy and excited a short time later. It can be like riding a roller coaster.

Certainly one of the most disturbing aspects of adolescence for parents, teachers, and juvenile staff is the series of dramatic emotional changes that are typical of adolescents. These periods of moodiness and depression may result from a number of causes, including:

- Hormonal changes.
- Anxiety, stemming from limited life experiences that can be used to deal with all of the new desires, opportunities, decisions, and expectations.
- Anxiousness to grow up quickly.
- Impulsiveness, often stemming from internal conflicts, conflicts with authority, and the belief that they are immune to dangerous risks.
- Intense sexual feelings and curiosity as well as desire for intimacy.
- Fluctuations in self-esteem.

In adolescence, youth's emotions can change rapidly from one moment to the next. Managing emotions may seem difficult. Sometimes, youth feel as if they are so happy they're floating; at other times, they are so miserable they want to hide from the world. Often, they do not even know where these feelings come from.

Summary

Over the years, each of us develops a basic understanding of human nature. We operate in our daily work with a set of assumptions. These assumptions about basic human nature affect our interactions with clients, co-workers, family, and friends. Effective juvenile caregivers understand certain universals of the human experience. The most important ones are as follows:

- Every human being is unique and valuable.
- Human beings are infinitely complex.
- Change is the way of the universe, and all people must respond to it.
 - Choices are made on the basis of an individual's perception of reality at a given point in time.

- Perceptions of reality are shaped by such factors as values, beliefs, attitudes, communication styles, and behavioral repertoires (options or choices).

- The potential for positive growth always exists in any individual.

This final assumption is absolutely critical for the effective detention worker. Juvenile justice is rooted in the belief that children and adolescents have the ability or may develop the ability to change their behaviors.

Theories of Delinquency

The professional child careworker needs to understand the different theories of delinquency. Having a theoretical perspective on why youth break the law is as important as understanding adolescent development. However, the *Desktop Guide* cannot address every issue related to juvenile detention, and educating juvenile careworkers about delinquency theory is more appropriately an academic function that is better handled through university coursework or juvenile justice textbooks (Bartollas, 1985; Siegel and Senna, 1985; and Trojanowicz and Morash, 1983) or materials prepared especially for delinquency theory education (Goldstein, 1990; Hughes and Reuteran, 1989; and Vold and Bernard, 1986). Most colleges, universities, and community colleges offer courses in juvenile justice or juvenile delinquency, and these courses include delinquency theory. If you have not taken such courses, or if you have not read a discussion of delinquency theory in a juvenile justice textbook, you should plan to do so as a part of your professional development.

Understanding delinquent and criminal behavior has been approached from three perspectives: biological, psychological, and sociological. The biological approach maintains that the origins of crime and delinquency are found within the physiological and the hereditary makeup of the organism. The psychological orientation holds that illegal behavior is a function of intrapsychic traits and processes. The sociological theory explores delinquency in relation to society, social structure, and group behavior.

No single theory completely explains juvenile delinquency or its effective treatment (Jenkins, Heidemann, and Caputo, 1985). For this reason, the emphasis on one theory over another is frequently tied to the perspectives of politicians whose understandings of juvenile delinquency are more often a function of rhetoric and appeals to public sentiments about crime.

Currently, there is considerable controversy about the conflicting goals of the juvenile justice system. However, the Federal Government has supported a holistic and interactive approach to delinquency theory based on sound research practices.

Materials from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) contain a strong emphasis on the interaction between individual, family, and community variables. There are also systematic efforts to discover those factors in a youth's life that can be identified as causes or correlates of delinquency (Howell, 1992). By identifying discrete variables that are linked to delinquent behavior, various theoretical approaches can be used to develop delinquency interventions. The OJJDP Comprehensive Strategy for delinquency prevention and intervention (Wilson and Howell, 1993) outlines strategies and principles relevant to all juvenile justice professionals, especially juvenile detention caregivers. (See Chapter 1.)

Because most of this information is available free of charge through the National Criminal Justice Reference Service (NCJRS), you should make sure that you have access to these materials either at your facility or at your home. To sign up for NCJRS publications, write to the following address: National Criminal Justice Reference Service, P.O. Box 6000, Rockville, MD 20850, or call (800) 851-3420.

Experts by Experience

Arnold Goldstein (1990) made reference to another area of study that informed the juvenile justice practitioner about juvenile delinquency. This information was drawn from the experience of juvenile offenders themselves. Goldstein's assumption was that this experience was a valuable source of ordinary knowledge which, when combined with theory and research, greatly improved the juvenile detention caregiver's understanding of juvenile offenders and juvenile delinquency. This strategy stresses the importance of talking with juvenile offenders and listening to their life stories. The more you know about juvenile offenders and why they commit crimes, the better you will be able to work with them.

The following resources are particularly helpful in gathering information about juvenile delinquency from juvenile delinquents:

- Arnold Goldstein (1990) combines an excellent review of delinquency theory with selected excerpts from interviews with juvenile offenders.

- Carl S. Taylor (1990, 1993) offers insight about gangs and delinquency from drug gang members. Taylor's second book addresses drugs and gangs from the perspectives of women and girls.
- Mary Taylor Previte (1993, 1994), Director of the Camden County (New Jersey) Youth Center, presents perspectives on life as written by youth in a juvenile detention facility. Her book (1994) is a powerful and uplifting account of work with juvenile delinquents in a juvenile detention center.
- Waln Brown (1983) tells his story of delinquency and life within juvenile justice institutions. This account is a telling description of juvenile justice in the 1960's.

Gangs

Gangs are a mechanism by which adolescents become involved with crime and delinquency. The theories used to explain gangs include many of the developmental, biological, psychological, and sociological factors previously mentioned in this chapter. Gangs are included here because of their contribution to the explanation of delinquent behavior. Additional discussions regarding gangs, violence, and drugs will be included in Part II of the *Desktop Guide*.

Definition

There is little consensus about the definition of a gang. For many years, various researchers have defined gangs in different ways. For our purposes, we will use the definition of a gang adopted by the Chicago Police Department (Block and Block, 1993), which states that "a gang is an association of individuals who exhibit the following characteristics in varying degrees: a gang name and recognizable symbols, a geographic territory, a regular meeting pattern, and an organized, continuous course of criminal behavior."

Gang activity has increased dramatically during the past two decades. Gangs are linked to drugs and violence, and they present a major challenge to all aspects of juvenile justice. OJJDP and numerous college faculty have conducted surveys of gang activity as well as reviews of gang research and intervention strategies (Block and Block, 1993; Cromwell, Taylor, and Palacios, 1992; Dart, 1993; Goldstein, 1991; Huff, 1993; Spergel, 1992; and Taylor, 1990). This information is very comprehensive and contains relevant implications for juvenile detention professionals.

Gang Theory

Why do gangs exist and why are they still popular? Two major sociological theories are used to explain why gangs exist. One theory emphasizes the underclass, particularly those who live in poverty and do not possess a legitimate opportunity or access to wealth. Gangs supply a way to secure material goods and status for many of these individuals. Taylor (1990) stated that gang members are drawn from the ranks of the underclass. "The welfare roles are the selective service for potential gang members."

Another theory focuses on social disorganization. Social disorganization weakens social controls on youth, particularly adolescent males, creating a need for an alternative method of socialization. Gangs serve these economic and social purposes.

From a psychological perspective, gangs meet many of the needs of adolescents. Gangs provide a sense of identity, social interaction, safety, money and material goods, status, achievement, and a sense of family, community, and belonging. These are very powerful inducements for gang involvement, and when combined with the sociological theories, create a powerful rationale for gang involvement.

Youth Gangs of the 1990's

Although every generation claims that its problems are unique and that the younger generation is more troublesome and dangerous than previous generations, you are entering juvenile detention at a time when some distinct changes are occurring in juvenile justice. Gangs and violence are a major part of this change. Gangs today have a different look than they did in previous years. These differences include numbers, sex, age, motivation, classification, and personality.

Numbers, Sex, and Age. Youth gangs in the United States have grown in number and location, and gang-associated problems continue to grow largely unabated. In 1989, one national survey identified gang activity in nearly every State. Although thought of as a large-city problem, gangs appear in most midsize and small cities. Accurate statistics on gang membership are unavailable, but estimates indicate that there are more than 70,000 gang members in the city of Los Angeles.

Youth gangs are a male phenomenon (American Psychological Association, 1993). Although male gang members outnumber female members by 20 to 1, gang activity among females is increasing. Girls have always been a part of the gang membership. However, their role and participation in the gang has changed. Girls are becoming more violent and more directly involved in criminal activity.

Individuals from a wider age range are involved in today's gangs. It is common to find gang members who are in their 20's and 30's. Some people have speculated that fewer jobs translate into fewer males who "grow out of" gang involvement. An older gang membership has also been linked to greater access to semiautomatic weapons.

The popularity of gangs draws younger children into the gang. Many police departments in large cities are arresting very young children (8–10 years old) for gang-related drug offenses. The situation is so troublesome in Chicago that the Illinois legislature proposed a bill that would lower the age of admission to juvenile detention to 8 years old (second grade).

As more youth become involved in gangs at a younger age, the number of gang members in juvenile detention will increase. In a 1991 survey of detention facilities, Chicago State University researchers estimated that 16.5 percent of detention residents were active members of a gang (Knox, Tromanhauser, and McCurrie, 1992). Compare this figure with the reported gang membership of youth in your detention facility. Staff in large urban detention facilities may find this figure to be quite low. Unless a comprehensive plan is implemented to address the problems of youth gangs in the United States, the percentage of gang members in juvenile detention facilities will probably increase.

Motivation for Money. Motivation for gang membership appears to be economically driven. As discussed above, gang membership satisfies many of the psychological needs of adolescents, and current reports on gangs indicate that these needs are still a prime motivating factor for youth who join a gang. However, gang members also report that these factors are somewhat secondary to the money available through the gang. The sale and distribution of drugs by gangs is an employment opportunity for many poor, urban youth who see no hope for the attainment of wealth or material goods through legitimate means.

Corporate or Instrumental Gangs. As contemporary gangs have organized for the purpose of the sale and distribution of drugs, a new type of youth gang has evolved. Traditional classifications have included informal or loosely structured gangs. The majority of gang activity occurs through the informal gang network. The larger and more organized gang has been known as the territorial gang, and it is this concept of a territorial gang that is directly associated with "turf" issues.

The sale and distribution of drugs has brought about an evolution in many territorial gangs. The new gang includes a greater organization to maximize the efficiency of the sale and distribution of drugs. Taylor

(1990) referred to this new classification as “corporate” gangs, while others referred to it as “instrumental” gangs. For these corporate gangs, Taylor claimed that “the true color of addiction is green [money] not white [cocaine].” He estimated that one Detroit drug gang was doing more than \$7 million of business per week during the height of its operations. From that perspective, this drug gang was one of Detroit’s largest businesses, yet it paid no taxes.

Personality. The personality of today’s gang member is difficult to pinpoint. Spergel’s (1992) review of the gang literature indicated that no particular pattern of personality dominated gang membership, which may be a factor of the wide range of gang classifications. If corporate gangs have a broad-based appeal for membership because of money-making opportunities, more youth with “normal” personalities may be joining gangs for economic reasons rather than to meet frustrated psychological needs.

Other gang experts argue that gang members include a disproportionate number of youth with problems. Taylor believed that gangs contained many youth who had a distorted sense of American values. Their view of the American dream incorporates illegal means to get money, including murder. Others note that sociopaths are particularly drawn to gangs, especially at the informal or scavenger gang levels (Goldstein, 1991).

Taylor analyzed the responses of many gang members to various questions about gang activities. When asked if drug gang activity was wrong, a 14-year-old corporate gang member from Detroit responded:

Wrong? What’s wrong? I’m just selling suckers what they need. If they want it I got it, why not! People get high all over the world and anyway everybody gettin’ high ... what’s illegal? Selling dope is just business. The way I see it, rollin’ [selling drugs] is the only way a fella can make it today.

Drugs and Violence

Gangs are a primary concern to juvenile justice professionals because of their link to drugs and violence. The sale and distribution of illegal drugs is a big business, and corporate gangs are the organizations that run the business. In business terminology, drugs are the product. Supply is good, and demand is high. Therefore, a system or mechanism is needed for the acquisition, distribution, and sale of the product. Sales territories must be established so that salespersons can maximize distribution and sale of the product. Employees are recruited (sometimes referred to as “posse” or “crew”)

for each of these purposes. The illegal nature of the product means that danger is involved in its acquisition, distribution, and sale. Because of the danger, guns become a tool of the trade as a means of protecting employees and one’s investment in the product. The very high profit margins make violence a very effective way of safeguarding the business, and the large amounts of money buy the most sophisticated and powerful weapons available. As the amount of money increases, the value of human life decreases.

Increased Violence. Goldstein (1991) identified the following factors that increase the amount of violence associated with gangs:

- **Environmental enhancers.** Violence is enhanced by the drug-related activities of the gang.
 - Gang fighting is more about selling drugs and economic territories than it is about traditional “turf” battles.
 - Territory remains an issue because of increased mobility.
 - A disproportionately high number of gang members carry guns, and these guns are significantly more lethal and easier to use than previous weapons.
- **Qualities of gang members.** Violence is linked to the increased number of gang members and to the increased age of gang members.
 - Greater numbers affect violence in the following ways:
 - First, the group has a tendency to encourage violence through a depersonalized process. Similar to mob violence, in which frenzied behavior can turn quickly into violent behavior, gang violence gains quick support when individual responsibility becomes lost in the large group.
 - Second, the increased numbers of gang members mean that there are probably more sociopaths involved in the decisionmaking. This increases the likelihood that violence will become a part of gang strategies and that it will receive support from gang members. When the peer value system that fulfills or satisfies the basic psychological need for belonging also endorses violence, individuals will quickly accept the idea that violence is acceptable.

Official Policy

For liability to attach for violation of constitutional rights, there has to be an official policy that is being applied. Official policies include actions that are specifically covered in the policies and procedures manual or that directly contradict what is contained in that manual.² Furthermore, official policy also includes spoken directions and practices implemented by staff members.

Knowledge

This requirement focuses on reasonable behavior of detention staff in any particular situation. If you act reasonably, you have very little to fear. If your acts are deemed unreasonable, then liability may attach. Reasonable behavior by detention workers is determined by looking at professional standards³ and practices by other professionals in the field.

Pattern of Conduct

This requirement ensures that liability only attaches when governmental practices are ongoing, not accidental. Therefore, detention workers are usually insulated from liability for mistakes in judgment that do not affect constitutional rights. The courts usually want to sanction conduct that is intentional and deliberate.

Causation

Finally, liability is complete if the previous factors are met, and those factors are found to have actually caused the constitutional violation of the minor. If the above-mentioned criteria are met, then a detention worker may be found liable.

What are the consequences? Depending on the severity of the violation, sanctions for liability of detention workers can range from disciplinary action to judgments against the worker's personal assets. Therefore, it is in your best interest to know good detention practices and to conform your conduct accordingly.

Conditions of Detention

The relationship between liability and the conditions of detention for minors is very close. Therefore, new detention workers should be well aware of the requirements of the law regarding the treatment of minors. In this context, treatment does not signify a therapeutic strategy. As early as 1961, the National Council on Crime and Delinquency (NCCD) used the words "treatment of youth in detention" to mean "the manner in which youth are dealt with" in detention (Norman, 1961).

The various treatment mandates result from a combination of court opinions and professional standards. This article will assist you in understanding the minimum guidelines for the appropriate treatment of minors in your care and custody.

Classification

Most States have laws requiring certain forms of classification, such as separating males from females, adults from children, dependent children from delinquent children, or preadjudication youth from post-adjudication youth. Most facilities have their own written regulations for classification, and most have additional regulations on the separation of individuals accused of violent offenses, individuals with infectious diseases, or individuals with violent propensities.

One of the most crucial classification issues for liability is the separation of known violent individuals from more vulnerable children. Much of the case law on classification arises from situations when someone was injured or killed because he or she was placed with violent individuals.⁴ A number of juvenile cases discuss the need to protect children from harm by other children.⁵

Statistically speaking, approximately 1 out of 10 youth who are arrested only once or twice will grow up to become career criminals. This means that many of the minors in juvenile detention centers and some of those in State training schools are lightweight offenders. Therefore, detention staff should be aware not to put these youth in situations that will make them vulnerable to the predations or attacks of more sophisticated juveniles.

A good classification system sets a good foundation for decent care and custody. If you believe that a child is inappropriately placed, you should be able to articulate those reasons and raise them with a supervisor. Protect yourself and the minor by always being aware of changing behaviors during the detention period.

Health Screening and Care

At a minimum, every facility should have a screening mechanism for new minors (usually an interview and a physical examination) that looks for (a) communicable diseases, (b) alcohol or drug intoxication, (c) pregnancy, and (d) medication necessary for an ongoing condition (e.g., epilepsy, diabetes, or asthma). Minors exhibiting any of the first three conditions should not be placed in the general youth population until they have received specific medical treatment.

For long-term stays, children should also have their vision, teeth, and hearing checked. Although the screening should be done by trained personnel, it does not

have to be performed by a physician. If a physician does not perform the screening, it must be done by a nurse practitioner or physician's assistant. It is not sufficient to have a nonmedical staff person run through a brief checklist. In *Robyn A. v. McCoy*, a case involving the Multnomah County detention center, the court mandated that health screenings include:

- Determination of:
 - Current illness and health problems, including sexually transmitted diseases and other infectious diseases.
 - Dental problems.
 - Alcohol and other drug abuse problems, including types of drugs used, mode of usage, amounts used, time of last usage, and side effects after usage has stopped.
- Observation of:
 - Behaviors, including state of consciousness, mental status, appearance, conduct, tremors, and sweating.
 - Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infections, and needle marks.

In addition to screening, detention centers must provide adequate medical services. Recent court cases examine the following:

- Availability of a full-time doctor.
- Provisions for regular sick call.
- Dispensation of prescription medications by nonmedical personnel.
- Provisions for handling medical or dental emergencies.
- Provisions for notifying parents of medical problems.
- Provisions for medical services for inmates with ongoing medical needs.

Proper HIV/AIDS training is also important for new workers. Although this chapter does not address this particular issue, workers should receive training on confidentiality and universal safety techniques.

Psychological Care

Many children who enter detention today have more emotional problems than in previous years. Children are under increasing pressures to be emotionally healthy in very unhealthy times. Obviously, children who are detained are in trouble or just beginning to exhibit behaviors that require societal attention. It is a legal imperative that detention centers do psychological screenings and provide psychological care to

protect these youth from harm or, more important, to identify symptoms that may be treated by the appropriate persons.

Children should have a basic psychological screening upon entry into detention. This screening device should be developed by a mental health professional. Furthermore, the mental health professional should train detention workers on using the form and interpreting responses that the form may elicit from minors. At minimum, the form should address issues of depression, potential suicidal behavior, and psychological history.

Likewise, if a minor is going to be detained for some period of time after the detention hearing, then a mental status examination should be given. Furthermore, there must be 24-hour access to psychological services. Although the law does not require the institution to provide ongoing counseling or therapy sessions, the best practice is to include a way for children to talk about their problems as part of the detention program.

If children are going to be confined in the detention center for a long period of time, there should also be a professionally developed treatment plan and ongoing services.⁶ However, detention workers must be careful when it comes to the administration of psychotropic drugs. Administration issues that affect detention workers are (1) qualifications and training of dispensing staff and (2) recordkeeping.

Staff have to be trained in the dispensation of drugs and should recognize adverse effects. Recordkeeping involves a log that specifies the following:

- Name of each child.
- Name of medication.
- Amount of dosage.
- Frequency of administration.

These records should be regularly monitored by the prescribing psychiatrist.

Access Issues

These issues involve the right of access to family and other important people in the lives of detained youth. When thinking about access issues, detention workers should remember that some children have not been adjudicated delinquent and that they are subject to facility practices until an adjudication hearing occurs. Because the juvenile justice system encourages treatment and habilitation, children and families should have significant access to each other, and access should only be limited when necessary for institutional security or other appropriate reason.

Visitation. The right of the detained minor to visitation is constitutionally protected.⁷ Detention facilities should ensure that visits can be scheduled at least twice weekly and that visitors can make arrangements for special visits. Finally, visitation should not be reduced by staff shortages. Visitation is a right, and it is the institution's obligation to have adequate staff to ensure that visits can occur as appropriate.

It should be noted that the right to visitation, like any other right, is not absolute. The institution may cancel visits or refuse to allow certain parties to visit if there is a reasonable belief that the persons are bringing in contraband or if there is a safety or security justification for denying a visit.

Telephones. During the admission process, the American Correctional Association standards require two phone calls.⁸

Although case law does not set an absolute requirement for telephone use, the facility must provide "reasonable" access to telephones. A youth should be allowed to make a minimum of two calls per week, and those calls cannot be taken away for disciplinary purposes.⁹ The calls may be made to whomever your telephone policy designates as proper recipients of calls. Proper recipients usually include parents, relatives, attorneys, and probation officers.

With the recent advent of three-way calling and call forwarding, many institutions believe that they should be able to monitor phone calls to ensure that detainees are not contacting victims, arranging for retaliation, or making calls for some other illegal purpose. Presently, the law has not caught up with the advances in technology. However, detention workers should keep this rule in mind: You must have some demonstrable suspicion that there is a justification to monitor the call. If the suspicion is only a "hunch," it will probably not be enough. If there is some other type of demonstrable evidence, document it and check with your supervisor before monitoring the call.

Mail. Sending and receiving mail is a protected constitutional right.¹⁰ For that right to be utilized, detention centers have an obligation to provide writing materials and stamps. Mail is categorized into two types: privileged and nonprivileged.

Privileged mail is sent between the child and his or her attorney, a judge, a legislator, or some other public official. It is usually designated as such on the envelope (e.g., legal mail).¹¹ Privileged mail may not be opened by staff, except to inspect it for contraband.

Nonprivileged mail refers to all other mail. Mail from someone outside the facility to a detained child may be inspected for contraband but may only be read

by staff if there are grounds to believe that the mail contains escape plans, plans for criminal activity, other plans to violate the law (e.g., a death threat against someone), or obscenity. Even then, the staff must be able to articulate those grounds in order to open and read the mail. It is not enough for staff to just have a feeling or a hunch. Unless staff can demonstrate some factual basis to support their feelings, the mail may not be read. There must be a particularized showing, based on the specific detainee's record or other facts related to institutional security.

As a practical matter, the facility should do its inspection for contraband in the presence of the minor or have a minor monitor to ensure that staff are not reading the mail when it is inspected for contraband. Otherwise, if children receive letters that have been inspected outside their presence, the facility is leaving itself open for complaints that staff did more than inspect for contraband. The handling of outgoing mail should be the same. Minors should be able to seal their mail when they give it to staff for mailing. If this procedure is followed, it cannot be argued that staff read the mail when they inspect it before sealing.

Detention staff should know that if they have a suspicion that children are planning escapes or planning violent acts and gang activities through the mail, then the mail can be censored. The law lists the following circumstances for censorship:

- Whether the connection between the regulation and the justification is so remote as to render it arbitrary or irrational.
- Whether there are alternative means for inmates to exercise their rights.
- Whether accommodation of the right will have an impact on other inmates and staff.
- Whether there is an obvious, easily available alternative to the regulation, which accommodates the inmate's rights at little cost to penological interests.

Programs

Programming involves the daily schedule of the institution. It includes issues like education and recreation. A detention center should be a place where the children and the staff interact during daily activities. It should not be a place where staff stay in the "pen" or "cage" and are not encouraged to mingle with children. Good detention practice keeps children busy and active. The more idle time children have, the more trouble they will cause.

Education. Education is really the prime mode for providing programs to confined children. State law

requires children to attend school until a certain age, and juvenile institutions must comply with State law requirements. It may also be the single most important service institutions can provide, because many children in institutions are behind in their studies or have actually dropped out of school.

Education services should begin after a child has a detention hearing (usually within 3 days). There should be a daily minimum of 5 hours of instruction provided by qualified teachers. Furthermore, there should be adequate space in the instruction area, which should be quiet enough for learning to take place. There also should be sufficient numbers of teachers.

In many jurisdictions, the local school district provides the education. Often, teachers are not used to working in detention, and when children misbehave in the classroom, teachers send them to their rooms. It should be understood that the institution has an obligation to educate children even if they are being confined in their rooms for disciplinary reasons. Detention staff and school personnel should work together to formulate an educational program so that children can participate while in their rooms.

Special Education. One of the great tragedies of our system is that many of the children who become delinquent have undiagnosed learning disabilities or other emotional problems that have gone undetected or unaddressed by the school system. These children will become further behind in their studies and more alienated from the school system if their problems are not addressed, even belatedly.

It has been estimated that at least 30 percent of the children in juvenile institutions are educationally handicapped as defined by the Federal Individual With Disabilities Education Act.¹² Institutionalized children are constitutionally entitled to a free and appropriate education under the Individuals With Disabilities Education Act.

Most institutions do a poor job of implementing the special education laws, and very few offer the special education services required by the Federal law and corresponding State statutes. Most lack the ability to appropriately screen and identify children who need special services, and few do an adequate job of developing individualized educational plans or implementing them.

The Individuals With Disabilities Education Act is a very specific statute. Because of space limitations, a full discussion cannot be devoted to this subject here. However, the act's basic premises are as follows:

- Children must be identified as needing special education services.

- This identification process requires contacting the child's last known school to determine if he or she was tested; in the absence of this information, the institution must conduct testing on the child.

Once the child has been assessed, the facility must provide special education services. These services include having instructors certified in special education to meet the child's individual educational needs.

Finally, special education needs are critical for detained children. Detention workers should be aware of this potential and assist in any way possible to ensure that children are being properly served.

Recreation. Recreation involves two issues: (1) access to fresh air and (2) exercise and structured recreation.

It is especially important that children have access to fresh air for at least 1 hour on a daily basis, if weather permits. This is true even in cold climates. Detention centers should have sweatshirts and coats so that children may go outside when it is not inordinately cold.

Access to fresh air is a different situation for the detention of children than for adult detention. Children need fresh air and need to be active as part of their growth and development. For this reason, children should also have access to 1 hour of large-muscle exercise as part of their daily routine. Not only is this important for the health and development of children, but it also enables them to relieve tension and frustration that otherwise might result in misbehavior. Good detention practice involves keeping children busy and active.

Often, children being disciplined are denied recreation and large-muscle exercise, which is a violation of the youth's rights. The facility should provide supervised exercise for children who pose the risk of escape or who pose disciplinary problems. Simply having a child walk up and down the unit is not large-muscle exercise and does not comply with the law.

Training

As a detention worker, you should not be placed in the position of working with children in detention without having some training. Detention center administrators have a duty to hire qualified people, to train them adequately, and to supervise them to ensure that they are implementing the training.

Typically, a detention worker should receive 40 hours of preservice training and 40–80 additional hours of inservice training during the first year of employment. Similarly, volunteers should receive the

amount of training appropriate to their assignment. Training subjects should include:

- Security procedures.
- Supervision of juveniles.
- Signs of suicide risk.
- Suicide precautions.
- Use-of-force regulations and tactics.
- Report writing.
- Juvenile rules and regulations.
- Rights and responsibilities of juveniles.
- Fire and emergency procedures.
- Key control.
- Interpersonal relationships.
- Social and cultural lifestyles of the population.
- Adolescent growth and development.
- Communication skills.
- First aid and cardiopulmonary resuscitation (CPR).

Remember, you should not work a shift without training. You may be liable, and so may your supervisor.

Fire Safety

Enough emphasis cannot be placed on fire safety in a juvenile detention center. It is a life and death matter. Never underestimate how fast smoke and fire can move through a facility. At minimum, the facility you work in must have the following:

- Smoke detectors or similar monitoring devices.
- A written evacuation plan, with posted diagrams, available to youth and staff.
- At least two means of escape from the facility in case of fire.
- Working, fully charged fire extinguishers.
- Smoke lights that mark exits.

Fire drills should be conducted on a regular basis and documented. Recent lawsuits have also required electronic locking hardware on all doors to sleeping, holding, and isolation cells as well as all interior corridors and exterior exits. All electronic locks should have manual override capabilities and should be operable remotely from the main control center and from the unit.¹³

If you believe that your facility has any deficiencies, please alert your supervisor immediately.

Restraints

Although restraints also require specific training, a few issues can be addressed in this context. First,

you should be trained in crisis diffusion techniques so that you can deescalate a situation before restraints are necessary. Restraints are to be used only to get a child who is out of control back into control. You cannot use restraints to punish a child. If you are confused about the difference, please seek clarification from your supervisor.

Hard Restraints. Handcuffs (metal) are not to be used to handcuff an out-of-control minor to a stationary object (e.g., bed post). Handcuffs may only be used to transport a minor from one part of the facility to another, anywhere off premises, or to court.

Soft Restraints. Soft restraints are typically padded leather wrist or ankle straps that can be used to immobilize youth. Furthermore, if you have a minor properly restrained in soft restraints but the minor continues to struggle against those restraints for more than 15 minutes, then a mental health worker should be called. Something more complex than a disciplinary problem is occurring if a child continuously struggles against restraints for 15 minutes or more.

Protect yourself and call a supervisor if you believe a child is uncharacteristically agitated. Similarly, restraints should not be used just because staff do not want to deal with a minor's problems. This practice demonstrates laziness and can result in significant liability.

Isolation

Your policies and procedures manual should be very clear about this issue. If isolation is to be used at all, it should be for short intervals (only so long as the child is actually violent or out of control), and the child should be monitored constantly. Any isolation for more than 24 hours must be approved by the facility director. Children must be seen by a counselor if they are put in isolation for more than 2 hours. There should be a progressive system of discipline that has rewards as well as sanctions. That is, you should have at your disposal a variety of sanctions which increase in severity according to the minor's conduct.

The child should be placed in his or her room, if possible, and allowed to wear his or her clothing. The minor also has the right to basic necessities, such as bathing and exercise. Children should be given books, writing materials, and articles of personal hygiene while in isolation.¹⁴ Reasons for isolation, length of isolation, and the child's behavior during isolation should be fully documented. Again, isolation should not be used for the convenience of staff or for substitute programming.

Due Process

Due process means that minors should be treated fairly when they are being disciplined.¹⁵ As part of this fair treatment, all minors should have the rules explained to them in their primary language. Thus, every detainee should know what the rules are and what types of behavior violate the rules.

Furthermore, prior to the imposition of discipline, a minor has a right to be heard regarding his or her version of events. Minors also have the right to a due process hearing *prior* to serving all of the time imposed for the misbehavior. The hearing does not have to be elaborate, but juveniles should not have served all of the room time before receiving a hearing. This procedure is a common sense one and helps ensure that minors and staff are treated fairly.

Grievance Procedures

Grievance procedures enable a child to grieve daily life issues that do not involve discipline (e.g., food quantity or quality). The basic elements of adequate grievance procedures are (1) notice to the children of the availability of grievances, (2) a clear and simple procedure for children to present their grievances to staff, (3) prompt investigation of grievances (usually 3 days), (4) opportunity for children to present grievances to an impartial person, (5) notice to children of the decision of the impartial person, and (6) the taking a final action.

Strip Searches

Strip searches cannot be addressed adequately here. At minimum, you should know that the higher the level of invasion of the search, the higher the justification has to be prior to the search. Most policies that allow strip searches after contact visits or after the minor has left the facility property have been upheld by the courts.

If you feel uneasy about the procedure for strip searches or if you have questions about whether or not strip searches are too intrusive or are being done properly at your facility, alert your supervisor immediately.

Overcrowding

The most recent study by the Office of Juvenile Justice and Delinquency Prevention (Parent et al., 1993) documents what many line workers in detention already know. Most detention centers around the country are overcrowded. Overcrowding places a burden on both staff and minors. Programs are restricted; violent incidents increase; morale suffers; and the general quality of life deteriorates. However, overcrowding is not a legal excuse for failing to follow adequate detention practices.

You should know that even if your facility is overcrowded, you still have to provide the services mentioned in this article. You should also continue to alert your supervisors about how overcrowding affects your work and urge them to have those people who can reduce the population correct the problem.

Conclusion

Your work is becoming more important as society grapples with the increasing number of children in trouble with the law. Therefore, it is important for your safety and the safety of the minors you supervise to know good detention practice and to act professionally based on your knowledge. Take your job and its responsibility seriously, and we all will benefit as a result.

Endnotes

- ¹ Those rights include the right to due process before deprivation of liberty, the right to association, the right to free expression, and the right to bodily integrity.
- ² See, *Monell v. Department of Social Services*, 436 U.S. 658, 98 S.Ct. Rept. 2018 (1978) and *Spell v. McDaniel*, 591 F.Supp. 1090 (E.D. North Carolina 1984).
- ³ Examples include the American Correctional Association Standards for Juvenile Detention Facilities (1991) and the American Bar Association Standards.
- ⁴ *Smith v. Wade*, 461 U.S. 30, 103 S.Ct. 1625 (1983).
- ⁵ See *D.B. v. Tewksbury*, 545 F.Supp. 896 (D. Or. 1982) and *H.C. v. Jarrard*, 786 F.2d 1080 (11th Cir. 1986).
- ⁵ *Gary W. v. Louisiana*, 437 F.Supp. 1209 (E.D. La. 1976).
- ⁷ *Taylor v. Armontrout*, 888 F.2d 555 (8th Cir. 1989).
- ⁸ 3-JDF-SA-111SJD-5A-09.
- ⁹ *Doe v. Holladay*, 1982 (consent decree).
- ¹⁰ *Turner v. Safley*, 482 U.S., 107 S.Ct. 2254 (1987).
- ¹¹ *Wolff v. McDonnell*, 418 U.S. 539, 574-77, 94 S.Ct. 2963 (1974).
- ¹² 20 U.S.C. SS1401 et seq. (formerly Education of the Handicapped Act).
- ¹³ *Robyn A. v. McCoy*, Civ. No 90-1151-Fr (D. Ore. 1992).
- ¹⁴ *Davenport v. Robertis*, 653 F.Supp. 649 (W.D. Ill. 1987).
- ¹⁵ *Wolff v. McDonnell*, 418 U.S. 539, S.Ct. (1974).

Work in juvenile detention is neither a high-status nor a glamorous career. When people learn that you are a careworker in a juvenile detention center, you will probably get two responses. The first one goes something like this: “Oh, my, that must be a very challenging job, and I’ll bet it requires a very *special* person to work with *those* children.” The second response is even more predictable and follows immediately: “Well, what do you think of this weather?”

Chapter 4 discusses “those” children. Now it is time to look at the “special” people needed for effective juvenile detention.

Professionalism

The words “professional” and “professionalism” are used frequently when describing a variety of jobs, especially those that deal with difficult situations or clients. In some cases, these words are used to convey a sense of appreciation for exceptional job performance—for example, “The staff displayed a high level of professionalism throughout the emergency.” Individuals often use the term “professional” to reflect pride in their job—for example, “Despite the low status and unpopular working hours, institutional staff are true professionals.”

The term professional also is frequently applied to problem situations when individuals follow policies, procedures, or orders even though it is reasonable to believe that other action may have produced better results. Many times, this approach is an attempt to move responsibility or liability higher into the system—for example, “Despite the outcome, the officers acted professionally by strictly adhering to policies and procedures.” In these situations, professional means that the worker removed the discretion from the job and followed policies and procedures without exception. An example of this is the Ohio State Highway Patrol. Officer interactions with motorists are so “professional” that the officers seem robotic and mechanical, and the average person can barely elicit anything other than a few polite “yes’s” or “no’s” from the person behind the mirrored sunglasses.

Given these different uses (professional as an indication of good job performance, of pride in a low-status career, and of rigid adherence to policies and procedures), it is important to define the word.

A Definition

According to Webster’s Dictionary, a professional is “someone engaged in or worthy of the highest standards of a profession.” Webster further defines a profession as “an occupation requiring advanced education and training that involves intellectual skills.” Four sets of questions emerge from this definition.

- What are the standards for the juvenile detention profession? Are existing standards minimal, or do they reflect the highest levels of attainment? Is an individual, by this definition, a professional if he or she strives to attain only minimum standards?
- What is the juvenile detention occupation? Does juvenile detention require advanced education? Is a high school diploma considered advanced education? If there are no academic programs for juvenile detention services at the college level, what is an appropriate course of study to attain advanced education? Is advanced education measured by (a) a degree conferred by a college or university, (b) certification as measured by performance on standardized tests, or (c) a panel review of education, training, and experience?
- What is advanced training? How are the needs for advanced training determined? Who provides the training?
- What are intellectual skills? Do intellectual skills imply discretionary judgment beyond the bounds of policies and procedures?

These questions are at the heart of an understanding of juvenile detention as a profession. Efforts by the National Juvenile Detention Association (NJDA), the American Correctional Association (ACA), the National Council on Juvenile Family Court Judges (NCJFCJ), and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) supply critical information in these areas. Even though progress toward the definition of a profession is linked to national professional associations, such as NJDA, ACA, and NCJFCJ, the full development of a profession is also a function of individual line workers. Without the individual, the pressure on administrators, policy-makers, judges, and the public to address these questions will never become strong enough.

What Is a Professional?

How would you know a professional juvenile detention careworker when you see one? The Illinois Probation and Court Services Association (IPCSEA) addressed this question several years ago and identified five general characteristics worthy of consideration.

- The professional juvenile detention careworker is well trained. The professional takes full advantage of both inservice and offsite training programs. The professional engages in self-evaluation and works to correct skill deficits. The professional demands ongoing job performance evaluations, participates in the process, and actively seeks ways to improve perceived job skill deficits. The professional reads professional journals, newsletters, and selected texts. The professional is a member of State, local, and/or national associations. The professional is constantly asking, "How can I do my job better?"
- The professional juvenile detention careworker knows the rules and plays by them (policies and procedures). The professional knows policies and procedures, understanding why they require certain kinds of behavior on the part of staff. The professional understands the system and knows how it works. The professional understands policy and procedure development so that changes in policies and procedures can be implemented quickly and efficiently to increase the quality of care to detained youth. The professional adheres to policies and procedures as the best defense against liability (see Chapters 2 and 5). The professional is proficient at observation, report writing, and other forms of supervision.
- The professional juvenile detention careworker is an effective problem solver. The professional remains calm and emotionally neutral during crisis situations. The professional is noncondemning and nonjudgmental of detained youth. The professional depersonalizes a youth's anger and aggression. The professional is adept at verbally and nonverbally deescalating a youth's inappropriate behaviors.
- The professional juvenile detention careworker is a helper. The professional has made a personal commitment to helping troubled youth and looks for the potential in every situation to help youth change.

- The professional juvenile detention careworker is the "right kind" of person. Because this category is rather vague, further references are made to the thoughts of the late Dr. Ernest Shelley and to the Code of Ethics adopted by NJDA.

My All-America Team¹

by E.L.V. Shelley

It is my good fortune that during virtually all of my professional life, I have had the opportunity to be active in developing, supervising, and evaluating good institutional programs for offenders who have become involved in either the juvenile or the adult justice systems.

Although I agree with Jerry Miller that reforming institutions is a very difficult job and a bit futile because, as he believes, the whole job has to be done over again every 5 years, I do not agree with him that it is, therefore, a waste of time. Institutions of the correctional type do have a legitimate place in our efforts to deal effectively with offenders, and if they are intelligently planned and effectively supervised, they can make special contributions.

As I see it, there are several basic ingredients if we are to have a good institution. They are: (1) goals, (2) staff of the right kind, (3) a therapeutic atmosphere, (4) adequate involvement by the community, and (5) a careful, periodic, and competent evaluation of what has been accomplished.

Staff of the Right Kind

I have been asked to address myself to the problems of finding and maintaining the kind of staff which we want and need if institutional goals are to be achieved. It is my firm conviction that in the last analysis, the problems of people who are having difficulty functioning in society are problems or disturbances in their interpersonal relationships and that the correction of these problems logically involve[s] repairing those relationships. In other words, the problems of juvenile offenders in the last analysis are problems with their relations to people, and they can only be solved by interactions with people. Buildings, equipment, money, and so

forth may be the means to an end, but they are not the indispensable stuff of which good treatment is made.

To have the kinds of people whom we want staffing our institution, we must be sure that the selection process brings us the right kind of people in the first place. The kind of person one “is” is incredibly more important than the kind of training or experience one has had. If we start with the wrong kind of persons, then training just simply makes them more competent incompetents. If we start with the wrong kind of persons, experience teaches them the wrong things, and they just wind up being more entrenched in error. If we have the best kind of people in the beginning, they respond quickly and effectively to training and experience, which simply enable them to do well that which comes naturally to them.

The Qualities

Here are some of the qualities that I look for in the kind of staff person I want to have working on my team in my facility:

- I want an optimist. I want a person who is always able to see the constructive positive in a situation or a person, even though that might be a relatively small part. The basic difference between an optimist and a pessimist is that the pessimist looks at the pitcher of water and says, “It’s half empty,” and the optimist looks at the very same pitcher of water with the same volume in it and says, “It’s half full.” They are both right, but their attitudes are considerably different. Now, I am not advocating a fatuous optimism or a Pollyanna approach to life that says, “Everything is just lovely,” and ignores the problems. But I do want a person who can always find something real and worthwhile in the messy situation or in the troubled person and still be encouraged to keep on trying. In the last analysis, we frequently go just about as far as our confidence and faith in the future will let us.
- I want a person who believes deeply and unshakably in the potential of a human being to change. I want a person who can agree with me that there are no hopeless cases, only people who feel hopeless about them. To help people change, you must somehow radiate a confidence and conviction that they have the potential to do so. Too many professionals and too many of the experiences in the system say loudly and clearly to juveniles, “You are a lost cause!” And, therefore, they are “lost causes.” Goethe, the great German poet-philosopher, said “Treat a man as he is, and he will stay as he is; but treat a man as if he were becoming what he could become, and he will become it.” Human personality is dynamic; it is never irretrievably set. There is no good scientific evidence to sustain the idea that by age 2 or 22 or 42, the pattern of human personality is so deeply set that change is not possible. I have been in the business of helping staff produce change in offenders young and old, and nobody could ever get me to accept for one hot little minute the idea that at some point in life, our maturation and growth have to stop. It may stop because we let it stop or because others encourage us to believe it has stopped, but the potential for change is still there, and this must be spoken, too! And when it is stated effectively, miracles happen.
- My ideal staff person not only believes in the potential of people to change their lives, but he or she must be able to recognize change when it comes. This sometimes means that you accept much less change than you had hoped for or expected or that the process is much slower than you had hoped. Yet you must be able to see growth when it happens. You need this in order to keep yourself encouraged and in order also to encourage the troubled person you are trying to help. We must recognize the change, must hold it up, and must help the other person to see it. We don’t try to give them the idea that they have arrived, but we do continually help them to see that they are on their way.
- There must be a deep respect for the sacredness of personhood. God doesn’t make junk. People are not expendable. My religious faith teaches me that every person is known to his or her Creator and is created for a purpose. I may not understand the purpose, but I believe it exists, and I look for it with awe, perseverance, and wisdom. My involvement in the shaping of personality is a high and holy calling. Personhood is our only immortality. Emerson said, “The day you die everything that you own automatically and immediately passes in ownership to other people. The only thing that you can keep as your own is what you were and are.” Our personality is our most valuable

legacy and is an intensely personal possession. People are not pawns in a chess game or merely things to be played with in the laboratory for someone's amusement. They are human beings in process of development, and we should be proud to have some part to play in that development. This, by the way, is also our legacy because we leave to the world the impact we have made on those with whom we have worked.

- The good staff person is capable of caring—caring a great deal, not just a little! Also, do we care enough to sometimes stand off and not interfere? The good careworker possesses this quality, and the lack of ability to care for those whom we are trying to help is the Universal sign of the incompetent and misplaced worker. If we cannot care about people, then we have no concern about what happens to them. This is not to urge a maudlin, teary-eyed, sob-sister kind of caring that oozes emotion all over the victim. It is rather simply saying, “I’m here; I care about what happens to you; and I am willing to do what I can to be of help to you. I hurt when you do things that are not good for you. I feel good when I see you do things that are good for you.”
- Finally, a good staff person, in my estimation, is a good team player. None of us is wise enough to have all the answers about any one person all the time, not even the psychologists. We certainly are not wise enough to have all the answers about all the people with whom we are working. Increasingly, I have come to feel that group treatment, whether in a correctional or a mental health setting, is a team job. This is the only way that it can go on continually because no one person is with the troubled individual that much. Teams are the insights of other people. The good staff person recognizes and respects the contributions that other staff people make, whoever they are. And this is regardless of the job title other people carry, or how much education they have had, or how thick a Viennese accent they may have, or even the possession of an imposing, well-cropped beard.

Helping people is a challenging, demanding job. Knowing that you are not alone but are on a team makes it much less discouraging and much less lonely. So when I hire people for my ideal institution:

- I want optimists.
- I want those who have faith in human potential.

- I want those who are able to expect and recognize good change.
- I want those who respect personhood.
- I want those who care in a wholesome, healthy, effective way.
- And I want those who can function well as a team member.

Troubled people are changed by people who care, who believe in the future, and who revere the most precious thing in the world—human personhood.

NJDA Code of Ethics²

NJDA exists exclusively to advance the science, processes, and art of juvenile justice and detention services. NJDA contributes to the analysis, interpretation, understanding, and resolution of detention-related issues by providing programs, services, policy statements, conferences, and publications.

As an educational, scientific, and professional organization, NJDA recognizes that its membership reflects the full range of diversity in the juvenile justice system. The specification of ethical standards enables NJDA to clarify for all members and to those served by its members the nature of ethical responsibilities shared by members.

The Code of Ethics serves to stimulate greater concern among NJDA members for their own professional functioning and for the conduct of fellow professionals within the juvenile justice system. The ethical code of NJDA establishes principles that define the ethical behavior of NJDA members.

Recognizing the critical role of conscience in choosing among courses of action and taking into account the moral ambiguities of life, the members of NJDA commit themselves to the following:

- **Demonstrating the highest standards of personal conduct.** Juvenile detention is rarely defined by the public or helping professions as a high-status career. Public perceptions often imply that everyone has the ability to work with youth in a locked setting. For these reasons, members must continually demonstrate a pride in juvenile detention and a self-respect reflective of the highest level of personal conduct. This conduct specifically refers to personal integrity, honesty, truthfulness in dealing with both youth and the public, and the courage of maintaining one's convictions.

Juvenile detention is charged with the public responsibility for the safe care of juvenile offenders. Cognizant of this public trust, members understand that any individual or collective compromise of their integrity or self-respect can damage the ability of juvenile detention to accomplish its mission. The best insurance against a loss of public confidence is strict adherence to the highest standards of personal conduct.

- **Demonstrating the highest standards of professional conduct.** Progress as a profession depends not only on public trust but on professional competency. Therefore, members strive for excellence in job performance, which advances the cause of the profession by gaining increased public respect in order to advance the best interest of youth. Members support and encourage programs that develop knowledge, skills, and abilities directly relevant to juvenile detention services. Members demand regular, periodic feedback regarding their job performance and career goals.

Members understand that the important component of juvenile detention services is the relationship between staff and detained youth. Members emphasize training and skill acquisition in interpersonal communication.

Members are concerned with providing the highest quality of care. In keeping with this concern, members endorse the concepts of ACA standards and encourage others in detention to adhere to them.

Members refrain from performing their duties in an intrusive or overbearing manner. They do not permit personal feelings, prejudices, animosities, or friendships to influence their decisions. Members implement detention programs without fear or favor and without malice or preferential treatment. Members consistently refrain from responding violently toward youth and from employing unnecessary force.

- **Avoiding any interest or activity that conflicts with or produces undue personal gain through the execution of official duties.** Members refrain from any task that conflicts with or could be viewed as conflicting with job responsibilities.

Members also refrain from activities or interests related to partisan politics when those

activities create a conflict of interest, produce undue personal gain, or occur at the work place and interfere with official duties.

The only gains members seek from public employment are salaries, fringe benefits, respect, and recognition for their work. Personal gain also may include the satisfaction of doing a good job, helping youth and their families, and achieving career goals. Public property, funds, and power should never be directed toward personal or political gains.

Members understand that in the relationship between staff and detained youth, dependency and vulnerability are frequently present. Youth often use this relationship as a method of acquiring adult approval and as a means to bolster their self-esteem. Therefore, members value the human worth of these youth by steadfastly refusing to behave in a manner that satisfies their personal needs at the expense of youth.

- **Safeguarding the confidentiality of detained youth.** Members adhere to Federal and State statutes regarding issues of confidentiality for juvenile offenders. Members refrain from identifying youth and discussing critical problems and incidents in situations outside the official work setting.
- **Advocating the legal and ethical rights of youth.** Members work to define and articulate policies and procedures that specify the legal and human rights of detained youth. Members educate youth and others about policies and practices that either ensure or violate these rights. Members refuse to remain silent when these rights are violated, and they speak on behalf of the affected youth.

Members subscribe to the idea that youth have the right to be detained in a psychologically and physically safe and secure environment. Members encourage program development that generates a therapeutic social climate within the detention facility.

- **Eliminating all forms of unethical and illegal behavior.** As a component of the criminal justice system, members are committed to legal standards of behavior. Therefore, members will confront and report illegal or unethical behaviors that occur in juvenile detention. Sensitive to the correlation between effective detention programs and harmonious working relationships

among staff, members are committed to ethical standards that transcend issues of friendship, efficiency, and loyalty to their agencies.

Members do not tolerate discrimination, theft, or any form of child abuse (i.e., physical, mental, or sexual abuse), and they advocate removing from the profession those who condone or engage in such activities.

- **Maintaining an optimum level of physical conditioning and mental alertness.** Members realize that juvenile detention is a highly stressful profession. Part of this stress derives from the potential for physical interventions. Members maintain an optimum level of physical conditioning in order to respond to physical situations in the most efficient manner. Members realize that staff and residents are less likely to be injured whenever staff are physically capable of controlling the situation.

The stress associated with juvenile detention also affects the mental attitude of staff. Members encourage having training and continued education in stress management and other mental health concepts provided directly to detention staff. Members endorse and encourage the development of support groups within staff and among staff of other facilities to provide an appropriate forum to ventilate frustrations, discuss problem situations, share ideas that work, and rejuvenate.

Detention Job Functions

The recruitment, selection, training, and development of good detention staff is influenced by the detention philosophy held by the administration, the juvenile court, and policymakers within a given jurisdiction. This philosophy is most directly expressed by the words used to describe the essential functions of the job.

Mixdorf and Rosetti (1992) discussed the roles of the direct careworker for both juvenile detention and juvenile corrections (training school) settings. They carefully avoided the two extremes in defining the job of direct-care staff. At one end of the job definition continuum is the title “Child Care Worker.” This title is sometimes confused with jobs in day care, preschools, and babysitting. At the other extreme is the job title “Correctional Officer,” commonly associated with adult detention and prisons. Both definitions generate debate and discussion about the proper role of staff because of

their association with restricted and controversial definitions of detention.

Juvenile Careworker

Many job titles exist, but ACA has taken the lead in referring to direct-care line staff in juvenile institutions as “Juvenile Careworkers.” In a national survey of juvenile detention facilities, Rowan (1993) found that although the most frequently used job title was juvenile detention officer, it accounted for only 18 percent of the responses. Concluding that there was no predominant job title for juvenile detention workers, Rowan strongly recommended that the field follow the recommendation of ACA and adopt the title juvenile careworker.

Mixdorf and Rosetti reported that juvenile careworkers performed four overlapping roles: guardian, counselor, supervisor, and role model. The ACA description of the careworker role is consistent with the mission of the juvenile justice system. The careworker’s job is to engage and involve youth in productive and constructive activities while in detention. ACA recommends a positive approach to the job of juvenile careworker. This approach is expressed best by the following description of the role model job function:

Being a positive role model is probably the most important responsibility a careworker can undertake. Modeling good behavior, or setting an example, can affect juveniles in a positive manner more than any other careworker skill. Included in this activity is setting a positive tone or climate, respecting the juveniles, praising them when appropriate, being consistent and fair, and presenting a generally positive attitude. Admittedly, this positive, encouraging attitude may be difficult to maintain when working with angry, rebellious juveniles, but it is absolutely necessary. (pp. 16–17)

Brown (1982) identified five similar roles that detention staff must routinely perform in a detention facility. These roles are:

- Security monitor.
- Counselor.
- Disciplinarian.
- Recorder of behavior.
- Activity coordinator.

Illinois is an exception when examining criterion-based job functions for juvenile detention staff. As a part of a comprehensive approach to determining detention staff training needs, the Probation Division of the Administrative Office of the Illinois Court (AOIC)

developed a set of basic job functions for detention careworkers. The eight AOIC job functions are: (1) behavior management, (2) crisis intervention, (3) security, (4) safety, (5) custodial care, (6) record-keeping, (7) program support and maintenance or special assignments, and (8) counseling or problem solving.

Job functions are a composite of what juvenile detention officers do in their jobs. The 8 job functions identified in the AOIC research were expanded to 10 by adding the additional functions of organizational awareness and external awareness, which were recommended by Christy (1989), who said that awareness constructs constitute components of the job.

The remaining job responsibilities include those characteristics of how the job is performed effectively. Roush and Hudzik (1994) combined the AOIC job functions with previously researched effectiveness characteristics. Those items related to job functions provide job-oriented information, while effectiveness characteristics are a composite of what juvenile detention workers say are important to doing their job effectively or well. The categories related to effectiveness characteristics provide employee-oriented information. The 20 functions and characteristics are listed and defined below.

Job functions (the “what” of juvenile detention) include:

- **Behavioral management**—Using behavioral and developmental theories to establish clear expectations for resident behavior and employing immediate positive and/or negative consequences as a result of direct involvement with residents.
- **Crisis intervention**—Using skill and composure to prevent or minimize physical and emotional harm to residents and other staff when handling a wide variety of crisis situations (e.g., physical violence, escapes, riots, and suicidal behaviors).
- **Security**—Implementing the policies and procedures related to resident supervision and institutional security measures to ensure the physical presence of each resident in the facility.
- **Safety**—Employing knowledge and skills in relation to emergency procedures (i.e., first aid, CPR, fire safety, and communicable disease) to ensure the well-being of youth.
- **Custodial care**—Assisting in the proper identification and treatment of problems relating to the physical and emotional health

and well-being of detained youth through the use of knowledge and skills in basic health-related areas (e.g., medical and hygiene, adolescent sexuality, substance abuse, physical or emotional abuse, and symptoms of suicidal behavior and emotional distress).

- **Recordkeeping**—Providing accurate and timely written documentation of both routine and special situations regarding residents, staff, and program activities through the use of observation and recording skills.
- **Program maintenance**—Implementing, teaching, creating, and supplementing the facility’s daily program and activities (i.e., physical education, recreation, and arts and crafts).
- **Problem solving**—Creating an environment or institutional climate in which a youth’s personal, social, or emotional problems can be openly discussed, explored, and possibly resolved through effective use of interpersonal relationship skills, communication and consultation with clinical staff, and leadership in group discussions or activities.
- **Organizational awareness**—Understanding, supporting, and using the philosophy, goals, values, policies, and procedures that represent the daily operations of the facility.
- **External awareness**—Identifying and periodically reviewing key external issues and trends likely to affect the agency (e.g., legal, political, demographic, and philosophical trends).

Effectiveness characteristics (the “how” of juvenile detention) include:

- **Balanced perspective**—A broad view that balances present needs and long-term considerations.
- **Strategic view**—Ability to collect and analyze information that forms an overall long-range view of priorities and forecasts likely needs, problems, and opportunities.
- **Environmental sensitivity**—Awareness of broad environmental trends and their effects on the work unit.
- **Leadership**—An ability and willingness to lead and manage others.
- **Flexibility**—Openness to new information as well as tolerance for stress and ambiguity in the work situation.

- **Action orientation**—Decisiveness, calculated risk taking, and a drive to get things done.
- **Results focus**—Strong concern for goal achievement and a tenacity to follow a project through completion.
- **Communication**—Ability to express oneself clearly and authoritatively as well as to listen attentively to others.
- **Interpersonal sensitivity**—Self-knowledge, awareness of the impact of self on others, sensitivity to the needs and weaknesses of others, and ability to sympathize with the viewpoints of others.
- **Technical competence**—Expert and up-to-date knowledge of the methods and procedures of the work unit.

Public Policy Statements

The future holds many challenges for juvenile detention. Some challenges are old and persistent, while others are new and alarming. A recent study of the issues facing the next generation of juvenile detention professionals revealed the presence of the following longstanding challenges (Roush, 1992):

- A clear definition of juvenile detention is needed to form the basis for strong statements of vision, mission, and goals and objectives. The NJDA definition (Stokes and Smith, 1990; also see Chapter 3) is a positive first step that coincides with the vision and mission statements from the National Academy of Corrections Leadership Assembly (see Chapter 7).
- Crowding continues to be a problem. In the absence of a continuum of services, detention becomes the sole source of intervention for most juvenile offenders (see Chapter 3). Liability is linked to crowding because of its negative effects on the conditions of confinement (Parent et al., 1994; and Roush, 1990a). Crowding may have such a pervasive effect as to negate the positive factors associated with ACA accreditation (Roush, 1989).
- Many juvenile justice professionals predict an increase in liability within juvenile detention. The number of facilities under court order or consent decrees continues to increase. Litigation is very expensive and has an unsettling effect on staff and residents.
- Shrinking resources are a significant problem. Child-serving agencies are competing for fewer resources partially because of expanding corrections budgets. Financial problems open public-sector services to questions of privatization. An increasing number of juvenile detention facilities are operated by private corporations.
- Low salaries and shrinking resources contribute to the impending crisis in staff recruitment, selection, development, and retention. A common complaint heard from detention administrators is that finding qualified people who want to help troubled youth is increasingly difficult.
- The survival of the juvenile court is questionable. With the increase in some serious crimes, public opinion may be swayed to the point that it equates offense seriousness with maturity and eliminates the need for a juvenile court, re-turning to the concept of a single court justice system.
- The passage of youthful offender statutes may create a third system that falls between the juvenile justice system and the adult correctional system. Youthful offenders between the ages of 17 and 25 will receive shorter sentences, but the places of incarceration will be more like prisons than training schools.
- The disproportionate incarceration of minorities presents a growing problem (see Chapter 15). More minority groups are reflecting disproportionate incarceration (e.g., Hispanics and Asians), and they pose greater communication problems because of language barriers.
- The health of detained youth is a major problem. With an increase in the number of HIV-positive juveniles, more staff and resources will be needed for health care services. Medical and health care services are areas where the courts have been very clear about inmate rights.
- Violence is a societal problem that has invaded the detention environment. Will violence cause a reduction in programs and an increase in the use of solitary confinement? Will crowding destroy the ability to separate violent offenders from nonviolent offenders, and will resident-on-resident assaults increase in seriousness and frequency?

One effective way to address these issues is through the development of public policy statements. Thorough and well-conceived statements can be disseminated to key policymakers through fliers, newsletters, and publications so that their decisions will be better informed. Good examples are the policy papers and publications of the National Council on Crime and Delinquency (Jones and Krisberg, 1994; Jones and Steinhart, 1994; Krisberg, 1992a; and Krisberg and Austin, 1993).

Presented below are two important policy statements. The first is a significant position paper on juvenile justice adopted by ACA (1993). The second is a position statement on violence from the National Commission on Correctional Health Care (NCCHC).

ACA Public Correctional Policy on Juvenile Justice

The correctional functions of the juvenile justice system (prevention, diversion, detention, probation, residential, and after-care) must provide specialized care and rehabilitative programs for young offenders in our society consistent with protection of the public. These functions of the juvenile justice system, although sharing in general the same overall purpose as adult corrections, have significantly different processes, procedures, and objectives, which require specialized services and programs.

Policy Statement

Children and youth have distinct personal and developmental needs and must be kept separate and apart from adult offenders. The juvenile justice system must provide a continuum of services, programs, and facilities that ensure maximum opportunity for rehabilitation. Each of these alternatives should provide programs that include the principle of accountability for behavior. The best interest of the individual youth must be the primary concern and should be balanced with the protection of the public, including victims, and the maintenance of social order. To implement this policy, juvenile justice officials and agencies should:

- Establish and maintain effective communication with all concerned with the juvenile justice system—

executive, judicial and legislative officials, prosecution and defense counsel, social service agencies, schools, police, and families—to achieve the fullest possible cooperation in making appropriate decisions in individual cases and in providing and using services and resources;

- Provide the least restrictive appropriate range of community and residential programs and services to meet individual needs, including education; vocational training; recreation; religious opportunities; individual and family counseling; and medical, dental, mental health, and other specialized programs and services, such as substance abuse treatment, AIDS counseling, and sex offender treatment;
- Use family and community as preferred resources and include families, whenever possible, in the decision-making processes at all stages in the continuum of services;
- Operate a juvenile classification system to identify and meet the program and supervision needs of the juvenile offender while actively considering the public's need for protection;
- Exclude from placement in a secure facility service adjudicated delinquent youth—those individuals accused or adjudicated for status offenses (i.e., offenses which are not criminal if committed by an adult);
- Provide a range of nonsecure and secure short-term detention, pending adjudication;
- Ensure that secure preadjudication detention facilities are not used as a post-adjudication disposition alternative;
- Provide planned transitional services for youth returning to community placement from residential care;
- Establish written policies and procedures that will protect the rights and safety of the accused, the adjudicated, the victim, and the public in as balanced a manner as is possible;

- Establish procedures to safeguard the accuracy and use of juvenile records and support limitations on their use, according to approved national standards, recognizing that the need to safeguard the privacy and rehabilitative goals of the juvenile should be balanced with concern for the protection of the public, including victims; and
- Implement evaluation and research procedures that will supply demographic, trend, and outcome information from which program effectiveness and systems operations can be measured.

NCCHC Public Policy on Correctional Health Care and the Prevention of Violence

During the past 10 years, interpersonal violence (i.e., homicide, rape, robbery, aggravated assault, abuse, and neglect of youth and the elderly) has grown to epidemic proportions. In 1990, there were more than 23,200 homicides in America. In comparison with other industrialized countries, the 1990 U.S. murder rate was 11 times higher than that of Japan, nearly 9 times that of England, more than 4 times that of Italy, and 9 times that of Egypt and Greece, as reported in the *Congressional Record* (1992). Our Nation's youth and young adults, particularly among minority groups, are frequently involved in acts of interpersonal violence, as is evidenced by the following statistics:

- During the 1980's, more than 48,000 people were murdered by youth and young adults ages 12–24 (Rosenberg, 1992).
- Homicide is now the second leading cause of death among 15 to 24 year olds, and it is the leading cause of death among 15- to 34-year-old African-American males (Novello, Shosky, and Froehlke, 1992).
- Youthful victims of violence are 40 percent more likely than nonvictims to become future delinquents and adult criminals (Widom, 1991).

Violence and Correctional Health Care

As violence grows in America, many different agencies are responding in a number of different ways. The justice system's long-range plans address reducing violent crime, improving the effectiveness of law enforcement to combat violence, providing assistance

to victims, and establishing crime prevention programs (National Institute of Justice, 1992).

The medical and mental health professions have joined with the Centers for Disease Control and Prevention (CDC) in an initiative intended to treat violence as a major public health problem (Koop and Lundberg, 1992). This approach has the objective of preventing violence through surveillance, epidemiological analysis, and the evaluation of various intervention techniques (Rosenberg, O'Carroll, and Powell, 1992). An important part of this initiative has been to involve the health care community in the identification of victims of abuse and violence. A growing emphasis is placed on the use of intervention techniques that teach individuals alternative behavior responses to violence.

With the proliferation of violence, not only are more youth entering detention and corrections with a propensity for violence as an acceptable problem-solving strategy (Guerra and Slaby, 1990; and Slaby and Guerra, 1988), but more youth in detention and corrections are referred for mental health services because of posttraumatic stress disorder (PTSD) (Burton, Foy, Bwanausi, Johnson, and Moore, 1994). Correctional health care programs are beginning to address both violence prevention and the problems of victims of violence within the detention and corrections environment (DeFazio and Warford, 1992, 1993; and National Commission on Correctional Health Care, 1993).

An equally important role for correctional health programs is the identification and treatment of incarcerated youth who have lived with violence throughout their lives (DeFazio and Warford, 1993). Some experts believe that certain kinds of violent behaviors can be effectively treated, enabling people to cope with other forms of violence in their lives. Because nearly all of those who are detained eventually return to their communities, these kinds of intervention and treatment techniques can have a positive effect on reducing violence in the community.

Types of Violence. Violence can be characterized in several ways. For example, Jenkins and Bell (1992) characterized expressive violence as violence that emerged from some kind of interpersonal altercation in which one person intended to harm another. Persons involved in expressive violence typically know each other, are similar in age, and frequently share the same race and ethnic background. By contrast, instrumental violence is usually premeditated and motive driven (e.g., acquire property or economic gain). Typically, parties involved do not know one another, and the harm caused is secondary to the motive. Finally, gang-related violence results from gang membership and related activities

involving retaliation or revenge. These distinctions imply that different intervention strategies may be required to effectively prevent the various kinds of violent behavior. Further, experts believe that expressive violence may be appropriately treated through public health intervention techniques, while using socioeconomic interventions to treat instrumental violence and political interventions to treat gang violence. All three kinds of violent behaviors are prevalent in society as well as in juvenile detention and corrections.

NCCHC Policy Statement

Detention and correctional health care programs are an important resource in the identification, care, and treatment of individuals who have been involved in violent acts. The National Commission on Correctional Health Care (NCCHC) endorses the CDC's position that violence is a public health problem and calls upon correctional health programs to join with the CDC, and other professional groups, in addressing violence within the juvenile detention and corrections population. NCCHC recommends standards for correctional health services (National Commission on Correctional Health Care, 1992) as the basis for violence prevention, treatment, and education in these settings. Specifically, correctional health services should:

- Incorporate violence risk assessment—including child and domestic abuse, sexual abuse, and any personal victimization—into receiving screening undertaken of all detained youths upon intake, health assessments, and mental health evaluations.
- Refer as appropriate all detained youths with violent histories, including those who exhibit violent behaviors that place the safety and welfare of themselves or others in jeopardy, to treatment by appropriately trained health care providers.
- Desktop protocols and guidelines for violence prevention, intervention, and followup should be developed for use

by qualified health professionals treating inmates. In addition, health care providers should receive training in these areas. Training should include information on policies and practices designed to prevent violence, non-physical methods for preventing and/or controlling disruptive behaviors, appropriate use of medical restraints, and effective techniques for personal safety.

- Provide juvenile caregiver training that includes prevention of expressive violence and non-physical methods for prevention and/or controlling disruptive behaviors stemming from expressive violence. Juvenile caregiver training should continue to address security issues designed to inhibit instrumental and gang-related violence.
- Establish contacts with community-based organizations able to assist in the treatment and continuity of care upon the youths' release from the facility.

Adopted: September 19, 1993

Summary

It takes a very special person to be an effective juvenile detention careworker. Not everyone possesses the qualities and skills needed to be a good juvenile careworker. Effective juvenile careworkers must be well trained and well prepared for the job. They also must be able to follow the rules of the institution or agency where they are working. In addition, good juvenile careworkers must be effective problem solvers.

Most of all, effective juvenile careworkers must have certain personality traits that will enable them to be effective. They must be optimistic and look for the good in people and in situations. They must respect both coworkers and residents. They must believe in people and in their ability to change. Furthermore, they must be able to notice small behavioral changes. Finally, and probably most importantly, they must be caring individuals. Effective juvenile careworkers show a genuine care and concern for youth.

Endnotes

¹ Ernest L.V. Shelley, Ph.D., is best remembered as a champion of volunteer services who served the correctional community in Michigan. He developed treatment programs for the Michigan Department of Corrections and concluded his professional career as the chair of the Department of Psychology at Olivet College in Olivet, Michigan. After retiring, Dr. Shelley remained active through volunteer service, speaking engagements, and his writing. He influenced many people in juvenile detention and corrections through his dynamic teachings and his affable personality. He was awarded posthumously the 1986 C.A. Zott Distinguished Service Award from the Michigan Juvenile Detention Association

(MJDA). This material represents one part of his keynote address on institutional treatment, presented at the MJDA Annual Conference in August 1983.

² Numerous ideas and phrases were adapted from the codes of ethics of various professional associations. Listed in order of their importance, they are: American Society for Public Administration, American Association of Counseling and Development, American Correctional Association, American Federation of Police, Code of Ethics of Government Service, and International Association of Chiefs of Police.

Although detention centers are complex organizations that vary in size and structure, the elements that make for excellence in juvenile detention are universal. Certain policies and practices promote success, whether a center serves 10 or 200 clients on a given day. The same policies and practices can work in State, county, or regional systems as well as in private and public operations. Regardless of the size and structure of the facility, effective performance begins with a clear mission or purpose of detention.

Mission

A clear mission statement is the first step toward gaining a measure of control in the uncertain and changing environment of detention. Fully and clearly defined purposes become the foundation for decisions and consistent policies. A strong mission statement includes beliefs, values, and expectations about what will happen to detained juveniles between arrest and court disposition.

In 1990, the National Juvenile Detention Association (NJDA) adopted a definition that captured the essence of juvenile detention (see Chapter 3). In 1992, the National Academy of Corrections (NAC) assembled 30 juvenile detention and corrections experts to address the issues of vision and mission statements for juvenile corrections. NAC staff noted the common perspectives of the juvenile corrections practitioners, particularly the high levels of consensus about the need for intervention before youth become institutionalized. The NAC vision and mission statements read as follows:

Vision Statement

Our vision is that every child experience success in caring families and nurturing communities that cherish children and teach them to value family and community. Our vision is guided by the fact that our decisions and actions affecting children today determine the quality of our life tomorrow.

Mission Statement

The mission of the juvenile corrections and detention system is to provide leadership for change for youth, family units, and communities. It operates by creating legitimate, alternative pathways to adulthood through equal access to services that are least intrusive, culturally sensitive, and consistent with the highest professional standards.

These statements demonstrate the belief that (a) juvenile justice practitioners understand the problems and must assert their influence to guide future actions of juvenile justice, (b) the future of juvenile detention and corrections should be grounded in the best contemporary research findings, and (c) an important mission of juvenile justice is delinquency prevention, a priority for the future of juvenile justice as defined by those practitioners who are grounded in the intervention side of the system (see Loughran, 1990).

The External Environment

Managing relationships at the boundary between detention and its environment may be the central task facing practitioners. Overcrowding, inappropriate use of detention, and lack of resources are consequences of problems within the larger environment that undermine the best designed programs. These problems can be met and overcome through a variety of management tools, including:

- Reliable information on population trends, delinquency rates, and demographics.
- Sound planning.
- Admission criteria that are clear and understandable.
- Mechanisms for prompt judicial review of detention decisions.
- Availability of an adequate array of detention alternatives, such as a continuum of care (see Chapter 3).
- Mechanisms for timely disposition and release, including adequate community and residential resources.
- Means to constantly monitor the detention population and to ensure that court scheduling, placement assessment and referral, and transportation do not become obstacles to release.

All of these techniques demonstrate the importance of the relationship between detention and the larger environment, including courts, probation, placement agencies, and transporting authorities.

The way to meet the challenges and overcome the problems is to build coalitions. Building coalitions means making connections with individuals, groups, organizations, and agencies that can make a difference. Sometimes coalitions are forged through formal means—reports on goals, accomplishments, and shortcomings of

the program; speeches and brochures that interpret the philosophy and goals of the program; tours and educational events that open the facility to the community; and advisory boards and public meetings that involve key people from outside the organization. Coalition building is also achieved informally—responsiveness to inquiries from the community; sensitive handling of telephone calls and letters from parents, victims, and concerned citizens; and regular contacts with judges, legislators, and other key decisionmakers.

Although the examples of coalition building presented above apply to the local level, the process is just as critical on the State and national levels. Detention practitioners can build coalitions with one another; with representatives from other parts of the juvenile justice system and from different levels of government; with the research and academic communities; and with leaders of churches, businesses, corporations, and foundations. Coalitions with purpose can build support and promote positive change.

Responsibilities of Detention Management

Among the responsibilities of detention managers are four key tasks: (1) development and communication of sound policies, procedures, and standards; (2) acquisition, allocation, and monitoring of resources; (3) selection, training, and development of staff; and (4) evaluation of organization performance and planning for the future.

Policies and Procedures. Effective policies and procedures are discussed in detail later in this chapter.

Resource Management. Resource acquisition, allocation, and monitoring are critical to building a successful program. The physical plant and operating funds are the primary resources. Design and maintenance of the physical plant must acknowledge the relationship between space and the objectives of detention. In addition, funding sources and the public must be willing to pay the costs of security, safety, health, and well-being. Detention managers have the obligations to define what constitutes adequate funding and to make the case for its allocation. They also have the responsibility to manage those funds with rigorous efficiency and integrity.

Competent Staff. Competent, caring staff are more important than any other element for ensuring quality and achieving the mission of detention. The most important tasks for management are selecting and training staff. The hiring process seeks to discover people with the knowledge, skills, and qualities of character needed to achieve the purposes of detention.

Training develops knowledge and skills, expands understanding of the aims of the organization, and integrates staff into the process of sustaining the values and accomplishing the goals of the program.

Evaluation and Planning. The management responsibilities of evaluation and planning are two sides of the same issue. Evaluation asks how well the organization is doing; planning asks what the organization can improve for the future. Both functions are based on understanding what constitutes organization performance. Organization performance is success in the following five areas:

- **The organization's relationship to its environment.** How effective is the relationship with the court and with placement agencies? Are admission criteria in place and respected? Can some measure of predictability and control be exercised over admissions?
- **Acquisition and use of resources.** Is the organization able to capture and retain financial and human resources? Is the building adequate in size and design? How well does the building serve the purposes of safety, security, health, and development? Is funding adequate and managed efficiently? Is the staff structured, scheduled, and assigned work effectively?
- **Internal processes.** How many clients are being served? Do activities support goals? How well do support services such as purchasing, food service, and clerical work function?
- **Achievement of purposes and goals.** Are the purposes of safety, security, health, and development being met? To what extent are there escapes, injuries, assaults, or other indicators of performance failure?
- **Satisfaction of clients and employees.** To what extent do residents and staff feel safe? Do residents feel that the staff care about them? Do employees show signs of trust, respect, and loyalty? What is the state of employee morale? How effective are processes for communication, problem solving, and conflict resolution among individuals and groups? To what degree are opportunities afforded for innovation, self-expression, and autonomy?

Institutional Security

Security (secure) is defined as: “being free from danger or risk of loss; safe, free from fear or doubt, anything that gives or assures safety.”

Security is an intricate and essential component of every juvenile detention facility. Historically, security was limited to locks, blocks, and bars. As the field of juvenile detention grew, security also moved beyond the “hardware” definition of security and incorporated the notion of “safety” of the juveniles while in detention. Today, security is incorporated in budgets, specific policies and procedures manuals, training seminars, and the daily operation of every shift.

Institutional security is a combination of personal security, juvenile security, and building security. In addition to the security items mentioned in a facility’s policies and procedures manual, the following suggestions may be helpful.

Personal Security

The notion of personal security may seem unimportant at first, but the most basic of security precautions starts at home, before you even get to the job.

Clothing. When uniforms are not required, the articles of clothing you choose for the job are important. Just as you would not wear a tuxedo to change the oil in your car, you should not wear certain articles of clothing to work. The following concepts apply:

- Tight-fitting clothing may restrict your movement in crisis situations.
- Loose-fitting clothing may get in your way during emergency situations, or a juvenile may more easily grab and hold loose-fitting clothing.
- Revealing clothing may elicit from juveniles inappropriate advances and comments or distract other staff from doing their job.
- Slogans on T-shirts can be very troublesome. Check your policies and procedures manual for guidance, but do not wear clothing that contains words or graphics that advertise or promote alcohol, drugs, sex, violence, or political positions.

Wear comfortable clothing that is neat and clean, without sayings, slogans, or offensive graphics.

Hair and Hygiene. The length and style of your hair may hinder your job performance and cause you harm. Long hair (shoulder length and longer) worn loosely may interfere with your vision, specifically your peripheral vision. Long hair worn loosely may also be

grabbed more easily by a juvenile and tangled in his or her fingers. If you choose a longer hair style, your hair should be pulled back and secured. However, shorter hair styles are recommended. Personal hygiene is also very important to show your professionalism, to demonstrate pride in yourself and your job, and to avoid ridicule from both juveniles and staff.

Accessories. Check your policies and procedures manual on your facility’s position on wearing jewelry on the job. Jewelry is another potentially dangerous item to wear for the following reasons:

- Necklaces are the most dangerous because of the ease with which they can be grabbed by a juvenile, damaged or broken, or used for strangulation. The same principles apply to neckties and scarves.
- Pierced earrings pose a significant danger of being ripped out.
- Rings pose a greater danger to the juveniles than to staff. Large rings and rings with raised stones or insignias can scratch or cut the juveniles during restraint maneuvers.

Whenever possible, do not wear jewelry. If you must, make sure that jewelry is small, not raised or exposed, and not valuable. You should understand that you wear jewelry at your own risk.

Position. The position you take when interacting with the juveniles is essential. You should always know where the nearest exit is located and how to get help in case of emergency. Keeping your back to the wall is not a bad idea so that juveniles cannot get behind you undetected. You should also be careful not to allow a group of juveniles to isolate you from your partner or to surround you. Position issues are important, and they are discussed in Chapter 13.

Shoes. The shoes you wear should be comfortable, fit securely, and have rubber soles for good traction. Leather-soled shoes tend to slip and slide when you need a strong foothold. Clean athletic shoes are very effective and also inexpensive, but you should not wear athletic shoes unlaced or untied. Inappropriate footwear includes sandals, flip-flops, loafers, high heels, and combat boots.

(Note: the initial letters from these items—clothing, hair and hygiene, accessories, position, and shoes—spell CHAPS, which makes it easier to remember your personal security.)

Juvenile Security

Juvenile security is the key component of institutional security. As a line worker, you will be with the juveniles at least 8 hours per shift (some facilities work

10- or 12-hour shifts). In addition to knowing your facility's policies and procedures, you should also know the juveniles under your supervision. The more you know about the youth you supervise, the better you will be able to ensure their safety. Furthermore, you should know the rules that govern resident behavior so that your consistent enforcement of the rules will create a secure environment. Consider the following basic guidelines for resident security:

Smell. Alert juvenile caregivers use their sense of smell as they make the rounds (routine checks) among the juveniles. Smoke from cigarettes, fire (paper, clothing, or electrical), marijuana, or anything else that can burn should be investigated immediately by staff.

Observe. The critical part of juvenile security is observation of the juveniles. Every juvenile will have a particular pattern of behavior, and any deviation in this pattern should signal your increased attention. Suicidal thoughts, intimidation by other juveniles, depression, and other factors associated with confinement cause juveniles to act differently. Any deviation from an established behavior pattern should be reported immediately to a supervisor, social worker, or mental health professional.

Juveniles often intimidate each other for various reasons and in many different ways. Several juveniles crowding around a single juvenile usually indicates some form of intimidation, and it is your responsibility to investigate. Gang members often try to recruit new members, exact revenge against rival gang members, or enforce gang rules on recruits who do not conform.

In addition to relying on the sense of smell, the alert juvenile caregiver will always be looking for unusual bulges in a juvenile's clothing. Unusual bulges may be caused by contraband and should be investigated immediately.

Self-mutilation and juvenile-on-juvenile assaults are an unfortunate part of institutional life. You should always be observant of a juvenile's physical appearance for this reason, and you should ask questions and investigate whenever you suspect that a youth has been injured or abused.

Listen. One of the greatest tools you have other than vision is your sense of hearing. You should always be listening for plans of illegal activity, such as assault or escape. Eavesdropping on juvenile conversations is viewed by youth as a sign of mistrust, but it will keep you abreast of juvenile activity. You should make it clear to all youth that listening is a part of your job.

Juveniles often will tell each other about some illegal or harmful activity loud enough for the staff to hear so preventive action can be taken. A juvenile will rarely come directly to a staff member and inform him

or her of planned illegal activity. Listening for key words, not for content, also will alert the juvenile caregiver of how juveniles are feeling or what they are experiencing. Listening for key words and tone of voice during telephone calls with parents, attorneys, or probation officers will tell you if the youth is upset, depressed, or angry.

The alert juvenile caregiver also will get to know the normal sounds of the institution. When the normal noise level increases or decreases noticeably, something is happening. Other sounds offer clues about the proper functioning of equipment. For example, security locks usually have a distinctive click when they shut.

Explore. Walking around the area where juveniles are present is called exploring. While exploring, the alert juvenile caregiver is smelling, observing, and listening as described above. Exploring must also be done when strange noises are discovered to ensure that everything is satisfactory. The method of exploring should be random and frequent. Certainly, when you feel something is wrong, you should explore and take appropriate action to prevent or resolve an incident.

(Note: the initial letters from these items—smell, observe, listen, and explore—form the acronym SOLE, which makes it easier to remember juvenile security.)

Building Security

The last component of institutional security is building security. You must be familiar with all aspects of the physical plant itself. Building security includes the following:

Building. Every employee must know the physical layout (floor plan) of the facility. In the event of an emergency, you and all other employees must know how to get from "point A" to "point B" using the most direct path. Fire evacuations, bomb scares, and other emergencies requiring building evacuation must be practiced on a regular basis. You also must know where emergency equipment is stored and what is contained in closets, offices, and rooms.

For the safety of the staff and juveniles, you should know:

- Where the boiler room and maintenance areas are located.
- Where hazardous materials are stored.
- Where electrical panels and controls are located.
- Where exit doors are located and whether they are clear of hazards and obstructions.
- Where basic maintenance tools (screwdriver or pliers) are located.

- How to shut off water supplies to rooms or running commodes.
- How to loosen a stuck Sloan (water control) valve.
- How to summon maintenance staff on weekends and evenings.

It is always a good idea to take a walk through the facility, or at least your area of responsibility, prior to your shift.

Utilities. In the event of emergencies, you should know where all utility shutoff controls are located—for example, the main shutoffs for water, gas, electricity, and lights as well as the alarm panels for fire and door alarms. You should know where the emergency generator is located and how to refuel it. The telephone numbers of utility companies should also be available to all staff in cases of emergencies.

Illumination. Lights are critically important for safety and security. You should know the location of the switches for all lights needed for security. The emergency generator for lighting should also be familiar to all staff.

Locks and Keys. Security detention depends on adequate locks. You must know what is operated by every key on the set you carry. In the event of an emergency, you should know where the keys for various “off limits” sections of the facility can be located. All locks must be in proper working order. Keys should be checked at the beginning of every shift to ensure that they are all accounted for and that they are in good condition (not cracked or bent).

Doors and Windows. The most frequent breaches of security come from unlocked doors and windows. Many people use the doors and windows during the day, including maintenance workers, probation officers, social service staff, and administration. However, it is your responsibility to make sure that doors and windows are secure. It is a good habit to physically check each door and window as you walk by. It is equally valuable for you or the shift supervisor to check them prior to the shift.

Individuals. Many individuals are in the facility at various times during the day and night. In the event of an emergency, you must know how many individuals are in the facility and in your area of supervision, and you should know where they are during your shift. The following are helpful strategies:

- Each employee should have some form of identification.
- Visitors should have some form of identification so that line workers can determine who

belongs in certain parts of the facility and who does not.

- Head counts are suggested every 15 to 20 minutes, after each mass juvenile movement, after shift changes, and after evacuations or fire drills.

Knowing how many individuals are present, who belongs in certain areas of the facility, and where the individuals are located is beneficial to the alert juvenile caregiver.

Notations. Because of the amount of information you need to track, making notes is suggested. One of the most important notations is for repairing faulty equipment, fixtures, and other hazards in the facility. These notations should be communicated to the supervisor. Notations of head counts, juvenile schedules and activities (court, social worker interview), locations of staff or visitors, and juvenile disciplinary actions are recommended. Making notes to yourself, the supervisor, or the appropriate person is a great form of communication, and writing it down makes important information more difficult to forget. Before leaving your shift, you should pass the information you have noted to the oncoming shift for their knowledge. Even if your notations are just feelings from observing or listening (perhaps you feel there may be trouble between two juveniles because you heard one threaten another), pass it along.

Grounds. The alert juvenile caregiver must be familiar with the grounds (outdoor area) of the facility. The most basic perimeter security should include a patrol of the outside yard before the juveniles enter the area. Check for contraband that may have been thrown over the fence or planted (hidden). Larger facilities may have surveillance cameras to monitor perimeter security. You must know directions (north, south, east, and west) to describe the location of an incident or problem, to give directions about an escaped juvenile, or to pinpoint the location of a stranger approaching the outside of the facility.

(Note: the initial letters from these items—building, utilities, illumination, locks and keys, doors and windows, individuals, notations, and grounds—spell BUILDING, which makes it easier to remember building security.)

Policies and Procedures Manual

Experience has shown that juvenile detention caregivers are best able to perform their jobs and to provide the services that detained juveniles most need when they work in an environment that includes:

- A clear mission statement.
- Goals and objectives.
- A departmental code of ethics for detention workers.
- Written standards that meet requirements for State or national accreditation.
- Written policies and procedures.
- Comprehensive training and continuing education for detention workers.
- An ongoing program and personnel evaluations.

What Is a Policies and Procedures Manual?

A policies and procedures manual is a document that is essential to the smooth flow of the juvenile detention program, to the safety of the detained juveniles, to the community, and to the careworker, both personally and professionally. It contains the department's or the facility's mission statement, goals and objectives, code of ethics, and the policies and procedures or guidelines that juvenile detention staff need to perform both their routine and nonroutine tasks.

The manual is intended to be a tool that makes the job of staff easier. It contains an accumulation of information handed down from previous juvenile professionals—information that the field believes is good practice.

What Are the Benefits for Staff?

Juvenile detention staff are entrusted with the responsibility of supervising troubled youth and must have common sense and knowledge about interacting with troubled youth in a secure environment. Having a good command of the information provided in the policies and procedures manual is the first step for staff to gain that knowledge and fulfill their responsibilities.

Specifically, a policies and procedures manual gives staff:

- Parameters for making decisions. Detention centers usually develop written policies governing the use of discretion in decisionmaking. Within the guidelines that the manual provides, careworkers are able to make informed decisions about relating to and providing for the juveniles. Guidelines help ensure that a detention worker will not handle juveniles based on his or her values, the working conditions, or other factors that may lead to arbitrary decisions.

- An overall picture of the connection between one unit and another and between each unit and the facility's mission. As careworkers see their part in the picture, they will be more willing to work as a team and to be more accountable for their own actions.
- A method for communicating more effectively with other staff, board members, families, youth, placing agencies, and other involved agencies and persons. The policies and procedures manual provides the common language and reference points.
- Consistency in the program, especially among staff actions and behaviors. Consistency is crucial for the safety and the mental well-being of the juveniles and staff.
- Assurance that they are in compliance with legal requirements and that they act with respect for the legal rights of juveniles.
- Protection from liability, audit exceptions, and criminal procedures. The threat of liability is least when careworkers function in a proactive manner, using sound principles.
- Assurance that emergency procedures will be carried out effectively.
- Protection from any sanctions for noncompliance that may be built into the personnel policies of the agency.

Definitions

Policies. In general, a policy reflects the facility's philosophy about a particular issue. For example, each facility will have policies that cover a range of issues from the security of the building (key and tool control, the use of official vehicles, and emergency procedures) to the discipline of juveniles (rules and regulations for resolution of minor violations).

Policies are statements of the general course of action a facility wishes to take. They give staff the reasons and the directions needed to function effectively in the center. Policies tend to be general and goal oriented. For example, a policy statement on "Confinement and Special Management of Juveniles" might read:

After all other techniques and resources have failed and when the juvenile's behavior warrants, short-term confinement may be used as a punishment. The facility shall provide special management for juveniles with serious behavior problems and for juveniles requiring protective care.

In a few limited instances, however, an item of specific information, such as a time or location, may be of such importance to the understanding of the policy that it should be included in the policy statement. For example, emergency procedures should be highly specific, although staff members may have to make some on-the-spot judgments. In most instances, however, such detail should be left out of the policy statements and included only in related procedures.

Procedures. A procedure is the detailed, step-by-step description of the sequence of activities necessary to implement the policy and achieve the stated goals. For example, for the “Confinement and Special Management of Juveniles” policy written above, the procedures would describe who is able to confine the juvenile, where the juvenile would be confined, how long the juvenile can be confined, and what information should be recorded.

Because procedures usually involve a series of actions to be performed by certain responsible persons under certain circumstances, the following information must be included in the procedure:

- The steps involved in completing the action must be listed in the order in which they occur.
- The individual (by title) or operational unit responsible for the actions described by the procedure must be named.
- The times and locations relevant to the operating procedure must be named.
- If relevant, the forms to be completed must be listed.
- The form of communication involved (telephone, written notice, etc.) in completing the procedure must be named.
- When and to what extent discretion is allowed must be indicated.
- Provisions for handling major problems or emergencies that may occur during the implementation of the procedures must be described.

Simply stated, a policy statement defines what the facility intends to do on a consistent basis and why the facility intends to take the defined action. On the other hand, a procedure describes how the facility intends to implement the policy, including the who, when, and where.

Content Sources for the Policies and Procedures Manual

Ideally, the development of policies and procedures should evolve from the overall agency philosophy.

Therefore, before the first draft is written or before the manual is revised, the agency leadership should set aside time for reviewing and delineating organizational philosophy.

A workable philosophy statement should include:

- The purpose of the facility.
- The facility’s responsibility to its juvenile population, the funding sources, the community, and other agencies and organizations with which it has a legal or professional relationship.
- The short-term, intermediate, and long-term goals or the direction in which the facility is or should be headed.

In general, policies and procedures are also based on a variety of other sources, including:

- The facility’s charter or bylaws.
- Existing written policies and procedures.
- Administrative rules, regulations, and memorandums.
- Recommendations of staff, unions, and juveniles (when appropriate).
- Existing but unrecorded practices.
- Problems encountered in the past.
- Local codes for fire, building, safety, sanitation, and health.
- Standards issued by a variety of groups, including: the American Correctional Association (ACA) (1991), the National Commission on Correctional Health Care (1992), the American Bar Association, the American Medical Association, the Office of the U.S. Attorney General, and State agencies.
- Model policies and procedures manuals from the American Correctional Association (1992), other States, agencies, or institutions.
- Issues identified in audit reports.
- Suggestions from the community and involved agencies.
- Legal and professional requirements, including:
 - Court decisions that determine the legal criteria for facility operations. Because courts in various areas tend to rule differently on particular issues, it is advisable to rely primarily on decisions from State and Federal courts in one’s jurisdiction.
 - State statutes and administrative rules and regulations relevant to the operation of detention facilities.
 - National and State corrections standards.

Key Content Areas

Although policies and procedures manuals will differ slightly in their format, ACA (1992) identified the following four areas commonly addressed: administration, support services, programs, and security.

Administration includes:

- General facility administration.
- Fiscal affairs, including purchasing.
- Personnel services.
- Public information.

Support services include:

- Food service.
- Health care service.
- Laundry.
- Supplies and storeroom.
- Maintenance.
- Communication—mail, visiting, telephone.

Programs include:

- Court liaison.
- Intake and admission procedures.
- Programming, such as education, recreation, counseling, nutrition, reading, communications, religious, medical, and health care services (Stokes and Smith, 1990).
- Release preparation.
- Community volunteers.

Security includes:

- Security and control.
- Juvenile supervision.
- Rules and discipline.
- Emergency preparedness.

These sections are often further subdivided into specific procedural sections.

The Jefferson County Manual

The Jefferson County Youth Center (JCYC) in Louisville, Kentucky, serves as a model for policy and procedure development. ACA designated Jefferson County as one of the first national resource centers for juvenile detention. Listed below are the major sections of the JCYC policies and procedures manual.

Administration. The administration section formally sets the direction for the facility and includes admissions, goals, staff patterns, and critical program accountability. Sections cover the following topics:

- **Vision, mission, and value.** Philosophy and goals of the organization should be clearly

stated. Policies should generate from this overall mission.

- **Policies and procedures.** Procedures should be set forth that detail staff access, training, and revision opportunities for policies and procedures.
- **Incident reporting.** A system should be in place to ensure the timely reporting and documentation of major behavior violations, emergency medical situations, threats to the security of the facility, and professional misconduct. Additional procedures should be in place to report child abuse allegations, respond to new crimes, and preserve evidence of crimes that may occur within the facility.
- **Organizational staffing.** The facility should define responsibility, place staff into related units promoting efficiency, and provide a clear chain of command to meet the needs of the population and the established mission.
- **Population accountability.** Maintaining a daily population roster is an accountability system that notes changes in the population status or in the physical or emotional condition of juveniles.
- **Referral, screening, and placement of juveniles.** Procedures should address placement criteria for population in the least restrictive level of supervision. Placement may involve the use of a risk-assessment tool.
- **Program reporting.** An effective information system must include the opportunity for reporting and monitoring the program activities at every level of the organization. Reporting may include shift reports, monthly reports, or statistical reports.

Fiscal Management. General accounting practices should be detailed for staff, including specific protocol for small and large purchases and an annual audit process of all facility finances. Guidelines should delineate how resident funds and cash income are to be handled within the facility. Strict accounting procedures should be in place to protect the integrity of those handling such funds. Also, information should be available on employee liability insurance, insurance for volunteers, and vehicle insurance.

Personnel. Although most facilities are part of a larger organization (e.g., county or State government), personnel guidelines should include compensation and benefits, performance evaluations, codes of ethics, and an employee grievance process. Employees should be aware of procedures to access personnel files, and they

should be offered training in how to report harassment in the work place.

Facility Management. Guidelines should be in place to demonstrate compliance with zoning and building ordinances. In addition to specific procedures on how the facility space is to be used, other policies should define the following:

- **Rated bed capacity.** Procedures should address the licensed, rated bed capacity of the facility, which provides optimum operation for a safe, secure environment and meets the standard conditions of confinement. Procedures should clearly define strategies to maintain the rated capacity of the facility and offer guidelines when that capacity is exceeded. Procedures should address sleeping arrangements, activity areas, dayrooms, population movements, and staff responsibility when the facility is under or over capacity.
- **Facility utilization and access.** Clear procedures should detail utilization of the facility's resources (e.g., recreation equipment), specific access, and perimeter control.
- **Hazardous communication program.** Standards should be in place to coordinate the identification, use, and storage of any hazardous chemical within the facility. Potentially hazardous materials may be found in maintenance areas, storage areas, the kitchen, the arts and crafts area, and general supply. All containers of hazardous chemicals should be properly labeled and inventoried. Material safety data sheets contain manufacturer's cautions and content ingredients, and usage guidelines should be prominently displayed on each container. Strict control should be in place to prevent and/or control access by the youth population. All staff should be trained in the use of hazardous materials.
- **A cleaning or housekeeping schedule.** Procedures should detail a schedule for routine and specialized cleaning of every area in the facility, detailing staff, maintenance, and resident responsibilities.
- **Risk management program.** Regular inspections of the facility should review the hazardous communication program, health standards throughout the facility, fire prevention readiness, and facility maintenance. Findings should be reported to the director and key staff responsible for addressing these concerns. Routine inspections ensure ongoing compliance with critical quality of life issues.

Security and Control. The security and control sections of the policies and procedures manual should address the following topics:

- **Perimeter control and surveillance.** Procedures should identify staff and visitor access, control of contraband, guidelines to address visitor problems, and public access to the facility (e.g., tours).
- **Key control.** Staff should be assigned security keys in accordance with specific work assignments. Key control should include a process for signing regular inventories in and out on each shift.
- **Searches.** To maintain security of staff and the population, routine frisk searches of the resident population or strip searches, when needed, should occur as established by protocol that has been reviewed by legal counsel. The use of strip searches should be restricted, and the policies and procedures manual should include specific guidelines for the protection of the juvenile and staff. Search policies should include schedules for regular room and property searches, guidelines for the use of metal detectors, and procedures for handling uncovered contraband.
- **Fights, disturbances, and use of force.** Specific procedures should be established to address behavior emergencies, utilizing only the minimum amount of force necessary to control a juvenile or situation within the facility. Guidelines should detail the use of mechanical and humane restraints, including authorization for use, duration of use, and documentation of use. Safe physical management approaches, use of facility, and external resources available to address major disturbances should be included in training.
- **Escapes and absences without leave (AWOL's).** Guidelines should be established to identify measures that prevent escapes or attempted escapes. In the event of a successful escape, procedures should detail staff response, apprehension guidelines, notification of administration, and guidelines for returning to normal programming.

Emergency Procedures. An emergency procedures section from the policies manual should be posted at each work site and should be easily accessible to staff at all times. Emergency procedures should detail the fire and emergency evacuation plan, routinely documented drills, emergency notification procedures for facility administration, the community

response, and specific guidelines for natural disasters (i.e., snow, tornado, flood). Annual training for staff and review of these procedures with the local fire marshal ensures staff readiness. Procedures should identify responsibilities for each member of the staff during an emergency situation.

Medical and Health Care. The medical and health care sections in the policies and procedures manual should address the following topics:

- **Access to medical and mental health services.** All facility staff should be aware of the routine as well as emergency notification and access.
- **Health hazard and exposure control plan.** Employees have a right to know about potential health hazards associated with their work. An exposure control plan should include policies, procedures, and responsibilities involved in eliminating or minimizing employee exposure. Employees should have access to applicable safety information and appropriate personal protective equipment to avoid potential risks. These are federally mandated guidelines.
- **Health services delivery.** All staff should be aware of and trained in the initial medical screening process and the provision of information to the juvenile regarding access to medical services, including sick call and medical distribution. Specific procedures in training should occur for distribution of medication.
- **Suicide prevention plan.** A detailed plan reviewed by mental health and social service professionals should address levels of risk identified during the initial screening. For each level of risk, staff should be trained in behavior indicators, monitoring guidelines, housing guidelines, referral guidelines, counseling, and reporting notification.
- **Communicable disease precautions.** Procedures should address staff guidelines, prevention, and handling of any potential communicable disease within the facility.
- **Medical emergency response.** Staff should be trained in cardiopulmonary resuscitation (CPR) and standard first aid.
- **Staff health responsibilities.** All facility staff are expected to meet proper health guidelines as specified in policy, and food service handlers must meet special guidelines.

Communications. The communications section in the policies and procedures manual should address the following topics:

- **Internal staff communication.** Procedures should include staff guidelines for primary communication within the facility. Clear lines of communications and authority ensure timely reporting during emergency situations.
- **Resident communication.** Procedures should address juvenile access to staff, court, their attorney, mail, and telephone. Detailed visitation guidelines should also be in place.

Juvenile Rights and Responsibilities. Policy should grant residents personal programmatic and environmental rights, including the right to nutritious meals, the right to exercise, the right to be housed in a safe environment, the right to be treated fairly, and the right to privacy. The juvenile rights and responsibilities section of the policies and procedures manual should address the following topics:

- **Juvenile complaints.** A detailed process should afford juveniles the opportunity to file a grievance about services, offering at least one level of appeal.
- **Responsibilities.** The facility should detail general responsibilities of juveniles during the orientation process.

Resident Behavior Management. Policy should address the following guidelines to manage resident behavior properly:

- An orientation process should include general juvenile rules, expected behavior in different areas of the facility and at different times of the day, access to medical services, staff-juvenile relations, and access to all basic juvenile rights.
- The behavior management program may include specific behavior levels in achievement, offering privileges and opportunities at each level. Juveniles should be well informed of what options they have in relation to demonstrating positive behavior within the facility.
- Discipline should include specific training and guidelines on staff verbal intervention, use of time out, use of minor behavior consequences, and use of major behavior consequences. Due process hearings are required for major facility infractions prior to discipline being imposed. Facility use of segregation should be limited, and policy should identify specific reasons for use, options for early release, and strict staff monitoring guidelines.

- Staff and residents should be aware of schedules and opportunities to access a variety of programming features, such as education, religious services, libraries, social services, and recreation.

Juvenile Records. Procedures should detail a record management and accountability process that includes official records content, signature, monitoring of record content, release of information, and confidentiality.

Admissions and Intake. Procedures should address initial legal authorization or detention, process for medical and mental health screening, and basic rights within the admission and intake process. Staff orientation with the juvenile should include access to immediate medical services, the nature of the charge, opportunity for a phone call, and details of the intake process. Procedures should detail property control.

Food Services. Procedures should detail access and use of dietitian-certified cycle menus. Specialized procedures for training food services staff should include food service preparation, handling, meal services, and equipment control.

Manuals may also include materials of administrative interest, such as organizational charts, personnel rules and regulations, and copies of relevant forms. These optional addenda should be carefully selected so that the manual does not become a catchall of miscellaneous or marginally valuable materials.

Performance-Based Policy

As discussed in Chapter 1, a problem with standards, policies, and procedures occurs whenever they are policy based rather than performance based. In other words, do policy and procedure lead to clearly identifiable practices in the institution? The Abt Associates-Office of Juvenile Justice and Delinquency Prevention study (Parent et al., 1993) points to the lack of a clear relationship between standards compliance and improved conditions of confinement, reflecting the need for further study in this area. One exemplary effort is the recent development of performance-based standards for detention centers in Pennsylvania.

In 1992, the Juvenile Detention Centers' Association of Pennsylvania (JDCAP), a State affiliate of NJDA, designed and initiated the Juvenile Detention Program Standards Project to "develop and implement standards to encourage quality programming in juvenile detention centers." JDCAP assembled an advisory board consisting of local, State, and national juvenile justice practitioners, officials, and researchers to guide and direct the project. Recommended programs and services were designed so that they were consistent

with and integrated into the broader goals and objectives of the juvenile justice system.

Crowded conditions are normally associated with compromised levels of programming. Undertaken at a time when detention populations in Pennsylvania were dramatically increasing, the standards project sought to challenge detention practitioners to (a) enhance and strengthen existing programming and (b) seek out creative and innovative methods to deliver services. Enhanced levels of programming (the highest level of performance) actually enabled several detention facilities to better cope with the increased number of youth and to better manage the behavior and needs of the youth through well-defined and structured programs and services.

The advisory board guided the standards project through a deliberative process in which essential areas of programming were identified, researched, and developed. Sections of the Standards were field tested and subjected to critical reviews and subsequent revisions.

Central Areas for Standards Development. The resulting Juvenile Detention Program Standards addressed the areas considered to be essential to a secure detention operation. These areas included:

- Safety, security, and control.
- Health services.
- Education.
- Recreation.
- Family support and interaction.
- Food services.
- Therapeutic services.
- Diagnostic services.
- Staff development.

Examples of recommended guidelines provided in the standards included:

- Identification of specific actions to be taken by the director of the facility to minimize instances when the facility's capacity was exceeded (Safety, Security, and Control: Population Management).
- Identification and management of youth who present a risk of attempted suicide (Health Services: Suicide Prevention and Intervention).
- Establishment of linkages with home school districts to facilitate the exchange of educational information and to provide continuity in the youth's education (Education: Transfer of Educational Records).
- Development of comprehensive diagnostic services within the juvenile detention facility

to assist the court and juvenile probation in determining an appropriate disposition for the youth (Diagnostic Services: Development).

- Designation of a staff person to serve as training coordinator, with specific responsibilities to develop, coordinate, and provide a program of staff development and training (Staff Development: Structure).

Technical Assistance and Implementation

Grants. The standards project also provided modest grants to detention facilities to assist in the implementation of selected sections. Combined with technical assistance, the implementation grants demonstrated that the standards were realistic. Because of these successes, detention staff were receptive to implementing the more ambitious areas proposed by the project.

One of the primary objectives of the project was to have the standards woven into the fabric of detention operations. To achieve this, a Training Coordinator Certification Program was developed. During an intense year-long program, staff trainers were trained in the content of the standards, while learning to develop their training and presentation skills. By the end of the first year of the program, two-thirds of the detention facilities in Pennsylvania had enrolled staff. The project has caused juvenile detention to view itself as an integrated component of the juvenile justice system that can and should provide valuable services and programs to the juvenile court and the youth it serves.

Document Format

Many variations in the format may be used to present each policy statement and its procedures. Regardless of the format selected, however, certain key elements and facts must be included. The following information can be placed either in a masthead or in the body of the document:

- A classification or policy number that identifies and separates each policy and procedure.
- A date to indicate when the policy was issued.
- An indication of whether the policy or procedure supersedes another policy or procedure document, memorandum, or directive.
- A chapter title that covers a particular area, such as “Budget and Financial” or “Personnel.”
- A subject title that describes or identifies the specific subsection of the chapter, such as “Budget Request and Justification” or “Personnel Records.”
- A signature that indicates that the policy or procedure has the approval of an issuing authority.

- A citation that references the official document, law, regulation, or opinion (including the specific article, chapter, or section) that served as the foundation of the policy. The appropriate authority for the policy could be a State law, regulation, or guideline; a court decision; an attorney general’s opinion; or an executive order.
- A briefly stated purpose or goal of the policy.
- An indication of the division, department, or personnel to whom the policy is directed.
- A list of definitions that provide explanations for key terms and phrases that have a specific meaning in the policy or procedure or that could be misinterpreted.
- An implementation schedule or statement that indicates when the policy will be put into effect and how frequently it will be reviewed and updated.

Evaluating Policies and Procedures

Before policies and procedures are finalized or placed in the manual, they should be evaluated for their effectiveness. In terms of policies, the following test questions may be asked:

- Does this policy conform with overall agency philosophy?
- Does this policy conform with the general policy guiding a special operational unit?
- Is this policy consistent with other policies, or are there contradictions?
- Is this policy repetitious, superfluous, or too trivial?
- Does this policy conform with relevant laws, codes, and standards?

In terms of procedures, further checks should be made by acting out the various steps involved (when needed) and by asking the following questions:

- Is all the information needed to carry out the procedure given?
- Are the steps given in logical sequence?
- Could the procedure be simplified or made more efficient?

Who Develops the Policies and Procedures Manual?

The manual is usually developed by the facility’s governing body, working closely with the staff, with purchasing and placing agencies, and sometimes with concerned members of the community.

How Are the Policies and Procedures Communicated?

After policies and procedures are developed, written, and signed by the appropriate person, they become the basis for all activities and programs carried out in the detention facility. For this reason, communicating the policies becomes the most essential factor for putting them into effect. Administrators need to be sure that many avenues of communication are used, especially when new or changed policies are added. These avenues might include individual memos, posted memos, staff meetings, supervisory sessions, and/or formal training sessions. There also should be a special announcement of the policy or policies on the effective date.

For the policies and procedures manual to serve its purpose, it must be made easily accessible to all facility staff and other relevant parties. A small agency may find it feasible to issue a copy to each staff member. In most cases, however, because of the size of the manual and the cost involved in duplicating a large number of copies, providing everyone with a manual is prohibitive. At the very least, therefore, the following distribution should be made:

- Each agency working directly with the facility should receive a copy.
- Each section chief within the facility should be issued a copy of the manual, which should then be made available to all staff in the section.
- Several additional manuals should be placed in a central location for public access.

Usually, staff who receive a manual must sign for the manual. In most facilities, direct supervisors are responsible for ensuring that their staff members are familiar with the contents of the manual, particularly with those sections that relate directly to each staff member's tasks and duties. Careworkers should also expect initial as well as ongoing inservice training on the content of the policies and procedures.

Procedures for Making Changes

Because the manual is the framework within which the facility operates, the policies and procedures need to be sound, realistic, and current, meaning that the manual is never a finished document. Sometimes, agencies will discover that the philosophy that guides existing policies and procedures changes. Sometimes, especially with changes in the administration or with

shifts in the current belief systems, facility mission statements, goals, and policies that reflect the goals shift. For example, the goals of the juvenile justice system historically have switched back and forth between the philosophies of justified punishment (let the punishment fit the crime) and *parens patriae* (the State takes the place of the parents). When the philosophy of a department or facility changes, some of the policies and procedures will also need to be changed.

Furthermore, as laws change, as legal decisions are made, and as research reveals new and better ways to run the facility or relate to the juveniles, the administration (with input from the staff) needs to revise the policies and procedures manual. In fact, every facility should have a policy of ongoing review and revision of their policies and procedures manual on an annual and an ad-hoc basis. At least once a year, the manual should be reviewed formally by the administration and all staff. Nonadministrative staff especially should be urged to provide criticism and suggestions for its improvement because only through active participation will the manual become a truly useful aid or guidebook. Supervisors need to ensure that all their staff are familiar with their facility's procedures for making changes or additions and deletions.

During the review, policies and procedures that are not clear, complete, or representative of what staff actually do in certain situations should be rewritten. Other policies and procedures that have become outdated should be removed. Also, policies that reflect new or expanded agency operations and practices should be written, evaluated, and added to the manual.

After the revisions are completed and approved, all staff must be notified immediately about changes. Bulletins should be distributed to all staff, telling them which pages in the manual have been revised, removed or added. Staff will again be asked to sign a form indicating that they have received the updates. These measures ensure that all staff are aware of changes, revisions, and deletions as soon as they are made.

In the final analysis, putting what a facility does into writing is a definite and necessary stage in the development of a quality program. The policies and procedures manual must be treated as a living organism responsive to change, growth, and refinement. The review process ensures a level of continuing creativity and flexibility in identifying and meeting the needs of the juveniles.

Admission to Juvenile Detention: The Event

Admission to detention is the act of taking custody of a juvenile on the basis of the statutory authority specified in the juvenile code of your State. Admission is a legal act involving the physical transfer of the juvenile into a detention facility. Until admission, the juvenile is usually in the custody of law enforcement.

Much of the information about the juvenile code and the law surrounding juvenile detention intake and admission is explained in Chapter 2. Furthermore, each detention facility should provide policies and procedures for the admission process. These policies and procedures should include the following:

- Determination that the juvenile is legally committed to the facility.
- Complete search of the juvenile and possessions.
- Disposition of personal property.
- Shower and hair care.
- Issue of clean and laundered clothing.
- Issue of personal hygiene articles.
- Medical, dental, and mental health screening.
- Assignment to a housing unit.
- Recording of basic personal data information to be used for mail and visiting list.
- Assistance to juveniles in notifying their families of admission and procedures for mail and visiting.
- Assignment of a registered number to the juvenile.
- Provision of written orientation materials to the juvenile (ACA, 1991:97, Standard 3–JDF–5A–02).

Legal Authority To Detain

The staff's first concern is the legal authority to detain the youth. Every jurisdiction has its own rules and procedures concerning what constitutes legal authority to detain. Whatever the local requirements, the juvenile detention caregiver needs to be aware of these requirements and to examine the paperwork carefully.

Staff should focus attention immediately on the youth to establish contact and to determine the

juvenile's physical and mental condition. Staff should also use the transporting officer or law enforcement officer as an important source of information.

Juvenile careworkers are often placed in situations that present obvious problems. An intoxicated youth is a prime example. Detoxification should be done by adequately trained medical personnel. Detention facility staff are usually not trained to perform this function. In the best situations, training combines with policy and procedure to provide guidelines for staff decision-making. However, in many institutions, the policies, procedures, and training do not exist, forcing juvenile detention caregivers to make some very important decisions based on their own instincts.

Safety and Security

The first moments of the admission process are important to establish the legal authority to detain the youth, to make an initial assessment of his or her physical and mental condition, and to begin establishing a rapport. It is also a time to begin implementing security measures. For example, conducting a frisk search will make sure that detainees have no weapons or contraband that could hurt themselves or others. Again, problems can be reduced by constantly orienting youth to the admission process and telling them what is going to happen next. This technique reduces both fear and anxiety, while placing the admission staff member in a nonthreatening and helpful role.

Classification

Most juvenile detention facilities do not use a classification system for detained youth at admission. From the perspectives of conditions of confinement and legal liability, juvenile detention facilities have a constitutional mandate to protect the safety of youth in detention which generally means the establishment of a classification system that identifies and separates violent offender from nonviolent offenders. The separation is primarily intended to affect housing assignment and sleeping arrangements. It does not require an entirely separate program during waking hours.

When a detention facility operates under its rated capacity and when all rooms are single-occupancy rooms, classification is not a priority for staff. One acceptable way to avoid an elaborate classification system is the development of an enforceable policy stating that all youth are housed in single-occupancy rooms. However, if a situation should occur when the

number of detainees exceeds the capacity of the residential unit, some special housing considerations must be made. In the event of the need to double bunk or the need to use double- or multiple-occupancy rooms, the separation of violent and nonviolent offenders is critical. Because of the frequency of overcrowding and the use of multiple-occupancy rooms in most detention facilities, the establishment of a classification system that addresses housing assignments is recommended for all juvenile detention facilities.

Classification System. Just as teachers assess new students to determine the level of their schoolwork, you are responsible for determining how a new detainee fits into the group living part of the detention facility. Classification systems are used to assign detainees to particular programs and housing units. Information used in a classification system should include:

- Sex and age.
- Physical characteristics.
- Nature of offense.
- Prior offense history.
- Behavioral reports and summaries from prior detentions.
- Social history.
- Psychological assessment.
- Conversations with admitting police officers.
- Information from probation officer or case workers.
- Status of gang membership.
- Physical indicators of violence (e.g., scars from fights or gunshots).
- Reports from other agencies.
- Self-reported data.

This information is used to assign youth to the various programs in the detention facility or to alert program staff of the need for additional information and assessment.

At admission, the first classification decisions are housing or group related. In medium or large facilities that have more than one housing unit and various program groups, classification usually involves the following issues: (a) separation of violent and nonviolent detainees, (b) separation of male and female detainees, and (c) separation of detainees based on level of sophistication or on some arbitrary assessment of age, size, and mental maturity. Other classification decisions are based on the number and range of programs offered at the detention facility.

Because most detention staff have very little information about youth at the time of admission, the

distinction between violent and nonviolent offenders is often based solely on offense. This can be highly misleading when violent youth are charged with nonviolent offenses. In these cases, admitting staff members run the serious risk of mistakenly mixing violent and nonviolent detainees, with potentially disastrous results. In the absence of adequate information at admission, all new detainees should be housed in single-occupancy rooms until such information is assembled. When the facility exceeds capacity or when multiple-occupancy rooms are involved, the risk is increased. At this point, self-reported information is critical.

Admission to Juvenile Detention: The Process

The process of admitting a youth to detention is equally important. There is an art to getting youth fully and smoothly involved in the detention program. The following information is based on the American Correctional Association (ACA) admission training video, "The Critical Hour" (1987), developed for juvenile detention practitioners. The video stresses how to complete the admission.

Why is the admission process so important? Although admission procedures are often hastily done under adverse conditions, admission is critically important because it is the first encounter with the youth. It is the first impression; it sets the tone; it establishes the flavor for the entire stay in detention; and it probably will affect the outcome. Each detention facility should establish clear policies and procedures to ensure that the experience is a positive one.

Goals of Admission: Rapport and Information

Rapport and information are the twin goals at admission and are entirely complementary. To make sure that the process operates as effectively as possible, staff must gather good information. Staff decisions about what is in the best interest of the youth are no better than the information they acquire, and to get good information, staff have to be able to establish rapport very quickly.

Detention is a complex situation, placing troubled youth together in a confined environment with high levels of uncertainty. The risk for problems is very high for both the youth and staff. The mission of juvenile detention is the health, safety, and well-being of both the youth and the staff, and achieving this objective requires good information, which is the foundation of good decisionmaking. To get this information, staff

must be able to establish a healthy relationship very quickly with the new juvenile in order to ask the questions that will uncover the key bits of information.

Good detention facilities supply staff with a substantial amount of information at admission. To protect the health, safety, and well-being of staff and residents, it is important to acquire as much information as possible from the new detainee. Even though delinquent youth are remarkably candid, contemporary issues of violence, drug use, depression, suicidal behavior, and sexually transmitted diseases are potentially dangerous issues for everyone in the detention facility. These topics can also be very embarrassing to discuss. Therefore, the better the relationship, the easier it is for new detainees to be forthright and forthcoming with staff.

Admission Interview

The information-gathering process should begin with informal conversation. Through informal conversation, staff can uncover and address many of the youth's fears and apprehensions that can cause serious anxiety. After this initial informal conversation, the juvenile moves on to the admission interview. During this process, the interviewer will collect much of the information necessary to manage the youth during his or her stay at the center.

The first moments are critically important because they set the tone—which is why the best staff should do the admission. In some institutions, the responsibility for admissions is often relegated to staff members with lower status, and this policy is not advisable. Staff want to establish that they are concerned for the youth's well-being, and staff want to do this very quickly and effectively.

Establishing Patterns of Positive Responses. The admission interview is an information-gathering process. As a new staff member, you should look at it as an opportunity to establish a relationship and to acquire additional information about the new detainee. Some techniques are helpful in this regard. An important one is the establishment of positive patterns of responding.

To establish these positive patterns, staff members must have some accurate information about the new detainee before his or her arrival at the detention center. Throughout the information-gathering process, staff should ask questions that confirm existing facts and data about the youth. In other words, questions should be asked that require a simple yes or no answer, but the intention is to get far more yes answers from the new detainee.

An example of a confirming question is: "You are 15 years old?" (Staff should receive this information

from the intake department.) Using the information available prior to the admission, staff should construct as many simple yes questions as possible to get the youth into the pattern of affirmative responses.

Next, staff ask questions that require very short and simple answers. "Where do you live?" "How many brothers and sisters do you have?" "What are their names and ages?" "What school do you attend?" "What grade are you in?" The positive pattern of responding becomes more extensive as youth continue to answer questions successfully and cooperatively. As this occurs, staff should reinforce this cooperative behavior through increased social interaction, informal conversation, eye contact, smiles, and attention. This establishes the relationship and helps to build trust.

Once cooperation is established, staff can ask tougher questions to find out the key bits of information critical to safeguarding the youth's stay in the institution. Some questions address current feelings, emotional states, unusual behaviors, and physical harm, such as "Have you ever hurt yourself?" or "Have you ever tried to commit suicide?" Other questions relate to drug and alcohol abuse, such as "Do you use alcohol?" or "If so, how much, and how often?" (Refer to the section on substance abuse assessment.)

Admission Form. The minimum requirements for the admission interview have been established by ACA. The admission interview completes the admission form or paperwork. Although every facility has its own admission form, the following items should be covered:

- Personal and family data, including full names and addresses of guardians, so that family members can be contacted in case of emergencies.
- A brief medical assessment, which would include the name of the family doctor, present physical condition, medications, and allergies.
- A behavior assessment, which inquires about recent changes in behavior patterns in relation to social stresses and allows staff to make informed judgments about the youth's potential adjustment to the center and its program.
- A drug and alcohol use assessment. The interviewer and staff need to be alert to possible withdrawal symptoms or other drug-related effects. The effort extended in establishing rapport with the youth will pay off greatly at this point if the detainee is honest during this assessment.
- A suicide assessment.

Specifically, an admission form should be completed for every juvenile admitted to the detention facility and should contain the following information:

- Name, age, sex, date, and place of birth.
- Race or ethnic origin.
- Name of person to notify in case of emergency.
- Date and time of admission.
- Social history.
- Special medical problems or needs.
- Personal physician.
- Height, weight, and hair and eye color.
- Address and telephone number.
- School and grade.
- Employer, if applicable.
- Driver's license and Social Security and Medicaid numbers, when applicable.
- Name and relationship of person with whom juvenile lives.
- Parent's or guardian's name, address, and telephone number.
- All identifying marks, scars, and tattoos.
- Name of probation officer.
- Religion.
- Referral (who brought juvenile to admission).
- Name and signature of admitting official.
- Offense (charge indicated on police record, petition, court order, or bench warrant).
- Assigned number from admissions log book.
- Name of person authorizing admission (ACA, 1992a:56).

The case record is established at admission. All entries made into the case record should be dated and initialed or signed. At minimum, the case record file should include the following information:

- Initial intake information.
- Individual plan or program.
- Documented legal authority to accept the juvenile.
- Record of court appearances.
- Medical history.
- Signed receipt from juvenile indicating acceptance of the facility's rules and policy handbook.
- Signed informed consent form.
- Notations of temporary absences from the facility.

- Visitors' names and dates of visits.
- Record of telephone calls received.
- Progress and counseling reports.
- Grievance and disciplinary reports.
- Referrals to other agencies.
- Psychological evaluations (ACA, 1992a:57).

Throughout the interview, the juvenile detention caregiver should be alert for anything unusual, especially any sign indicating that the youth is at risk of harming himself or herself or others.

Property Inventory and Searches

The property inventory is an essential part of the admission process. Explaining clearly how the property will be safeguarded helps establish the interviewer and the institution as being trustworthy. The detainee should be asked to sign the inventory and be given a copy of it. Once the inventory is complete, the youth should be strip searched, showered, and dressed in the clothes being used at the facility. Although the visual search is undeniably embarrassing to the youth, it is necessary and should be done with as much respect for privacy as possible. During a search, the juvenile detention caregiver is attentive to any bruises, cuts, or marks that indicate abuse, noting them on the admission form.

Searches. Searches are a legitimate part of the admission process because they ensure safety and order in the detention facility by controlling access to contraband. Five types of searches are used in juvenile detention: inventory search, room search, frisk search, strip search, and body-cavity search. Detention facilities use the first three searches routinely.

The **inventory search** is a thorough search of a youth's clothing or personal property brought into the detention facility at the time of admission, visitation, or official activity outside the detention facility.

The **room search** is a routine and unscheduled search of a resident's room to discover contraband and destruction of property.

The **frisk search**, or clothed-body search, is a thorough patdown of a youth's body and outer clothing. The frisk search does not require a youth to remove any clothing, except a coat or jacket.

The **strip search** and the **body-cavity search** are much more invasive and are subject to closer scrutiny. The courts and professional associations have set guidelines for strip searches and body-cavity searches. As a line staff member, you run a substantial risk when conducting a strip search without the authorization of the facility administrator or supervisor.

Strip search. When you are authorized to conduct a strip search, the following guidelines should be observed for your protection:

- A strip search should occur only after you have had training on how to conduct a strip search.
- Strip searches should be conducted in a private area of the detention facility.
- You must maintain a professional demeanor throughout the process.
- Youth should be asked to remove all of their clothing, and you should refrain from inappropriate comments and staring.
- You should not touch a youth during a normal strip search.
- You are only permitted to conduct a strip search on a youth who is the same sex as you.

For new adult detainees in jail, the courts have held that the nature of the offense does not constitute a reasonable suspicion to conduct a strip search at admission. However, drug-related offenses, violent offenses, and serious felony offenses do constitute a reasonable suspicion to conduct a strip search. Additionally, the frisk search at admission and the inventory search of property may uncover contraband that creates a reasonable suspicion to conduct a strip search.

You have been advised to conduct a strip search on all juveniles at admission. ACA recommends completing a strip search as a part of the admission process. In the absence of case law on the subject, conducting a strip search as a routine part of the admission process is advisable.

Body-cavity search. Unless you are a licensed health care provider with authorization from the responsible physician and facility administrator, you should never conduct a body-cavity search. Specific reference is made to a visual, manual, or instrument search of a detainee's anus and/or vagina. If you have any questions, refer to the *Standards For Health Services in Juvenile Detention And Confinement Facilities* of the National Commission on Correctional Health Care (1992). Additional information about searches can be found in Chapter 5, in ACA standards (1991), in ACA guidelines (1992), and in articles by Bell (1992) and Smith (1986).

Orientation and the Resident Handbook

As a final step in the admission process, the youth should be oriented to the expectations of the facility. This orientation is usually done through a review of a resident handbook, which contains the list of rules,

sanctions, and rewards available for cooperative behavior. The resident should sign a statement indicating that he or she has received a copy of the rules and understands them. During the orientation process, staff should be sensitive to the youth's educational level. If help reading the rules is necessary, it should be provided in a nonjudgmental manner that does not embarrass the youth. If the juvenile does not speak English, an orientation should be conducted in the juvenile's native language.

Special Concerns at Admission

Fear and Apprehension

When youth come to detention and are clearly apprehensive and fearful, you should take the time to convey several important messages to them. First, you should explain that you are concerned about their health and well-being, and you can show concern directly by asking them how they feel and what's happened to them. These types of expressions of concern are very important in establishing a sense of trust on the part of new detainees. It is also important that you walk youth through the whole admission process when they are apprehensive. You can reduce their sense of uncertainty by simply telling them what is going to happen next and telling it in detail with calm reassurance. Fear and apprehension are typical of the juvenile admitted to a detention facility for the first time.

Hostility

Hostile or belligerent youth present a number of different problems. If the youth's hostility is verbal bravado and not a physical assault, you need not change your strategy. What works with apprehensive juveniles applies to most other types of youth. Some of the more troubling youth require you to be more patient and persevering in this approach.

To conduct an effective admission, you must get past the youth's anger and calm the youth to the point that you can ask the questions on the admission form. For example, an admitting staff member can persist in asking questions without becoming personally involved with the affronts or name calling commonly associated with hostile youth. You must surpass that point and put that kind of anger in its proper perspective. When a youth is truly angry, hostile, and belligerent, you should expect venting in that particular fashion. When this venting occurs, you need to calm the youth to the point that you can achieve your goals—establishing the relationship, getting good

information, and making sure that the youth is successfully integrated into the program.

Many institutions require or allow staff to confront anger and uncooperative behavior, and staff immediately try to establish control, authority, and power—which explains why so many detention centers use solitary confinement or locked-room confinement as part of the admission process. Confronting verbally inappropriate and hostile behaviors is unnecessary as a means of establishing control or authority. Very few youth fail to notice the cinder block and concrete construction, the security hardware and locks, the wire glass, the metal doors, the steel handcuffs, or the security furniture. Youth quickly understand physical size differentials, especially when the differences occur in 100-pound increments. Control and security permeate most detention environments so pervasively that you do not have to remind a youth about who is in charge. Furthermore, it is extremely rare that a youth would physically challenge you or the facility's security at the time of admission.

Depression and Suicidal Behavior

Another condition that requires your special attention is dependency. Although dependency occurs at the other end of the emotional spectrum from hostility, the despondent or depressed youth can be more dangerous than the hostile youth. During the admission interview, watch for signs that alert you to the risk of self-inflicted injury. If you learn that a youth has tried to hurt himself or herself, you should gently but persistently probe for details. The goal is to find out how serious the youth was about committing suicide and how well developed the plans were.

Once suicidal tendencies have been discovered, you should conduct a more comprehensive suicide assessment. This assessment should elicit the following information:

- Previous suicide attempts.
- Outcome of previous attempts.
- Future plans.
- Methods that might be attempted in the future.
- Concreteness in the plans.
- Motivation for the suicide attempt.

At the end of the interview, you should assure the youth that the detention center is a safe place. You should tell youth that they will not be allowed to harm themselves while in detention. (See Chapter 15 for more information about suicide assessments.)

Suicide Alert Status. There is no greater risk in a detention setting than suicide, and it occurs more often

than staff care to admit. The majority of the suicides can be prevented by establishing trust and rapport, by gathering good information, and by taking action. When the admitting staff member learns about suicidal or self-destructive behaviors or once patterns of self-destructive behaviors are clearly noted, the admitting staff member must make sure that this information is documented and communicated.

In many cases, institutions require that a special form be filled out and that the juvenile be referred for some type of professional assessment. The most important element is the communication of this information to other staff members. Nothing is accomplished if you have critical information but keep it to yourself. You must transcend the belief that you can solve the problems of youth individually rather than having the team or the entire staff resolve important issues.

What should you do at admission with a potentially suicidal youth? The following immediate steps are recommended:

- Ensure that the youth is under maximum supervision. Do not leave him or her alone or in isolation.
- Move this information up the chain of command. Inform your shift supervisor immediately.
- Arrange for continuous interaction with other staff or residents whenever appropriate.
- Read and review the policies, procedures, and protocols for suicide-alert status. Implement these action steps wherever appropriate.
- Document, log, or write down (in a place that is easily accessible to all staff members on that shift and to staff members on future shifts) those suicidal statements or behaviors that caused concern.

Summary

The final statement about the admission process is a very simple one. You are working with human beings who need the same things that you would want if you were locked up in a strange place—some kindness and some respect. To the extent that you use kindness and respect, in conjunction with the guidelines in this chapter, your admission process will be quite successful.

Because the parents of incarcerated minors are no longer able to monitor their child's health and well-being, government agencies responsible for incarcerated youth assume the obligation to provide medical, dental, and mental health care. In addition to treating illness and trauma, each institution's staff should also aim to prevent disease and accidents in their institutions.

Failure to provide adequate health care has been interpreted by the courts to be cruel and unusual punishment resulting in a constitutional violation. On the other hand, negligence (medical malpractice) or a disagreement concerning treatment between a ward or his or her parents and the physician does not constitute cruel and unusual punishment. Obviously, however, negligence and malpractice should be avoided to ensure the welfare of detainees and prevent litigation against the institution and its medical personnel.

Accrediting bodies such as the American Correctional Association and the National Commission on Correctional Health Care (NCCHC) provide guidance on how to construct a good institutional health care system. The standards require institutions to designate a health authority who is responsible in a well-defined manner for all health care services. The authority may be an individual, such as an administrator or a physician, or an agency, either governmental or a private contractor. If the authority is not a physician, final medical judgments still must be made by a designated physician.

Decisions regarding the scope of health care to be provided should be made in advance and accepted by both the juvenile caregiver and medical staff. Issues that must be resolved include addressing stable pre-existing medical conditions as well as prescribing and dispensing eyeglasses. The prescribing of psychotropic drugs should also be addressed, especially the contents of the formula, because some of these drugs will be very expensive.

Two competing forces influence the scope of health care to be provided. On the one hand, incarceration provides the opportunity to provide services to youth who, because of their situation, would not otherwise receive services. The timely provision of services can have public health implications and reduce costs by preventing the development of more serious illness in the future.

On the other hand, most budgets are limited, and not every service can be provided. Incarcerated juveniles generally have great health needs because of disenfranchisement and deferral of needed medical

care. For this reason, providing medical care for their more advanced illnesses can be very expensive. Rather than handling each case individually, a policy should be implemented so that every detainee has the same access to treatment. Failure to do this could lead to charges of discrimination or favoritism. One standard currently used in the United States is that care should meet community standards, which may include access to specialists and even experimental therapy.

Some detention facilities have solved the community standard dilemma by affiliating with a medical school. By Federal mandate, people who could potentially benefit from biomedical research—such as drug users, incarcerated youth, minorities, or women—must be included in that research. This affiliation provides high-level, up-to-date medical care and provides the opportunity to expose faculty and physicians in training to detention medicine. The generally enthusiastic care provided by medical residents is greatly appreciated by the detained adolescent. Most training programs can provide specialists in adolescent medicine, neurology, dermatology, sports medicine, obstetrics and gynecology, orthopedics, and surgery. Often, phone consultation with a specialist obviates the need for the patient to see the specialist in person. This reduces expensive consultations outside the institution.

In the past, the abuse of detainees for medical research purposes led to a ban on almost all research involving detainees. During the past several years, Government regulators and scientists have reevaluated this prohibition because of a new realization that detainees have unique problems that can only be understood if they are included in research studies. Therefore, research that involves minimal risks and has the potential to benefit individual detainees or detainees in general may be conducted with appropriate safeguards, including approval by a properly constituted Institutional Review Board.

It is important to remember that decisions regarding standards of medical care and access to that care should be left to trained medical personnel. Institutional staff must be careful not to interfere with a juvenile's access to medical care. In fact, because of an adolescent's fear or distrust of authority or the medical system, it is especially important for careworker staff to be alert for illnesses that the juvenile may not report.

Practices that subtly discourage youth from seeking medical care should be looked for and eliminated. For

example, some institutions may hold sick call during recreation time, which means that the youth will have to choose between fun and a medical clinic visit. Likewise, labeling sick call “Complainers Clinic” sends a negative message to minors. Comments from the staff about youth complaining also discourage them from asking for care. In reality, a constant complainer may be at high risk for an undiagnosed physical or mental illness. Research has shown that many children who attempt suicide have visited a physician only a few weeks prior to the attempt. The lack of privacy inherent in a detention setting can reduce the ability of youth to ask for the help they need. For example, youth with concerns about sexually transmissible diseases or HIV/AIDS may not ask for help if they think they will be overheard.

Because detained juveniles may exhibit negative or manipulative behaviors, all staff members will eventually be exposed to unpleasant conduct that may adversely affect their relationships with other youth in detention. Training for careworker and medical staff should emphasize that each child should be approached as an individual, not as a member of a prejudged class or group.

Juvenile careworker staff must honor treatment plans prescribed by the medical staff. If the patient is to avoid exercising, wear a sling, or avoid certain foods, the careworker staff must try to carry out the treatment plan. If it is impossible to comply, then the medical staff (usually the prescribing doctor) should be notified so that an alternate plan can be developed. There may be occurrences when the careworkers are convinced that a particular person does not need the care ordered by the physician. Although this belief may be true, the conflict should be resolved by contacting the physician, not by ignoring the treatment that was ordered.

Each institution must provide an adequately equipped medical unit that matches the level of care the institution has chosen to offer. Facilities can range from a simple dispensary to an elaborate hospital ward complete with operating rooms. If the institution elects to have a modest facility, plans must be in place to rapidly transport sick and injured minors to an outside medical facility. Regardless of the complexity of the space, the area must be clean and reflect a commitment to the provision of quality medical care. Good care provided in dingy, dirty, or cramped quarters negatively affects the entire medical interaction.

The medical area should have a private space where minors can be interviewed, examined, and treated. The dimensions of the space and the type of equipment will vary depending on the size of the institution and the extent of services provided. Maintenance of equipment, including periodic testing, must be accomplished by the

appropriate medical personnel. Juvenile careworker personnel are responsible for maintaining physical security of the medical unit and its equipment.

Adolescent Responses to Health Care

Because of their developmental stage, adolescents often exhibit behaviors that appear contradictory. One moment a juvenile will demand independence and the next request attention. These apparently conflicting situations can confuse adults who work with juveniles. Even the most hardened juvenile may show fear at the thought of receiving an injection or undergoing some other health care procedure. Staff should avoid teasing or belittling the minor in this situation. Instead, ask about the concerns regarding the procedure. Often, the patient has an unpredictable concern that is easy to address once it is discovered. Many adolescents accept what they are told as the literal truth. For this reason, staff should refrain from making jokes about medical procedures. Statements such as “if you keep complaining about your toe, the doctor is going to cut it off” may cause apprehension and hostile behavior the next time the youth visits a physician. Rumors abound in institutions, and alert staff must be tuned into these rumors and short-circuit them before they become established facts in the minds of the population.

Sometimes, the careworker may consciously or unconsciously take advantage of the adolescent’s volatility to avoid providing medical care. Instead of calming the patient, the care provider will allow or even encourage the patient to become upset, setting the stage for the patient to refuse treatment. If patient refusal becomes a recurrent problem, supervisors should investigate why the youth are refusing treatment.

Medical staff may ask the careworkers (sometimes called counselors) to intervene with a reluctant patient. Calm discussion often works to uncover any misunderstandings on the youth’s part. Careworkers should avoid premature reassurance because it is impossible to discuss the juvenile’s worries until they have been revealed. If the careworker is unclear about the type of medical procedure or the reason it is needed, a discussion with the health care provider should occur before talking to the youth.

Trust in the doctor-patient relationship is paramount to an effective interaction between the two individuals. Detained youth have many reasons not to trust the institution’s physicians. An important reason is the inability to obtain a physician of one’s choosing. Furthermore, the juvenile may perceive the physician as having conflicts of interest and loyalty (i.e., to the

institution and the patient). If trust is lacking, the physician will not have the juvenile's cooperation, and vital information may be withheld.

Strict separation of medical and legal issues within the institution helps to avoid some of these problems. The institution's medical personnel should not engage in the collection of evidence or participate in other judicial proceedings against the patient. Exceptions to this rule may exist if the youth personally asks the medical personnel to perform a service that the youth believes is in his or her best interest. In this case, the medical staff should be certain that the youth was not coerced into making the request. In most cases, the judicial authorities should bring in outside medical personnel to collect evidence. Likewise, medical records should be safeguarded and released to non-medical personnel only after a court subpoena.

Confidentiality and Separation of Responsibilities

Detention staff who work within the medical area often become aware of confidential medical information. Access to medical records and overheard conversations are two common modes of information transfer. Furthermore, some information may be explicitly revealed, such as a positive HIV status. Medical ethics, State laws, and human decency demand that staff keep all medical information confidential, especially from other juveniles.

If detention centers allow certain youth to act as trustees, they must never be permitted to move confidential information even if it is in a sealed container. If a staff member believes that specific information should be disseminated, he or she should discuss it with the health care authority in charge of the medical unit before acting on this belief.

Roles of Staff

Careworker and medical staff have somewhat different functions and areas of responsibility. In very general terms, the difference can be considered as a concern for the overall institution (custody staff emphasis) versus the welfare of the individual (medical staff emphasis). Although both concerns are important and deserve recognition, this difference in outlook inevitably creates some conflicts between the medical and careworker staff. These differences can be viewed as an opportunity for all staff to collaborate on problem solving rather than being viewed as an impasse.

Regularly scheduled meetings between careworker and medical staff offer the opportunity to discuss differences of opinion and roles. To separate the functions of the two staff, many institutions have medical providers report to a health care entity, such as the public health department, rather than to the juvenile department. In addition to regular meetings, it is advisable to make immediate contact between the two groups if a serious problem arises. This contact allows for the correction of problems before they are forgotten or allowed to fester, which can cause resentment to develop between the careworker and medical staff.

All medical staff should be aware that harmonious and courteous relations with careworker staff is essential for providing optimum care to their patients. On the other hand, if a medical staff member develops too close an identification with the detention staff, he or she may fail to intervene in a situation in which a minor could suffer adversely from a decision made by a member of the custody staff. Thus, a careful balance must be maintained.

Communication With Parents

Communication between medical staff and the parents of incarcerated children can be very important. Parents often worry about their children when they are not in control of their care. Listening to the parents' concerns before reassuring them that everything is all right ensures that the discussion will answer their questions. Medical staff should encourage parental involvement in their children's care as much as the institution's rules allow. Permitting a sick child to speak on the phone to his or her parent offers reassurance to the parent and to the child. Face-to-face meetings including the parents, the child, and the physician may be useful when the seriousness of a medical condition makes it necessary, such as a newly diagnosed case of HIV infection.

Remember that some information is confidential and should only be shared with the parent if the youth has given consent. Depending on your State laws, examples could include situations involving a sexually transmissible disease, pregnancy, abortion, or drug or alcohol treatment. Referring parents back to their child for information regarding confidential subjects helps to open communication between the youth and the parents. It is never permissible to refuse to speak to a parent. If medical staff receive a telephone call and there is a concern about the identity of the caller, then staff should take the person's phone number, verify it, and call the parent back.

Communication With Facility Staff

Communication between the medical staff and other institutional staff—such as teachers, psychologists, social workers, probation officers, and juvenile care workers—regarding detainees with medical or psychological problems allows the coordination of care for children with complex problems. For example, a pupil in the school may have learning difficulties because of an organic disease. Referral by the teacher to the physician may allow treatment of the problem.

Additional Roles for Health Care Providers

Health care providers can serve in a variety of functions not always immediately apparent to detention staff. Medical staff can provide valuable consultation to the careworker staff when a new program is developed.

For example, boot camps may unintentionally involve situations in which a youth may be injured. Vigorous physical activity on hot days may cause heat exhaustion and collapse after a short time. Although guidelines for exercise in hot weather may have been developed, sudden strenuous exercise by an obese, out-of-shape adolescent could potentially lead to serious medical consequences. A conditioning program could be developed in consultation with physicians to avoid this problem. Using obstacles such as climbing towers can lead to serious injury if a ward falls from a tower. Even a well-constructed tower with safety harnesses to prevent falling requires regular inspections and maintenance. The decision to have a program and the components of the program should be a collaborative effort between medical and custody staff.

A pattern of injuries within a facility should alert the medical staff that there might be a problem. The type of sports played may be too rough or the field too uneven, causing preventable injuries and increasing the cost of treatment. An individual staff member may be handling juveniles inappropriately and causing or allowing injury to take place. There may be inappropriate force used during the arrest process, which must be reported to the appropriate authorities. An example might be a number of severe dog bites because of aggressive use of police dogs. Child abuse or sexual abuse reports may be filed by medical personnel because of events that occurred prior to or during detention.

Initial Health Status Screening

Immediately after arrival at a detention facility, the detainee should undergo a medical evaluation, which is designed to rule out communicable diseases and deter-

mine if the youth has any health conditions that preclude detention. The evaluation is usually done by a trained nurse using a standard form. Small institutions may elect for this evaluation to be done at a local hospital in the emergency department or outpatient clinic.

The screening includes demographic data, present illnesses, past medical history, current prescription drug use, and allergies. Past illicit drug and alcohol use can also be recorded. The assessment looks for current alcohol intoxication and/or drug overdose as well as injuries that may have been sustained just before or during the arrest procedure (i.e., auto accidents or canine bites). The patient's heart and respiratory rates, blood pressure, weight, height, and visual acuity are measured. Many institutions draw a blood sample to test for syphilis or request a urine specimen to test for infection (leukocyte esterase) or kidney problems.

A complete physical exam may be conducted within a few days of arrival in detention. Local laws may mandate the permissible length of time before the exam must be conducted. A focused history is taken to supplement the history already collected upon arrival.

The physician, nurse practitioner, or physician assistant completes a physical exam with special attention to the heart, lungs, skin, and musculoskeletal system. All sexually active females should have a pelvic examination because the rate of sexually transmissible diseases is quite high in detained females. Males also require a careful exam of the penis, anus (usually a visual inspection is sufficient), testicles, and scrotum. At the end of the exam, immunizations and a test for tuberculosis can be administered.

Nursing Rounds

Each detained youth should have daily access to medical care providers in case a health problem develops. In small institutions, the youth can be brought to the nurse for evaluation and treatment. In larger settings, nurses make rounds in the living units several times per day to evaluate the sick and to dispense medication. Regardless of the setup, the patient must be afforded privacy so that residents and staff are not eavesdropping on the patient's conversation with the nurse. Extended-role nursing involves utilizing nursing protocols to treat youth illnesses on the spot, saving physician time and speeding up the process of care giving. Those patients who need a physician's evaluation can be referred to the next sick call, and careworker staff must take care not to impede a youth's access to medical personnel during these rounds.

Clinic or Sick Call

Physician services should be available on a predictable basis. Large institutions will have physicians on the premises for several hours each day, while smaller facilities may have a physician present for only a few hours each week. In the latter case, emergency care must be available from an emergency department 24 hours per day, and procedures must be in place so that there is no delay in getting care. The place where the physician sees patients must provide privacy, be adequately lit, and contain the furniture and equipment that will be needed to provide diagnosis and treatment.

In large institutions, special clinics designed to handle complex patient problems allow the physician enough time to evaluate the problem and ensure continuity of care. The addition of medical school faculty to the treatment team can make these clinics quite specialized, avoiding trips outside the facility.

Medication Dispensing

Medication may be dispensed in the living units, in the clinic, or in both. Regardless of the site, there must be security to prevent theft and to ensure privacy, because some medications are easily recognizable. Liquid forms of psychiatric or abused drugs help ensure that the patient has taken the medication. Both careworkers and nursing staff must be alert to youth who do not swallow medicines and who hoard or sell them. Juveniles may save enough medication to attempt suicide.

In some small facilities with limited nursing personnel, medication is delivered daily to the living units, where it is kept in a locked container until it is the appropriate time for youth to take the medication by themselves. This system avoids the problem of careworker staff being required to dispense medication. As with all other medical problems, any unusual side effects are referred to the physician.

Infirmiry Care

Not all institutions can support an infirmiry. Small facilities may house mildly sick youth in their regular living units, with regular visits by a nurse or physician during the day. In this situation, seriously ill patients will be moved to a hospital that has made advanced arrangements with the facility. Large institutions are more likely to have 24-hour nursing coverage, which allows the operation of a formal infirmiry.

The severity of illnesses will range from mild (would keep a child home from school) to serious (would require hospitalization). The decision to transfer a patient to a hospital will depend on the degree of illness, the level of care available, and the potential for rapid change in the patient's condition. A physician should make this medical judgment.

Typical conditions housed in an infirmiry include fevers, communicable diseases, diagnostic problems, post-operative patients, serious infections that require regular antibiotics, kidney failures, and patients who cannot walk because of injuries or leg casts. Psychiatric patients are sometimes housed in the infirmiry. This practice allows the medical physician as well as the mental health practitioner to have daily contact with mentally ill patients. This system is a good idea because these patients might develop side effects from their medication or become ill for other medical reasons. The infirmiry can also be used to collect specimens, such as early morning blood, urine, or stool specimens, which might be difficult to obtain in other living units.

Infirmiry rooms should contain a bed, a desk, and a seat as well as a toilet and a sink. The latter is needed because sick patients may have an immediate need for a toilet. Some rooms may be equipped with a camera for monitoring potentially injurious patients.

Cardiopulmonary Resuscitation (CPR)

During cardiac arrest, the heart stops and blood flow to the brain ceases, leading to brain death within 5 or 6 minutes. In adults, the most common cause of cardiac arrest is a heart attack, in which blood flow to the heart is interrupted by clogging of the blood vessels that lead to the heart. In adolescents and young adults, cardiac arrest is more often due to diseases that interrupt the normal electrical flow through the heart. These are very rare events, but youth workers who deal with a large number of individuals may eventually witness a cardiac arrest. Unfortunately, many juveniles who experience cardiac arrest never have warning symptoms or problems that allow intervention before the fatal event.

Rescuers performing CPR can maintain some blood flow to the brain until the heart can be restarted. The technique involves using chest compressions to force blood from the heart, while adding oxygen to the blood by breathing directly into the victim's mouth and forcing air into the lungs. Regular training programs in institutions teach CPR to new staff and update personnel every few years. CPR must be learned by demonstration and practice; it cannot be learned by reading a publication.

Medical Services in Locked or Disciplinary Units

Juveniles held in seclusion may not be able to attend sick call. Arrangements must be made for these detainees to be visited by a nurse or physician daily. If the medical staff believe the patient should be brought to the infirmary or medical treatment area, the patient can be moved with appropriate restraints. Patients who repeatedly are confined to disciplinary units may be at high risk for self-destructive behavior. They should be considered for referral to receive a mental health evaluation.

Financial Issues in Detention Medical Care

Several approaches can be used to stretch the budgets of juvenile detention centers. Some patients will have private insurance or health maintenance organization (HMO) coverage, which the child can use for medical care. The probation department or judges may allow some juveniles to leave the facility to receive medical care from their usual provider. This situation has the added advantage of allowing the patient to receive care from his or her physician, and it is especially helpful in complicated cases.

Although incarcerated juveniles are currently not permitted to use the Federal Medicaid program, juveniles sentenced to nonpenal placements or adjudicated to go into placements are eligible in some States. In these cases, the facility may be able to bill the State for some medical care charges, especially for care rendered outside the facility.

When a patient faces severe illness and a prolonged hospital stay, the medical authorities may persuade the judicial authorities to release the juvenile until the treatment is completed, allowing the institution to avoid the cost of hospitalization. Some States also have programs to compensate medical care providers for doing health maintenance examinations at certain intervals. Detention facilities may be able to use these programs to be reimbursed for the cost of their initial intake medical evaluations.

Quality Improvement

The health care team should have a written plan to conduct ongoing continuous quality improvement. The results of this effort should be documented and reported to the appropriate reviewing agency for the institution's medical care section.

Dental Care

Many juveniles enter detention with unmet dental needs. There are many reasons for this, including a lack of money or parental supervision as well as a poor understanding of the importance of regular dental care. Also, fear plays a powerful role in causing some individuals to defer dental care. It is important to use the controlled time of incarceration to gain new experiences, including an appropriate understanding of dental care. Youth workers can listen to the adolescent's concerns and provide guidance and information based on those concerns. Do not tease a youth about dental procedures because teasing will create anxiety. Once created, these irrational fears are very difficult to allay.

Adolescents may have many dental problems, such as gum disease and dental caries (decay), that result from poor flossing and brushing. Although these problems may threaten the integrity of the tooth, they may not be painful, and the juvenile may wish to ignore them. Eventually, the smaller problems will progress into large cavities or dental abscesses, which are painful and require emergency dental care. For some dental problems, such as an abscess, a physician can prescribe antibiotics as an interim measure to relieve pain until the dentist can provide definitive care.

Impacted wisdom teeth commonly affect adolescents between the ages of 16 and 20. The person may have pain in the back of the jaw, pain while chewing, loose flaps of skin that trap food, or a headache or an earache. Because impacted teeth are so common, large institutions often have an oral surgeon on staff to deal with them.

Oral surgeons can also reduce and stabilize broken jaws, suture facial lacerations, and remove growths from the mouth. The number of trips outside the institution can be reduced substantially by having the services of an oral surgeon onsite. The surgeon will require some specialized equipment, such as an x-ray machine (called a Panorex), which takes pictures of the entire jaw. An additional advantage of an inhouse oral surgeon is the familiarity with detained juveniles. Outside practitioners may lack the patience and empathy needed to work successfully with this special population—which leads to fruitless trips outside the institution, with the juvenile refusing service because of fear or misunderstanding.

Minor Surgical Problems

Many juveniles will develop problems that require surgical procedures, which, if anticipated, can reduce the need for outside consultation. Suturing wounds, removing foreign bodies (including bullets), and performing surgery on ingrown toenails are all techniques that the physician practicing detention medicine can use. More complicated procedures, such as tattoo removal and dermatological surgery, are often needed, and the procedures to obtain these services should be determined in advance.

Health Risk Behaviors by Incarcerated Juveniles

It would be expected that incarcerated juveniles might engage in behaviors that would place them at increased risk for injury and disease acquisition. NCCHC recently completed a survey of incarcerated youth's health risk behaviors in 39 juvenile detention facilities throughout the United States (Morris, Harrison, Marquis, and Watts, 1994).

Most participants, both males and females, reported drinking alcohol and smoking cigarettes. More than 50 percent began these activities before the age of 12. The earlier the age of onset for drinking, the more days of drinking and the greater the amount of binge drinking (drinking five or more drinks at a single sitting). Marijuana was used by all racial groups, with Asians reporting the lowest use at 30 percent. Cocaine was used by 35 percent or more of all racial groups, except for African Americans, whose rates of use were nearly 15 percent. Girls reported more drug use and began using cocaine at an earlier age.

During the 12 months preceding incarceration, nearly 70 percent of both boys and girls reported being in at least one fight, and 25 percent required medical care for injuries sustained during the fight. Weapons use was common, and age was not related to the frequency of fighting or using weapons. However, younger juveniles were more likely to be injured.

Gang involvement was claimed by 46 percent of the juveniles for both boys and girls. Most gang members joined by the age of 15. Compared with nonmembers, gang members began sexual activity earlier, had more partners, used less contraception, and had a greater rate of sexually transmissible infection. The rate of fathering a child or becoming pregnant also was higher for gang members.

Suicidal thoughts and actions were common, with girls reporting twice the rate of boys. For example, 40 percent of the girls considered suicide, 35 percent attempted, and 20 percent were injured during an attempt within the past year. Suicide ideation and attempts were related to young age (under the age of 13), white race, mixed race, use of drugs (especially intravenous drugs), and a history of sexual abuse. Gang members were more likely to attempt suicide and to be injured. Drug use also increased the incidence of all suicidal thoughts and actions.

Sexual intercourse was reported by 87 percent of girls and 94 percent of boys. Sexually transmissible infections were related to female gender, black race, a high number of sexual partners, a history of sexual abuse, previous pregnancy, alcohol use, and intravenous drug use. Pregnancy was related to the same factors as well as gang membership. Those youth who reported using birth control pills had a slightly higher rate of pregnancy, while using a condom decreased the pregnancy rate. A forced sexual event (sexual abuse) was reported by 15.5 percent of the group (11.2 percent of males and 45.6 percent of females).

Sexually Transmissible Diseases

Juveniles, especially risk-taking juveniles, frequently engage in sexual activities, and as a consequence, they have high rates of sexually transmissible diseases. In major cities, 15 percent of males and 45 percent of females entering detention will have at least one sexually transmissible disease. Most of these infections can be detected by testing the urine of males and by performing a pelvic examination on females.

Lead Poisoning Secondary to Retained Lead Bullets

Bullets remaining in the body after gunshot wounds may cause elevated blood-lead levels either immediately after wounding or years later. Multiple fragments, especially when embedded in a joint or incorporated in a bone callus, are most likely to cause lead poisoning. Lead poisoning can cause headaches, abdominal pains, memory problems, anemia, infertility, and in severe cases death. Stressful events—such as surgery, severe illness, hyperthyroidism, or increased metabolic rates—can precipitate sudden, life-threatening blood-lead elevations. When blood-lead levels are elevated, chelating agents (chemicals that help the body excrete lead) should be used before surgery is performed in order to avoid serious lead toxicity.

Common Infections and Problems

The adolescent years have a high rate of infectious diseases, many of which require the isolation of the patient until the infection is treated or naturally resolves. Chicken pox, herpes zoster (a recurrence of chicken pox), and impetigo will usually be isolated.

Sports Injuries

The daily sports activities of adolescents cause a variety of injuries to bones, muscles, and other organs. Level playing fields, careful supervision, and appropriate exclusion of injured individuals can reduce the number of serious injuries suffered during recreation periods. Youth who become injured should be evaluated by a physician before they are permitted to play again.

Other Chronic Diseases¹

Detainees with known chronic illnesses present a management dilemma to medical staff as well as probation officers and other personnel. In addition to providing for the serious medical needs of these individuals, staff must occasionally deal with youth who may exaggerate their difficulties or fake new symptoms for nonmedical reasons, special privileges, individual attention, or excuses from physical activity. The person rarely will wish to cause disruption.

On the other hand, youth with legitimate chronic illnesses are also likely to experience significant symptoms, which may result from complications of the basic illness or the development of new diseases. The problem distinguishing a real illness from faked or exaggerated complaints can be difficult even for a physician, especially for a juvenile detention careworker. Although some judgment must be exercised, the careworker should always make a medical referral if there is any reasonable doubt about the youth's need for medical care. Even a known malingerer may develop a real disease. Juvenile careworkers must avoid premature judgments influenced by a youth's previously deceptive behavior.

Asthma. These individuals are subject to sudden periodic episodes when the small air passages (bronchial tubes) inside their lungs narrow and impede the inhaling and exhaling of air. This shrinkage reduces the level of oxygen entering the body. Some incidents are mild and respond readily to inhaled medication. These inhalers should be under the control of medical personnel or juvenile careworker staff. Occasionally, inhalers do not work, and more serious airway obstruction can occur. Therefore, an asthmatic appearing to have difficulty breathing should be referred to early medical care.

Juveniles are also subject to hyperventilation spells, which can be confused with asthma. During an attack, the youth first experiences the sensation of a tightened chest and the inability to catch his or her breath. This results in very rapid breathing, which causes tingling of the hands and feet, as well as lightheadedness. These unpleasant sensations cause the patient to panic and breath faster and faster. Most spells stop after a few minutes, but occasionally, the juvenile may pass out, at which time the breathing returns to normal and the youth regains consciousness. These attacks can be triggered by stress, a fearful event or memory, or a spontaneous unidentifiable cause. Once a hyperventilation spell is recognized, it can be managed by explaining that spells are self-limited and not dangerous.

Malingering and Chronic Complaining.

Patients who feign illness to arouse sympathy or manipulate are defined as malingering. Incarcerated youth rarely malingers, but when they do, there is often a reason for the behavior. Careful, sympathetic interviewing of the malingering patient usually reveals the reason for the behavior. Minors may malingers because they are afraid of bodily injury in the regular living unit. They may misunderstand court proceedings, placement orders, or other judicial events. They may wish to be with a friend and try to manipulate a change of location to join the friend.

Also, malingering may be misdiagnosed for some persons suffering from psychosomatic illnesses brought on by stress. Many juvenile offenders experience significant stress in the form of school failure, parental neglect, or loss of a family member or friend. Although there may not be a diagnosable physical illness in these patients, they are still suffering from real pain and discomfort.

Chronic complaining can also be a symptom of depression or an impending suicide attempt. Despite its unpleasant nature, chronic complaining should be taken seriously as a symptom deserving further evaluation.

Hidden Medical Problems That Can Cause Behavioral Problems

Occasionally, an adolescent may have a physical problem that manifests itself through behavioral abnormalities. The following medical problems can lead to abnormal behaviors:

- Hearing problems caused by holes in the ear drum or other damage to the ear may result in loud talking or failure to follow verbal directions.
- Poor vision can lead to failure to follow visual directions or poor school performance.

- Attention deficit disorder and hyperactivity are manifested by an inability to sit still or concentrate on one task for more than a few minutes.
- Petit mal epilepsy appears as daydreaming or failure to pay attention.
- Enuresis (bed wetting) may be caused by bladder infections or may run in families.
- Stool withholding and the resulting leakage of bowel movements (encopresis) may be due to severe stress or sexual abuse during the life of the adolescent.
- Poor coordination can be caused by birth trauma, which affects portions of the brain. This particular deficit may not be treatable, but once understood, the youth can be better counseled as to what he or she can expect to accomplish.
- Some genetic disorders, such as Klinefelter's syndrome, result in behavioral problems. Many of these disorders are detectable during a complete physical examination.

Although all the previously mentioned problems are individually quite rare, when the sum of all the problems is added, the total is quite large. A youth who seems different or unusual may benefit from a medical evaluation to determine if there is a treatable medical condition.

Special Needs of Incarcerated Females

Females usually make up a small proportion of the incarcerated population in juvenile facilities, and therefore, their special medical needs may be overlooked by both careworkers and medical staff. Reproductive problems—such as painful menstrual periods, irregular periods, or excessive menstrual blood loss—require appropriate diagnosis and management.

The dispensing of oral contraceptives during detention allows initiating them in a controlled environment where problems can be addressed as they arise, preventing the juvenile from not using the pill for inappropriate reasons. If side effects develop, the practitioner can change the oral contraceptive to a dosage less likely to cause the problem. Young women who have successfully started using oral contraceptives are more likely to continue taking them over a prolonged period.

Some incarcerated females are pregnant when they enter detention and must decide what they would like

the outcome of their pregnancy to be. Laws regarding a minor's access to abortion vary from State to State. Advance planning and agreement between the custody and medical staff regarding abortions can prevent conflicts when a pregnant female arrives. When protocols are in place, it is less likely that a change in personnel at the institution will lead to a change in established procedures. For girls wishing to complete their pregnancy, prenatal care and delivery services must be provided. Most institutions will contract these services to a community agency. Plans for the baby must also be made before the child is born.

Incarceration of mothers also results in problems for the young mother and her baby. Concern about her child's welfare should be expected and supported. Saying that the mother should have considered the outcome of her actions before committing the crime is not helpful in this situation and only increases suffering. Medical staff can check on the child's welfare and report back to the mother. Planning for the future care needs of the child can make incarceration useful for the mother by increasing her parenting skills.

Some institutions have established visiting days for children and have set up special organizations to support incarcerated mothers and their children. The children of incarcerated mothers bear a burden not of their own doing. Any safe intervention that medical or careworker staff can devise to lessen the suffering of these children should be attempted.

Eating disorders affect primarily women and tend to begin in the adolescent years. The causes of anorexia and bulimia are not known, and their treatment is long and difficult. Anorexia causes the patient intense fear of becoming obese, which is dealt with by severely restricting food intake. The anorectic sees herself as being fat even when very emaciated. The bulimia patient, in an attempt to prevent weight gain, restricts food intake but eventually is overcome with a desire for food and binges. After eating large quantities of food, the patient has feelings of remorse and vomits to remove the food from the stomach.

The behavioral symptoms of these disorders appear to be under voluntary control by the casual observer, and this apparent control may lead to inappropriate punitive measures or may cause conflicts among staff members who may disagree about how to treat the patient. The management of eating disorders is a challenge to medical care providers in the best of circumstances. In detention facilities, the staff can become overwhelmed by the complexities and their own reactions to the patient. Planning in advance by the medical, psychological, and careworker staff allows the development of protocols to guide the management of these patients. Small facilities

could seek the advice of experts at the nearest medical school or other large medical facility before a crisis develops. Experts can also be asked to review protocols for appropriateness and accuracy. If conflicts develop between the medical needs and custody concerns, a compromise can usually be advised.

Lifetime suicide ideation, attempts, and injuries are twice as prevalent among incarcerated girls than among boys. When comparing incarcerated girls to high school girls, NCCHC found that 35 percent of incarcerated girls had attempted suicide compared with 11 percent of high school girls. The injury rate was 20 percent for incarcerated girls and 2 percent for high school girls. Drug use of all types increases the risk of suicide thoughts and attempts. Cocaine, crack, and intravenous drugs markedly increase the rates. Although incarcerated girls have comparable alcohol drinking rates, they have higher rates of cocaine use and use more of the drug. Twice as many incarcerated girls use intravenous drugs than do boys. Sexual abuse also doubles the chance that an incarcerated juvenile would report suicidal behaviors. Clearly, incarcerated girls are at greater risk for a number of psychological problems and require careful evaluation for appropriate mental health interventions.

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS)

Infection with the virus (HIV) eventually leads to the development of AIDS, an incurable, fatal disease that affects the body's ability to fight off cancers and infections. At the time of initial infection (the primary infection), the person may become sick with a flulike illness that lasts several days or weeks. However, many persons do not become sick during the primary infection. The virus first attacks a specific blood cell called a helper T-cell (CD-4). During this first stage, the virus reproduces rapidly in the body, and the infected person is believed to be more likely to pass the infection on to others.

Once the primary infection passes, a relatively quiet phase begins, which may last several years. During this time, the person does not feel or look sick and may be unaware of the infection. The person still can transmit the infection, but at a lower rate than during the primary infection. During these years, the number of helper T-cells gradually falls until there are too few to fight off diseases. At first, the patient develops youth infections, such as yeast infections in

the mouth or a recurrence of chicken pox (called herpes zoster). At lower levels of CD-4 cells, more serious life-threatening infections or cancers will develop. Physicians measure the number of CD-4 cells, which provides an estimate of disease progression.

In normal individuals, the number of CD-4 cells ranges between 400 and 1,500 (usually above 800). When the HIV patient's CD-4 cells fall to 500, most authorities suggest beginning the antiretroviral drug zidovudine (once called AZT, now called ZVD), which slows the progression of the illness.

The actual diagnosis of AIDS is made when the patient develops a serious opportunistic infection, such as pneumocystis carinii pneumonia, or when the number of CD-4 cells falls below 200. At the level of 200 to 300 CD-4 cells, additional drugs are usually added to help prevent the occurrence of opportunistic infections. Even with low levels of helper T-cells, the patient can remain well and productive if infections can be avoided.

The virus eventually becomes resistant to ZVD, which means the drug is no longer able to slow the rate of progression. Recently, several drugs—didanosine (ddI) and zalcitabine (ddC)—were marketed and can be used alone or in combination with ZVD. These drugs work well for some persons, but for others, the disease continues to weaken the immune system. When patients reach a level of helper T-cells less than 50, they are usually quite frail and require significant medical care. However, a few people remain well even at these low levels. The rate of HIV progression varies from person to person, but the average interval from initial infection to the diagnosis of AIDS is 10 years or more.

HIV Diagnosis

Because the disease is silent (asymptomatic) for years, alternative methods of diagnosis became necessary. A blood test that measures the body's reaction to HIV can detect the infection in a person about 1.5 to 3 months after the primary infection. A simple, quick screening test (called an ELISA) is done first, and if that is positive, a more expensive and complicated test (called a Western Blot) will be performed to confirm that the infection is actually present.

Despite the double testing, all medical tests have some false results. When many individuals at low risk for HIV infection are tested, inevitably a few will have tests that are falsely positive. Therefore, all positive tests should be repeated before concluding that a person is HIV positive. In some cases, additional tests, such as measuring CD-4 cells, will also be performed to be sure that HIV is truly the cause of a positive test.

How HIV Is Transmitted

Most cases of HIV occur in homosexual or bisexual men, intravenous drug users, or their sexual partners. Additional cases are found in hemophiliacs and persons who received infected blood or blood products during transfusions before testing for the virus began in 1985. HIV-positive mothers also have about a 30 percent risk of passing on the infection to their babies. Use of ZVD during pregnancy has cut the infection rate for babies to about 7 percent.

As the virus spreads into the heterosexual population through intravenous drug users and their partners, more and more infections will result from heterosexual contacts. Adolescents have high rates of sexually transmissible diseases and are at risk for contracting the virus.

Transmission cannot take place through casual contact, such as shaking hands or sharing toilets and living spaces. The skin protects us from penetration of both viruses and bacteria.

HIV is found primarily in blood, semen, vaginal secretions, and breast milk. Although it has been detected in very small quantities in other fluids, the virus in these fluids appears to be incapable of causing infection. The virus is difficult to transmit, and special conditions are required for transmission to take place. There must be blood to blood contact, as happens in needle sharing, or sexual fluids must contact blood, as happens in some sexual practices such as anal intercourse or to a lesser degree vaginal intercourse. During vaginal intercourse, male to female transmission occurs more frequently than female to male. It is estimated that the risk of transmission to an uninfected female from an infected male during a single episode of unprotected intercourse is 1 infection per 1,000 episodes of vaginal intercourse.

Transmission does **not** happen:

- During casual contact with infected individuals.
- Through the air.
- During contact with nonliving objects (i.e., books or eating utensils).
- Through mosquito bites or other insect contacts.
- Between health care personnel and patients, even when contact is prolonged. (Even under extreme circumstances, such as an HIV-contaminated needle stick, the risk of transmission is only 1 chance in 260, and splashes of contaminated blood hitting the eye or large open wounds have rarely resulted in transmission.)

- During deep kissing, human bites, or external contact with body fluids, such as spitting or urinating on intact skin.

Objects that potentially could have blood on them, such as razors or toothbrushes, should not be shared because of the transmission risk for many diseases, including HIV.

Prevention of Infection

After 12 years of experience, it still appears that those at risk for infection are individuals who engage in unsafe sexual practices, especially with persons belonging to high-risk groups (i.e., homosexuals, bisexuals, or intravenous drug users). Preventing these risk behaviors will reasonably control the transmission of the virus. Although the juvenile careworker does not usually engage in any of these behaviors with the wards, he or she will want to minimize exposure to bodily fluids from accidents and fights, even if such exposures are unlikely to result in transmission. Because most individuals with HIV are asymptomatic and cannot be readily identified, all blood spills should be considered infectious, not only for HIV but also other diseases. Using gloves and proper disinfection will adequately protect personnel and juveniles.

The most useful weapon to prevent HIV infection in institutions is the education of all staff and detainees, not only so-called high-risk persons. Discussions of the cause and prevention of transmission—such as using safer sexual practices, limiting the number of partners, and avoiding contaminated needles during intravenous drug use—must be repeated many times. To allay unfounded fears, everyone should also be educated about what does not lead to transmission. Because institutional regulations usually prohibit sexual relations or drug use, normal supervision and security practices will curtail unsafe practices within the facilities.

Detection of HIV-Positive Minors

Diagnosing HIV-positive juveniles is important so that treatment can begin early in the disease process, when it will be most beneficial. Laws regarding the testing of juveniles (adolescents or youth) vary by location, but nearly every State allows youth to consent to HIV testing. The linchpin of successful HIV detection is trust of the medical and detention staff by the juveniles. Juveniles are more likely to agree to voluntary testing when they feel secure and do not fear unwarranted reprisals or discrimination if they test positive.

Appropriate pre- and post-test counseling must accompany any HIV testing program. If local regulations require disclosure of a detainee's HIV-positive status to nonmedical personnel, the juvenile should be

so informed before testing. Staff who might be informed of the test results should be fully educated regarding confidentiality and the legal penalties for breach of confidentiality. Other institutional regulations regarding HIV-infected detainees must also be disclosed. Even though unfavorable events will happen if persons test positive, most youth will consent to testing if they understand the reasons and benefits of knowing their HIV status. Some youth may resist for a time, but with continued counseling without coercion, nearly every juvenile will eventually agree to be tested.

Although some institutions have elected to isolate all HIV-positive detainees in one location, most have not. It may be useful to place a newly diagnosed youth in the infirmary for a short time so that the patient's initial reaction to the infection can be managed. Infirmary care allows daily contact with the medical staff so questions can be answered and maximum support provided. Once the juvenile and staff believe it is appropriate, the youth can return to a regular living unit. If the youth's behavior is erratic or dangerous to others, then continued infirmary care or other reasonable isolation procedures may be necessary. Because HIV-infected individuals can evoke a variety of unpleasant reactions from other persons who come into contact with them, supervisory personnel must carefully guard against unwarranted punitive reactions toward HIV patients by the careworker staff.

All persons interacting with HIV-positive individuals should strive to be as supportive, understanding, reassuring, and responsive as possible. Special counseling programs and individual treatment often work to prevent needless suffering and undesirable behavioral reactions. For example, in some cases, juveniles who are sick may be granted early release. However, in other cases, inadvertent disclosure of a detainee's HIV status may result in a longer confinement or other punitive measures.

Danger to Staff

Transmission of HIV from youth to careworker staff is so unlikely that it is virtually nonexistent in usual circumstances. However, universal precautions call for bodily fluids, especially the blood of all persons, to be regarded as potentially infectious. Adhering to the rule protects everyone from infection by known and, more importantly, unknown sources of infection. Staff members can continue to have normal contact and provide normal services to all those under their care. If there is a blood spill, employees should carefully follow the institution's policy for containing the spill and should initiate proper cleanup procedures.

Philosophy Regarding Care for HIV Patients

Working with any seriously ill person can be both challenging and rewarding. The HIV-positive person faces many challenges to both emotional and physical health. It is impossible to discuss all situations in this chapter. When questions arise, unit staff should consult their supervisors as well as the medical staff for guidance. Coordination between correctional and medical staff often solves very complicated problems.

Common and Noteworthy Diseases

Epilepsy

The brain is a collection of nerve cells that operate using very mild controlled electrical currents. Epilepsy results from uncontrolled electrical waves that begin in one area of the brain and spread to adjacent areas. Anyone may have a seizure under extreme circumstances, but epileptics have a lower threshold than normal people and will have seizures more easily. Seizures (spells) can be provoked by fever, illness, sleep deprivation, or emotionally upsetting events. However, most seizures are not preceded by any causal event.

During a seizure, the patient may exhibit any of the following signs: convulsions, sometimes referred to as fits or spells; impairment of motor control (falling); loss of consciousness; and psychological or behavioral difficulties. Seizures are divided into three main types: grand mal, petit mal, and psychomotor episodes.

During grand mal seizures, people lose consciousness and have violent movements. After blacking out, they become stiff and barely breathe. Severe twitching of the muscles and shaking of the body follow. Breathing can be temporarily restricted, causing the person to turn blue for a few seconds. There can also be frothing at the mouth. Sometimes, there is loss of bladder or bowel control during the course of an attack. The eyes may stare straight ahead, roll upward, or look to the right or left. Medical personnel who arrive after a seizure has ended may want to know which of the events listed above occurred during the seizure. This information can be useful in diagnosis, especially if this is the youth's first seizure.

Some epileptics experience a warning feeling (called an aura), which allows them to protect themselves before the attack begins by lying down. However, most do not receive any warning, and they will fall down at the beginning of an attack. Some epileptics involuntarily emit a cry before their attack begins.

Grand mal seizures are usually followed by a period of confusion and lethargy.

A petit mal seizure causes brief losses of consciousness that last from a few seconds to half a minute. Because the person does not lose muscle strength, he or she does not fall down. These individuals may appear to be daydreaming or not paying attention. Rarely, a person may experience petit mal status, which means he or she has continuous short seizures and appears dazed or incoherent. The patient is unconscious and unaware of what is happening during the seizure. At the end, the patient returns to his or her normal state and is unaware that the seizure happened. An individual can become injured during these seizures because of inattention.

During a psychomotor seizure, the epileptic has no convulsion but experiences reduced consciousness and loss of memory. The patient retains the ability to act but only in a purposeless fashion, often speaking nonsense, making chewing movements with his or her mouth, or engaging in bizarre or threatening behavior. The psychomotor seizure is much less common than the grand and petit mal types.

Recommended Staff Response to a Seizure. The emergency treatment of an epileptic convulsion first involves realizing that it must run its course; there is nothing one can do to stop it. Because the seizure is often dramatic, staff and other juveniles may react inappropriately to the epileptic both during and after the seizure. A calm mind can often prevent overreaction and give others appropriate information after the seizure terminates.

During a major attack, the person will thrash about violently. A pillow or other substitute such as a coat may be placed under the person's head to prevent bruising of the face and scalp. Remove nearby objects that might injure the person.

If the person appears to be choking, the tongue may have fallen into the back of the mouth, obstructing the airway. Rolling the patient onto his or her side allows the tongue to drop forward and clear the airway. Never place an object into the mouth or put your fingers between the teeth of a seizing patient. These maneuvers can result in broken teeth and bitten fingers.

If the patient vomits, wipe the vomit from the cheeks and keep the patient on his or her side so that gravity will facilitate drainage of the vomit. Tight clothing such as a belt or closely fitting collar should be loosened. After the thrashing stops, let the person rest or sleep and recover. Persons who have recently had a seizure should not engage in hazardous activities.

Treatment. The long-term medical control of epilepsy involves a physician prescribing antiseizure

medications. Once these drugs are prescribed, it is important for the patient to take them because sudden discontinuation of antiseizure drugs can cause a severe, long-lasting convulsion. In fact, many seizures in previously controlled epileptics are due to a failure to take the prescribed medication. Some epileptics resist taking their medication because of side effects, such as drowsiness.

For these reasons, administration of medication should be closely supervised, ideally by a trained medical staff member. Liquid medication when available also helps ensure compliance. Educating youth about the reasons for their medication and about the transient nature of drug side effects will help to reduce refusal to take medication.

Diabetes

To use the foods that we eat, the human body requires certain chemicals, which it produces. Insulin, produced by the pancreas, is a hormone that helps the body use sugars properly. A diabetic produces too little or no insulin. When there is an imbalance between insulin and sugar, the body cannot use sugar as a fuel, and the person becomes ill.

There are basically two types of diabetics. Most children and adolescents have type I diabetes, and their bodies produce no insulin. These persons require insulin replacement by injection two or more times per day. The amount of sugar in the blood is usually measured by finger stick blood tests three or four times every day to determine how much insulin is needed. Adults usually have type II diabetes, and their bodies produce some insulin, but not enough to meet all needs. These patients can be managed with a drug that increases their pancreas' supply of insulin.

If the patient is overweight, then weight loss will decrease the amount of sugar the person must process. In both types of diabetes, careful attention must be paid to maintaining a diet that balances the proper proportions of sugar, protein, and fat. With proper attention, healthy diabetics can live and work in the same way as nondiabetics.

Adolescence is a difficult time for diabetics because of the restrictions they must endure. Self-image also suffers because the juvenile must face the lifelong implications of a chronic illness—which can lead to oppositional behavior, including refusing to take insulin or cheating on the diet. Almost all juveniles do this occasionally, but delinquent youth are more likely to continuously threaten noncompliance. Patience of the staff is required during these times. Avoid threatening or blaming the patient. Although obesity is a factor in

adult diabetes, it is not usually a factor in juveniles unless the youth is eating too much and gaining too much weight. Excess sugar does not cause diabetes, and we should avoid reinforcing this popular misconception, especially because it causes unwarranted guilt.

During discussions with the diabetic juvenile, allow the youth to express his or her concerns regarding the disease and its treatment. After learning what the youth thinks and believes, the counselor can effectively guide the patient toward voluntary compliance. Occasionally, a psychiatric referral is needed when the diabetic is very depressed and may be using opposition as a method to control others or to commit suicide.

Diabetes-Related Problems. A diabetic coma involves very high blood-sugar levels and dehydration, which usually result from insulin withdrawal, infection, or improper diet. An insulin reaction (insulin shock) appears rapidly, is much more common than a diabetic coma, and is due to a dose of insulin that exceeds the body's needs under the circumstances. **If a diabetic coma is suspected, immediate medical attention is mandatory; without treatment, a diabetic coma can result in death or permanent, serious brain injury.**

Fortunately, most diabetics are familiar with their condition and are concerned about managing their lives in a way that will not aggravate the condition. In addition, most diabetic-related reactions are mild. Every diabetic who takes insulin should have some form of sugar available at all times, in the event of an insulin reaction. In juvenile facilities, this sugar supply may be kept in the living unit and school. A diabetic requesting sugar because of a reaction should always be given immediate access to juice or candy. (Diet soft drinks do not contain sugar.)

When an adverse insulin reaction is too rapid for the diabetic to help himself or herself, sugar in some form should be given immediately if the patient is still conscious. Because insulin reactions can also cause the diabetic to act silly or strange, personnel dealing with diabetics should recognize unusual behavior as a possible insulin reaction and give sugar. If the condition is not corrected promptly, the diabetic may lose consciousness entirely.

If a diabetic becomes unconscious for any reason, call for medical assistance immediately. A coma can be a serious or fatal threat to the life of a diabetic if medical attention is not given immediately. A diabetic's dose of daily insulin may vary over time and requires a physician to adjust the dose in response to the diabetic's previous blood-sugar levels.

As a part of the diabetic's regular medical treatment program, food intake should be kept relatively

constant from day to day. Some diabetics may receive a late meal in the form of a bedtime snack to keep their food intake more constant throughout the day. (Most diabetics receive three meals and two snacks per day.)

Tuberculosis (TB)

Tuberculosis was once thought to be in decline and under control in the United States. However, during the past decade, the number of cases of active TB has increased, especially in the detained adult population and among people with HIV infection. For these reasons, institutions dealing with detained juveniles must screen all new arrivals with a skin test to detect TB infection. Prompt identification of persons with both active (contagious) and inactive (noncontagious) diseases allows appropriate treatment and prevents potential epidemics within the institution.

The large majority of patients will have inactive disease and pose no risk of infecting others. Staff within institutions may become confused about patients with inactive TB and incorrectly believe that the patient could be infectious. Appropriate training of staff can help avoid this problem.

When patients are found to have active TB, they require isolation until they have received sufficient treatment to be rendered noninfectious. Ideally, the patient should be housed in a special room with negative pressure ventilation, which exhausts air outside the building and causes air to flow into the room whenever the door is opened. This ventilation prevents the infectious bacteria from blowing into the corridor, where another person might be exposed to the infection.

All staff and youth who came into contact with the patient before diagnosis should be examined, and 2 months of prophylaxis with isoniazid should be offered to all persons who have a negative skin test for TB. Those with a positive test should be treated as any other person who is found to have a positive skin test. In small facilities that lack extensive medical care, the local public health department will provide guidance for treatment and handle the case finding and management of exposed individuals.

Drug Abuse and Addiction

Many juvenile delinquents use legal and illegal mind-altering drugs. They may experiment occasionally or use continuously, inflicting serious psychological and physical damage. Addiction refers to continuing uncontrolled usage despite serious adverse consequences. Some drugs are physically addicting, resulting in physical sickness or even death upon sudden with-

drawal. Other drugs cause psychological addiction, resulting in severe mental distress during withdrawal but no threat to the life of the person, except for the possibility of suicide.

Physical addiction follows continuous use of some drugs and results from a process in which the brain undergoes chemical changes in response to usage. If the drug is stopped, an imbalance results, which can cause seizures or other adverse events.

Psychological addiction (habituation) comes from the addict substituting and preferring the drug euphoria much more than normal daily activities. The person becomes dependent on the drug to the exclusion of other activities. Eventually, some addicts begin to experience unpleasant side effects from the drug or become aware of how dependent they are. At these times, the addict may successfully enter treatment. Unfortunately, many addicts who end up in prison are not yet motivated to quit and make poor candidates for drug rehabilitation. Nonetheless, detention does separate drug users from their drugs, which is the first step in any drug rehabilitation program. Detention and corrections programs that take advantage of this separation may successfully rehabilitate some abusers.

Many drugs are abused, but the popularity of different drugs varies by geographic location, race, and year. Currently, crack cocaine leads the list of abused drugs. However, marijuana and alcohol are probably used more frequently. Narcotics or depressants (barbiturates and diazepam [Valium]) are less common but result in physical withdrawal. Speed (amphetamines) and hallucinogens (such as LSD and PCP) also are less common but are gaining in popularity, especially in certain groups.

Many users combine drugs and often mix them with alcohol. Drug users often crave drugs and will commit crimes in order to pay for the drugs. Eventually, some of these people will be arrested during the commission of a crime, and many will be under the influence of a drug at the time of arrest.

Symptoms of Drug Use

Physicians know that a juvenile who is acting crazy is more likely being influenced by drugs than by mental illness. Each drug produces unique reactions. Cocaine causes a feeling of well-being in a talkative, restless patient who will calm down and become depressed a short time later. Amphetamines cause a similar reaction, but their effects last longer. Narcotics and barbiturates cause slurred speech, staggering, lack of coordination, or sleepiness, and overdoses result in decreased breathing or death from profound depression of body functions. PCP can cause a mild dissociative reaction or

severe agitation and aggression. Likewise, LSD can result in pleasant hallucinations one time and severe, uncomfortable reactions the next time. Marijuana produces few outwardly visible effects, except blood-shot eyes and a tendency to relate strange thoughts. Cocaine and amphetamines may cause dilated pupils. Some narcotics cause pinpoint pupils, while others dilate the eye.

Permanent marks occur in intravenous drug users who scar their veins by repeatedly injecting caustic materials. This mainlining of drugs results in “tracks.” Other addicts inject just under the skin (“skin popping”), which results in puncture wounds and scars. Tattoos sometimes conceal old needle scars.

Juveniles who arrive in detention and appear to be under the influence of a drug should be evaluated by medical personnel before admission. Drug reactions can suddenly progress to life-threatening events. Sometimes, drug dealers swallow their products to avoid being apprehended with the drugs in their possession. Several minutes or hours later, the person will experience an overdose of the drug. Unfortunately, the word of the newly detained drug user cannot be trusted because of fear and misunderstanding. Therefore, if there is any suspicion of drug ingestion or intoxication, the juvenile should be sent to a well-equipped emergency department for monitoring.

If drug abuse while in detention is suspected, the unit supervisor should be notified, and prearranged procedures should begin. Youth under the influence of some drugs such as PCP are very dangerous, and care should be taken in approaching them. However, these episodes are quite rare in juvenile facilities. Also, many of the commonly administered prescription drugs used by physicians to calm belligerent patients cannot be used if drug abuse is suspected because of the potentially fatal interactions between the abused and the prescription drug. Known drug users bear close watching, especially during visiting hours, to prevent the passing of drugs to the user.

Treatment of Drug Withdrawal

Patients withdrawing from some drugs are uncomfortable, while other drugs cause life-threatening symptoms when they are stopped. Withdrawal can be treated successfully over a period of several days by a physician utilizing nonnarcotic drugs that block the symptoms of withdrawal. Medical care providers may find it useful to devise specific protocols for the treatment of drug withdrawal so that the approach to withdrawal is standardized for all detainees.

It is important to refer patients suspected of withdrawing to medical care. The misguided impulse to

let drug abusers suffer without treatment must be resisted on both humanitarian and medical grounds. Small institutions can refer their withdrawing patients to outside health care facilities or have consultation resources provide advice.

The Nature of Abused Drugs and Their Withdrawal

True narcotics can be divided into opium derivatives that have strong sedative and addictive potential and that cause intense physical craving that results in severe physical symptoms if the drug is not administered regularly. Synthetic narcotics such as meperidine (Demoral) cause addiction but have a more excitatory effect. Codeine addiction occurs but is less intense.

Withdrawal of narcotics results in shivering, “goose bumps,” rapid heartbeat, muscle and bone pain, intestinal cramping, and vomiting. These symptoms begin approximately 6 hours after the last dose and last for several days. Methadone withdrawal starts later and lasts longer.

Depressants—such as barbiturates, diazepam (Valium), and sleeping pills—affect the brain and muscle control. Discontinuing the drug causes various degrees of anxiety, insomnia, tremors, delirium, convulsions, and potentially death in the case of barbiturates.

The opposite of sedative drugs are stimulants (amphetamines), such as Benzedrine, Dexedrine, methamphetamine, prelude, Ritalin, and cocaine. Users of these drugs are overexcited, irritable, restless, and sometimes psychotic in appearance. Withdrawal causes depression, apathy, and days of sleeping or disorientation. Some of these patients will be malnourished because the drugs depress appetite, and the user does not eat.

Hallucinogens such as LSD and PCP cause hallucinations and poor perception of time and distance. PCP-induced violent or psychotic episodes can require large numbers of staff or restraints to control the

individual. Complicating this intoxication are serious and life-threatening physical reactions, such as muscle damage and kidney failure. Although withdrawal signs are absent, hallucinogens do cause flashbacks during which the person experiences the effect of the drug long after it was taken (days or years).

All institution staff must be aware that a drug overdose is potentially fatal. Any youth found in an unconscious state or with an altered consciousness must receive immediate medical attention aimed at reversing the effects of the drug.

Alcohol Abuse

Alcohol is the preferred drug for most juveniles. Many youth are regularly drinking five or more drinks on a single occasion. Many delinquents report getting drunk several times each week.

Violent crimes, including assaults and vehicular manslaughter, are often committed while under the influence. Alcohol can cause serious liver and brain damage in adults, but these problems usually take years to develop. Likewise, withdrawal symptoms happen to adult drinkers. Of more concern in juveniles is alcohol poisoning, which leads to death due to respiratory paralysis.

Youth workers should inquire into the role that alcohol played in the crimes of their probationers. Appropriate referral for alcohol abuse treatment must be made for successful rehabilitation of delinquents. Although a youth worker at first may be flattered by the attention of a dependent person, the constant need for reassurance soon wears thin, and the staff member begins to experience resentment.

Endnotes

¹ Adapted from R.E. Morris and C.J. Baker. 1992. “Health Care for Juveniles in Correctional Institutions.” In *Juvenile Careworker Resource Guide*. Laurel, MD: American Correctional Association.

Juvenile detention is one of the most important elements of the juvenile justice system and one of the most difficult. Daily operations can be overwhelming, especially with the number of overcrowded, understaffed, and inadequately funded facilities. Despite the many common problems facing juvenile detention across the Nation, most detention facilities remain relatively isolated. The ability to visit other programs or to share ideas with colleagues is often seen as a luxury. The beliefs that each detention center is unique and that what works in one facility cannot work in another frequently accompany this isolation. Under these circumstances, the exchange of ideas and program information is quite rare.

Renewal of Programming in Juvenile Detention

Juvenile detention is experiencing a renewed emphasis on programming. Programs are linked to improved conditions of confinement, reduced problems in crowded facilities, improved resident and staff safety, and increased resistance to liability (Parent et al., 1993; and Roush, 1993). On a larger scale, shifts in juvenile justice have placed greater importance on programs as a means of addressing the problems of serious, violent, and chronic juvenile offenders (Krisberg, 1992; National Coalition of State Juvenile Justice Advisory Groups, 1993; National Council of Juvenile and Family Court Judges, 1993; and Wilson and Howell, 1993).

As a part of the Juvenile Justice Personnel Improvement Project (JJPIP), the National Juvenile Detention Association (NJDA) conducted a nationwide survey of detention practitioners to determine the range of innovative and effective programs and concepts (Roush and Wyss, 1994). NJDA received 98 program descriptions containing 336 innovative and effective program ideas. The ideas were grouped according to topics. The most common are as follows, including the number of innovations listed in parentheses:

- Treatment (37).
- Detention education (28).
- Substance abuse (18).
- Activities (15).
- Family and parenting programs (15).
- Volunteers (15).
- Behavior management (14).

- Social skills training (11).
- Home detention programs (9).
- Delinquency prevention programs (8).
- Self-esteem programs (7).
- Conflict resolution (6).
- Vocational education (6).

The number of innovative ideas and the range of different program concepts indicate that a considerable amount of programming is occurring within juvenile detention facilities. Programs often do not receive attention or publicity due to nonexistent or subjective evaluation strategies. However, numerous descriptions indicate that program ideas have been in place for many years. The survey results create a very powerful response for those juvenile justice and juvenile detention practitioners who say that programming cannot or should not be a part of juvenile detention.

Rationale for Programs

The need for strong programs in any detention facility depends on the type of youth detained. Detained juveniles are the community's most troubled and most troublesome youth. The time they spend in detention is crucial. It is a period when their belief in themselves has been shattered and distorted. They are confined against their will, and earlier supportive relations of the home and community are severed as they pass beyond the locked door.

They bring with them considerable anxiety and hostility. Some are withdrawn, while others are extremely aggressive. Some are so disturbed that they do not dare show their true feelings. They are upset, and detention can make them more upset. Many carry with them feelings of hostility toward adults, authority, and society in general. Some have a strong identification with older delinquents and antisocial goals.

Putting an upset youth in a group of other upset youth can only serve to compound problems unless proper measures are taken. What can detention do to halt what would seem to be a natural outcome? There are many goals of detention, but these goals appear to be the most immediate. Detention has the obligation to hold youth, curb their impulsive behaviors, and mend their social ills. The mending partially consists of controlling behavior so that detainees do not harm themselves or others. It also means assisting other court

personnel in forming a clear diagnostic picture, changing the youth's distorted views of themselves and their situation, offering some worthwhile goals, and preparing them for later treatment.

Although there is debate about the best approach for detention personnel to take in rendering programs to mend social ills, detention professionals have learned what **not** to do. One product of experience is a list of several approaches that do not work. These failed approaches include:

- Being punitive.
- Being repressive of all behavior.
- Being overly permissive.
- Being inconsistent (permissive, then repressive).
- Ignoring individual needs (being too group centered).
- Using "give them a good time" approaches.
- Failing to relate detention experiences to the youth's behavior in the community.

Even weak programs serve to reduce the number of problems in detention. Moreover, well-designed programs are indispensable tools in accomplishing the many goals of detention. There is agreement about the following benefits of detention programs:

- Good programs keep the detained youth so busy that they do not have time to think of ways to vent hostility on detention. The value of keeping busy should not be overlooked. Youth give less thought to harming themselves, others, the building, and equipment. They give more thought to the positives that are an outgrowth of the program.
- Through programs, youth are placed in many social situations that serve to alter their distorted views of themselves and their situation. Juveniles who need controls can be identified early. Their more aggressive and impulsive behavior is controlled partly by the rules of the activity, partly by the opinion of their peers, and partly by the close supervision of the staff.
- A variety of situations gives more opportunity for a quick evaluation of a youth's strengths and shortcomings. Programs provide for interaction among the youth. Without interaction, it would be difficult to spot the withdrawn youth. He or she is more easily noticed and more easily helped through one or more of the activities. Many times, a certain activity allows the staff to penetrate the wall of hostility that a

youth has for adults. Like programs for the mentally ill, one certain activity can be the start of a rehabilitative process for a withdrawn youth. Detention is not geared to rehabilitation, but it can start the process.

- Confined against their wishes and afraid of their surroundings, associates, and their future, many youth experience increasing tension. Good programs should provide for a release of emotional and physical tensions. The programs should be varied in order to find activities that will "unfreeze" the youth.
- A universal trait of delinquents is that they have little regard for their own ability and worth. They lack confidence in themselves. Good programs can help them discover hidden abilities, develop new skills, learn basic facts, and develop new feelings about their responsibility to improve. They can come to a more realistic appraisal of themselves.
- A youth worker's success in detention is greatly dependent on the warm, trusting relationship that is possible between staff and juveniles in their charge. It cannot be overemphasized that programs are one of the best means available in establishing such a relationship.
- A direct approach by a staff member causes the untrusting juvenile to back away and set up a barrier between himself or herself and the adult. When the youth leader "comes in the back door" by being a teammate in a volleyball game, by giving reassurance during crafts projects, or by helping the group win the housekeeping trophy, he or she is able to share good feelings with the youth. The youth and staff member are working together and doing what is appropriate, before either one realizes it.
- One of the greatest benefits of good programs may be that they help the staff member see detained youth for what they are rather than for what they have done. Well-run programs encourage good staff-juvenile relationships.

Programs must be available to all youth at the earliest opportunity in any detention facility. Detention staff must always ask how the delivery of programs can occur rather than why the delivery of programs cannot occur. A detention facility must see as its mission both addressing resident and public protection and affording the youth it serves maximum opportunities for individual growth and change regardless of the length of

stay. The topic area of programs will help a staff member understand the goals of programs, the characteristics of poor programs, and descriptions of key program areas.

Goals of Programs

For every type of activity, physical or nonphysical, there should be at least six of the following goals that can be reached by having that activity. If not, then the activity should not be held. These goals are:

- Providing for a release of emotional tension.
- Providing a constructive outlet for physical energy.
- Teaching fundamentals of recreational activities.
- Giving the youth self-confidence in wholesome pursuits.
- Teaching fair play, rule following, and teamwork.
- Providing a socially acceptable outlet for hostility.
- Giving the youth a better understanding of himself or herself.
- Developing new interests and skills to be followed upon release.
- Keeping the youth busy by providing a structure for his or her day.
- Developing good health habits and physique.
- Breaking down resistance to adults and adult standards.
- Permitting observation of the youth's behavior, which aids in social diagnosis.

The following outline serves as a more comprehensive explanation of the goals and their meaning to everyday work. Review each of the goals, and see if the activity will answer the questions in a positive manner.

- Are the youth emotionally as well as physically involved? Are the youth merely carrying out their role in the activity to satisfy staff, or are they really enjoying the activity? Are the youth involved to the extent that they have forgotten temporarily all their problems and anxieties?
- Are the youth really exhausting their physical energies in the activity, or are they carrying out the motions with as little effort as necessary?

Are they physically exhausted at the end of the activity?

- Are the abilities of each child being evaluated? What does he or she lack? What handicaps does he or she have? How good is the youth? Do we give as much consideration as possible to the individual's lack of knowledge or skills? Are the youth being taught the correct methods of play? Are they being taught the fundamental skills of the game?
- Are we building self-confidence in the youth, or making them feel more inadequate? Are we subjecting the youth to ridicule and embarrassment by the staff or other detainees? Are the youth being encouraged to learn and improve, becoming more confident of their abilities? Are the youth experiencing a successful feeling of accomplishment? Do we praise the youth for their efforts as well as their achievements?
- Are the rules of each game being taught? Are the youth being shown, and do they understand how the game can be better when the rules are followed? Do they see the importance of working together as a team, and the harm of playing as individuals? Are explanations given and examples set by staff guiding youth toward fair play? Do they witness a cooperative relationship between staff?
- Does the activity allow for a release of aggressive feelings? Do we avoid creating resentment toward the activity by not putting them in positions that are embarrassing or humiliating?
- Do the youth see themselves as being successful in the activity? Are we providing proper levels of competition, which increase confidence and eliminate feelings of insecurity?
- Are the youth being taught new forms of recreation? Are we developing good attitudes toward various skills and activities? Have we developed the skills and created the interest that will encourage continued participation upon release?
- Do we keep the youth so busy that they do not have time to think of ways to vent their hostilities on detention? Do we have a balance of both active and inactive recreation to keep them either physically or mentally involved throughout the day? Do we avoid lengthy periods that contribute to or reinforce feelings of self-pity, resentment, or despondency?

- Are youth experiencing a feeling of well-being, and do they understand it to be a result of physical fitness acquired through the program? Do we avoid imposing standards that are too strenuous or physically harmful to the juvenile?
- By our every action, do we gain their respect for us and possibly for other adults? Are they resentful because they feel that they must accept our standards, or do they participate because of their desire to accept our values? Do staff follow the same rules and regulations the youth are expected to—win, lose, or draw? Do they see staff members as part of their team, trying to help and cheering for them to win, or do they see only uninterested adults carrying out their duties? During leisure time, class sessions, or competition, do we convey the feeling that we are interested? Are our efforts to help them adjust and mature real, or can they detect signs of phoniness? Does our need to “always be right” interfere with their relying on us to “always be fair”?
- Are we observant of a youth’s change of attitude and interest throughout the day? Do we notice and record the comparative levels of skills and knowledge in each activity? Are we sensitive to the changes in peer relationships? Do we notice how the various settings alter juvenile-adult relationships? Do we provide varying juvenile-adult relationships and notice the changes in response? Is there enough stimulation and freedom in activities for the above characteristics to reveal themselves?

Therapeutic Recreation

Any program designed to serve youth must provide a means for the constructive channeling of energy (physical activity). There is a special need for involvement in noncompetitive sports and activities that allow for differences in strength, dexterity, and size. Recreation has the greatest potential for raising a youth’s self-esteem and for establishing great relationships between staff and youth. Conversely, it also has the most destructive power in these areas.

Noncompetitive Activities

Plato wrote that we should strive for a combination of a perfect mind and a perfect body. Although none of us can be perfect, there is a link here with therapeutic recreation. The word therapeutic means

that the goals of physical exercise and having fun are secondary to the therapeutic goals of teaching new skills, raising self-esteem, and establishing the relationship. Therapeutic recreation is recreation that has a teaching or helping component.

Even though most juvenile delinquents are risktakers, they generally are not involved in sports or athletic programs for a variety of reasons. Because most detention facilities have a gym and because most juvenile offenders have had experience playing basketball, basketball frequently becomes the predominant form of recreation. In addition to excluding female detainees, basketball becomes a convenient recreation strategy that allows staff to provide recreation with minimum involvement and planning. Grimm (1991) maintained that therapeutic recreation began when detention facilities moved beyond basketball.

If the primary goal is maximum involvement by youth in a therapeutic recreation program, youth must be encouraged to participate. One very effective way to increase participation is through the use of noncompetitive games. These activities are highly inclusive and nonthreatening. They provide staff with numerous opportunities for encouragement and praise. As youth become more trusting and confident, they are more likely to cooperate with others, trust the guidance and direction of staff, and engage in more vigorous physical activities. If approached sequentially, noncompetitive games can be a way to lead youth into more demanding recreational activities, such as physical fitness and aerobics.

Noncompetitive games have been used successfully with detention residents (Roush, Christner, Lee, and Stelma, 1993; and Roush and Roush, 1993). Many resources available to juvenile detention staff detail noncompetitive games in juvenile detention (Grimm, 1991; Roush and Wyss, 1994; and Thorne, 1992). There are also additional resources for noncompetitive games (Fluegelman, 1976; Goodman and Weinstein, 1980; and Lions-Quest, 1992).

No matter what level of success you hope to achieve, your chances of success are improved with a positive mental image of yourself. It is important to believe in yourself if you are to succeed. In many cases, your health and physical condition are part of your overall wellness and success.

Physical Fitness

It is almost impossible to enjoy robust health and achieve optimum physical fitness without a planned program of regular exercise. Therefore, proper exercise is a planned supervised program designed to maintain body measurements at normal symmetrical proportions and to tone muscles for normal and optimum efficiency.

Proper daily exercise is important because, in addition to contributing to better health and a longer lifespan, it can greatly improve the quality of life. Exercise has been proven to alleviate depression and decrease anxiety.

You can initiate and develop a therapeutic recreation program to fit your own program's needs and philosophies. A program that works well combines old-fashioned physical fitness (calisthenics, running, and weight training) and a variety of sports.

A physical fitness program should be approached sequentially. Youth should have an opportunity to work up to vigorous and strenuous exercise routines. At every opportunity along the way, staff should encourage and reinforce participation, effort, accomplishment, and the healthy feelings associated with physical exercise.

Physical fitness programs should be under the supervision of a staff member trained in exercise physiology. The sequential nature of a program should include stretching exercises, calisthenics, aerobics, running or jogging programs, and weight training (stationary machines as opposed to free weights).

Vigorous exercise is an important component of a good recreation program. Juvenile detention professionals understood this concept long before the popularity of boot camps. The difference between a vigorous therapeutic recreation component and boot camps is not the level of hard work or the expenditure of energy on exercising and physical fitness. The difference is that therapeutic recreation programs are not intended to demean, humiliate, or degrade youth by having a staff member yell at and harass youth in the stereotypical drill-sergeant fashion. Youth are sent to detention *as* punishment, not *for* punishment (Logan, 1993). It is not within the legitimate role of detention to attempt to add to the pain and suffering inherent in being forcibly separated from home and society.

A physical fitness program should include a planned weight training program for everyone. Staff should make it enjoyable and never talk negatively about anyone's physical appearance. An overweight youth should be given exercises with high repetitions to help burn fat. Also, staff should advise youth about the advantages of maintaining a healthy diet versus eating junk food. A walking and jogging program is recommended.

However, youth should never be forced to participate in this exercise program. They should be greatly encouraged. The effort is most important. The pat on the back is always needed, especially for youth with poor self-images. Most youth respond in a positive way, and their behaviors greatly improve in other parts of the program. Continued participation should be contingent on positive behavior in all areas of the daily program.

Sports, sports, and more sports are offered all youth in a therapeutic recreation program—which means variety. By offering as many sports as possible, there is a greater chance that each resident will find one suited for his or her abilities. Sports as structured team games provide numerous learning experiences for youth. Before playing the sports, staff should teach the rules and work on the basic fundamentals for that particular sport. The list of sports that residents can participate in includes basketball, football, floor hockey, softball, volleyball, wrestling, weightlifting, running, aerobics, golf, handball, and soccer. Protective gear, flexible equipment, and special foam balls make many of these sports (a) safe for a wide range of youth, (b) usable in co-educational situations, and (c) playable indoors in a gym, recreation room, or large dayroom.

Leisure Time

Leisure time is important in all programs. However, how and when you use leisure time is equally important. Many facilities run a very structured program and allow very little free time for residents. Youth in detention are very high-risk youth, and they need structure. Most detention programs subject youth to numerous hours of television or cards because of insufficient staff, overcrowding, or a belief that programs are rewards for delinquent behavior. This approach does not qualify as constructive leisure time activity.

The American Correctional Association (ACA) (1991) addresses recreation and activities in Standard 3-JDF-5E-04, which reads as follows:

Written policy, procedure, and practice provide a recreation and leisure time plan that includes at a minimum at least one hour per day of large muscle activity and one hour of structured leisure time activities.

Comment: Large muscle development and opportunities for play and creative activities are essential for the growing youth. There should be opportunities for exercise and constructive leisure time activity for at least two (2) hours on school days and three (3) hours on non-school days, not including time spent watching television.

The ACA Standard raises two important points for understanding leisure time activities. First, leisure time activities are to be planned. Planning requires that leisure time activities be scheduled for a specific time within the daily schedule and that some thought and organization be included in the choice of leisure time activities.

Second, there is a difference between structured or constructive leisure time activities and free time

activities. Structured or constructive activities do not include watching television, listening to music, or playing cards. There still is debate about whether activities should be constructive (designed to contribute to the improvement of youth) or structured (planned and supervised to be consistent with the orderly, safe, and secure goals of detention). Furthermore, instructive and structured are not mutually exclusive. At minimum, however, at least 1 hour of structured activities per day should be provided to detained youth. These activities should be of a social nature and should be well organized and well planned. Arrangements should be made to ensure that staff understand their responsibilities, that space and equipment are available for the activity, and that adequate supervision exists.

Some facilities have leisure time between 3 and 4 p.m. every afternoon. During that hour, youth watch television and play radios. Table games are also offered; Monopoly, Battleship, and chess are favorite table games for youth. Card games are popular, but poker and blackjack are not permitted. In the evening, there is more leisure time.

If your program is fortunate enough to have a game room, you might want to take advantage of it. Not all youth like physical sports, and the game room gives them an opportunity to enjoy other types of recreation, such as ping pong, foosball, and pool. There are always youth interested in participating in the game room. A partial list of activities for leisure time includes listening to music, watching television or video movies, playing table games, going to the game room, making phone calls, playing video games, and reading books.

Staff play important roles with detained youth. Interaction should be constant. It may take place in the gymnasium or game room, or it may involve a simple talk about the youth's day. Regardless, activities promote strong resident and staff interaction.

Helping Parents When Their Child Is Detained

Most often, when you think about the detention experience and programs in detention, you immediately focus on the juvenile who has been detained. This reaction is appropriate. The detention experience can be traumatic for any juvenile, but especially for those who have not been detained before. Being afraid for personal safety or property, being upset by the separation from home, and having feelings of isolation or failure are common. Through detention programming, many of these negative feelings can be dealt with and turned into constructive learning experiences.

Effects of Detention on Parents

The detention experience does not touch only the juvenile. Often, the juvenile's parents will be as unfamiliar with detention as the juvenile. Parents worry about their son's or daughter's safety and property; they wonder how long detention will last; they have to learn their way through a complex justice system; and they worry if the detention will result in any new economic hardships for the family. Many parents also wonder where they have "gone wrong" when they see their child under lock and key. Some parents throw their hands up in disgust over their child's conduct, and a few may even abandon their offspring, hoping that the State will now care for their delinquent child.

Detention can create a new set of problems for a parent. These problems go beyond hiring a lawyer and keeping court appointments or appointments with probation officers, social workers, and psychologists. The process of dealing with the court, law enforcement, and attorneys is difficult and inherently punishing (Feeley, 1971). The detained juvenile may be the oldest child in the family with duties and responsibilities that will need to be taken over by younger siblings. Furthermore, the juvenile may be a source of income for the family, and the detention decision can have an economic impact on the family.

Although most of the attention is directed toward the child during the detention decision and orientation, this is an excellent opportunity for the detention staff to play a leadership role in working with the parents of the detained youth. The detention home will be one of the first points of contact between a parent and the juvenile justice system. The detention home equipped to offer parents help is a detention center that focuses on the family, not only the child. For many parents, juvenile detention can be an opportunity for renewal and a reaching out for help.

Programs for Parents

The old saying "strike while the iron is hot" is most relevant at this time. When a youth is detained, it is an excellent opportunity to engage parents in the treatment plan for the juvenile and to invite family participation in treatment. Parents must be fully involved in the plan to help youth and must be accorded full partnership (Christensen, Bowling, and Schauer, 1991). In addition to involvement, many parents choose to attend parenting education courses and family counseling sessions. Some even seek one-to-one counseling. Detention center staff can offer crisis intervention, family counseling, parent self-help groups, and substance abuse programs for the parents of addicted juveniles.

Parent group counseling, in which a trained group leader meets with several parents for 60 to 90 minutes per week, has been shown to be highly effective in helping parents to manage the detention crisis and to strengthen their parenting skills. During these self-help sessions, parents learn from each other and identify approaches that can be applied in their home situations, receiving guidance from other parents who have successfully handled similar problems. Often, the group leader does not need to do more than convene the meeting and relinquish it to the group for the discussion. Parents identify with other parents, particularly in this type of crisis situation. As a result, parents are willing to try new approaches in working with their children.

Groups can include the parents of detained youth or parents of previously detained youth. It is also advisable to engage probation officers in the groups whenever possible. In this way, the foundation can be laid for probation officers to continue parent groups in the community for those parents whose children remain under court supervision. For more information about programs for parents of youth in detention, see Roush and Wyss (1994).

Other groups have also been successful in educating parents on critical issues of substance abuse. Utilizing the skills of trained substance abuse counselors, parents can learn to identify the signs and symptoms of a substance abuse problem in their children and to identify resources available to help correct the problem. Occasionally, parents also realize that they have a substance abuse problem and seek help for themselves.

In some cases, crisis intervention counseling and victim awareness can be useful to parents when the victim is another member of the family or when the parents themselves are the victims. Involving parents through a group process while their child is in detention can have a beneficial impact on the family.

Although the stay in detention is frequently short, detention centers should still offer services to strengthen families. Parents will respond to an environment of genuine care and help. A nonthreatening "we care" attitude combined with a self-help process will result in parents being able to manage their children in a more constructive manner. Juvenile detention programs can offer this opportunity to parents seeking help.

Community Service

Community service is most often referred to in the context of a sentence following disposition or adjudication of guilt. Community service is frequently used as a substitute for restitution.

When a defendant has been found guilty, a judge will often impose a specific number of hours of community service in lieu of sending the defendant to jail. In these cases, the community service is usually provided by the defendant to governmental or nonprofit agencies in the community as a means of providing them with assistance. In most cases, the person providing a community service is under probation supervision. There are growing numbers of communities that use community service as part of a sentencing disposition for adult inmates in county and city jails.

Although the use of juvenile detention as a sentencing alternative is discouraged by ACA and NJDA, this does not mean that juveniles in detention facilities should be excluded from providing community service if they voluntarily choose to participate. The difference is that community service provided by juveniles who have not yet been adjudicated should be *voluntary* in nature.

What makes community service in juvenile detention unique is the fact that the juveniles remain in secure care throughout the period of community service unless the court determines otherwise. Therefore, projects that can be brought to the juveniles in detention should be considered over projects that require the juveniles to be transported. The fact that juveniles are in secure care should not be a permanent barrier that will keep them from doing community service work during their period of incarceration.

Some examples of community service that can be accomplished in juvenile detention facilities are the following:

- Helping civic groups with mass mailings. Often, there is considerable manual labor involved with a mass mailing for a civic group. Youth in detention can fold and stuff envelopes as a community service project for groups such as the League of Women Voters and other nonprofit charitable organizations. The juvenile detention center should not get involved in political campaigns or should not work for political candidates because this would constitute a conflict of interest. The juvenile detention administrator and staff should be aware of potential conflicts and disclose them whenever possible.
- Becoming certified in cardiopulmonary resuscitation (CPR) and first aid. Although this is not a direct community service project, it can help the community if in later years the juvenile is able to employ his or her CPR and first aid skills. Knowing first aid and CPR is an important skill for everyone.

- Creating artwork and crafts projects for senior citizen centers, nursing homes, and municipal buildings. Many young people in detention are very talented. However, they need to be encouraged to demonstrate their artistic talents. By sharing the works of art with people in nursing homes, hospitals, and senior citizen centers, juveniles can feel that they are enhancing the quality of life for a patient or an elderly person. Municipal buildings—such as county buildings, city halls, and libraries—often welcome artwork done by youth. The artwork can be displayed as a separate project or as part of a larger exhibit on juvenile justice issues. Through this approach, the public becomes informed about the juvenile justice system and the talents of many youth caught in the web of juvenile delinquency. By seeing their talent, many people will come to understand that delinquent youth are worth saving.
- Participating in seasonal charity activities. In anticipation of the Christmas holidays, youth in secure detention facilities can be taught how to wrap Christmas presents that will be distributed to needy families and children. This activity can be accomplished in cooperation with the giving campaigns of other civic organizations.

Youth in juvenile detention facilities can make positive and useful contributions to their community even while in secure care. The recognition of their talents and their willingness to give will raise their self-esteem and increase the public's understanding of youth in trouble. A creative, innovative mind is all that is needed to develop a strong community service program in the juvenile detention center. It is a low-cost program with a large return for the facility and the youth.

Religious Services

ACA Standards

Religious services are a required part of the programs in juvenile detention. Guaranteed by the Constitution, access to religious services must be offered to detained juveniles (Bell, 1992). ACA standards (1991) include three standards specific to religious services. These standards require written policies and procedures that govern the institution's religious services programs. These standards include:

- 3-JDF-5F-01: "The facility has a qualified staff person who coordinates the religious

programs." The qualified staff person may be a full-time, part-time, or volunteer person who has appropriate training.

- 3-JDF-5F-02: "Written policy, procedure, and practice provide that space is available for religious services." A multipurpose room may be used for services, provided there is access to the space when it is needed. The institution is not required to create a chapel or other area designated solely for religious services.
- 3-JDF-5F-03: "Written policy, procedure, and practice provide that juveniles have the opportunity to participate in the practices of their religious faith, which are deemed essential by the faith's judicatory, limited only by documentation showing threat to the safety of persons involved in such activity, or that the activity itself disrupts order in the facility." Religious practices include access to religious publications or religious symbols, congregate worship or religious services in an appropriate space, individual and group counseling, religious study classes, and adherence to dietary requirements. It is not within the responsibility of the detention administration to determine what is appropriate worship if that worship does not disrupt the administration's duty to maintain a safe and orderly environment.

The themes contained in the standards include the requirements for staff and space as well as definitions of services and access to services. The standards highlight the importance of a religious services program, but they do not discuss the nature or content of such a program.

Professional Perspectives on Religious Services

To learn more about religious services programs in detention facilities, NJDA solicited the assistance of chaplains from juvenile institutions across the United States. Under the guidance of the Reverend Ken Ponds, chaplain at the Starr Commonwealth Schools, five general questions were posed to institutional chaplains about the nature and scope of religious services programs. The questions and responses are as follows:

What is the purpose of religious services to youth in detention?

- To plant, to weed, and to feed the notion that youth have a spiritual nature, which must be developed for them to become all they are meant to be.

- To offer culturally neutral values that enhance human growth and offer a perspective that looks beyond cultural materialism, while acknowledging the disparity of justice in our world and our society.
- To meet adults who bridge the gap between social control demands and the youth's need for affirmation as a human. (Adults who "walk their talk.")
- To instill the challenge of "living all we are intended to be" rather than "settling for what we can get away with."
- To introduce youth to a God who loves them unconditionally and who invites them to grow—a God with whom they can have a personal relationship.
- To encourage youth to explore their spiritual resources for growth and change.
- To provide opportunities for youth to articulate and/or ritualize their faith.
- To teach youth basic religious skills (worship behaviors) in order for them to feel more competent and comfortable in congregational settings.
- To teach youth to pray and to create opportunities for prayerful moments.
- To teach youth scriptural skills.
- To provide for the spiritual needs of the residents as an integral component of holistic treatment.
- To provide encouragement and support at a time when youth are in trouble.

What benefits, if any, do youth receive from participation in religious services?

- It is a singular issue, and few generalizations seem possible.
- It provides youth with comfort.
- It provides youth with interaction with volunteers of diverse religious backgrounds. Detained youth are accustomed to broken promises, especially from people who do things because they get paid. Volunteers come because they want to come, and even if the visit comes only once per month, it is predictable.
- It provides youth with a nurturing of spirituality.
- It provides youth with a general emotional catharsis, which might be useful from an institutional management standpoint but whose

instigation by detention staff might be questionable from an ethical standpoint.

- It gives youth ideas and messages to ponder.
- It provides youth with the opportunity of choice (to attend or not to attend).
- It is something that only God knows.

Who is most effective in sharing religious thought with youth?

- Someone who obviously likes people, youth in particular.
- Someone who is nonjudgmental.
- Someone who seriously cares for youth and will continue to visit even when the response is less than desired.
- Someone who listens first, who "walks with" second, and who proclaims last.
- Someone of faith who lives what he or she professes; youth can spot hypocrisy.
- Someone with a cultural background similar to that of the youth in detention.
- Someone who has shared a life experience with the youth (drug or alcohol abuse) and who has undergone a conversion experience. Youth respect people who have walked in their shoes and who have made positive changes in their own lives.
- Someone who is open to youth's spiritual needs and does not try to convert them or threaten them with fire and brimstone.
- Someone who shares faith and who tries to build a relationship first—which takes time and patience.
- Someone who can reframe the youth's struggles and feelings into simple religious stories of the faith struggle.
- Someone who is comfortable with "unfinished products."
- Someone who is comfortable being an adult in a youth setting, not being a "buddy."
- Someone who can say "no" without rancor, accusation, or challenge and who speaks from a sense of self-limits that are rooted in values rather than rules.
- Someone who is consistent in sharing his or her faith and who comes as scheduled.
- Someone who respects the youth, such as campus ministers, clergy, or volunteers.
- Someone who wishes to share God's intention toward us rather than God's disappointment and anger with us.

What are the most effective ways of sharing religious thought with youth in detention?

- Through participation in ritual.
- Through careful sharing in small groups.
- Through experiential learning exercises.
- Through the words of their culture's spiritual leaders.
- Through small groups, seldom through large groups.
- Through the choice not to participate.
- Through scripture studies. It is most effective to incorporate an audiovisual and a reading component into the session. Applying the scripture story or lesson to the youth's life makes it relevant.
- Through a time for personal prayer.
- Through religious education formats that address youth issues and teach youth faith skills.
- Through role playing that helps them to learn how to put spiritual principles into practice in their lives.
- Through song. Youth who have the talent or the yearning to share their voice in song can be deeply affected by having the chance to sing.

What is the most effective way of developing spiritual growth in youth?

- Having a genuine relationship with God.
- Modeling spiritual principles without being "syrupy" or offensive.
- Offering meaningful and participatory worship experiences, scriptural study that relates to life issues, involvement in service projects (serving at soup kitchens or building wheel chair ramps), and retreats.
- Never confusing oneself with God.

Chaplain

In some detention facilities, the person responsible for religious services is called the chaplain. In larger institutions, the chaplain may have a full-time paid position funded by the institution or the local religious community. For example, Youth for Christ organizations frequently include the local juvenile institutions in their ministry. More often, the chaplain is a member of the local clergy, who commit their time and services on a voluntary basis. The Reverend Ken Ponds' questions also addressed the role of the chaplain in the detention facility. The questions and responses are as follows:

What should be the relationship of the chaplain to the administration of the detention center?

- The chaplain should be a distant partner who can be relied on to speak honestly about the climate of the institution but who refuses to collaborate in its schemes of entrapment or discipline.
- There needs to be a tension present, which is obvious to all and which is respectful. The chaplain should not seek to obstruct institutional management and should not be a tool for institutional management. The integrity of the chaplain has only a fleeting chance in the eyes of the youth; the chaplain must be perceived as being his or her own person.
- The best situation would have several denominations assist with the compensation of the chaplain to remind both the chaplain and the institution who the chaplain truly serves.
- It cannot be determined whether there is any benefit to having the chaplain sit on the disciplinary board as a moderating influence. The cost in terms of later credibility with the youth is unknown.

What role does the chaplain play for youth in detention and for the staff who serve those youth?

- Support and ventilation for all.
- Reinforcement of our sporadic tendencies to treat one another humanely.
- Confession without violation of confidence.
- Defusing of dehumanization or depersonalization (of staff or youth), which often leads to some sort of brutalization by either party.

Use of Volunteers

Volunteers are people who donate their time and effort to enhance the services and activities of detention. Volunteers are selected on the basis of their skills or personal qualities, without regard to race, sex, or national origin.

Services that can be provided by volunteers are almost unlimited, but some common examples include mentoring, recreation, counseling, education or tutoring, and clerical activities. The following issues are important regarding the use of volunteers:

- Volunteers should be at least 21 years old and should have appropriate training or licensing when required.

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- All volunteers should know and follow the policies and procedures for the volunteer program and for the agency. Paid staff may work as volunteers during their off-duty hours, with the approval of the agency director. Students working at the agency in a designated internship or practicum should operate under the intern or practicum agreement between the agency and their schools, not under the volunteer program's policies and procedures.
 - Whenever possible, volunteer services should be included in the annual budget prepared by the detention center. Budget support should include funding for a part-time or full-time position for a volunteer coordinator and for volunteer supplies.
 - All volunteers should be provided with an identification tag, designating the individual's name and status with the agency (i.e., volunteer in a designated program). Volunteers should be expected to wear their name tags while on duty at the agency. At the time of termination, name tags should be returned to the facility administrator.
 - Volunteers should operate under the same insurance and liability rules and regulations as agency employees. Insurance coverage should be provided.
 - A job description for each volunteer position should be developed. All applicants for volunteer positions within the agency need to be treated equally, fairly, and expeditiously. Applicants should go through an interview process, similar to that for other agency employees. Before any individual is placed as a volunteer, all requirements of the screening process should be met. Volunteer applicants should complete an indepth social history. If agreement is reached that a satisfactory volunteer relationship can be negotiated, the volunteer should complete the rest of the volunteer application process.
 - A criminal records check should be conducted before assigning a volunteer to any program responsibility or interaction with youth. The prospective volunteer should also provide the names, addresses, and telephone numbers of three references, one of whom is work related, and he or she should provide a signed release of information.
 - Once approved, the volunteer should complete and sign a volunteer agreement, specifying services to be provided and timeframe. The volunteer should also sign a confidentiality statement regarding juvenile information. A personnel file for the volunteer should then be established.
 - All volunteers should receive the same orientation and review of other policies and procedures as paid staff members. Furthermore, volunteers should receive training for the positions that they will hold. Volunteers should also be encouraged to participate in any training that is regularly offered to employees of the agency, on a space-available basis.
 - Volunteers should log all of their volunteer hours on a daily basis. This procedure will provide the volunteer and the agency with documentation of his or her services, which can be used in future endeavors and in the agency's volunteer recognition program. It is important for volunteers to receive recognition in lieu of monetary reimbursement. Therefore, the agency should formally recognize and acknowledge the valuable contributions that volunteers make.
 - The agency should establish policies that support the rights and responsibilities of volunteers. Furthermore, those rights and responsibilities should be fully explained to all volunteers as part of the orientation and training.
 - All volunteers should receive appropriate supervision. Program supervisors should accept responsibility for providing supervision to any volunteer placed under his or her supervision or should delegate the responsibility for that supervision to an appropriate staff person. Supervision is recognized as an ongoing process.
 - Violations by volunteers of agency policies and procedures should be dealt with in a fair and impartial fashion. Step-by-step procedures should be outlined so that both volunteer and supervisor will have clear guidelines. Volunteers should have the right to file a grievance concerning disciplinary or nondisciplinary matters. All grievances should be in writing.
- A report regarding volunteer services should be prepared annually and submitted to the agency director in order to complete a program evaluation and needs assessment. For more information about volunteer services in juvenile corrections, see Smith (1992).

Education in a juvenile detention facility is multifaceted. It encompasses formal (academic) educational instruction, such as English, math, and social studies, as well as informal (nonacademic) instruction, such as learning to follow the rules, learning better social skills, and learning more appropriate behaviors.

All adults who are connected with juvenile detention and who have contact with youth are involved in some aspect of education. They inform, teach, instruct, coach, tutor, model, and mentor. No matter what forms it takes, detention education must be geared to the diverse academic, cultural, social, emotional, and developmental needs of the youth in detention.

Why Provide an Educational Program?

Detention education is a core program component in juvenile detention facilities because of the following:

- Most youth admitted to detention have a history of poor academic performance.
- The detention experience often occurs during a period of crisis for youth, which can serve as a catalyst for change.
- State and Federal regulations require all youth up to a minimum age to attend school.
- It provides youth enrolled in school with an opportunity to keep current with their studies, and it facilitates their return to school when discharged.
- Academic and/or vocational successes help to enhance the youth's chances of employment following release.
- Academic success helps youth to see themselves differently, which can lead to enhanced self-esteem and improved problem-solving abilities.
- It provides youth who are not enrolled in school or who are not interested in education with opportunities to explore a general equivalency diploma (GED), survival skills or life skills, and career or vocational opportunities.

Factors To Consider

When developing a successful detention education program, a variety of factors should be given consideration. The detention center should do the following:

- Develop educational policy statements that conform with or reflect the mission, philosophy, goals, and objectives of the facility.
- Review and comply with all State and Federal regulatory requirements regarding the education of youth.
- Consider the size of the facility in relationship to the physical structure, the number of youth being served, and the number of staff required to operate and equip the type of education program and services being provided.
- Plan for a more culturally diversified group of youth.
- Address the educational needs of those youth not currently enrolled in a community school, the process for receiving credit for work done in the detention facility, and reenrollment in a community school upon discharge.
- Develop services responsive to the fact that youth will enter the facility at various times throughout the year and may remain from 1 day to more than 30 days.
- Emphasize that all staff have unique knowledge, skills, and abilities that can be used in general education for instruction, guidance, modeling, coaching, monitoring, and supervision of youth.

Recognition

Education programs provide an excellent opportunity for recognition (Previte, 1994). Student attendance, packet or course completion, and GED provide opportunities for positive actions and accomplishments to be recognized. Recognition builds self-esteem, which reinforces the value of the education program. Recognition ranges from offering simple verbal praise to awarding certificates or incentives provided by community resources, such as pizzas or special event tickets. (See Chapter 12 on behavior management for more ideas.)

Review of Detention Education Issues

A body of data exists regarding competent detention education programs. Studies by Norman (1961), Hughes (1972), Duran (1979), and Hughes and Reuterman (1980) provide basic data for the establishment of acceptable minimum standards for detention education programs, many of which exceed the education standards recommended by the American Correctional Association (1991).

To generate more information about detention education, the Michigan Juvenile Detention Association (MJDA) held a forum so that detention educators could express their concerns about more effective detention education programs (Roush and Morris, 1980). Based on an analysis of these issues, detention educators, detention administrators, and detention school coordinators were asked to prepare a list of priorities for detention education in Michigan. The following priorities were identified:

- Each student should have a comprehensive set of educational goals that culminate in an aftercare plan.
- Improved communication systems are needed between detention education staff and court staff, detention staff, parents, staff of other facilities, and students.
- Detention education curriculum should include substance abuse and mental health programming, GED information, vocational training, treatment components, survival skills, and coping skills.
- There is a need for increased information regarding rules and regulations from State and Federal sources as well as GED information. Additionally, the label “emotionally impaired” or “emotionally disturbed” should be removed from the classification of detention education students. Finally, rules and regulations should specify that an inhouse education director must be assigned to each detention education program.
- There is a need for coordinated program goals between education staff and detention staff.

Components of the Detention Education Program

Administration

It is generally accepted that detention education programs should be administered by a separate board of education that is distinct from the administering agency for the detention facility. Hughes and Reuterman (1980) report that more than 72 percent of all detention education programs are administered by a separate board or agency.

The relationship among the juvenile court, the juvenile detention facility, and the operating school district is unique within most educational delivery systems. A cooperative and working relationship is important in addressing the educational needs of the youth placed into the detention facility, particularly if the education program is operated by the public schools—which is the recommended approach.

The detention education program should be initiated through an interagency agreement between the local or intermediate school district where the facility is located and the agency that operates the juvenile detention facility. This agreement should reflect the cooperative efforts between the two groups and clearly define the responsibilities and obligations of each. The cooperative agreement should specify the responsibilities of each party for delivering educational programs and services and for covering costs related to the implementation of the educational program. A good cooperative agreement will facilitate better working relationships, efficient use of personnel and services, and a coordinated approach to improve services to students and parents involved in the program.

Role of the Juvenile Court

The juvenile court should work cooperatively with other agencies and school districts in the education of youth placed in the juvenile detention facility, while assuring compliance with appropriate State laws and rules. If it appears that the laws and rules of the court contradict various education laws and rules, it is recommended that the court, the department of social services, and the department of education resolve the differences in a positive, appropriate manner.

Role of the Juvenile Detention Facility

- Administrators and staff of the juvenile detention facility should consider the detention school program to be an integral part of the total detention program.

- Juvenile detention careworkers should be supportive of the school program and school staff in every way possible.
- Except for court appearances, the detention education program should be given top priority.
- Juvenile detention careworkers should stress the importance of the school program and their expectation that each youth will become meaningfully involved in the program.
- The school program should be included in any detention reinforcement program (e.g., token economy or point system).
- Any information known to the detention facility staff that could affect a youth's program or behavior in school should be shared with school staff (e.g., information reported by the probation officer, behavior observed in detention, or known physical problems).
- The detention facility administration should expect and receive regular feedback from the school staff regarding the youth's performance and achievement in the school program (Francis, 1982:3-4).

Role of the Operating School District

The operating school district and the juvenile detention facility should work in a cooperative manner and should jointly participate, whenever possible, in the planning of educational and/or treatment programs upon release. This cooperative endeavor should involve teachers from the operating district as well as those from the detention facility. Consultation support from the public schools to both court staff and educational staff is one means of achieving a smooth transition. The juvenile court may also provide a liaison consultant to local school districts.

The public school district should provide educational services in addition to the above-mentioned consultation service. These services may include:

- Diagnostic evaluations.
- Specialized programs.
- Alternative education.
- Special education programs for identified handicapped students.
- Historical and educational insight for court staff.
- Attendance at meetings, such as individualized educational planning committees, and provision of information from those meetings.

- Educational planning for youth returning from placements outside the district (Francis, 1982:4).

Several issues need to be formalized when developing a juvenile detention education program, including:

- Who is responsible for determining the number, type, qualifications, pay, and benefits of education personnel.
- Who conducts staff recruitment, selection, hiring, performance evaluations, discipline, and training.
- Who decides the number of instructional hours per day and the number of instructional days per year to be provided.
- Who determines the curriculum to be offered and credit to be earned.
- Who provides supplies, materials, equipment, and space.
- Who disciplines youth.
- Who decides what safety or security policies will be followed.
- Who funds the program.

Education Files

Generally accepted minimum standards call for the maintenance of education files that are separate from the resident filing system within the detention facility.

Class Size

Class size for detention education programs should be small, with a ratio of 10 students per teacher (Norman, 1961; Duran, 1979; and Francis, 1982). Norman specifically recommended that there should be no more than five students per class when teaching remedial subjects.

School Year

A detention education program should operate on a 52-week basis. This recommendation is not widely implemented because of difficulties with teacher contracts. Several alternatives have been tried. For example, some institutions stagger the contracts for various teachers so that the education program operates for the entire year. These efforts have had some success in lengthening the average school year for detention education programs to 43 weeks. Although this time period falls short of the ideal 52-week program, it does exceed the normal 36-week program in most public schools.

Personnel

Staffing is dependent on, but not limited to, the size of the facility, the number of the youth served, the needs of the youth, availability of resources, and the goals and objectives of the detention center and the education program.

The detention education program should hire teachers with the following qualifications:

- Certified to teach kindergarten through 12th grade.
- Endorsed or educated in reading, remedial math, and social studies.
- Certified in special education.

Michigan includes detention education under its special education rules and increases State reimbursements for special education certified teachers. As mentioned earlier, small facilities may only be able to use one or two teachers who have general knowledge of the basic subject areas. However, as the size of the facility increases, so does the need to provide special education services.

Large institutions should use teachers who also have specialized knowledge in other areas (e.g., arts, science, and home economics), and they should use more tutors, paraeducators or teachers' aides, psychologists, counselors, clerical staff, and administrators.

Careworkers in the classroom. Juvenile detention careworkers are an important part of the education program. By being available during school hours and in the evening, they can provide tutoring, classroom management support, and afterschool study sessions.

Volunteers. Volunteers are an important part of a successful education program. They may come from local colleges or universities, community organizations (such as service clubs and churches), and businesses. Volunteers can enhance the education program by serving as tutors, clerical assistants, and teachers' assistants or by making special presentations.

Generally speaking, the more people who are involved in the detention education program, the better the center is able to provide quality education, to enhance the condition of confinement, and to improve the chances of success when youth return to the community.

Equipment, Furniture, Materials, and Supplies

All detention education programs must develop, purchase, and maintain sufficient materials, furniture, and equipment to meet the needs of traditional classroom programs and nontraditional individualized learning programs. Depending on the size of the facility

and the location of the education program, equipment and furniture may be permanently installed or mobile.

Equipment should accommodate the different learning levels, abilities, and styles of youth served. Equipment should include audiotape player and recorder, VCR and monitor, television, radios, personal computers with CD-ROM, film strip projector, overhead projector and screen, typewriters, calculators, clock, photocopier, stapler, and papercutter.

Furniture should be sturdy, durable, and able to accommodate individual or group learning arrangements. For example, a program might need individual desks, folding tables, comfortable chairs, file cabinets, and bookshelves.

Materials and supplies should support the curriculum and the instruction method of teachers. For example, the program might need books, individualized learning packets, paper (colored, plain, or drawing), pens, pencils, rulers, clips, and erasers.

It is important to consult with juvenile detention personnel concerning appropriate safety and security measures to be developed and followed when ordering, using, and storing equipment, furniture, materials, and supplies.

Physical Space

The education program should be physically and environmentally comfortable for learning. Consideration should be given to providing adequate program space during school operating hours. Ideally, the school program should be in a low-traffic area with as few diversions as possible, good air, good lighting, low noise, and comfortable temperatures. Other possible space needs in an educational program might include group activity; individual study spaces; storage for files, records, and books; and teacher planning space.

The location of the education program varies according to the size of the facility, and it reflects whether the detention careworkers are involved or not in the school's operation. For example, in a small facility, the school may be in the dayroom area with detention careworkers actively involved. In a large facility, the school may have a space of its own, with school staff isolated from the main flow of agency activities.

Community Resources

Community resources should be used in the detention education program and in the detention agency. When the school is linked with a local school system, it may use existing programs in the district, such as Junior Achievement, business partnerships, adopt-a-school, and local drug and alcohol programs.

Furthermore, the school program can be enhanced by local service club volunteers from the community and by interns or students from local community colleges or universities. Community speakers (Red Cross, health department, or cultural interests) can complement the education program greatly. Law-related education activities and materials can be an effective way to involve people from the community with the school program. Community volunteers can participate in many ways, ranging from special presentations to mentoring and tutoring.

Curriculum

There is very little debate over curriculums for detention education programs. Practitioners generally agree that the primary purposes of a detention education curriculum are to keep students current with their studies in public schools and to provide remedial instruction, whenever needed. In times of inadequate numbers of teachers and resources, controversy arises over the minimum curriculum that meets acceptable standards.

Based on a regional survey of effective detention education practices, Duran (1979) identified the following areas for a detention education curriculum:

- Math.
- Remedial math.
- Remedial reading.
- Arts and crafts.
- Guidance.
- Physical education.
- Social studies.
- GED preparation.

Additional subjects include vocational education, career education, health, sex education, job interview skills, consumer education skills, and science.

Although detention educators agree with Duran's research, they note that it is somewhat outdated. Contemporary curriculum development also includes a strong emphasis on language arts (writing and speaking), computer-assisted instruction, and social skills programs as a substitute for guidance.

A postsecondary education program should be provided for youth who have acquired their high school diploma or GED. Courses offered need not lead to credit hours but should be of high interest and educational value—e.g., computer literacy, values clarification, employment skills (interviewing and job applications), career exploration, and life or survival skills. College courses and correspondence courses are options for some, and many youth can serve as tutors to help

younger residents who may benefit from increased individualized assistance.

Providing homework assignments is very important, and teachers and juvenile detention careworkers can cooperate on this function. Providing a daily afternoon or evening study time reinforces good study habits and allows juvenile detention careworkers and volunteers to serve as tutors.

Admission

Upon admission to a juvenile detention facility, youth should undergo some type of academic screening or assessment to identify current educational skills, which normally range from elementary through high school levels. Part of the assessment should include contacting the youth's current or last known school to obtain information to assist in the proper level assignment. When the assessment process is completed, all youth should have an alternative education program (AEP) developed for them if they are going to remain in the facility for more than 3 days.

AEP's should correspond to subjects taught in local schools so that progress toward graduation is maintained by detention education coursework. There are several strategies to translate participation in a detention education program into viable credits in the public schools. Some youth receive actual credits (full or partial, depending on the length of stay), while some youth receive excused absences and credit for the number of weeks in detention. No matter which strategy is adopted, it is imperative that the detention education program be recognized as a legitimate educational experience and that detention education staff secure an agreement with local schools so that successful participation in the detention education program counts toward graduation. Youth currently enrolled in school should be able to work on assignments obtained from their home school to keep up with their classmates.

Discharge

When youth are discharged, the detention education staff should be notified so they can prepare a summary of academic progress and accomplishments, which should be kept on file in the agency for future reference. Some youth return to juvenile detention; so these records can be very helpful. A copy of the academic summary should be requested by the next school the youth attends.

For youth who are attending a community school prior to admission, it is important that the school be notified of the youth's discharge. If the youth is returning to that school, records of his or her academic

progress, including credits earned, should be conveyed in written form as soon as possible.

For those youth who were not attending a school at the time of admission, they may decide to return to a school upon discharge. In this situation, detention education staff should assist these youth and their parents or other responsible adults in contacting the appropriate community school to arrange for reenrollment. This process may include a reentry conference.

Followup

Some type of educational followup or aftercare may be appropriate for youth who establish supportive relationships with a facility teacher or who may need continued educational guidance after discharge. Facility policy should address this issue so that appropriate guidelines and limitations are clearly spelled out. For example, a discharged youth may only contact the facility teacher at work. Any tutoring provided should be at the facility. In these situations, the teacher should also try to locate another teacher-counselor-tutor in the youth's community school to provide the additional support.

Reports for Court

Academic assessments or progress and accomplishment summaries should be requested by probation officers, caseworkers, attorneys, or judges. Such reports are very helpful when decisions are made concerning a youth's future. Education personnel should prepare these reports in a professional manner, distinguishing between objective observations and personal or subjective opinions. The report should minimally include name, birthday, age, sex of the youth; name of the last community school and grade attended; results of the juvenile detention educational screening assessment, grade placement in subject areas, academic progress and accomplishments, and weaknesses and strengths; the number of days of attended school; and behavior observations (ability to get along with peers and staff, attitude, and ability to work independently or in a group).

Parent Involvement

Parents, legal guardians, other significant adults, and juvenile detention staff should be informed on a regular basis of how youth are doing in the detention education program. Sharing of information is important because it may help others to see these youth in a different light. Compliments from others may also encourage youth to continue working hard and help them to benefit even more from the education program.

Education Beyond the School Program

Education need not be confined to a school program. Other learning experiences should occur outside the detention education program, and these experiences should address drug and alcohol education, health and sex education, anger control, decisionmaking skills, career exploration, self-esteem building, information about community resources, leisure time activities, problem identification and goal setting, child development, parenting skills, dating and interpersonal skills, and information on how to accept criticism and compliments. Two popular informational topics are employability skills and independent living skills. Detention careworkers can coordinate or lead these information sessions, using other staff, business leaders in the community, or volunteers. Handouts, role plays, videos, and discussions can be combined in ways that make such activities enjoyable and educational.

A successful juvenile detention facility provides a multifaceted detention education program so that the time youth spend in the facility is as productive and beneficial as possible. A detention education program is geared to accommodate the diverse academic, multicultural, social, emotional, and developmental needs of youth on an individual and group basis.

Finally, the education of youth encompasses just about every activity that involves youth and staff. All staff, no matter what their job titles, contribute to the education of youth. A commitment to a quality detention education program invests in youth rather than warehousing them.

Special Education Services

Like health and mental health concerns, the scope of the problems regarding special education services has not been well researched, and much of the information is based on practitioner observations. For juvenile justice agencies, the problem can be characterized as a widening gap between available educational services and the more specialized educational needs of juvenile offenders. Within the educational programs provided by most juvenile justice agencies, the emphasis is on acquiring basic educational skills, and the primary outcome measure is earning a high school diploma or GED.

This particular strategy has been criticized because the basic education curriculum and the GED strategy do not go far enough. If the success of the educational program is measured by a juvenile's ability to read at the eighth-grade level, then the wrong outcome has been selected to measure the effectiveness of a

detention education curriculum, especially if there is no way of knowing whether or not juveniles can functionally use these skills to acquire goods and services, to perform various domestic living tasks, to use recreation services, and to gain and maintain employment (Gerry, 1991). The notion that academic instruction is misguided is compounded by the need for special services. Estimates suggest that between 28 percent and 42 percent of incarcerated youth are labeled educationally handicapped (Krisberg, 1990) and that 34 percent are functionally illiterate (Gerry and Certo, 1992). Given these percentages, it is critical that detention educational services include special education programming.

Federal Standards

The Education for All Handicapped Children Act (EAHCA), now the Individuals With Disabilities Education Act (IDEA), 20 U.S.C. 1400 et seq., requires that all youth who are or may be educationally disabled receive a free, appropriate public education. Civil rights groups have shown a willingness to sue State and local agencies to ensure that the provisions of the act are extended to incarcerated youth. The settlement of a class action suit brought in the Federal Court, District of New Hampshire, required the following:

- All educationally disabled students must receive an educational program for at least 5.5 hours each day, beginning no later than 2 school days after arrival.
- No educationally disabled student placed in the detention unit may be expelled from education.
- No educationally disabled student may be suspended from education for acts not committed in the course of the educational program.
- For those students determined to be educationally disabled, the responsible school district should be notified within 24 hours, and the school district should provide within 24 hours a copy of the student's individual education plan (IEP). Whenever the IEP cannot be fully implemented by the detention unit, a special education evaluation placement team meeting should be convened promptly for the purpose of determining whether the educational program being provided is appropriate or whether the IEP should be revised.

Even a casual observer can see that this is a cumbersome, time-consuming, and costly process. It is not the best method.

To avoid litigation, detention facilities should become acquainted with their State's department of education special education requirements. Detention facilities also should enter into discussions with school officials within the jurisdiction served to determine what needs to be done, individually or cooperatively, to ensure that the special education needs of detained youth are being met. It is probably too late to begin such discussions after a lawsuit has been filed.

School Dropouts

Many juveniles in detention have had a negative experience in the school system, and their motivation to remain in or return to school is almost nonexistent. However, returning to school may be the best chance these youth have to change their behavior and lead crime-free lives. Engaging detained youth in the educational process has many beneficial effects. If youth are able to keep up with the class while in detention, the likelihood that they will return to school successfully is increased. Conversely, if youth are sent home after a period in detention and find that they are further behind the class in school, catching up can appear to be so impossible that youth simply drop out.

Adolescents once dropped out of school to work in the mills and factories. Today's youth drop out of school to enter a world of crime and drug trafficking (Duster, 1987). Few would argue with this assessment. Therefore, any step taken by the detention facility to enable or encourage detained youth to return to school would be a step toward prevention of more crime and further penetration into the criminal justice system.

Computer-Assisted Instruction

Computer-assisted instruction (CAI) is an educational tool used to strengthen and expand existing detention education programs, while simultaneously offering additional remedial, social, and life-skills education. Using computers permits educational programming to be expanded, permits a more cost-effective use of personnel, increases the amount of time spent on individualized educational activities, and combines high-interest activities with educational concepts.

Four integrated CAI components are recommended. A compatible educational philosophy is the concept of peer-assisted instruction, which complements CAI and helps to teach responsibility. Similar programs have been very successful in enhancing instruction in a variety of subject matters, while

simultaneously increasing a youth's concern and commitment for others.

Remedial Instruction Program

Numerous students experience learning problems that prevent them from fully participating in group instructional activities. Specific learning disabilities or problems often prevent the mastery of fundamental educational concepts. The purpose of a CAI remedial program is to provide additional prescriptive instruction for specific skill development.

Supplemental Academic Instruction

The supplemental subject instruction offers additional instruction in conjunction with the existing detention education curriculum. Students participate in computer-assisted educational activities that enhance their studies in reading, English, math, social studies, and industrial arts. CAI also provides learning opportunities in vocational education. This educational component provides additional instruction so that students may achieve mastery in various curriculum areas.

Afterschool Program

An afterschool educational program offers students an opportunity to participate in computer-based learning experiences. These programs are reinforcing and include educational games and simulations. Furthermore, students use problem-solving software to enhance decisionmaking skills. Although the program focuses on increased social skills, survival skills, and decisionmaking skills, programs also develop high-level thinking skills.

Summer School Academy

The summer school academy provides an integrated program of educational software for those students in detention during the summer period when no school program is in session. Additionally, all students can participate in computer programs that provide instruction in life skills, such as personal hygiene, attitudes, values, career development, and basic educational skills.

An Example

Arizona has developed and implemented alternative educational programs for youth who are temporarily detained in county juvenile detention facilities. Northern Arizona University, Arizona Center for Vocational Technological Education, Coconino County Juvenile Court Center, and Flagstaff Unified School District have cooperated to create alternative educational services for a historically underserved population.

Computer-Assisted Detention Education and Training (CADET) was developed as a dropout intervention program for Coconino County juveniles who have been detained. Students are transported daily to the campus of Northern Arizona University for CAI. CADET is staffed by State-certified teachers as well as detention careworkers. Educational diagnostic assessments are administered, and IEP's are developed for each student. Special education students from county schools continue to work on their established, short-term IEP goals while at CADET. Students who are not from the county normally focus on GED preparation.

Summary

A comprehensive detention education program is a powerful way of providing meaningful activity during the day. It reduces the boredom that is often the natural consequence of detention. Participation in a successful detention education program reduces the number of interpersonal incidents and other disciplinary problems. Because most youth in detention will be in the facility for a relatively short period of time, the school program must have many nontraditional aspects. Learning periods should be short and independent of progression or prior knowledge. When possible, learning periods should be nonthreatening, interesting, and entertaining. Although the period of detention is too short to correct all past failures in school, it is long enough to impart general knowledge that will benefit youth whether they return home or are placed in some other program.

Behavior management in the modern day detention and corrections setting requires an understanding of two incorporated subcategories of knowledge: (1) human psychological functioning and (2) strategies of staff interaction to gain cooperative and appropriate resident behavior.

There are two types of staff interaction strategies—“personal” and “structural or environmental”—which will be referred to as personal and programmatic strategies. There is enough knowledge about each of these types of interaction to discuss them independently even though they are completely interrelated. Therefore, this discussion of behavior management comprises two parts. The first part focuses on the personal interaction strategies and techniques of behavior management, while the following part focuses on programmatic strategies and techniques. Both sections include and review relevant teachings on human psychological functioning (understanding the nature of delinquent and adolescent behavior) as needed.

Part I: Personal Strategy

Conceptually, this section does not embark on a new path of behavior management and does not outline an original set of behavior management techniques. No magic remedies or momentous discoveries about behavior development or control have surfaced during the past 10 years. In fact, it is beneficial that the modern practice of behavior management is constructed on a solid foundation of slowly growing empirical evidence. It should also be comforting that this evidence is not radically different from what was previously thought to be true.

However, our understanding of the nature of human behavior has gained some clarity in the past few years, and the emphasis for eliciting appropriate behavior from residents has followed accumulating evidence showing that positive resident behavior is a product of positive staff-resident relationships. It also remains true that the basis for behavior management relies on the personal strategies, actions, and interactions of the detention and corrections staff.

Personal strategies for behavior management fall into six general categories of staff action and interaction: personal understandings, relationship interactions, leadership interactions, counseling interactions, teaching interactions, and crisis interactions.

Personal Understandings

The area of personal understandings is often overlooked. However, before staff members can interact favorably with a juvenile in the detention or corrections setting, they must equip themselves with a basic knowledge and understanding of human behavior and establish or clarify their personal philosophy (or understanding) of behavior management.

Lewin’s Behavior Formula. Kurt Lewin (1946) provided a fundamental observation that the behavior of a person (B) was a function of the interaction of that person’s personality (P) and the present human and physical environment (E). This conceptualization is often referred to as the Behavior Formula [$B = f(P, E)$] and provides insight into why persons behave the way they do. The formula also suggests a plan to maintain or change the present behavior of a person. Behavior is the key word; it is not the juvenile careworker’s goal to read the mind of a youth or to police a person’s hidden attitudes and thoughts. The goal is simply to observe, assess, and influence a youth’s behavior.

The second major principle clarified by the Behavior Formula is that staff members have great personal influence on resident behavior through their interactions with residents. However, it is equally important that staff understand that human behavior is ultimately self-controlled (personality controlled) and is a matter of self-choice.

A resident’s behavior is a product of his or her present personality interacting with the detention and corrections setting. A resident’s personality is not so mystical that it cannot be understood. It is simply a two-dimensional structure consisting of (1) the youth’s learned beliefs, values, motivations, and rationalizations about those beliefs and values (the youth’s cognitive structure) and (2) a consistent set of learned behavior patterns. Personality and potential learning capabilities may be influenced by inherited biogenetic characteristics, but for the most part, personality is composed entirely of learned patterns of thinking and behavior (Aronoff and Wilson, 1985; and Loevinger, 1987). The importance of this fact cannot be overemphasized for our personal understanding. It underscores that the way youth think and act is derived from previous learning and that the way they will act in the present and future is subject to either new learning or reinforcement of previously learned behavior patterns.

Behavior is the result of both learning and choice. Human beings have not only learned present sets of behaviors, but they also continually choose to perform them. Most behavior choices were made a long time ago, and present behaviors are mostly thought of as habits. The important concept (understanding) is that every behavior is composed of a series of choices, and it is possible to make new choices and establish new habits (Kendall and Braswell, 1985).

Another important understanding is that the average delinquent youth has experienced a normal personality development (Glasser, 1975; and Bandura, 1986). For the most part, a delinquent youth is a typical adolescent going through normal developmental stages and facing the present and future world with the same anxieties, hopes, and concerns as any other juvenile. It is valuable to note that 90 percent of the behavior observed in a detention setting is normal adolescent behavior.

Of equal importance is the fact that the remaining 10 percent of behavior experienced in the detention setting is the result of former learning and reinforcement and is usually the most effective behavior that the juvenile knows (at the present time) to get what he or she wants. In other words, the maladjusted behaviors may be inappropriate by adult standards, but they have worked successfully for juveniles in the past, and they are products of past learning interactions and experiences. Juvenile offenders will also continue to use these old habits until the value of new choices is clarified.

Three Types of Staff Behavior

In light of this basic knowledge of the development of human behavior, what is an effective philosophy of behavior management? Staff members reveal their behavior management philosophies through the use of passive, aggressive, or assertive interactions with juvenile residents and other staff. Usually, current patterns of interaction were acquired through life experiences and were established without a cognitive philosophical discussion or evaluation of the types of interactions that would be most beneficial later in life. Consequently, it is important for juvenile detention and corrections careworkers to understand the differences between the three types of adult behavior (passive, aggressive, assertive) and to move toward the acquisition of assertive interaction skills (Alberti and Emmons, 1990).

Passive. A passive person is one who exhibits submissive behavior, discounts personal feelings, and defers to other persons. This person hurts "self" by ignoring internal messages or personal needs and does not get to express the joy, warmth, and love he or she should express. In short, a passive person misses out.

People behave passively by failing to express their feelings, needs, or affections to others; failing to stand up for their rights; not making decisions for themselves; not being able to say "yes" even when they really want to do something; allowing their ideas or opinions to be easily changed; and constantly letting others take advantage of them.

Aggressive. An aggressive person discounts the feelings of others and insists on getting what he or she wants. This person hurts others and shortchanges others by preventing them from becoming what they should be. Aggression also hurts others by preventing them from sharing in the good characteristics of the aggressive person. Sometimes, aggressive behavior is open and explosive, while at other times, it is sneaky (what is usually termed as passive-aggressive behavior).

People behave aggressively by expressing themselves in a threatening, assaultive, demanding, or hostile manner; taking advantage of others; pushing others around or manipulating them to fulfill selfish desires; using sarcasm toward others and insulting or belittling their feelings and opinions; and labeling (interpreting) other people's behavior.

People choose to be aggressive because of anger and fear. Aggressive behavior may or may not achieve the desired goal. If a person obtains something through an aggressive act, he or she does so at a high cost to others and himself or herself. These costs include feeling guilt or shame, having one-sided relationships instead of friendships, and being disciplined or ostracized.

Aggressive behavior is especially bad when used as a behavior control technique because it is easier for others to act passively or aggressively in response. Consequently, it is apparent that juvenile careworkers need to analyze and understand their philosophy of interaction and behavior management, and if they find that they have a leaning toward either a passive or aggressive orientation, they will need to move toward the acquisition of assertiveness.

Assertive. It is important to understand assertiveness. Many times juvenile detention and corrections staff have the admirable qualities of concern, mercy, encouragement, dedication to service, and the strength of gentleness. However, it is also often true that people with these qualities have difficulty being firm. They often say "yes" when they should say "no," and they tend to overextend themselves and to be easily manipulated.

Sometimes, staff also exhibit codependency characteristics. They tend to feel responsible for the feelings and actions of others; they tend to feel angry when their help is not accepted; and they tend to do things for other

people that the people are capable of doing for themselves. Consequently, their actions and feelings of concern do not produce the intended good results.

It is important to understand assertiveness because some staff have a common but very inaccurate notion about assertive behavior, believing that it means to dominate a situation and to get what one wants from others. This definition confuses assertive behavior with aggressive behavior.

Assertive behavior is (1) a balanced, open, honest, nonhurtful way to relate and communicate that includes listening and attempting to understand the other person's position before responding; (2) a way of appreciating the needs of others as well as those of self; and (3) a way of relating to people that allows full expression of oneself to others, while respecting their rights and feelings.

Assertive persons directly and honestly express their own emotions, needs, and rights to others without feeling embarrassed or resorting to aggression or manipulation. They assume or share the responsibility of making decisions and choices that affect their lives. They say "no" without feeling guilty and wholeheartedly say "yes" to requests that they really want to do. Assertive persons view themselves as individuals with the same human rights, privileges, and responsibilities as everyone else, regardless of sex, race, religion, vocation, or social status.

By understanding, studying, and acquiring an assertive behavior management style, juvenile careworkers will be able to show respect and concern for others and themselves. They will also be able to see that behaving assertively is an integral and essential part of the professional worker's behavior management philosophy and method of action. Finally, only by taking the time to examine internal understandings will juvenile detention and corrections workers be able to value and improve their behavior management strategies and interactions.

Relationship Interactions

Relationships are now considered the primary control source for managing the behavior of juveniles (Morgenthau, 1992; and Morgenthau and Plant, 1993). Effective behavior management relationships do not happen by accident; they are created by the use of trust-building techniques on the part of the staff. Trust is built by active listening, honesty, prudent action, and concern. Although the first skill can be learned, the other three must be consciously practiced.

Most people enter the detention and corrections field because they care about the young people whose

lives they touch. There is no substitute for genuine concern. Dr. William Glasser, author of *Reality Therapy* (1975) and *Control Theory* (1985), states that all persons must have assurance that their safety and survival needs will be met, must have some recognition of personal power, must have a measure of fun and freedom in their lives, and must have at least one person who loves them and whom they can love in return. Many delinquent youth lack positive, caring adult relationships and have no reason to behave well or to expect to succeed at positive behaviors. Consequently, delinquent youth will only behave for people they can trust to provide safety, recognition, some opportunity for fun, justice in the area of freedom, and genuine concern for their future well-being. If a staff person does not care and a program does not provide these essential relationship elements, the residents will not strive for self-control.

The second element of effective relationship building is honesty. Honesty means always providing the truth (with concern). There are many unpleasant truths that delinquent youth must face. It is never easy to be the first person to offer these explanations, but truth is an essential component for freedom, justice, and problem solving.

Listening

Prudence means thinking before acting. It means using practical common sense—counting to 10 and reexamining the plan of action. Then, if the action still makes sense, proceeding. It means not making hasty decisions and not acting in revenge or prejudice. Prudent behavior is to act deliberately and to continually evaluate personal reasoning. The use of prudence builds trust and personal relationships.

Although concern, honesty, and prudence are internal personal strengths and virtues to be practiced (Lewis, 1970), the art and interaction of listening must be learned, and it is a difficult skill to master. There are many good listening models, and one of the best is Dr. Thomas Gordon's model, which he explains in his books *Parent Effectiveness Training* (1970), *Teacher Effectiveness Training* (1974) and *Leader Effectiveness Training* (1980).

What do we mean by the term listening? Listening means the ability to pay attention; the ability to read between the lines by hearing what isn't being said and paying attention to the messages of body language; and the ability to be quiet and to ignore outside things, while tuning in the person who is speaking. Listening means to hear with an open mind and to understand what is being heard without formulating answers or interrupting. Listening means to care, to feel, and to be

present without being distracted by personal worries. Listening is the first step in defusing anger; it is a prelude to counseling; and it helps in the establishment of personal relationships and behavior management.

On the other hand, being listened to means to feel understood, valued as a person, respected, cared for, and accepted. When you are listened to nonjudgmentally, you feel that your burdens are being shared, that you might venture to say something you wouldn't ordinarily express, and that you are being allowed to clarify in your mind what you are thinking or feeling. Being listened to means feeling that you are being helped. As an anonymous poet once expressed, "to be listened to is to feel that your joys are being doubled and your sorrows are being halved."

The art of listening is the cornerstone of communication and the builder of trust. However, listening does not come naturally—it is a learned skill. It is an active process that must be practiced and practiced. Therefore, listening is critical and very difficult to do, but staff members can greatly improve their listening ability by learning the skills of active listening.

What Is Active Listening? Active listening means communicating personal acceptance through the art of listening. Active listening combines the skills of empathy and feedback; it involves the receiver (the listener) with the sender (the speaker). The receiver is as active as the sender.

An active listener pays attention to the feelings, the values, and the problems of the speaker, offering reflective, clarifying feedback in an effort to understand what the speaker is saying. Offering feedback is not glamorous and is not meant to be counseling. It is nothing more than presenting an accuracy check of what is being heard. It is an effort to ensure that the message has been received and understood. The active listener reflects with the speaker.

Active feedback is combined with genuine empathy. The active listener also feels with the speaker. Consequently, active listening is a method of utilizing a basic attitude of concern, and without this genuine attitude of concern, active listening will often come off as false, empty, mechanical, and insincere.

To make active listening work as a behavior management tool, the juvenile careworker must want to hear what the youth has to say and must genuinely want to help at that exact moment. If the worker does not have the time to listen (right then), an appointment should be made to listen later in the shift. The worker should not appear to be dishonest or unconcerned by attempting to listen while carrying on another activity or by not devoting full personal attention to the youth.

Active listening also requires a genuine acceptance of the youth's feelings, no matter how different they may be from the worker's. Acceptance does not mean agreement; it does not mean the worker has to agree. It simply means showing personal acceptance and concern for the youth's point of view. Active listening also requires a feeling of trust that youth have the capacity to learn how to handle personal feelings and problems (Mann and Otto, 1968).

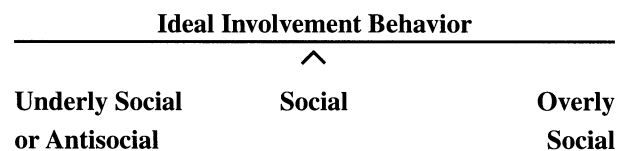
Finally, active listening requires a recognition on the part of the worker that the youth is someone separate from the worker, that the youth is a unique person who someday will not need a worker, and that the youth is a separate individual who will have been helped or enabled by the worker to have a personal life and identity.

Before using any other behavior management technique, the juvenile careworker should use the following rule of thumb to build relationships: "When in doubt about what to do, use active listening."

Leadership Interactions

The third category of relationship building is leadership interactions. Leadership demonstrates the use of assertive direction versus the issuing of orders. Leadership is highlighted by four dimensions: involvement, caring, control, and limit setting (Aronoff and Wilson, 1985; Shulman, 1985; and Glasser, 1980).

Involvement. Involvement behaviors are the behaviors a leader exhibits to ensure that all youth are included and involved in all possible activities. These behaviors are also a personal psychological measure of how socially comfortable a worker is when joining in each activity. Involvement is usually measured on a continuum that ranges from underly social to overly social.



The underly social worker is the passive or aggressive person who does not want to be involved in the activities of the unit. This worker often remains in a control room or office, constantly seeks to leave the unit to run errands, or is perpetually involved in meetings. Sometimes, the underly social worker suffers from stress or has simply lost interest in the program or the youth.

On the other hand, the overly social juvenile careworker feels a need to always be accompanied by another person. The overly social worker will create disruption in the unit by pulling other staff members from needed tasks or by compelling youth in the unit to leave activities to serve as company.

The ideal involvement behavior is demonstrated by a leader who wants to involve all youth in the unit in every possible activity but who does not need company or help for minor tasks. The ideal leader also recognizes that every youth needs to be included in activities, makes provisions for many activities of varying skill levels, and provides skill-building exercises for youth with weaker performance in a particular area.

Caring. Caring behaviors are the exhibited behaviors of the leader that show a genuine expression of concern or affection for the youth in custody. This behavior is on a continuum of concern that ranges from undercaring to overcaring.

Ideal Caring Behavior



Undercaring and Concerned	Genuine Caring	Overcaring and Concerned
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The undercaring staff member is unaffected by the circumstances and emotions of the youth in care. This person often takes the attitude that it is a cold, cruel world and that you have to be tough for the streets. This person sees the detention ward as a prisoner to be guarded, not as a person to be nurtured.

On the other hand, the overcaring leader sees every person's trouble as his or her own and has difficulty separating the youth's identity and problems from his or her personal world. This person will often not have time to help youth with problem-solving behaviors and constructive activities because of time spent performing "rescue" behaviors.

The ideal caring behavior exhibited by leaders is the ability to be genuinely concerned with each individual youth; however, this honest concern is combined with a genuine recognition that each youth must be taught problem-solving skills and helped to learn self-control and self-management.

Control. Control is the third dimension of leadership behavior. Control behaviors are on a continuum of control ranging from "abdicator" to autocratic.

Ideal Control Behaviors



"Abdicratic" Control	Democratic	Autocratic Control
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The "abdicator" leader is not comfortable being in charge and abdicates the position of unit leader and control agent to the residents or other staff members. The safety, welfare, and activity needs of the residents cannot be met when the leader demonstrates too many passive characteristics and abdicates required responsibilities.

On the other hand, the autocratic leader demonstrates too many aggressive characteristics and jeopardizes the safety, welfare, learning, and activity needs of the residents and other staff by imposing personal will. This type of leader is more than controlling; the autocratic person is happy only when totally dominating each person and situation. An autocratic person can never be pleased because even when provided with conformance to his or her original request, the person will find reason to change the request.

The ideal leader in the control area is capable of two types of behavior—democratic control and limit setting. Democratic control means that staff members are comfortable with the role of leader and can allow the group of residents or other staff members to express their ideas or feelings and to make adjustments in activity plans. The democratic leader can allow leadership skills to emerge from the group without being threatened. However, when a resident begins to challenge the safety and welfare needs of the group, the democratic leader can accept the fact that the role of leadership includes the responsibility of limit setting.

Limit Setting. Limit setting, the fourth behavioral dimension of leadership, is a prerequisite skill of leadership. Limit setting usually fails because the leader is confused about how to correctly perform the task. For example, limit setting is often inappropriately mixed with behavior management techniques, such as counseling, that are more appropriate in other situations, or it is intermingled with inappropriate techniques, such as aggressive (threatening) or passive (avoidance) behavior.

Ideal Limit Setting Behavior



Passive Behavior No Limits	Enforceable	Limits Mixed With Threats or Counseling
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Limit setting is an assertive behavior that must contain three elements to be effective.

- **A limit must be clear.** Limits should be set in one or two sentences: “John, please turn the television down, or the rule says that I will turn it off.” Common mistakes include giving a directive without explaining the consequence, masking the limit by telling stories of what happened in similar circumstances, or appealing to the group to change a resident’s behavior. Sometimes, a staff member begins to mix counseling or problem solving with the limit-setting directive. The use of additional words tends to muddle clear explanations. **When it is time to set limits, issue the directive clearly, explain the legitimate consequence at the same time, and wait for compliance.**
- **A limit must be concise.** Closely associated with clarity is conciseness. Clarity is aided by brevity. Therefore, when it is time to set limits, the directive should be issued, and the legitimate consequences stated—all within one or two sentences.
- **A limit must be enforceable or “doable.”** This statement means that a limit must be something that the leader is allowed to do. The behavior being limited must violate some existing rule. Good rule systems are developed over a period of time and usually have considered all necessary safety and welfare behaviors that will arise in day-to-day activities. Limits should not be issued in violation of these rules. The residents know the rules as thoroughly as the staff and will not be inclined to follow directives that are illegitimate. Of course, limit setting underscores the need for an adequate rule system. Rule systems are part of the programmatic (structural-environmental) process discussed in the next section. Consequently, doable means that one has set a limit about something that is legitimate and explained the legitimate consequence for that action.

Doable also means that the leader will actually do something—which is why assertive and honest behaviors are required of all leaders. Nagging, bribing, and idly threatening never have a place in the detention or corrections setting. Limits should only be set to keep safety needs and proscribed rules from being violated; once set, limits should always be enforced. The failure to follow through on limits that have been set will ultimately result in a loss of group control.

Counseling in the Detention and Corrections Setting

Counseling in the detention and corrections setting is a very controversial topic. Therefore, before examining the techniques and strategies of counseling, a discussion is needed of what counseling is and is not.

Counseling in detention is not case planning or case management. Most juvenile court systems have specific personnel assigned to these functions, and unless a detention worker is assigned these specific duties, they are not areas of legitimate concern. Counseling is not “giving advice.” Even in the nondetention world, counseling is geared to problem solving and helping persons discover the appropriate answers for themselves. Most important, counseling is not the only way to change behavior or personality. In fact, counseling is only one of many processes that should be used to manage or change behavior.

In the broadest sense, counseling is everything staff do and everything they say. Although in some detention settings an attempt is made to forbid counseling, this really is impossible to do in detention. Those required to manage behavior are also required to use communication skills and counseling, in its appropriate context of solving problems and teaching new behavior.

The detention and corrections worker is constantly confronted with the problems of residents, and it may seem that the problems are limitless. Fortunately, all of these problems fall into two broad categories, and they demand knowledge and training in only two counseling techniques—personal problem solving and conflict resolution (Jacobson and Margolin, 1979; and Gordon, 1970, 1974, 1977).

The Problem-Solving Model

The problem-solving model is used when the resident is presenting a problem that involves an individual behavior or personal decision. Examples of these problems include the following: “Should I go home, or should I stay with my uncle?” “Should I take English or math?” “Should I go to bed as requested, or should I stay up?” The worker can help the resident arrive at a workable solution by using the three steps of the model:

- (1) Recognize and define the problem.
- (2) Examine the alternatives.
- (3) Make a decision and take action.

Define the Problem. First, help the resident to define the problem—which is not easy for most residents. They are so used to not making decisions that they simply avoid thinking about their actions, or they

are so used to blaming others for their problems that they automatically define the problem as someone else's, or they relate the problem to another person's actions. For example, "Kevin made a face at me; so I hit him." Many residents do not easily recognize that their behaviors and the causes of their problems are the result of their own choices. Consequently, the first step in problem solving is to get youth to brainstorm about possible definitions and ownership of the problem. The longer the list of possible definitions, the more learning is available to the resident. At minimum, a resident should be required to produce three possible explanations or causes for the problem situation.

It is important to recognize that the definitions must come from the youth, not from the worker. The responsibility to solve the problem is the resident's, not the worker's. The staff member must know the method and teach it to the resident in a step-by-step fashion. After the resident has produced a list of possible definitions (reasons) for the problem and has a basic recognition that it is a personal problem to solve, the worker should proceed to step two—examining the alternatives.

Examine Alternatives. The second step, much like the first, begins with a brainstorming session to identify possible actions to be taken in response to the problem. The list of options should contain the previous behaviors that the resident has used to respond as well as all of the alternative actions that the resident can construct. This list must be developed by the resident, not the worker, and the list must contain a minimum of three alternative behaviors. When the options are listed, the worker should engage the youth in a discussion about what will happen if each alternative is tried. In other words, each alternative must be evaluated for its practicality and possible consequences.

Decision and Action. The third step requires the resident to make a decision and to take action. Some youth may find this easy to do, while other youth may require further brainstorming in three to five smaller planning steps to see how to implement the decision. Reinforcement for good decisions should be provided, and sometimes, behavioral contracts with the resident should be instituted, if they are available in the program design.

Important Counseling Concepts

- The problem is the youth's problem, not the worker's problem.
- Only behaviors involved in the problem should be examined.
- The most important thing is to teach the model, not to solve the immediate problem.

- Counseling should not be hurried. The staff member should take all the time needed. (The model does not have to be taught in one session; it can be taught step by step.)
- The youth may become stuck on a particular step. The session should be stopped to let the youth think about the situation.
- It often helps to have the youth write down personal definitions, and it sometimes helps to have the youth talk to other residents and return for a second problem-solving session.
- When the youth advances to step three (deciding and taking action), the staff member should help the youth to formulate a specific, small-step, positive action plan (something the youth plans to do rather than not do).
- The plan should be formulated for the present, not the future, and a way to monitor the youth's progress should also be discussed.

Although problem solving is a three-step process, it is not easy. The methodology must be taught to the youth and may take repeated short sessions to help the youth think through one solution. However, the process is worthwhile. It means that as counselors, staff do not need to know the answers to every problem; they simply need to know and teach the method to solve the problem. The future behavior of the youth is still a personal responsibility, but new behaviors can be discovered through problem solving.

The Conflict-Solving Model

The second type of counseling situation that confronts the detention and corrections worker is a conflict between two or more residents. When the problem is not personal and cannot be solved by just one person, a variation of the problem-solving model should be used. This process is usually termed conflict solving or conflict resolution (Jacobson and Margolin, 1979; Gordon, 1970, 1974, 1980; and Stuart, 1980).

Conflict solving, similar to problem solving, has three important distinctions: (1) all parties that are part of the conflict must be present to solve it, (2) all parties must be part of the solution for it to work, and (3) the process will take more time and effort by the detention worker, requiring five steps instead of three:

- (1) Set ground rules.
- (2) Identify the problem. (This is crucial.)
 - Have one party make an "I" statement. ("This is how I see the problem.")
 - Have the second party listen.

- Have the second party offer feedback (only on what is heard).
 - Reverse roles.
- (3) Determine ownership of the problem.
 - (4) Examine the alternatives, searching for an “I win-you win” solution.
 - (5) Make a new behavior rule and take action.

Ground Rules. First, the counselor role requires the staff member to set the ground rules. The staff member will tell people where to sit, will decide who will get to speak, and will let only one person speak at a time. It is very important for the staff member to be neutral and fair during the session and for the staff member to be viewed as the person in control. Staff must be assertive and demonstrate equal concern for all parties and for the process. The outcome cannot be predetermined or solved with an order. Staff must also teach each person the meaning of “I” statements. (See the listening models of Dr. Thomas Gordon.)

Identify the Problem. The second step is similar to step one of the problem-solving process—the problems must be identified. One person will be selected to identify the conflict as he or she sees it and will be given as much time as needed to clarify the situation from his or her perspective. Opinions about the conflict must be limited to “I” statements, and each time a blaming statement, such as “you” or “they” statements, are used, the speaker must be corrected by the careworker.

The second person (or additional persons) involved in the conflict will then be asked to offer feedback to the first speaker, using “I” statements to explain what he or she heard the first person say. This is a very important step. The second person is not offering a second definition of the problem but rather is stating, “This is what I hear you saying.”

Staff will address the first person and ask him or her to clarify if that is what he or she actually said. If the meaning was missed, the first person will respond with a clarifying “I” message, and the second person will be asked again to state what he or she heard. Usually, a great deal of time is spent in this area because most conflicts result from a lack of good communication skills and a lack of listening ability on the part of the persons involved.

The careworker must be wary of being drawn into the conversation by questions from either party. The persons in conflict must speak to each other, listen to each other, and limit their opinions to “I” statements. When the careworker feels that the first person has thoroughly clarified his or her personal definition of the

problem and has been understood by the second person, the careworker will have the persons reverse their roles and begin the process again.

When step two has been completed, both persons should be able to restate the other person’s definition of the problem. It is usually helpful to reduce these definitions to writing. Although simple in nature, step two is often a lengthy and emotional process, and the session may have to be interrupted and continued at a later time.

Ownership. Step three requires an acknowledgment by each person that the conflict is mutually owned. In other words, the conflict is the problem of all parties concerned. It is not just one person’s problem behavior that has caused the conflict.

Search for Solution. Step four is a search for possible solutions to the problem. Again, the careworker will ask one person to clarify his or her solutions using “I” statements, such as “This is what I would like to have happen.” The second person will be asked to listen and repeat what he or she heard the first speaker say. After the first person has had the opportunity to list possible solutions, the roles will be reversed. The careworker will now have both parties evaluate the possible solutions with a goal of finding a compromise or an “I win and you win” solution. It is also advisable to brainstorm the solutions and consequences in writing.

Positive Agreement. Finally, the compromise (step five) should be stated as a new behavior rule between the parties, and this compromise should also be a positive agreement, such as “In the future, I agree to” It is also better to finalize the agreement in written or contractual form. The careworker should deliberately take as much time as needed during the conflict-solving process to ensure that new learning is actually taking place and to make the process time consuming so that both parties will be committed to the solution.

Problem solving is difficult for residents because it requires personal responsibility and growth. Although the problem-solving and conflict resolution processes also require staff effort, these processes are less painful and more productive than the alternative behavior management techniques required to control constant conflict and fighting in the unit. Finally, the learning of these two models by the residents will promote life skills, self-management, and permanent behavior change, making it worth all the effort.

The Teaching Relationship—The Juvenile Careworker as a Model

Teaching appropriate behavior is not limited to the classroom or to group and individual counseling

sessions, although these forums are very important. The most powerful behavior management tool operating for the juvenile detention and corrections worker is self-management, and the most important relational interaction taking place is behavior management through modeling. Modeling is the teaching of appropriate conduct through appropriate staff behavior. Lewin's (1946) behavior formula is always at work. The behavior of the residents in the institution is the product of staff interactions, and everything that a staff member does is an interaction and a teaching influence.

The behavior (modeling) of each staff member has an observational learning effect (Bandura, 1986). Modeling teaches rule learning, component skills, new patterns of behavior, judgmental standards, and cognitive skills. Staff behavior serves as a social prompt that can activate, channel, and support behavior in the resident observer. Staff behavior has the full focus and attention of all the residents, and staff behavior has an "arousal effect" on the residents. In other words, the emotions and behaviors of the models tend to be replicated in observers and tend to develop anticipatory emotions about events and the environment. The staff member's actual behavior (not the written rules) will be echoed and choreographed by the residents.

Staff members are seen as the most powerful and important models in the detention and corrections environment. The more attractive the staff member, by any means of measurement, the more influential the message. Therefore, modeled staff behavior will teach self-management and inhibit negative behavior, or it will teach using aggression, sarcasm, argumentation, and loss of control.

Juvenile careworkers are called upon to be teachers throughout the day, in every area of daily life—how to shower, how to eat, how to clean, how to play a sport or game, how to act in group, how to solve problems, how to learn math or English, and how to behave. New learning never stops, and the teaching interaction never ends. Consequently, it is worthwhile to contemplate how to present new learning in the clearest and easiest manner.

New behaviors and self-management can be taught by three teaching processes: attention, production-retention, and motivation (Bandura, 1986; and Mahoney, 1974).

Attention. The attention (attentional-informative) process is concerned with how the behavior or skill to be learned is presented to the learner. This process includes building a positive atmosphere to accept the new learning, getting the person to notice the model (by demonstration or visual aids), choosing a skill that the learner can understand, and building an expectation for positive consequences associated with implementing the skill.

Production-Retention. The production (performance) and retention of new learning is aided through constant modeling by the staff and by teaching the skill in small steps with good instructions on how to do the skill. Retention is also aided by cognitive and behavioral rehearsal because much of what is modeled cannot be easily or immediately put into action. Cognitive rehearsal (imagining how to do the skill) heightens attention, increases motivation, and helps to clarify conceptions of the new activity. Behavioral rehearsal means to practice the skill, with the opportunity to receive constructive feedback.

Issuing orders, rewards, and punishments will not automatically produce good behavior. Even modeled behaviors cannot always be recreated by children who do not know how to perform the behavior. Youth need the opportunity to receive coaching and to practice what may often be seen as common sense or basic skills.

Motivation. There is a difference between the acquisition of a skill or behavior and the performance of the behavior. Motivation plays an instrumental role in the acquisition and production of new behaviors. Although new behaviors are usually prompted into action by providing positive incentives, the major function of incentives is to create an antecedent condition—the anticipation of a consequence for performing the new behavior rather than the actual consequence.

Motivation is also provided through vicarious means—which means that a person can learn and profit from observing the successful and unsuccessful behavior of others. The observed behavior of other residents can lead a youth to participate in the modeled activity, and the observed social comparison of the results can change the value of the reward or punishment. Therefore, observing results can change the level of personal motivation. Observing rewarded outcomes helps create positive performance, while observing unrewarded positive behavior may decrease desired positive behavior. Likewise, observing negative behavior being punished will decrease unwanted deviant behavior.

Consequently, observing the results of another person's behavior is more powerful and perhaps more beneficial than personally receiving the consequences. In fact, human experience would be perplexing and even disastrous if persons could not learn to anticipate consequences or develop problem-solving operations and self-motivational behavior from the observation of others (Bandura, 1986).

Motivation affects the total learning process. However, incentives other than vicarious modeling influences are usually programmatic consequences, which will be more fully discussed in the next section.

Crisis Interactions

The term “crisis” needs definition. Crisis usually refers to an event that appears to be out of control. It is not a crisis when a resident has lost self-control and the staff member knows what to do. It is only a true crisis when a resident has lost self-control and the staff member does *not* know how to manage the situation. The latter situation should never occur in detention and corrections settings. Consequently, the term crisis interaction is a category of personal interactions for juvenile careworkers when the youth has lost self-control or feels that his or her personal world is in crisis.

This definition reflects the Chinese symbol for crisis, which combines the symbols for the words danger and opportunity. In other words, when youth feel that the present limitations of their knowledge and behavior have created a dangerous situation, the detention and corrections staff member is presented with an opportunity to teach new information and learning. To interact effectively at the time of resident crisis, a staff member needs to use a prelearned model of interaction, such as the following four-step model for assessment and intervention (Griffis, 1975):

Crisis Assessment and Interaction Model

<u>Assessment of Resident's Behavior</u>	<u>Staff Interaction</u>
Anxiety	Approval and Active Listening
Aggression	Limit Setting
Physical Assault	Safe Physical Management
Arrest of Anxiety	Counseling

In this assessment and interaction model, the first staff action is assessment. It is possible for the resident to be at any one of four stages of personal crisis behavior, with an appropriate and different staff intervention for each stage. Assessments are always determined by the actual behavior observed by the staff member.

Anxiety. The first resident behavior stage is anxiety—which means that the resident is demonstrating a noticeable change in daily behavior. The resident may be showing physical symptoms of agitation or may be withdrawing from the group. The appropriate staff interaction at this time is to draw near to the resident, offer nonverbal signs of concern, and ask whether the resident would like to talk. The purpose of this interac-

tion is simply to show the resident that the worker is aware of the anxiety, is concerned, and recognizes and approves the resident's right to be anxious. If the resident agrees to talk about the problem, the only technique that should be used is active listening. Counseling is not appropriate at this time because counseling only works when a resident is calm and when personal anxiety is arrested (stopped). Notice that counseling is a level-four interaction. In other words, the purpose of using approval and active listening is to arrest the resident's anxiety.

Aggression. The second resident behavior stage is labeled aggression and refers to verbal aggression. The resident has demonstrated a loss of emotional self-control, has refused to follow instructions, or has started to threaten others. At this point, the appropriate interaction is to set limits assertively. This situation does not call for approval, listening, physical management, or counseling. Limit setting, as discussed previously, has been found to be the most effective way to defuse potentially explosive behavior.

Physical Assault. The third possible behavior stage of the resident is physical assault. The goal of all personal interactions should be to handle every situation verbally. However, if the resident progresses to the state of physical attack, then the only legitimate and safe procedure is to use an approved physical management technique and to remove the resident to a behavior management room or hold the resident until he or she calms down. Safe and approved physical management techniques require extensive training and procedural safeguards. However, if the resident does actually use physical force, the staff member should use physical restraint. This situation does not call for counseling, limit setting, or active listening.

Arrest of Anxiety. Stage four, arrest of anxiety, is the eventual result of any appropriate crisis interaction. Usually stage-four behaviors follow level-one or level-two behaviors because when active listening is used for anxious behavior or when appropriate limit setting is used for verbal aggression, residents will calm down and be ready for the problem-solving process. Most of the time, a resident is practicing level-four behavior, is calm (anxiety is arrested), and is ready for counseling. Again, counseling means using one of the two models of counseling discussed earlier in this section. If a resident begins to show signs of anxiety during counseling, the worker should simply revert to active listening.

The real value of this crisis interaction model can be realized when staff members learn to evaluate the four levels of resident behavior and to apply the staff interaction appropriate to that level. Using an intervention designed for a different level is to do more or less

than required by the situation, and either type of interaction will only escalate the resident's crisis behavior. Proper use of the verbal techniques discussed in this model will also nearly eliminate the need for physical management responses.

Ten Common Interactional Problems of Juvenile Careworkers and Suggested Solutions

- **Lack of Structure.** Failing to provide adequate structure for the group often comes from a lack of understanding of or training in detention and corrections practice, adolescent development, human behavior, principles of behavior modification, program goals, program rules, problem solving, and interactional skills.

Solutions. Possible solutions to this problem include training and education in the above-mentioned areas, formulation of workable program goals and procedures if they are missing, formulation of a personal philosophy that outlines an understanding of the above-mentioned areas, and discussions about the structure (rules and procedures) with all residents to ensure that they understand acceptable behavior in the unit. Structure also takes daily effort. Unit reports, case notes, admission material, medical data, and personal relationships must be reviewed on a daily basis.

- **Lack of Planning.** Behavior management cannot be accomplished without a set of preplanned schedules, routines, and activities.
Solutions. At a foundational level, this means a planned routine for each shift for each day of the week. From a more individual perspective, planning means for each person to know exactly what he or she is responsible for today, tomorrow, this week, and next week. Activity schedules usually have some flexibility built into them, and staff schedules often vary. Therefore, it is important to have a daily list of planned activities that is reviewed at the beginning of the shift. A second meeting should be held at the end of each shift to preview the next day's activities and staff assignments. A weekly team meeting should also be provided to discuss long-term plans and organizational changes. Finally, all plans should be established in written schedules and memos; an unwritten plan is not a plan.

- **Lack of Respect.** Lack of respect is shown by not assigning responsibility to others and by not demonstrating courtesy and concern for residents and other staff members.

Solutions. It is important for juvenile careworkers to examine their caring behavior and their personal philosophy about the abilities and capabilities of other persons. Most human beings have the same needs and capabilities. We need safety, love, fun, power or recognition, and freedom. We also have the capabilities to learn and to achieve. Even inappropriate behavior has been learned through behavior modification principles and can be unlearned. Likewise, new behaviors can be learned as replacements. Courtesy and respect will reap a return of courtesy and respect.

- **Lack of Anticipation and Preparation.** Most day-to-day hassles occur because attention is not paid to small details.

Solutions. Take planning to its next logical step. If the plan calls for a checkers tournament, make sure that there are enough sets of checkers and game boards. If a quiet activity is planned, check the room before a group is allowed to enter and put away the active equipment (loose boxing gloves, basketballs, or field hockey equipment). Unsecured equipment will always be put into play by some group member. Clean up and have ready an activity area for the next group. Anticipate the next group leader's problems and help prevent them. Activities requiring transportation are a special concern. Check to see that the needed vehicles, fuel, and keys are available before picking up the group. Put staff members at both ends of the group while walking and keep potential runaway youth close at hand.

- **Lack of Adequate Directions.** Poor resident performance is often a result of not understanding a rule or not knowing how to perform a particular behavior properly.

Solutions. Offer instructions instead of orders. Explain rules and procedures in small steps. Ask residents for questions. Set all rules and jobs in written formats with small, easy steps. Hold classes and group sessions on how to perform particular behaviors and jobs. Most important, model appropriate behavior at all times—which is the best type of direction.

- Lack of Resident Involvement.** Many group problems occur because only special children are included in some activities (for example, only good basketball players) or because juveniles with serious behavior deficits are excluded. Sometimes youth are excluded so that staff members can play in the activities. Lack of involvement in appropriate activities leads to participation in undesirable activities.

Solutions. Exercise great care to ensure that all youth have the opportunity to be included in the activities they would like to try. Many times, this care will necessitate using checklists or special training and coaching sessions or using classroom volunteers and tutors to help youth with special needs or insufficient skills.
- Lack of Staff Involvement.** Often, this lack of involvement is exemplified by staff members who remain at desks or in chairs and control rooms. Regardless of how it appears, it means that these staff members have started to exclude themselves from contact and activities with the residents.

Solutions. The best solution is self-examination. Sometimes, staff members begin to feel stress caused by work or external situations and slowly start to withdraw from daily activities. Sometimes, lack of involvement takes the form of doing legitimate work at illegitimate times, such as doing unit notes, reports, planning sheets, or schedules (all legitimate tasks) when the group needs supervision or attention. Another form of this behavior is to schedule meetings during unit activity times. Sometimes, workers are on the unit but withdraw from the group, making themselves unavailable. After a period of self-examination, if workers feel that they are withdrawing, they will need to self-apply the problem-solving techniques described in this section.
- Lack of Personal Relationships With Residents.** Lack of personal relationships is usually a result of not knowing the group members and not using trust-building interactions, or it may be the product of an underlying social behavior pattern on the part of a staff member.

Solutions. Behavior management is based on individual knowledge of each child. Each child should be known by his or her full name. From

time to time, the use of title and surname adds to a feeling of maturity and respect (“That was a very good job, Mr. Smith”). Staff should always introduce themselves to new residents and should always introduce new residents to the group. The group is always changing. New people enter every day, and older group members leave. Each group member also changes. One resident may have a successful day, while another resident may learn of a family problem. The group is never the same, even if it is composed of the same people who were present yesterday.

Quiet times should be spent in getting acquainted, and all records on each resident should be read. Group discussions and activities help to build acquaintances and to reveal important facts about each other. Residents need to be listened to and to feel that the staff are concerned for their safety and welfare. They also need to feel that the rules are fair and that staff will enforce them fairly. Good personal relationships emerge from true concern, honesty, prudence, and listening.

- Lack of Recognition for Positive Performance.** Lack of recognition usually is a result of weak observational skills, lack of training in behavior modification principles, or a lack of genuine concern for the residents.

Solutions. Read and apply the principles discussed in the next section. Increase personal recognition of small improvements in behavior or skill on the part of an individual resident or the group. Success reproduces success. Staff members should apply most of their efforts to rewarding good behavior and positive effort. This type of activity will result in a positive unit atmosphere and optimal positive activity by each resident. The term behavior management often carries negative connotations because staff are looking for negative behavior. The easiest and most fulfilling type of behavior management is the recognition of good behavior.
- Lack of Flexibility.** Lack of flexible behavior patterns and/or tolerance is usually the result of rigid thinking patterns or lack of training.

Solutions. The need for flexibility may be difficult to grasp because of the important and appropriate emphasis placed on planning and structure. However, work in a human environment is always changing, and this change

requires human flexibility. Special events are planned and then postponed; staff members and volunteers call in sick; and the group is always changing. Flexibility is an attitude. The happiest people in residential settings are persons who enjoy the ever-changing nature of the group. They are also people who are happy with the challenging work. Flexibility is also a behavior, and it is easier for staff members to be flexible if they have done some anticipatory planning for the next unusual day they might encounter. Planning also means setting aside some “rainy day” ideas and activities for the next small group, large group, or tour group that was not expected.

Tolerance is also an important issue. Delinquent youth do not know how to behave appropriately and often do not value appropriate behavior. Changing delinquent behavior patterns and value systems takes time. Consequently, tolerance of minor nuisance mannerisms and recognition of slow progress while youth are learning new behaviors is an important skill that must be acquired by each detention staff member.

Summary

This section has discussed six categories of personal interaction strategies for behavior management: personal understanding, relationship interactions, leadership interactions, counseling interactions, teaching interactions, and crisis interactions. Examples of common interaction problems demonstrated by detention staff have been provided, and some possible solutions have been outlined.

Personal interactions are greatly enhanced by good program design and an appropriate awareness of structural and environmental concerns. The next section is devoted to a discussion of these matters.

Part II: Programmatic Strategy

Programmatic strategies are interaction strategies that are related to the structure and environment of the detention and corrections program. These strategies are sometimes referred to as structural or environmental influences or as the program design. The personal interaction strategies discussed in the previous section are fundamental elements in behavior management (Griffis, 1994), but personal interaction strategies are totally interrelated with structural or environmental factors and should be guided and controlled by program

design. Consequently, the ideas presented in this section will continue to expand personal understanding in relation to the premises of the previous chapter.

To understand the impact of program design, Kurt Lewin’s (1946) behavior formula must be reexamined—the behavior of a person is the function of the interaction of that person’s personality and his or her present human and physical environment [$B = f(P, E)$]. As previously discussed, this formula means that a resident’s behavior is the result of a learned personality interacting with the personal influence of the detention worker in the detention environment.

The detention environment is both physical and human. The average person may incorrectly believe that the physical environment is the most important element in behavior control. It is important to understand that although the physical environment has an influence on behavior and behavior management, it does not have the greatest influence.

The Physical Environment

Properly designed physical environment can be very beneficial. A building that is bright, pleasant, and clean can help the staff and residents feel happy, valued, and safe. Modern detention designs need to pay more attention to natural light, adequate interior lighting, sound control, adequate room size, heating and ventilation, color schemes, and adequate space for classrooms, recreation, counseling, visiting, and outdoor activities.

Building design greatly affects safety and security. A proper detention facility should meet the following requirements:

- Be constructed on one level of durable and fireproof materials.
- Provide adequate lines of vision for the entire group.
- Be totally sound monitored and, if possible, have visual monitoring capability.
- Have the security equipment and monitoring equipment located in an area separate from the residents.
- Have high ceilings.
- Have modern, unbreakable furniture.

Although the building cannot substitute for an adequate number of highly trained professional staff, a poorly designed building can create behavior problems and seriously jeopardize safety and security. A poorly designed building will also create the need for additional staff and maintenance, greatly increasing long-term operational costs. There is an old maintenance adage that says, “In detention, you will eventually do it right.”

Although building design cannot be adequately covered in this discussion of program design, references on the subject are included in the bibliography at the end of the *Desktop Guide*. The important concept included in the behavior formula is that the physical environment has a continuous influence on the detention atmosphere and a constant effect on staff and resident behaviors.

Controlling the physical environment means more than controlling the design of the building. Many of us will never have the opportunity to design a new detention building, but all of us have the ability to control the daily use of physical space. Cleanliness, use of equipment, and the positioning of furniture are a few of the significant aspects of environmental structure that are usually under the total control of the staff.

The Human Environment

Environment is not limited to a discussion of physical space. Most of the environment in a detention setting is humanly structural—which means that the environment and atmosphere of the detention facility is mainly created by the program structure, and in this situation, there is absolute human control. A poorly designed building is daily trouble. A poorly designed program is a behavior management disaster.

What Are the Human Components of Behavior Management? Every detention program needs to have a theory of behavior management and a set of rules, activity components, and staff procedures to outline and implement the theoretical structure. The program should operate on the basis of what we know about human psychological development and the modification of behavior. Program theory must also include relevant learning principles because old behavior patterns, values, motives, and rationalizations have been learned, and new learning must be introduced to each detention resident if rational self-controlled behavior is to be achieved.

Activity Components. Activity components are the day-to-day activities that are provided for each resident. Choice of activity components should also reflect the theory of the program. Activities include every element of required behavior, ranging from time set aside for personal hygiene and personal room cleaning to classroom learning, group discussions, and recreation. Time spent in each activity should reflect the value of the activity within the philosophy of the detention and corrections program. Each activity should be conducted with attention to the rules and the learning theory of the program. In other words, if education is valued, then the time, rules, and theories of teaching and learning should receive emphasis in

the program. If watching television is to be valued or devalued, then the time, rules, and relevant theories of visual communication and learning should be examined and given appropriate emphasis in the program. If individual responsibility and work is deemed to be of value, then the program's rules, time allotments, and theories of learning need to be examined and designed correspondingly.

It is important to realize that the behavior formula always works and is always at work. Detention and corrections programs and daily activity structure dictate the values and behaviors being learned or unlearned. Programs of excellence are deliberately constructed with careful attention to values, learning theory, behaviors desired (rules), and individual behaviors to be modified. Good behavior is not required; it is taught. The idea of activity construction is a very important part of the structural environment. It is also important to note that many programs simply borrow a daily schedule from some other facility and never consider if the choice of activities and time devoted to the activities are a major source of behavior management problems.

A Note on Procedures. Procedures are for the staff. Every program should have a detailed procedure manual to provide a guideline on how a required task should be performed or a required report completed. Procedures are not rules, and they are not for residents. Rules are for residents and staff. Rules should be few in number and minimal in length. Procedures should always be in written form and should be as concise as possible, although they can be lengthy if needed.

Procedures serve five purposes: (1) they make new staff aware of needed tasks and the competencies required for each task, (2) they help staff clarify the appropriate steps needed to accomplish the task, (3) they act as training aids, (4) they help staff achieve consistency, and (5) they increase the safety of the staff and residents. Procedures are a valuable part of the structure but are not usually given much emphasis in behavior management discussions. On the other hand, rules require the in-depth discussion of the next section.

The remaining program structure in the detention and corrections setting is usually thought of as a set of rules and a theory of behavior change and management. Hopefully, a set of rules will never be constructed without an understanding of and clear adherence to good behavioral theory as outlined in the remainder of this discussion, using a synthesis of ideas from the following authors: Bandura, 1986; Kendall and Braswell, 1985; Thomas, 1984; Stuart, 1980; Meichenbaum, 1978; Axelrod, 1977; Kazdin, 1975; Mahoney, 1974; Griffis, 1989, 1972; and Homme, 1970.

Program Rules

The Purpose and Construction of Rules. Rules in a detention and corrections setting are clear definitions of expected behaviors. The purpose of a rule is to explain to staff and residents the required standard of behavior and the consequences for following or not following the rules. Rules explain acceptable and unacceptable behavior, while functioning as a contract between the residents and the program staff.

How To Construct Rules That Work. The golden principle of rule writing is to write simple rules. Rules should make sense, but they are not common sense—which means that new residents and staff will not automatically “sense” the rules. When they are told about a rule, they will not automatically know the meaning of the rule or the consequences of violating the rule. Consequently, rules should be constructed in the following manner to facilitate the ability to help behavior management.

- **State rules in positive terms whenever possible.** Tell people what you want them to do, not what you do not want them to do. Telling a person not to do something, such as “don’t ask a question in that manner,” does not explain how you want the question asked. If a rule must be written as a don’t, limit the rule to a dangerous behavior (e.g., don’t fight).
 - **State the rule concisely in one or two sentences.**
 - **Put the rule in writing.** The rule is a contract, and if it is a good rule, it should last for a long period of time without the need for change. However, in the event of a rule change, put the change in writing.
 - **Explain the rule.** Rules should be in a resident handbook and posted where staff and residents can easily see them. Explanations of the rules should be given to new residents, and training classes should be given to new staff and residents. Posters help with explanations and help to remind people of the rules. Complicated rules can have additional explanations or guidelines written for staff and residents, but the rule itself should always be stated in one or two sentences. Put the explanations in separate teaching handouts so that the rules will stand as a small list of simple statements.
 - **Seek input for the rules.** At minimum, staff should have input into the meaning of rules. This process will help to clarify the rules for all concerned, and clarity will help simplify the rule.
- **Secure staff commitment to the rules.** The major difficulty in rule achievement is consistency in adherence and enforcement by the staff. Without consistency, 30 staff members can result in 30 different interpretations of each rule. Staff members also have individual value systems and tend to emphasize rules differently. Program rules should always explain the program’s value system, and that value system should be emphasized by every employee. Inconsistency in interpretation and enforcement will result in resident misbehavior. The basis for good rule enforcement is staff understanding and commitment.
 - **Keep rules to a minimum.** Normally, 8 to 12 well-written rules can cover a complete day of activities and achieve responsible behavior. A long list of rules will never be remembered or consistently enforced. Consequently, more rules lead to more misbehavior, and fewer rules result in less misbehavior.
 - **Remember that simplicity is elegance.** It is also very hard work. Good rule making and writing will usually require 3 to 4 hours of effort per rule, even under the guidance of a very good facilitator. However, the construction of the rule system, like the construction and negotiation of any contract, is the key to its success.

Observation: The Overlapping and Fundamentally Critical Skill. How are rules enforced consistently? Good rule construction and enforcement emerge from and are dependent on one fundamental staff skill—the critical observation of behavior. The skill is sometimes referred to as behavioral description, behavioral definition, targeting, pinpointing, or behavioral recording. Regardless of the term used, the skill remains the same: (a) the ability to observe behavior accurately and (b) the ability to correctly describe or define the observed behavior to someone else so that he or she acquires the same understanding of the behavior. The skill of observation overlaps the areas of rule construction and enforcement and is equally critical to both.

Behavioral Definition. Behavioral definition means to describe an event or situation so clearly that someone else could take the description and see the behavior as though it had been recorded on film or videotape. The skill consists of describing someone’s behavior in terms of what that person said or did, including when and where the particular behavior occurred. Critical observation and definition will help staff communicate more precisely and directly

with others and have less chance of being misunderstood. Good communication is difficult, and people have different viewpoints about the definition of many commonly used terms, such as “friendly,” “depressed,” “hostile,” “fronting,” or “manipulative.” Consequently, these terms can better be defined as labeling rather than describing.

When using behavioral observation and definition for rule writing, it is usually best to describe and discuss a number of specific examples to help clarify the target behaviors to be increased or decreased. This discussion also enables the staff to see and describe the specific elements of the behavior that need to be placed in the rule. Finally, good description skills help staff to write the behavior in positive terms, while good observation skills enable staff to recognize compliance and positive effort on the part of the residents attempting to follow the rule.

The observation and recording of behavior can be facilitated by keeping in mind the following simple questions:

- What does the person do and say or fail to do and say that brings about the problem or situation?
- When and where (in what situation) does the behavior occur or fail to occur?
- Is the behavior readily observable, and does it actually exist?
- Is the description of the situation free of words that label the behavior rather than describe it? (Can the frequency be measured?)

Remember, critical observation helps to maintain objectivity, facilitates communication about targeted behaviors, and simplifies the rule making and enforcement process. Also, remember that a behavioral observation must describe exactly what someone says or does. It must also state when and where a behavior occurs or should have occurred.

Rule Enforcement. When a rule has been established, the pattern of observation must be expanded to allow for successful intervention or behavior management. This pattern of observation and intervention uses a second formula, usually referred to as the A–B–C formula.

A complete description of any behavior for behavior management purposes includes a description of the observable antecedents (A) preceding a behavior, a description of the behavior (B), and a description of the consequences (C) of the behavior. This process of describing antecedent conditions, frequency of targeted behaviors, and consequences is

often referred to as behavioral assessment (Kazdin, 1975) or the A–B–C formula.

Most people focus their rule enforcement on the use of consequences. Some consequences strengthen behavior—which means that they increase the probability that the behavior will occur again in the future. Other consequences weaken behavior and decrease the probability that the behavior will be repeated in the future.

Both nature and program structure are continually providing consequences for a resident’s behavior. Therefore, it is very important to recognize that consequences affect behavior and to analyze whether or not the consequences provided by juvenile careworkers actually have the desired effect. The consequences of behavior determine behavior strength because individuals find a particular consequence either desirable or undesirable.

Antecedents. Antecedents determine behavior in a different way. Antecedents affect behavior not because they are desirable or undesirable themselves but because experience teaches that particular antecedents become associated with a particular behavior that will be followed by a particular type of consequence. In fact, research by Albert Bandura of Stanford University (1986) highlighted that the anticipated consequence was one of the strongest motivators for behavior and had equal or more influence than the actual consequence received.

Behavior. Critical observation provides an opportunity to discover what antecedents and consequences consistently precede or follow targeted behavior, and it helps evaluate whether or not the behavior the resident is performing is serious enough to warrant intervention. If the antecedents or consequences that consistently surround a targeted behavior cannot be easily identified, it does not mean that a behavior modification procedure cannot be used. The consequences provided in modifying behaviors are observable, and it is possible to evaluate their effects on the behavior.

However, it is imperative not to develop the habit of using only consequences to modify a behavior. Sometimes, a behavior can only be changed by modifying the antecedent conditions, and many times, antecedent conditions such as learned values are more powerful than program consequences. Consequently, a program’s structure should include group discussions and teaching formats to clarify important values, motives, and rationalizations. Remember that in the name of the A–B–C formula, A comes before B, and B comes before C—the antecedent precedes the behavior, and the behavior precedes the consequences.

Achieving Good Behavior

Programmatic strategies include more than rule systems, activity components, and staff procedures to outline and establish needed structure. The detention and corrections program also needs to understand and follow the theory of behavior management. Probably the strongest theories of behavioral learning and management are Bandura's Social Cognitive Theory (1986) and the principles of behavior modification described by Thomas (1984) and Kazdin (1975). In simple terms, behavior modification theory states that specific techniques may be employed to increase certain behaviors, and other techniques may be used to decrease additional behaviors. It is also important to return to Lewin's behavior formula and realize that whether the appropriate technique is employed or not, the formula is always working. Behavior in the institution is always being reinforced or modified. Therefore, if staff members do not recognize and reward good behavior in the environment, they will automatically be increasing unwanted behavior. It is imperative to be aware of the programmatic (structural) environment and to use techniques that increase desirable resident behaviors.

Increasing or Accelerating Behavior

Behavior may be increased through the use of positive or negative reinforcement techniques.

What Is Reinforcement? Reinforcement refers to the procedure of following a behavior by a consequence (reinforcer) that increases response strength—which means that reinforcement increases the probability that the behavior receiving reinforcement will be exhibited again in the future. A reinforcer is a contingent event that increases the frequency of a behavior. Hence, a reinforcer is any consequence that follows a behavior increasing the frequency of that behavior. It is crucial to understand that reinforcement accelerates both desirable and undesirable behavior. Therefore, only desirable behaviors should be given reinforcers. Reinforcement may consist of either introducing a positive consequence or terminating a negative consequence whenever a specific target behavior occurs. Reinforcers are also referred to as accelerators (Thomas, 1984).

What Is a Positive Reinforcer? A reinforcer is referred to as a positive reinforcer only if it increases another person's behavior and if it is viewed by that person as a reward when presented as a consequence. Positive reinforcement is defined or determined by the receiver in a process very much like the receiving of a present; some presents are loved by the receiver, while some are returned to the store.

What Is Negative Reinforcement? Negative reinforcement is probably the most misunderstood term in behavior modification. Many people believe that it means to punish a person or give him or her a negative consequence. But it is easily seen that the two terms "negative" and "reinforcement" would then contradict each other, which is not the case. Remember, reinforcement means to increase or accelerate the behavior. Therefore, negative reinforcement means to increase a desirable behavior by removing a negative consequence that was already in place.

Formally stated, negative reinforcement is a procedure by which an increase in the frequency of a response is obtained by removing an aversive event immediately after the targeted behavior is performed. Negative reinforcement requires an ongoing aversive event that can be removed after a specific response is performed.

A good example of using a negative reinforcer occurs when a parent removes a child from being temporarily grounded for not doing homework. The family has enacted a rule stating that if homework is not done, the youth will have to stay inside the house and be grounded. In an effort to make the child do the homework, the parent presents a temporarily negative condition—grounding (a punishment). But when the child decides to do the homework, the negative event is removed, and consequently, the probability that the child will do homework on time tomorrow is increased (reinforced).

In this example, the parent used both punishment and negative reinforcement. Negative reinforcement is always used in connection with the presentation of negative situations, but it is not the presentation of the situation. Instead, it is the removal of the negative situation that reinforces the desirable behavior.

Many people are placed in negative situations not as punishment but as a matter of everyday events, and they perform or increase desired behaviors to have these situations removed. A second common example occurs when a person begins a new job and enters a probationary period. The person is told that if he or she does a good job, the probationary status will be removed. (The person was not placed on probation for bad behavior. The person was not even employed. That individual was simply placed in a negative position at the beginning of his or her employment status.) Consequently, the person will perform to a desirable standard to have the negative situation removed. Furthermore, after performing the desirable behaviors and having the negative probationary status removed, the individual feels rewarded and is likely to continue performing at a desirable standard of behavior. Such behavior is responding to negative reinforcement.

Types of Reinforcers

What Can Be Used To Reinforce Desirable Behavior? The list of possible reinforcers is infinite, and it is different for everyone. However, it is useful to consider four types of reinforcers: material reinforcers, activity reinforcers, social reinforcers, and token reinforcers.

A material reinforcer is any tangible item given to a person following the occurrence of a target behavior that you want to strengthen. Material reinforcers may include food, toys, clothes, jewelry, recreation equipment, or a new car.

An activity reinforcer is anything that a person likes to do.

Social reinforcement can be thought of as any human interaction that follows someone else's behavior and strengthens it. The most common form of social reinforcement is verbal praise. In addition to verbal praise, social reinforcement consists of anything you do or say to make a person feel good, appreciated, accepted, or important. Approval, attention, and recognition in any form are usually reinforcing. Simply listening to someone and indicating that you have heard and understood what was said can also be reinforcing.

Another effective form of social reinforcement is feedback. An advantage of feedback is that it enables you to comment quite specifically on behaviors you want to accelerate. Feedback doesn't always have to be verbal. Letters, report cards, charts, and displays are excellent feedback providers.

Staff must be cautious of feedback in the form of criticism. Criticism is very likely to reinforce unwanted behavior. Unfortunately, criticism is often used during busy times when it seems that only individuals exhibiting inappropriate or annoying behaviors get noticed. Focusing attention on residents only when they are exhibiting inappropriate behaviors will actually reinforce and strengthen these undesirable behaviors. Conversely, appropriate or desirable behaviors that are ignored are simultaneously weakened. Therefore, a good rule of thumb is to ignore the negative and reinforce the positive.

Token Reinforcement Systems. Another type of reinforcement is token reinforcement. Token reinforcement is especially powerful because tokens may be exchanged for any of the other three categories of reinforcers. Therefore, tokens become what each individual wants them to be.

Tokens almost always work as a reinforcer and intervention tool because individual residents can decide what the tokens mean (social, material, or activity reinforcement)—which reduces staff effort in

identifying the appropriate reinforcers for each person on a day-to-day basis. The social, material, or activity reinforcers exchanged for tokens are usually called backup reinforcers.

Tokens are also very powerful because they reflect the real world. Almost every group of people living together has developed a token system that uses exchangeable money as an easy form of reinforcement and commerce. Consequently, tokens in the form of points or program money are easily understood and readily acceptable to youth in detention and corrections (Griffis, 1972).

How can staff find reinforcers to use in the program? Ask the following questions: "What can I give a youth that might be reinforcing?" "What can I allow or enable this juvenile to do that might be reinforcing?" and "What can I say to this young person that might be reinforcing?" When in doubt about what is reinforcing to a juvenile or a group, test your assumptions by asking directly (see the sample reinforcer survey at the end of this section) or by watching and discovering favorite activities. The following is a compiled list of reinforcers used by staff members of various detention programs in the Midwest (Griffis, 1989). (An asterisk [*] denotes a reinforcer that overlaps more than one reinforcer category.)

Possible social reinforcers include:

- Praise or recognition in front of group or family, such as smiles, handshakes, pats on back, "high-fives," hugs, coach's hugs, promotions, graduation ceremonies, letters of recognition, attention, quality one-on-one time, time alone, and displayed art work or homework.
- Family visits, home visits*, visits with friends or other units*, promotion or status change for phone calls*, cards that are sent*, positive recommendations, recognition in a newsletter, verbal appreciation, stars, or positive comments on school papers.
- Awards such as resident of the day or week; student of the week; unit, cottage, or room of the day or of the week; citizenship; certificate of achievement; honor roll; or hall of fame for record holders in a sports event.
- Special lunches or dinners*.
- Appointments such as staff helper, captain of a team*, recipient of added responsibility, service on a committee, recipient of a job, employment in the gym, teacher's helper, group leader, or selection for an activity.
- More time with staff or nomination as guest of honor at a party, celebration, or roast*.

- Evaluations, progress reports, report cards, badges, or personalized clothing or level clothing (i.e., clothing associated with a behavioral levels system).
- Privileges that reflect trust or appointments as a big brother or sister or as a tutor.

Possible activity reinforcers include:

- Games such as basketball, boxing, wrestling, skating, bowling, swimming, volleyball, football, soccer, croquet, table tennis, pool, tug of war, intramural sports, and tournaments.
- Dinners, movies, and movie rentals.
- Trips to shopping malls, campgrounds, amusement parks, movies, sporting events, truck pulls, the zoo, arcades, the circus, carnivals, parades, fireworks displays, and church.
- Recreational activities such as sledding, tobogganing, skiing, boating, fishing, horse back riding, hay rides, go carting, family visits, picnics, miniature golf, and hiking.
- Parties, token-economy auctions, treasure hunts, magic shows, talent shows, holiday projects, fashion shows, plays, clubs, video games, television, puzzles, brainteasers, cards, board games, chalkboard games, pizza parties, bingo, and special speakers.
- Cleaning, cooking, baking, or painting.
- Arts, crafts, sewing, tie-dyeing, gardening, late sleep-ins, selection as a leader*, service as a staff helper*, service as a work or activity supervisor*, selection as first in line* or first to have seconds*, or choice of music or choice of television time.
- Letter writing, rap sessions, quiet time, or staff time.

Possible material reinforcers include:

- Money, clothes, shoes, hats, brushes, combs, personal hygiene items, cologne, perfume, cosmetics, sunglasses, wallets, jewelry, and watches.
- Food, treats, snacks, posters, comic books, radios, tape players, cassettes, batteries, headphones, movie passes*, books, magazines, comic books, Bibles or other religious books, video games, sporting event tickets*, baseball cards, cards, models, toys, stuffed animals, stationery, envelopes, pens, pencils, and stamps.

- Recreation equipment, table games, arts and crafts supplies, pictures, puzzles, and vouchers for purchasing items from catalogs.
- Material items that include almost any item that can be purchased or donated. (Some items may be given to residents while in detention, and some may be provided to residents on the day of discharge.)

It is easily seen that the number of reinforcers is limited only by imagination and budget or ability to obtain donations. Security considerations may govern certain items that are distributed to the youth while in detention, but many items may be stored for a resident for use after transfer or discharge. There are very few items that cannot be used in a reinforcement system. The only difficulty may lie in determining what is reinforcing for a particular resident. Also, the advantages and utility of a token system of reinforcement is easily seen.

Seven Rules To Consider When Using Positive Reinforcement

- **Give reinforcement after the target behavior you want to strengthen is performed or after the rule is followed.** This rule means that reinforcement is never given for promises, only actions. It also means that when the rule is followed, the person should be rewarded.
- **Do not reinforce undesirable behaviors.** Do not give attention or criticism to nuisance behaviors.
- **Reinforce immediately.** Social reinforcement can always be provided. It is much easier to give token reinforcement quickly than to provide actual material and activity reinforcers.
- **Always add social reinforcement when using activity, material, or token reinforcers.**
- **Always choose to give the least disrupting type of reinforcer available.** The utility of token reinforcement is apparent.
- **Make the system fair and make everyone aware.** Reinforcement should be available to everyone on an equal basis, and each staff member and resident needs to know the rules as well as available reinforcers—which is easily accomplished by following the rule making system described in this chapter.
- **Use the Premack Principle.** Another useful concept of reinforcement for contingency contracting or nontoken rule systems was

observed by Premack (1959, 1965). Staff need not always find new reinforcements for a youth. Many times, a simple rearranging of reinforcers that already exist in a person's environment can help him or her increase a behavior. This theory is referred to as the Premack Principle, which is stated as follows:

In any pair of responses or activities in which an individual freely engages, the more frequent one will reinforce the less frequent one. Or stated another way, a higher probability behavior can be used to reinforce a lower probability behavior (Premack, 1959, 1965).

For example, if a youth is especially interested in a particular game, book, or television show, that reinforcer can be withheld until the youth finishes completing a task that is not liked, such as room cleaning or doing homework.

Remember that reinforcement is any consequence that follows a behavior and increases or accelerates the frequency of that behavior. The number of reinforcers is infinite, but reinforcers fall into four general categories: material, activity, social, and token. A detention and corrections program must ensure that any reinforcer offered can actually be given and that the reinforcer is easily accessible to the staff person who will be responsible for issuing it. If a chosen reinforcer is not available when the target behavior occurs, the effectiveness of that reinforcer will be greatly diminished, if it is effective at all. Therefore, token reinforcement systems, that easily provide accessible and individually desirable reinforcers have great utility in achieving appropriate behavior in detention and corrections settings.

Programmatic Strategies for Decreasing Undesirable Behavior

A great deal of controversy has surrounded the terms "punishment," "discipline," and "behavior management." This controversy occurred because nonprofessionals have misused and incorrectly defined punishment as a deliberate action to cause pain or harm to another person. Consequently, many programs tiptoe around the term punishment and use substitutes, implying that the term discipline (meaning punishment to some and teaching to others) is better or that behavior management is a technique only used to intervene with out-of-control behavior. Others have even implied that the deliberate use of psychological pain (another incorrect definition of punishment) may have some long-term human benefit and may be used as a last resort.

It is unfortunate that any of these discussions have taken place. Therefore, it is important to appropriately define behavior management, discipline, and punishment. A behavior management system is the total system a program uses to describe, define, and manage resident behavior. It includes rule making, personal interaction strategies, procedures for increasing behavior, procedures for decreasing behavior, and procedures for creating and maintaining new behaviors. In the detention and corrections setting, a behavior management system includes written, verbal, and physical interventions to manage resident behavior.

The term discipline has been used positively by some to describe the teaching of new behavior and negatively by some to mean only techniques for dealing with unwanted behavior. The term is acceptable if both definitions are included. It is important to note that in work with juveniles, any behavior management system should also emphasize teaching new behavior.

Understanding Punishment

For the purposes of this chapter, the appropriate psychological terms used in the professional world and in university course work are preferred. The correct definition of the terms "positive and negative reinforcement" have been used; both terms describe techniques to increase behavior. As appropriately defined in psychological terms, punishment means using the procedure of providing a consequence after a targeted behavior is performed to decrease the behavior in the future. Many people now refer to this type of consequence as therapeutic punishment because of the misuse of the proper definition. However, this chapter continues to use the simple term "punishment" in its appropriate behavioral context.

Therefore, punishment refers to the procedure of following a behavior by a consequence (a punisher) that decreases the probability that the behavior will be performed in the future. The only way to determine if a consequence is a punisher is to observe its effect on the behavior that has been targeted. If the behavior does not occur as often when the punisher is used, an effective punisher has been found.

A comparison of punishment and reinforcement reveals that they are similar in two ways: (1) both interventions have an effect on the frequency of behavior, and (2) both should be given after the behavior occurs. The important difference is that reinforcement increases or maintains behavior, while punishment decreases behavior. It is important to realize that the same exact consequence could function as a punisher to one person and as a reinforcer to

another person. For example, being offered the consequence of going on a 6-mile hike may be reinforcing to one person and punishing to someone else.

Two Kinds of Punishers Used in the Modification of Behavior

The Presentation of Aversive Events. After a behavior has been exhibited, an aversive event such as a restriction or a fine may be applied to reduce the behavior.

The Removal of Positive Events. The punisher is a time out from reinforcement, which is the removal of all positive reinforcers for the exhibited behavior for a certain period of time. The only purpose of the removal is to decrease the unwanted behavior.

Principles of Punishment

The following four important principles (rules) of punishment ensure its effectiveness:

- There must be a clear and specific warning not to do the inappropriate behavior.
- The punishment must be given immediately after the inappropriate behavior.
- The type of punishment should be related to the offense.
- The punishment should be given unemotionally.

In the detention or corrections setting, the first principle (offering a clear and specific warning) is accomplished by providing a rule system as described previously. The second principle (immediate punishment) is accomplished by immediately telling rule violators that they have not followed a specific rule and will receive the consequence, even if the consequence is to take place at a later time, such as a restriction or early bedtime.

Principle three (relating the type of consequence to the rule) requires a lot of effort in nontoken-economy programs but is very important to accomplish because it helps the person violating a rule to connect the consequence to new learning. In a token-economy rule system, it is easy to apply this principle by offering tokens as the positive reinforcement for following a rule and by removing tokens for not following the related rule.

Principle four (unemotional punishment) is often neglected by staff, and if not followed, it may render the punishment ineffective. Punishment as part of a behavior management system is simply a tool to decrease behavior. A professional does not view this tool as more or less valuable than any other tool. A professional also understands that changing unacceptable behavior is an important part of the daily job. Lectures and displays of anger

have no part in a behavior management procedure. Therefore, punishment should always be given with the same simple techniques described in the limit setting section of the previous chapter. Remember that the purpose of punishment is to punish (decrease) an undesirable behavior, not to cause physical or emotional pain to a person.

Violation of any of the four principles of punishment will dramatically weaken, if not totally negate, the value of using the punishment procedure.

Four Common Effective Punishment Techniques

Technique One: Extinction. Extinction is the process of withholding reinforcement for a presently reinforced behavior, with a resulting decrease in the frequency of that behavior.

What Steps Should a Staff Member Go Through To Carry Out the Extinction Procedure?

- (1) Critically identify the reinforcers that are maintaining the behavior.
- (2) Control or withhold those reinforcers. Be sure that the previous reinforcers are never allowed to follow the inappropriate behavior.

The following are important characteristics and effects of the extinction procedure. Extinction is a gradual process. A behavior that was previously reinforced and then treated with an extinction procedure will gradually decrease. Consequently, extinction should not be used with dangerous behaviors that must be stopped immediately.

An extinction procedure will most often result in an increase in the undesirable behavior before the decrease occurs. A recurrent behavior that was previously reinforced and then no longer reinforced will initially increase both in frequency and intensity as a result of the youth trying harder to receive reinforcement for the behavior. If the behavior is never reinforced after the initiation of the extinction procedure, it will be completely eliminated. When used effectively, extinction is a permanent process.

An extinction procedure needs to be carried out to the letter. Once the procedure is started, the staff members must never give recognition to the inappropriate behavior. If they recognize it, they will continue to reinforce the behavior they want to decrease. If more than one person is involved in carrying out the extinction procedure, the entire staff must work together and be consistent in not providing any reinforcement for the behavior. Extinction is a very difficult procedure to implement in multiperson environments.

Technique Two: Response Cost. Response cost is a punishment procedure that removes reinforcements for the performance of specific inappropriate behaviors. Response cost punishments are usually administered as penalties or fines for breaking a rule. Most direct consequence rule systems and token economies operate with response cost procedures.

What Steps Should a Staff Member Go Through To Carry Out the Response Cost Procedure?

- (1) Decide in advance which behaviors are to be fined, and warn the individuals in advance what fine will be administered.
- (2) Don't fine a person to the point of bankruptcy. If this bankruptcy occurs and if there is nothing left to take, the response cost punishment procedure will break down.

Technique Three: Overcorrection. Overcorrection is a punishment procedure that requires the individual to amend for an inappropriate behavior by doing something to correct the condition caused by the inappropriate behavior. The overcorrection technique requires individuals to restore excessive order to a chaotic situation or to perform an excessive amount of corrective work to make up for the rule violation. In other words, they must overly correct the problem that they caused.

What Steps Should a Staff Member Go Through To Carry Out the Overcorrection Procedure?

- (1) Overcorrection must involve a great deal of effort on the part of the person being punished.
- (2) The overcorrection procedure should also take a significant amount of time to accomplish.
- (3) Overcorrection should be directly related to the inappropriate behavior, and the relationship should be easily apparent to help ensure maximum learning.
- (4) Like all punishment techniques, the overcorrection procedure should be imposed immediately after the behavior occurs. At the very least, residents must be immediately told that they are receiving an overcorrection even if it is to be performed later in the day.

Overcorrections are very strong behavior modifiers, but they take extensive staff time and effort to put them into effect.

Technique Four: Time Out. The term time out means time out from positive reinforcement. When using time out, one can either remove the individual from the positive reinforcement situation or remove the reinforcing situation from the individual.

What Steps Should a Staff Member Go Through To Carry Out the Time-Out Procedure?

- (1) Time out requires a clearly defined inappropriate behavior and a clearly defined violation of a rule.
- (2) A warning must be made in advance—which is usually done through the establishment of the rule and the additional use of the limit-setting procedure.
- (3) A set period of time must be established. The time should be short enough so that the person can return to the reinforcing situation that he or she came from but long enough so that the person is impressed with the idea of punishment. Between 3 and 7 minutes is all the time it takes to get a young person's attention and to establish new learning. The largest failure in the use of time out is to extend the time out past the useful learning curve.
- (4) Time out also requires the use of a specific place removed from possible reinforcements. This requirement may be as simple as having a person turn his or her chair away from the group or as elaborate as having a time-out room.

One important cautionary note—the use of seclusion in a detention or corrections setting does not usually meet the time-out criteria. Seclusion is a safety procedure invoked to protect the staff and residents in the detention facility. Often, the seclusion room is reinforcing to the person put there. Consequently, it is not time out from reinforcement and does not always work to reduce undesirable behavior—which is especially true when seclusion rooms are located near other residents or when the resident in seclusion receives a lot of staff attention. This statement is not a comment on the appropriateness of the use of seclusion because seclusion must sometimes be used. This note is simply a clarification that seclusion does not always work as a procedure to reduce inappropriate behavior (Roth, 1987).

When Punishment Should Be Used

Punishment should be used only to halt a behavior that is potentially dangerous to the resident or others in the area or to stop a behavior that clearly has a major disruptive effect on the detention structure. Punishment procedures are commonly used on behaviors such as fighting and stealing.

Guidelines for the Best Use of Punishment

- The greater the intensity of the punisher, the greater the suppression of that behavior. Punishment is most effective when the punisher is presented at full strength. Therefore, punishments should be thought out and planned when the rule system is constructed.
- The punisher or punishing event must immediately follow the behavior that is being punished. If the punishment is delayed, the less effective the punishment will be—which means immediately informing youth that they have violated a rule and will receive a consequence, even if it must be administered later.
- Residents should be provided with alternative behaviors that can substitute for punished behaviors so that they can receive reinforcement. Many persons classify reinforcement of alternative incompatible behaviors as punishment, which is technically correct because the use of the procedure will reduce undesirable behavior. In any event, for punishment to be effective, reinforcement must be provided for appropriate behavior.

The Pros and Cons of Punishment Procedures

The argument for the use of punishment is that it is the quickest way to decrease the strength of a behavior. The argument against the use of punishment is that punishment procedures usually produce the following undesirable side effects (Axelrod, 1977; and Kazdin, 1975):

- The youth may express undesirable emotional reactions to the use of the procedure and may not focus on the new learning involved. The youth may concentrate on feelings of personal inadequacy or on getting even, and these reactions will not result in the desired good behavior being expressed and the unwanted behavior decreased.
- The youth may try to avoid the punishment procedure by trying to escape or trying to commit suicide.
- Punishment may result in the aggression of the punished juvenile toward the person administering the punishment or toward other residents and staff. The end result may not be the desired decrease in unwanted behavior.

- The use of punishment may lead to an overreliance by the staff upon aversive control procedures instead of positive reinforcement procedures, which will destroy the structure of positive relationships in the detention environment.

Summary of Punishment Procedures

Punishment procedures are part of the overall rule structure and must be clearly defined and thought out in advance. When the procedures are used, they should always include a fair warning, should be administered unemotionally, should be relevant to the offense, and should always be issued immediately after the inappropriate behavior. It is also important to remember that punishment usually causes negative side effects for the staff member, the institution's environment, and the youth receiving the punishment. Consequently, punishment should only be used when positive reinforcement procedures would take too long. Behavior is a result of learning and choices, and it is easier to choose to behave for positive reinforcement than for punishment.

Finally and most important, detention and corrections workers should remember to concentrate on finding the appropriate behavior occurring in the unit and reward it whenever it occurs. It should also be recalled that for a punishment procedure to work (to decrease an undesirable behavior), the staff must teach an alternative positive behavior to the youth who receives punishment for an unacceptable behavior. Reinforce the positive 100 percent of the time when you are trying to eliminate the negative with a punishment procedure.

The behaviors of juvenile offenders are the products of their current learned personality interacting with the present detention or corrections environment. The environment is composed of physical facilities, program structures, and personal interactions. All elements of the detention and corrections environments need a large amount of forethought and planning to achieve a positive atmosphere and positive behavior on the part of both staff and residents. The stated purpose of detention interactions is behavior management, not treatment. However, it is impossible to interact with a youth's personality and not cause change. The result of all interactions in detention is both behavior change and personality development. Therefore, positive behavior change and personal growth must be the major focus of all programmatic design and intervention.

Additional Helpful Structures in the Detention and Corrections Environment

Three additional program structures have great influence on the performance and learning of new behavior in the detention and corrections settings: group discussions, constant productive activity, and a token economy system.

The previous section clarified that the maladjusted behavior of juveniles is a product of past learning interactions and experiences (Griffis, 1994), and it has worked for them in the past. Therefore, they will not automatically change their behavior when they enter the detention and corrections setting. Instead, they will continue to use their old habits until the value of new behavior choices is established.

Group Discussions

Group discussions, regardless of what they are called (group meetings, values clarification sessions, counseling sessions, or skill-building sessions), should be an important part of each day. At least two groups should be held daily—one to teach new skills and behaviors and another to clarify values and discuss the daily actions of each group member. There are many good group discussion models available, and two are recommended: the social learning skills model for the teaching of new skills (Griffis, 1988) and the resident advocacy process (RAP), a group discussion format for detention residents (Griffis, 1988).

Activity

Positive behavior is the result of interactions with a positive environment. Likewise, a positive environment is created by positive and productive activity. On the other hand, boredom and inactivity will create much opportunity to concentrate on bad behavior. Positive, productive activity has the following three components: (1) it is interesting, (2) it is worthwhile, and (3) it is constant.

To make an activity interesting takes imagination, planning, timing, supervision, staff participation, and effort. Many activities are innately fun, and all activities can be made interesting by teaming the right residents together, by highlighting new learning, and by using a sense of humor. Therefore, activities should not be done on the spur of the moment. They need to be considered and planned in prior training or brainstorming sessions to incorporate many points of view.

Difficult or unpleasant activities can be turned into contests to boost resident interest. Activities need to be planned step by step, and thought should be given to resources and tools needed. Plans also need to be put into written schedules and procedures.

Positive production and performance is often a result of timing; so activities need to be placed at the right time of day. Staff need to consider how much physical and mental energy each activity requires and review the activities that precede and follow the activity. Effort should be made to have variety in scheduling and to ensure that the activity has the right amount of time allotted (not too short and definitely not too long). Effective activities need constant supervision and maximum staff participation, especially in work events. All of the previous components add up to effort, and staff effort is often interpreted by the residents as caring.

For an activity to be worthwhile, it must have value and reward. Value may mean social, moral, or spiritual value, or it may mean educational, vocational, or life-skill value. Activities should not just fill time. Delinquent youth need to learn many new behaviors, life skills, and values, and every hour of activity should be considered an hour of teaching and values clarification.

The purpose of each activity should be made clear to the staff, and the staff should model the values of the program as well as explain them. Rewards should also be given for each activity. Although the interest of the activity and the new learning may be rewarding in themselves, positive effort should be accompanied by one of the methods of positive reinforcement described in this section to help build the activity into a new habit for the youth and to help keep the total environment operating on a positive level.

Finally, the key to positive productive behavior is activity, activity, activity. Constant activity does not mean that quiet activities are not allowed, but it does mean that every minute of the day should have planned activity, with as much variety in activity as possible. Each daily program should provide a couple of opportunities for choice in the activities offered. Classroom teachers can provide for more than one type of learning to be used in each class period, and recreation periods can provide different games or different resident roles in each game.

The provision of constant, well-planned, worthwhile, productive, and positive activity means that staff will have to spend a lot less of their time managing undesirable behavior.

Token Economies

Every society has a structured economy. The economy provides an organized way to exchange goods for services, a way to reward positive effort, and a way to fine, punish, or require retribution for accidents and intentional negative effort. Most societies have learned that token exchanges in the form of money are far easier to administer and have a more powerful impact than the constant bartering required for direct exchanges.

Program rule systems are also organized in this same fashion. Some programs develop a set of rules and activities (such as work or school) and offer a predetermined set of consequences or privileges for following the rules (these are termed direct consequence rule systems). Some programs constantly barter or contract with each individual resident, or they set up staffing meetings to determine rewards or punishment each week (these are called contract rule systems).

The first rule system (a predetermined set of consequences) will work but requires extensive note taking and often does not provide a reward or punishment that is meaningful to each resident. The second type of rule system (the bartering method) is very difficult to use to obtain effective behavior because the rule system is always changing. Contracting also requires extensive time to be spent in negotiating, writing, communicating, and interpreting. Often, both systems, as operationalized in many programs, fail to follow the psychological rules of positive reinforcement and punishment. These rules must be followed to obtain and teach positive new behaviors (Homme, 1970).

Consequently, many detention and corrections facilities have now incorporated token economy systems as their rule and behavior management structure. Token economy rule systems may be the single most powerful tool introduced into juvenile detention and corrections in this century. Token economies are powerful because they require time to be spent on planning and training rather than day-to-day negotiation and because the rationale is easily understood due to its similarity to the rule-and-reward system of adult society. Using tokens allows the staff to easily utilize positive reinforcement and punishment procedures that are directly related to resident behavior. Note taking and staff communication are facilitated by the use of an organized and formalized charting procedure. Token economies require constant behavioral observation and adherence to the program rules by each individual staff member. A token economy also facilitates and demands constant feedback by staff members to each resident—which helps to provide for constant personal interaction.

The best token economies operate by providing a resident with token money or spendable points, offering positive reinforcement for each action. A resident starts each day and each activity with zero points or token dollars and earns points for each activity, ranging from zero to a preset maximum amount. Using the earning system rather than starting a resident with all the points and taking away points for inappropriate behavior keeps the environment focused on positive behavior and positive reinforcement rather than punishment. The earning system reflects the work world of the adult, and each resident can easily relate to it. Punishment procedures are also used in token economies, with cost-response techniques or fines being paid with token money earned.

Level System

Using a resident-level system is an additional positive reinforcement method to reward good behavior and to show progress in learning appropriate behaviors. Level advancement is also conveniently evaluated by recording the number of points earned, and these records of points earned can be easily understood by each resident in the system. Token record sheets also provide a fair, simple, and unemotional method to offer residents evaluation and feedback. Token records offer the staff extensive behavioral assessment data for each type of rule and activity required of a resident. These records easily reveal progress as well as problem areas and should be the major document in the youth's case file.

In summary, token economies are one of the most beneficial behavior management tools available for program structure. Using a token economy system can facilitate personal interaction, positive reinforcement, rule system clarity, proper use of punishment procedures, program note taking, fair resident evaluation, and adherence to the rules by both staff and residents. Once instituted, token economy rule systems are easily remembered and well liked by the residents.

Sample Reinforcer Survey

- (1) In my free time, my favorite activity is _____ .
- (2) If I could go away for 3 days, I would go to _____ .
- (3) If a coworker and I have a day to spend together, I would like to _____ .
- (4) My favorite evening entertainment is _____ .
- (5) I would really like to visit _____ .
- (6) My favorite sports activity is _____ .
- (7) My favorite hobby is _____ .
- (8) Something that I really want to buy is _____ .
- (9) If I had \$10 to spend on myself right now, I would _____ .
- (10) If I had \$50 to spend on myself right now, I would _____ .
- (11) If I had \$100 to spend on myself right now, I would _____ .
- (12) If I had \$500 to spend on myself right now, I would _____ .
- (13) The thing that I would most like to buy my best friend is _____ .
- (14) My life in this program would be more rewarding if _____ .
- (15) If my careworker would _____ , I would enjoy living here.
- (16) I would work harder on my problems if _____ .
- (17) The place where I most like to shop is _____ .

It is difficult to train adults on a topic like observation and recording. Most people assume that these skills require only common sense and that because all of us have some common sense, we are by definition competent behavior observers and recorders. However, this assumption is not always true.

Objectives

Two necessary skills for any detention worker are the abilities to observe behaviors accurately and to record them in a clear and concise fashion. These skills are neither inborn nor necessarily adequate at the time of hire. Furthermore, there is no guarantee that the direct careworker will somehow learn sufficient skills in these areas by himself or herself.

It is essential for every detention worker to observe effectively and to record these observations with accuracy. This also applies to shift supervisors, cooks, night shift workers, and program counselors. There are two objectives for this chapter:

- To define the purpose of behavior observation and recording.
- To outline the skills associated with observation and recording.

Observation

Observation is an active process. Because it is done continuously, it is very difficult to say exactly when the process begins and ends. Observation is a learnable skill that improves with practice.

Why Observe?

It is a generally accepted principle that detention staff are responsible for the supervision of the youth under their care. Supervision implies observation. Therefore, this fundamental requirement of supervision establishes an undeniable need for observation skills on the part of staff.

Although the answer to the question of “why observe?” is simple, juvenile detention is much more complex. In light of this complexity, the following sections highlight some additional reasons for observation.

Prediction. Most juvenile codes include an evaluation function as one of the criteria for the use of

juvenile detention. In essence, the court is asking the detention staff to provide information that will predict the best possible plan of action for each juvenile. Even though the options may be limited because of financial resources or court philosophy, the ability to predict what is in the best interest of youth is a function of the quality of the observation that occurs.

Conclusions. Because the juvenile court is concerned with the social, educational, and emotional development of troubled youth, detention serves as an opportunity to collect information that helps the court reach conclusions about certain problems facing youth. Again, the quality of these conclusions rests on the quality of the observations that support them.

Change. Even though juvenile detention is not a treatment intervention, detention staff are frequently asked to work with youth to bring about specific kinds of changes in their behavior. Furthermore, many juvenile detention centers have counselors who are responsible for a youth’s safe adjustment to secure confinement. In these situations, certain types of behavior change may be required. Good observations provide the proof that this change has or has not occurred.

Effectiveness. As an extension of the change process, observations are used to evaluate the effectiveness of certain intervention strategies. Accurate observations become the evidence of behavior change or provide information to assist staff in the development of new intervention strategies. Detention programs concerned with a youth’s adjustment to incarceration will place a high priority on good observations.

Communications. When experts discuss the characteristics of an outstanding detention staff, excellent communications and staff consistency are always a part of that discussion. Good observations improve the communications between staff and residents. The greater the accuracy and detail in staff communications, the more consistency and accuracy results in staff or student interactions.

Intervention Timing. Behavior management experts stress the importance of accurately timing an intervention strategy to produce the maximum therapeutic change. Observations provide the needed information to improve the nature, quality, and timeliness of interventions with troubled youth. Through good observations, patterns of behavior emerge that indicate when an intervention can be most effective.

Relationship Building. The more we know about young people, the easier it is to express an interest in them, to talk with them, and to share concerns. Good observations, in conjunction with an effective system for communications, provide the necessary information about residents to facilitate interpersonal interactions and to build relationships.

Self-Control. Sloppy observation encourages detained youth to engage in horseplay and other behaviors that they would not ordinarily choose under conditions of close supervision. Good observation encourages youth to behave appropriately when the observation of appropriate behavior is communicated and reinforced.

Staff Control. When an excellent system of observation exists, residents are less likely to act out or misbehave. Subsequently, staff are less likely to use repressive control measures such as warnings, threats, or restriction to maintain minimally acceptable levels of behavior.

Once staff control becomes an effective tool for maintaining acceptable levels of appropriate behaviors, staff may begin to focus on the reinforcement of these behaviors. Positive reinforcement is the most powerful strategy for creating and maintaining a safe and secure detention environment. The difficulty for detention staff is that they are more adept at recognizing and identifying inappropriate behaviors.

To remedy this deficit, one institution forces new staff members to focus their entire attention on positive behaviors. Operating under a token economy, new staff are directed to identify and reinforce 50 appropriate behaviors during an 8-hour shift. In nearly every instance, staff members remark that this exercise was the most enlightening exercise of their training experiences. Not only does it change their belief that they are supposed to catch juveniles misbehaving, but it provides practice and confidence in identifying and reinforcing appropriate behaviors. If given the choice of responding to either appropriate or inappropriate behaviors, most rational thinking staff prefer to deal with appropriate behaviors.

Encouragement for Involvement. Active programs with high expectancy for observation create for staff and residents an expectation that involvement is the norm. Therefore, detained youth are less likely to assume that the best way to survive the institution is by doing nothing. Good observation works to reduce the tendency toward institutional passivity on the part of detained youth.

Systematic Interactions. Good observation creates for staff and residents a structure that promotes interac-

tions. Even though institutional systems are initially viewed as contrived, they force controlled, structured, and safe interaction between staff and residents. From these interactions, staff may proceed to build genuine and therapeutic relationships with youth.

Safety and Protection. Good observation provides the information that serves to create a safe environment for detained youth. Information about potential assaults, escapes, or other dangerous behaviors is a function of good observation skills. Understanding this information in its proper context can help staff to intervene in a timely manner and prevent harmful behaviors. This type of proactive strategy affects the safety of staff and residents.

Legal and Ethical Obligations. You have an obligation, legally and ethically, to make accurate observations regarding both appropriate and inappropriate behaviors. Because continued confinement or issues regarding litigation against staff depend on accurate observations, the importance of observation cannot be underestimated.

What To Observe

The object of observation is the behavior of detained youth. Quite simply, there are two classes of behavior: verbal and nonverbal. Verbal behaviors are more obvious and more easily validated. They are a topic for future consideration. Nonverbal behavior is the focus of this chapter.

The categories of nonverbal behavior targeted by observation skills are kinesics, paralanguage, proxemics, physical characteristics, and contextual factors.

Kinesics. Kinesics is the study of body and muscle movement. For this chapter, kinesics is concerned with the meaning of these body and muscle movements within the detention setting—which is probably one of the clearest forms of nonverbal behaviors.

Most people readily recognize clinched fists, arched shoulders, a frown, and a set jaw as nonverbal signs of aggression, hostility, or anger. It is important to note that the skillful observer looks for patterns of behavior that characterize the normal routine for each resident. Problems occur in detention facilities when these patterns change.

Paralanguage. Paralanguage is concerned with the vocal qualities that affect the auditory senses. These qualities include whispering, shouting, accents, tones of voice, or speech impediments. Good observations require that staff watch residents long enough to establish their patterns of paralanguage. Again, deviation from these patterns provides meaningful information.

Proxemics. Proxemics is concerned with the position of people in the environment and in relationship to others. Everyone is familiar with the concept of personal space—which is an issue of proxemics. Other relevant nonverbal behaviors include touching and eye contact.

Detention staff need to be sensitive to the issue of proxemics. Although touching is an effective way to communicate feelings between staff and residents, it must be done judiciously and in response to patterns of behavior concerning proxemics. The invasion of personal space is often viewed by hostile youth as a sign of aggression or as evidence of inappropriate touching.

Physical Characteristics. Concerned with the unchanging characteristics of self, physical characteristics often provide the greatest insights about a youth's successful adjustment to a detention facility. Issues such as clothing, hair, jewelry, physical size, hygiene, and tattoos communicate much about the individual. Within the detention setting, the admissions process reduces the importance of physical characteristics. For example, residents' clothes are taken from them, and institutional clothing is provided. However, some modifications in the institutional clothing may occur to distinguish different program status.

Contextual Factors. Contextual factors are concerned with the physical and social environment in which behaviors occur. The key here is "fit" or congruence between physical and social environments. Some psychologists call this behavior setting because certain physical and social environments are uniformly associated with certain types of behaviors. Consistency among time, place, social circumstances, and behavior characterize the behavior setting.

One example is a funeral service. Many behaviors are associated with appropriate conduct at a funeral. Therefore, given these contextual factors, it would be unusual to see someone attending a funeral dressed in football gear. This behavior would be worthy of careful observation because it does not fit within the contextual factors.

Through their daily routine and procedures, juvenile detention facilities establish certain expectations for behavior in different physical and social environments within the center. Therefore, contextual factors exist throughout each institution. Good observation helps staff understand these contextual factors and recognize when resident behaviors do not fit. These behaviors as well as those mentioned above are the substance of good observation.

How To Observe

What skills are associated with good observation? This section is the "how to" part of the training objectives. Although there are many different opinions about what constitutes good observation skills, the focus will be on four primary skills for detention workers: attention, awareness, objectivity, and positioning.

Attention. Attention involves remaining alert to the relevant behaviors and cues within one's sensory field. Human beings are able to attend to very few of the relatively thousands of stimuli that constantly bombard them. Thus, the attentive staff member must select and focus on the relevant stimuli. In most instances, attention is directly related to the staff member's mental and physical alertness.

Detention is a stressful job. Working with troubled youth and inadequate resources can create an almost impossible situation for staff—which often leads to the temptation to use alcohol or drugs as a means of relaxation or tension reduction. The detention profession is ripe for substance abuse problems, and the abuse of these substances severely curtails attention skills.

The National Juvenile Detention Association (NJDA) addressed this issue in its code of ethics. Concerned about the potential threats to resident and staff safety inherent in a detention setting, NJDA called for the detention professional to be at his or her optimum physical and mental condition on the job.

In addition to the threat to resident and staff safety associated with staff who come to work under the influence, it is foolish to believe that juveniles, who have grown up in the presence of adults who use and abuse these substances, will not recognize a staff member's abuse problem. It is the greatest of all hypocrisies.

Awareness. The skillful observer seeks a broad understanding of human behavior and individual interaction with the environment. Because behavior is purpose driven, the worker who remains informed of pertinent facts about both detained youth and the environment maximizes his or her ability to predict, observe, and respond appropriately to a variety of situations. Awareness involves sensitivity and understanding, which are possible only if the worker is prepared to understand what is observed.

Awareness is entirely dependent on the direct careworker's desire to obtain more information about detained youth. As an essential skill, awareness causes the professional detention worker to read the anecdotal logs for each youth under his or her supervision, to read the psychological reports, to read the legal and social files when available, and to discuss this information and current behavior with colleagues on previous as well as

upcoming shifts. Nowhere in the operation of the detention facility is staff communication more relevant than in the development of awareness.

Objectivity. All sensory input must be filtered through one's emotions, values, and past experiences. Therefore, objectivity may only be accomplished by not allowing personal biases to interfere with the ability to perceive reality. This ability requires a conscious effort to be honest with ourselves and to recognize that we are human beings with limitations and fallibilities. However, with practice and perseverance, we are able to set aside our personal selves and view behavior professionally, without prejudice. In this manner, we approach our roles as detention workers with the understanding that we must promote long-term growth for the youth under our supervision.

Biased interpretations do not simply go away. Objectivity as an observational skill must be practiced. Practice comes through the art of giving and receiving feedback. To be objective, staff must discuss their feelings about detained youth, their offenses, and their behaviors. Staff must analyze these feelings openly, in the presence of coworkers who have the ability to confirm or deny personal prejudices that may interfere with the provision of effective care. To become more objective, staff must interact with others and must work to become more self-accepting and less judgmental or condemning.

Positioning. It is essential for detention staff to position themselves in a manner that maximizes the opportunities for observation. Staff should be positioned so that all youth are in plain view—which is ideally accomplished by developing skills as a participant observer. Participation helps develop healthy relationships with youth, without being viewed as a guard or a watchdog. Conversely, caution must be exercised to avoid becoming so involved in the activity that the worker loses sight of the responsibility to observe the behaviors of those outside the activity. The rule of thumb for position skills is “You can't observe it if you can't see it.”

To develop the skill of position, many trainers will identify floor plans of detention facilities and ask participants to place staff members in the most strategic positions. As you assume your responsibilities in your detention facility, you should do the same thing within each living area in the facility. In fact, it would be more beneficial for you and your coworkers if you did this as a team activity. It is also your responsibility to ask senior staff members where you should be (what your position should be) during routine and special activities. Any time there is a discussion of special events, activities, or problems, position should be a part of the discussion.

Recording

Why Record?

Detention facilities record for two reasons: documentation and communication. It is important that significant behaviors are communicated to all staff. The best method of producing an accurate transfer of information is to write a description of the behavior—which requires a conscious effort to recall and structure events.

Documentation. Documentation provides a written account or history of events. Because staff memories are faulty and because accuracy deteriorates over time, it is best to write the description of behavior as soon as possible. In some institutions, staff are automatically provided with time off the floor after a significant incident so that documentation can be completed.

Documentation is equally important in a number of other areas of juvenile detention. An ample amount of documentation provides a baseline for evaluating program development. It also provides a basis for evaluations regarding resident progress.

Documentation provides a sense of accountability. Knowing that behaviors must be recorded, staff are much more likely to pay attention to specific behaviors and to improve their observation skills. Conversely, residents quickly understand that staff keep excellent records of their behavior. Hence, residents become more accountable.

One of the most important purposes of documentation is to help staff solve problems whenever serious, dangerous, or criminal behaviors occur. Documentation serves as evidence that action was taken. It may be the critical factor in helping to reduce liability among correctional staff.

Attorney Lynn Lund, one of the Nation's specialists in defending institutional staff, maintains that documentation is the single most important issue in indicating a good faith defense. He identifies a U.S. Supreme Court decision stating that if the action is not documented, it legally did not occur.

Communication. Juvenile detention is a complex job that requires an excellent exchange of information. Often, decisions in detention are only as good as the information on which they are based. Therefore, communication is a priority function of recording.

Detention staff usually do not have an opportunity to interact with all of their coworkers on a daily basis. Therefore, written communication becomes essential. In this manner, information can be provided to coworkers and other interested parties, especially attorneys, probation officers, and judges.

A record of observations also promotes better observation. It gives staff members a perspective from which to view resident behavior. In many cases, it updates new staff on issues and problems affecting individual residents. In this manner, recorded observations serve to promote program consistency, which is key to effective detention programs. Good records improve consistency.

What To Record

Recording is an attempt to answer completely the questions of who, what, when, where, and how. This simple approach constitutes the beginnings of a strategy to define those issues that should be committed to writing. One caution is necessary: “why” statements should be avoided. It is not the responsibility of direct-care staff to affix motives or to deal with intent. Instead, these questions should be referred to administrative staff or to a team discussion supervised by a professionally certified staff member.

At minimum, staff should record the following general categories of behaviors:

- It is important to document what has happened to the youth on a daily basis. Some institutions may require anecdotal log entries for each shift. These log entries should include a description of those things that the youth has experienced during that shift.
- Staff should record what other detention workers might anticipate from residents. Consistency means that the staff members who supervise a youth over a period of a day or more will respond to problems in a consistent or uniform fashion. To produce this effect, written communications must describe what has happened and what staff think will happen in the future.
- Records are important to describe what other staff members have done to help juveniles. Part of the responsibility of recording is to detail not only resident behaviors but also staff behaviors.
- Good records indicate clearly what interactions or interventions have worked. Records are the best indicator of program effectiveness.

The American Correctional Association (ACA) establishes in its correspondence course for juvenile careworkers several useful criteria for judging appropriate recordings. These criteria serve as a list of issues that direct careworkers should include in their written communications. Because most direct careworkers do

not have a firm understanding of what issues should be in writing, the ACA criteria extend the general categories listed above. The following are the ACA criteria, with an example of each:

Communication	“I talked with Greg about his shouting and cursing.”
Observation	“Nate shuffles his feet and looks downward when I ask him about his visit with his parents.”
Intervention	“Mr. Carlson and I physically restrained Patrick and took the knife from him.”
Feedback	“Dr. Richards said we need to pay close attention to Derrick since his latest suicide threat.”
Specificity	“A verbal argument between Tracy and Pam occurred in Dorm C at 4:00 p.m.”
Significance	“Juan and Pete had a fist fight in the recreation room at 10:00 a.m.”

How To Record

Before describing the skills of recording, it is important to acknowledge that when we talk about written communications, we are talking about paperwork. In most institutions, direct-care staff complain about the amount of time devoted to paperwork. As the demands for documentation increase, the time needed for recording also increases. In other words, as policy and procedure identify more circumstances or situations that must be reported in writing, staff members find themselves devoting more time to paperwork. As the amount of paperwork increases, so does the amount of time spent away from direct supervision.

In overcrowded situations or in institutions that are understaffed, paperwork requirements may have to be completed at the end of the shift. In these situations, overtime may be requested to complete paperwork (which is rarely supported by administration), or staff may look for shortcuts to minimize the amount of time needed to complete the paperwork. The irony is that paperwork may be the most important issue in helping staff members protect the rights of detained youth and protect their own careers.

Recording Skills. Seven basic skills can help staff improve the quality of their written communications. When supervisors or administrators indicate to staff that written communications require improvement, one of the following skills is usually involved:

- Records must be legible. Regardless of how accurate or useful an observation may be, it has no value to others unless it is recorded legibly. Police have addressed the legibility problem by typing their reports. Most police departments are completely computerized, and some are experimenting with lap-top computers in squad cars. Computerized records may someday eliminate legibility problems in juvenile detention.
- Records must be written in plain English. Because the purpose of recording is to document and communicate your observations, entries must be understandable to others. Do not try to impress your coworkers with your vocabulary skills. Being understood is maximized by avoiding slang, flowery terms, and psychological jargon. No one cares if a youth makes “a ubiquitous olfactorial assault,” but it is noteworthy to record that the youth has body odor.
- Records must use specific behavior terms. A specific description of a resident’s behavior is more useful to the reader than a label or a generalization. Observations recorded in behavioral terms allow the reader to draw conclusions from reliable information. Behavior descriptions avoid the use of abbreviations. The term “NFD” may not mean “not following directions” to everyone who reads the log entry.
- Records must be timely and complete. The completion of forms varies with the type of document being considered (e.g., incident report or anecdotal log). However, the goal is to provide the specific information required for each form. Timeliness is a constant concern. Recording observations while the information is fresh and recall is at its optimum maximizes the accuracy of the recording.
- Records must be brief, concise, and pertinent. Documents should present the most relevant information in the most efficient manner with the greatest possible clarity.
- Records must support conclusions. Professional staff or teams may generate hypothetical conclusions about resident behavior. Unsupported conclusions have little practical value in detention settings. By providing specific behavior observations, the record serves to support the conclusion or to provide support for a different conclusion.

- Records must be confidential. To protect each resident’s right to privacy and to prevent misuse of documents, all information about residents is held in confidence. Policy and procedure should specify the circumstances under which information about residents can be released. Policy and procedure should be in accordance with State laws governing confidentiality. Information may be released only with proper authorization.

Rules for Effective Recording. All of this information about recording skills can be reduced to two basic rules about recording. First, describe all incidents in simple terms that refer to observable behaviors. Second, phrase all communications in language that can be understood by anyone who reads it. These two tests should be applied to all recordings.

Type of Records

Detention facilities usually employ two general categories of records. First, there is an anecdotal log entry, which is completed on each resident for each shift or each day. There may also be an anecdotal log entry for each team or group of residents. Most institutions add or substitute an additional log that is completed by the shift supervisor specifying important incidences that occurred on the shift. This log is usually referred to as a supervisor’s log or the shift log.

The second type of recording is a special incident report. These reports are usually much more specific in the information required, and they are associated with special types of misbehavior or exceptionally appropriate behavior.

Anecdotal Logs. Good anecdotal log entries communicate the information about what to record. Logs are completed in a fashion that adheres to the rules for recording.

There is remarkable variation in anecdotal log entries between various institutions. The general rule of thumb is “If care is not taken to establish and enforce clear guidelines about the content and quality of anecdotal log entries, they eventually deteriorate.” The reason for this deterioration is the natural tendency of staff to complete paperwork in the quickest means possible. Therefore, it is not uncommon to find a complete log entry that merely states, “Good a.m.” When confronted with questions about the meaning of this log entry, staff may respond that the youth was cooperative or did not create any problems and that staff did not have to spend time with the youth for problem solving. Rather than write these responses in the log, the shortcut becomes, “Good a.m.”

Additional examples of poor log entries include: “Great cooperation,” “John handled a significant confrontation miserably,” or “After John’s behavior this morning, p.m. shift should stay on his case.” These log entries do not provide adequate information for competent decisionmaking. In many cases, inadequate reports reflect the intent of juvenile detention staff to complete paperwork in the shortest time possible. However, it may also indicate a passive resistance to paperwork. In other words, time-consuming paperwork is generally not done well if staff question its relevance. Less than acceptable performance is a means of indicating to administration that the paperwork is not appreciated.

It is the direct responsibility of administration to convince careworker staff of the importance of quality behavior observations. Records of observations are essential, and they are a part of the staff member’s commitment to the best interest of detained youth. It is important for direct-care staff and for supervisory staff to constantly monitor the content and quality of log entries.

Special Incident Report. Most detention facilities use a specific form to report special incidents. (For examples of this form, see ACA, 1992a, or Roush, 1992.) If your institution does not use a specific form with prescribed policies for completing an incident report, the following information should be helpful. If your institution has a form and specific procedures, please evaluate this information in light of your own practices.

A special incident report is a form of behavior analysis. Beyond the requirement for behavior specificity, the analysis of behavior includes the following distinct components:

- A description of antecedent events. The antecedent event describes the situation that preceded the behavior in question. This component explains what happened immediately prior to the behavior.
- The behavior in question. This part of the incident report describes plainly and concisely what occurred.
- The consequence of the behavior. Once the behavior has occurred, the consequence component describes what reactions were elicited from the environment (i.e., reactions from staff and peers).

An area for staff recommendation is provided for staff to express concerns about the behavior sequence that have not been covered in the report. It is at this time that staff may go on record as suggesting a certain type of intervention or followup from other staff. It is this component of the incident report form that increases staff consistency.

Summary

Child care work with juvenile offenders is difficult. This sentiment is best expressed in the words of the poster that reads, “If being a parent is the toughest job in the world, then child care work in an institution for troubled youth must be a close second.” The job responsibilities for juvenile detention caregivers include a broad range of divergent activities. The science of juvenile detention work with troubled youth draws its principles from various disciplines. It is a complex and interdisciplinary science.

Successful juvenile detention work is a function of good information that teams can use to make insightful plans for troubled youth. Good information permits staff to monitor and adjust daily interventions with youth to maximize effectiveness. Good information helps staff to operate a consistent program that simultaneously reduces the need for punishment. For juvenile detention caregivers, the foundation of good information is proficiency in behavior observation and recording.

This chapter examines mental disorders, their prevalence in juvenile detention, and basic strategies for juvenile detention caregivers. The term mental disorder is used very broadly in this chapter and should not be taken to indicate any kind of assumptions regarding the causes of the various disorders discussed. Mental disorder could be interchanged with a variety of terms such as mental illness, emotional difficulties, psychopathology, emotional disorders, or behavior disorders (Otto, Greenstein, Johnson, and Friedman, 1992).

The link between mental disorders and juvenile detention is important for two reasons. First, mental disorders may precede any involvement with the court or placement in a detention facility. In some cases, the mental disorders may be directly linked to delinquent behavior. Second, many mental disorders result from admission to the detention facility. These mental disorders, such as depression, develop because of involvement with the juvenile justice system. The National Coalition for the Mentally Ill in the Criminal Justice System sponsored a national conference to address these issues. Additional information about mental health services in juvenile justice is contained in the monograph from the conference (Cocozza, 1992).

The Need for Special Programs and Services

As more youth are placed in detention for violent offenses, two things happen: (a) the atmosphere or the social climate in detention gets worse and (b) the need for special mental health services, health services, and special education services increases. The need for more services comes at a difficult time. Juvenile justice agencies are being asked to reduce budgets. In systems like juvenile detention, where personnel costs make up approximately 85 percent of the budget, across-the-board cuts usually occur in program areas—which means that important services are being cut at a time when they are needed most.

Mental Health Service Needs

The closing of many State mental health facilities and the increasing restrictions by third-party payers have resulted in a larger number of juveniles who enter the juvenile justice system or who return to the juvenile justice system with service needs that are more appropriately provided in the mental health system. Accord-

ing to McPherson (1993), approximately 66 percent of incarcerated juveniles had received counseling, 25 percent had undergone psychiatric hospitalization, more than half had substance abuse problems, and more than 25 percent had attempted suicide. Screening for mental illness in both preadjudicatory and postadjudicatory populations has identified significant instances of depression, attention deficit disorder, psychotic symptoms, and substance abuse (Hyde, Mitchell, and Trupin, 1986). (Mitchell and McPherson are both psychiatrists who have worked in juvenile detention facilities.)

Health Service Needs

As reported by the Council on Scientific Affairs (1990) of the American Medical Association (AMA):

Youths who are detained or incarcerated in correctional facilities represent a medically underserved population that is at high risk for a variety of medical and *emotional disorders*. These youths not only have a substantial number of preexisting health problems, they also develop acute problems that are associated with their arrest and with the environment of the correctional facility. Indicative of both their personal behavior and their lack of prior adequate health care services, youths in correctional institutions have a greater than expected rate of selected physical and emotional problems, such as substance abuse, sexually transmitted diseases, unplanned pregnancies, and psychiatric disorders. (emphasis added)

A variety of studies reported through the Academy of Pediatrics, the American Society of Adolescent Medicine, the American Public Health Association, and the National Commission on Correctional Health Care showed that upon admission to juvenile detention:

- Approximately 33 percent had a history of sexually transmitted diseases.
- At least 20 percent reported having parented a child.
- Another 10 percent were pregnant.
- Nearly 10 percent had gonorrhea.
- Many had high rates of alcohol and drug abuse, including tobacco abuse.

Prior to arrest and incarceration, these children typically do not seek medical assistance until their symptoms become extreme, and they are usually treated in an emergency room. They also lack a regular source of coordinated health care prior to incarceration (Juvenile Health Care Committee, 1993). These medical and health care experts call attention to the link between the poor health of detained youth and emotional problems.

Mental Disorders in Juvenile Detention

Many delinquents have histories of physical and sexual abuse. Others have experienced poverty, family deaths, murders, suicides, and other manifestations of unstable upbringing. Some have been raised in foster homes or institutions or have been moved frequently from one place to another. There may also be many past injuries, especially to the head, due to impulsive behavior or inflicted trauma. Parents debilitated by drugs and alcohol are unable to raise children adequately, and some parents may suffer from psychiatric diseases that have an inherited component—which means that the child has both a genetic tendency toward mental illness as well as a mentally ill parent whose behavior may affect the child’s psychological adjustment. Combinations of these factors may lead to various mental illnesses in detained juveniles.

Suicide is the third leading cause of death among adolescents. The stress of incarceration, remorse over the crime, and feelings of hopelessness and parental abandonment can cause a detained juvenile to consider suicide. Any mention of suicide should be taken seriously. Furthermore, careworkers should question detained youth about suicidal thoughts whenever depression is detected. Explicit questions should be asked: “Are you thinking of killing yourself?” “Do you want to hurt yourself?” Any youth who indicates suicidal thoughts or who engages in suicidal actions should be placed on constant supervision until a mental health or medical provider cancels it. A psychological referral is made for these patients. Potentially lethal objects such as belts, shoelaces, and sharp objects should be removed. Detainees with any signs of depression or mental illness should be observed frequently (approximately every 15 minutes) to detect any unexpected suicide attempts. Some institutions have standing regulations stipulating that juveniles accused of certain crimes (murder, sexual abuse, or assault on a parent) will be placed on close watch because experience has shown that there is a high risk of suicide during the first few days after these crimes.

Mental illness takes many forms. Neurotics are generally unhappy people who have difficulty coping with daily living. They experience worry, anxiety, and disappointment. Neurotics may also worry about intrusive thoughts about committing actions that they view as bad or unacceptable. Depression may result from all the worries of a neurotic. Depression leads to sleep disturbances (not being able to fall asleep or waking up very early), slow talking or moving, and a depressed appearance or decreased appetite. People with phobias fear specific places, people, or events. Hypochondriacs exaggerate illnesses and/or worry excessively about their health. Compulsive disorders lead to uncontrollable repetitive thoughts and actions. People may compulsively set fires or steal.

Psychotics are unable to function in the world because they are unable to respond appropriately to reality. They may act crazy and aggressive, or they may sit immobile for hours. Some psychotics hallucinate, especially hearing voices that often communicate unwelcome messages. Less frequently, there will be visual, olfactory, or tactile hallucinations. Psychotic speech rambles and often makes no sense. The speaker makes up new words or uses words in unintelligible ways. Their emotional reactions are severely exaggerated or distorted. They can suffer from great despair or experience great ecstasy, sometimes shifting back and forth from one to the other. Manic depressive patients swing from deep depression to uncontrolled manic behavior, when great plans may be made and much money may be spent. This type of out-of-control behavior can result in criminal conduct, such as committing fraud and writing bad checks. Patients who appear odd or out of touch should be referred for a psychiatric evaluation.

Personality Disorders

People with personality disorders do not adjust well to life and use a variety of unhealthy mechanisms to cope. They may use drugs, drink excessively, steal, or fight when stressed. They have low thresholds for frustration and act impulsively. Their ability to work and adjust to institutional life is erratic and unstable. When confronted about their poor performance, they will blame an external source.

Antisocial persons take incredible risks and commit outlandish acts that “normal” persons would never consider. Because they do not consider the consequences of their acts, other persons may be severely injured. This diagnostic group includes pathologic liars who even if confronted with evidence of the lie, just shrug and ignore the obvious.

Many antisocial people have pleasing personalities and can manipulate others into helping them or even loving them. This trait makes them very dangerous because the staff member may inadvertently be manipulated into helping a detainee in ways that are not in the best interest of the youth or that are illegal. For this reason, institutions have rules concerning staff contact with detainees, and these rules are meant to protect the unwary from acts that they later will regret.

Personality Trait Disturbances

People with personality trait disturbances engage in behaviors that tend to cause problems with other people. Two common types are emotionally unstable and passive-aggressive personalities.

The unstable personality loses control easily when stressed. The person may panic in emergencies or respond with explosive temper when challenged. The person cannot cope with daily difficulties. Poor judgment leads to inappropriate choices and failure to establish lasting relationships.

The passive-aggressive personality is divided into three types.

- **Passive-dependent.** These individuals act helpless in their dealings with others. They do not make their own decisions and seek advice for even the simplest situations. The passive-dependent person clings to institutions, agencies, or individuals for emotional support and decisionmaking.
- **Passive-aggressive.** Unable to express aggression directly, these people express hostility indirectly. The traits include apparently being unable to understand directions and following the literal meaning of instructions, even when it is obvious some modification is needed. There is remarkable ability to misunderstand directions, often with disastrous consequences. Because the passive-aggressive youth often seems to be one step ahead of his or her supervisor, the youth can cause tremendous headaches for authority figures. Advanced planning to provide consistent firm guidance may work with these individuals.
- **Aggressive.** These people act out their irritations, grudges, and destructive wishes. Underneath the hostility, deep-seated dependency exists. Their hostility may be verbal (lying or gossiping) or physical (attacking or assaulting). Because they lack internal controls, external control must be applied to contain outbursts. The staff can attempt to teach these individuals

acceptable outlets for aggressive impulses, such as hard work and recreation.

Passive-aggressive personalities tend to alienate others, which leads to being ostracized. The empathetic supervisor provides firm guidance, while also remembering to praise good behavior as well as punish bad conduct.

Other Personality Disturbances

Some people have had difficulty adjusting since infancy. The inability to deal with daily problems is deeply ingrained, making supervised living a necessity. The following is a list of other frequently seen personality types:

- Although some people appear to have normal intelligence, they do not cope with the environment. The lack of determination and advanced planning leaves them on the lowest social and financial strata. Poor judgment leads to institutionalization. Poor self-esteem allows them to accept institutional life because it makes few demands.
- Manic depressive personalities swing from depression to exaggerated feelings of well-being. During the high periods, they are engaging but often overreach themselves. Legal difficulties may result, leading to arrest. These people can be confusing because they seem happy one day but bitter and depressed the next. Medication can be very helpful for some of these patients by smoothing out the wide swings.
- Schizoid personalities shun society, preferring to be alone and unassertive. Emotional involvement with others is rare, and they appear to be isolated. They are rejecting rather than being rejected.
- Paranoid people harbor suspicions about the intentions and motives of others. Internally, these persons may have strong negative feelings, such as envy, jealousy, and hostility, which they project onto those around them. They expect the worst because they subconsciously feel deep resentment toward most people. People with these attributes cause problems in institutions because they seize on overreaction to complain that they are being mistreated. These vindictive, grudge-bearing persons are unpopular and dangerous to both staff and detainees. Sadly, these persons are truly frightened and believe that they are being persecuted. However, within detention

facilities, there is often much violence among detainees. Therefore, some individuals will have real reason to fear. The staff must be diligent in separating the real dangers from the delusional.

Dealing With the Mentally Ill

Emotionally ill adolescents may not be obvious at first. With repeated observation, the unusual behaviors will become apparent. There may be temptation to blame these behaviors on malingering or willful stubbornness. The youth worker may be tempted to ridicule or belittle the person. This reaction will increase the person's sense of isolation and lack of understanding. Likewise, the other residents should be prevented from teasing their peer. Observing these juveniles when they think they are alone will help separate malingering from mental illness. If in doubt, refer the youth to mental health services.

Stages of Mental Deterioration

Previously healthy people may become mentally ill at any time. As their illness worsens, the symptoms also become more severe. At first, the juvenile may just withdraw and seem to take less interest in the world. Later, the juvenile may refuse to follow direction, neglect personal appearance, or refuse to talk. Sleep disturbances may begin, including failure to go to sleep or early waking. The youth may be sent to isolation repeatedly because of rule violations or violent behavior. Finally, some psychotic youth will experience hallucinations, which are frightening and lead the person to talk back to the voice. The juvenile careworker hopes to spot mental illness before it reaches such a severe state. Appreciation of the early signs of mental illness allows early intervention and improves the ultimate prognosis.

Medication and Treatment

Treatment of mental health problems takes many forms. Some problems can be treated in several different ways, and in some cases, if one treatment fails, another can be tried. Mental health practitioners and medical staff will evaluate the patient and prescribe the most useful and practical therapy given the available resources of the institution.

Group therapy, especially for abused and drug-using adolescents, often provides effective, inexpensive care to a large number of patients. Attendance at Alcoholics Anonymous and Cocaine Anonymous provides a link to outside programs that the juvenile can use upon release.

Medication relieves many symptoms, especially for psychotic patients. Because these drugs have been misused in the past, some jurisdictions now require a court order to administer psychotropic (mind-altering) drugs. Of course, in emergency situations, these drugs may be administered with court notification at a later date. Some powerful antipsychotic drugs may have unpleasant side effects, including muscle spasms, unusual behaviors, fainting, intolerance to heat, and dry mouth. Any patient who complains of problems while on psychotropic drugs should be referred for medical evaluation. If the problem is serious, such as muscle spasms, the person should be seen immediately because serious or life-threatening complications can ensue. Many psychotropic drugs require an electrocardiogram when the drug is started or when certain doses are exceeded.

In recent years, mental health professionals have come to believe that hyperactive children who respond well to stimulant medications will continue to benefit from them throughout their adult lives. Therefore, the past practice of stopping the medication at the age of 14 or 15 is being abandoned. In hyperactive individuals, stimulants have a paradoxical effect in which the patient is calmed rather than excited by the medication.

Psychotropic medications can be expensive. If the institution must adhere to a stringent budget, protocols can be developed to begin treatment with less expensive drugs first, reserving the most expensive drugs for those who do not respond.

Many different kinds of mental health personnel exist. A psychologist has either a master's degree or a doctorate and specializes in the treatment of people with emotional or mental disturbances. A psychiatrist first earns a medical degree and then has 4 years or more of training to deal with emotional diseases. The psychiatrist prescribes drugs, but the psychologist does not. Social workers with master's degrees often provide counseling for people with mental health problems, but they may refer more difficult patients to psychologists or psychiatrists. Medical doctors, such as pediatricians and internists, often have some psychiatric training and can care for some uncomplicated mental health problems. These physicians are also equipped to deal with the side effects of some psychiatric medications. Because psychotropic medications can cause serious side effects, institutions should develop protocols that designate the practitioners permitted to order these drugs.

Summary

Mental illness can be subtle. Juvenile careworkers should be alert for the symptoms of mental illness and refer the adolescent for evaluation. Communicating

with medical and psychological personnel regarding the behaviors observed on the unit provides valuable information needed to diagnose and treat the juvenile's mental illness.

The Role of Juvenile Careworkers

Mental disorders are serious problems and should be treated by professionally trained and accredited mental health care providers. However, most juvenile detention facilities do not have ready access to these staff or services. Juvenile detention caregivers find themselves in situations that require them to deal with mental disorders without the appropriate training or support services. The immediate question for direct care staff is "What should you do when presented with mental disorders?"

The following information is derived from a handbook on adolescent mental health issues in juvenile detention (Kroening, 1992). It provides guidance and direction for staff in terms of immediate responses to selected mental disorders. Whenever these conditions present themselves, you should do the following:

- Document the youth's behavior.
- Document your response to the behavior.
- Make a request for services by mental health care providers.
- Inform your shift supervisor of the above.

Depression

What Is Depression? Depression is used to describe a mood state characterized as feeling down in the dumps or feeling blue. The term is also used to describe a clinically diagnosed mental condition that impairs a youth's ability to perform even basic activities of daily living. Depression ranges from mild, temporary feelings of sadness to deep, chronic feelings of hopelessness and despair, possibly resulting in psychotic symptoms or suicide.

What Causes Depression? There are several explanations for the development of depression. Heredity suggests that individuals with parents or relatives who are depressed are likely to develop depression. Biological explanations suggest that there is a chemical alteration or imbalance in the brain leading to depressive behavior. Psychological explanations imply that depression develops as a response to a stressful event in an individual's life. Incarcerated youth have had a tremendous number of stressful life events. Family conflicts, poor peer relationships, school difficulties, substance use, exposure to violence and trauma, legal problems, and grief and loss are common.

Signs and Symptoms of Depression. The signs and symptoms of depression include:

- Loss of interest.
- Changes in appetite.
- Changes in sleeping.
- Decreased energy.
- Self-blame.
- Bad feelings about oneself (low self-esteem).
- Feelings of sadness, hopelessness, or worry.
- Poor concentration.
- Thoughts of death.
- Aggressiveness.
- Agitation.
- Physical complaints.
- Poor academic performance.

What To Do With a Resident Who Is Depressed:

- **DO** assist the individual in accomplishing the activities of daily living.
- **DO** encourage the individual to talk about his or her feelings.
- **DO** reinforce the individual's strengths and positive characteristics.
- **DO** assist the individual in developing basic problem-solving skills.
- **DO** encourage interaction with others.

What Not To Do With a Resident Who Is Depressed:

- **DO NOT** tell the individual to cheer up because "things aren't so bad after all" or because "it will be better tomorrow."
- **DO NOT** ignore talk of suicide.

Suicide

What Is Suicide? Literally, the word means to kill oneself. In most literature, suicide describes a range of behaviors on a lethality scale. Lethality indicates exactly how deadly or dangerous the behaviors are. Suicidal behaviors are on a continuum, progressing from suicidal ideation (low lethality) to suicide attempts (high lethality) to completed suicides (lethal). These terms are described as follows:

- Suicidal ideation—thoughts of wanting to kill oneself. These thoughts may be vague ("I wish I were dead") or specific ("I am going to hang myself with a bed sheet").

- Suicide attempts—actions taken by the individual that are intended to end his or her life. Medium-lethality suicide attempts might include a plan, such as shooting oneself but having no gun or overdosing on medication but having only three aspirins. High-lethality attempts might include acts such as jumping from a bridge or hanging, which would in most cases cause death.
- Completed suicide—death resulting from a self-inflicted act.

What Methods Cause Suicide? Gunshots, hanging, overdose, carbon monoxide poisoning, deep cuts to the wrist or neck, intentional motor vehicle accidents, and poisoning are common suicide methods. In incarcerated settings, hanging is the most widely used method. Specifically, suicide attempts have been made by hanging with shoe strings, jump ropes, dental floss, bed sheets, and pieces of clothing or by strangulating with tape, rope, dental floss, and clothing or bedding strips. Less usual attempts at suffocation have included using plastic bags placed over the head and taped around the neck; drowning in toilets and sinks; and choking with small objects, plastic bags, or deflated balloons. Some youth attempt to hoard their or other youth's medications and overdose once they believe they have enough. Youth occasionally attempt to poison themselves by eating or drinking cleaning fluids, soaps, medicated shampoos, deodorants, lotions, and hair products. In general, if youth are intent on killing themselves, they will try methods that staff may not even consider to be lethal.

Signs and Symptoms of Suicide. The signs and symptoms of suicide include:

- Expressions of depression, hopelessness, guilt, extreme remorse, or boredom.
- Curiosity about death and the afterlife.
- Withdrawal from or continual opposition to usual routines in an attempt to gain isolation from others.
- Absence of the usual adjustment to the routine of detention (i.e., continued stress, oppositional attitudes, or negativity).
- Threats to kill himself or herself and comments to other peers that he or she is thinking of suicide.
- Continual aggression against others in the detention environment (indicating impulsivity) regardless of consequences.

What To Do With a Resident Who Is Suicidal:

- **DO** take all talk or threats of suicide seriously.
- **DO** talk with the individual about his or her plans.
- **DO** listen to the individual.
- **DO** seek consultation from mental health services.

What Not To Do With a Resident Who Is Suicidal:

- **DO NOT** challenge the individual by telling the youth you can prevent him or her from committing suicide no matter what he or she does.
- **DO NOT** leave an adolescent who is at high risk for suicide alone in confinement.
- **DO NOT** discount the individual's feelings by telling the youth that he or she will be sorry for committing suicide or that his or her feelings are wrong.

Sexual Abuse

What Is Sexual Abuse? Sexual abuse is a term to describe a variety of inappropriate and damaging sexual behaviors performed by adults on children or sexual acts performed by adolescents on younger children.

Acts committed during sexual abuse include:

- Child pornography (filming or photographing, even with consent).
- Child prostitution (financial reimbursement for sexual services).
- Cunnilingus (oral sex performed on the female genitals).
- Emotional seduction (inappropriate emotional behavior).
- Exhibitionism (exposing one's genitals to others).
- Exposure to primal scenes and pornography (exposing a child to others engaged in sexual acts).
- Fellatio (oral sex performed on the male genitals).
- Fondling (manipulating a victim's genitals, stroking, or caressing).
- Frotteurism (rubbing one's genitals against the body of a stranger in a crowd).
- Incest (sexual contact among family members of a family unit).

- Masturbation (observing or participating in the manipulation of one's genitals or another's genitals).
- Pedophilia (sexual interest by an adult in prepubescent children).
- Rape (intercourse against one's will).
- Ritual abuse (a variety of sexual abuses that also involve bizarre ceremonial or religious components, such as sex with animals; eating or drinking human or animal blood, urine, or feces; and sex with dead bodies).
- Sadomasochism (sexual excitement by inflicting and receiving pain).
- Sodomy (anal intercourse).
- Voyeurism (sexual excitement derived from observing others engaged in sex).

What Causes Sexual Abuse? Male and female sexual abusers are generally characterized by chronic and severe learning disabilities, significant social incompetence and social isolation, poor self-esteem, poor judgment, lack of impulse control, antisocial behaviors, and lack of appropriate sex information and education. Sexual abusers were often victims of sexual abuse.

Signs and Symptoms of Sexual Abuse Victimization. The signs and symptoms of sexual abuse victimization include:

- Multiple somatic (physical) complaints and specific fears around eating, sleeping, being alone, or being in certain places.
- Problems with bladder and bowel control, especially at night.
- Inappropriate sexual play with peers or adults, such as requests to touch, explicit questions about an adult's sexual practices, or masturbation.
- Depression, irritability, withdrawal from peers, or extreme aggression against objects of play, such as stuffed animals or dolls.
- Mutilation and suicide attempts.

What To Do for Victims and Perpetrators of Sexual Abuse:

- **DO** become familiar with State laws and agency requirements for reporting sexual abuse.
- **DO** assist the youth in locating available resources for both immediate medical assessment (if necessary) and long-term counseling.

- **DO** share correct and appropriate information about sex with the adolescent if he or she is asking questions.
- **DO** vocalize and maintain proper boundaries with youth, always maintaining a professional (not a parental or peer) role.
- **DO** set limits with a youth who is having difficulty with impulse control or set boundaries with other youth or staff.
- **DO** provide support by listening and showing acceptance of the youth.
- **DO** separate the victim and perpetrator in the event of a sexual assault.

What Not To Do With Victims or Perpetrators of Sexual Abuse:

- **DO NOT** judge, criticize, or suggest blame in any way.
- **DO NOT** pass on information to others who do not need to know.
- **DO NOT** mix perpetrators and victims in group sessions that focus on abuse.

Psychosis

What Is Psychosis? Psychosis describes conditions that produce problems in an individual's ability to recognize reality and to relate to others. Two major symptoms associated with psychosis are hallucinations and delusions.

What Causes Psychosis? Hallucinations occur when a person inaccurately perceives something that in fact is not there. Hallucinations can be experienced through any of the senses: hearing (auditory), seeing (visual), smelling (olfactory), tasting (gustatory), or touching (tactile).

Signs and Symptoms of Psychosis. The signs and symptoms of psychosis include the following:

- A person may complain of designs that do not exist or people who are not there.
- A person may hear sounds that are garbled or noises that are often described as static or background noise.
- A person may complain of voices that are perceived clearly and may give orders or commands.
- A person may complain that voices are making a nonstop commentary on his or her behavior.
- A person may complain of foul smells or tastes or nausea from them and may stop eating or become malnourished.

- A person may respond slowly to questions as though responding to internal instructions.

What To Do With a Psychotic Resident:

- **DO** talk to the person in a direct, calm manner, using concrete language.
- **DO** shift the focus of conversation to the feeling or theme underlying the delusion.
- **DO** help the individual engage in concrete activities that are socially acceptable and rewarding.
- **DO** stay with the individual, remain calm, and reduce sensory input.
- **DO** try to make the present environment and activities interesting and enjoyable.
- **DO** help the individual explore acceptable ways to express feelings.

What Not To Do With a Psychotic Resident:

- **DO NOT** support or reinforce the individual's delusions.
- **DO NOT** attempt to attack or challenge the individual's delusion.
- **DO NOT** joke or tease the individual about the delusion.

Nonverbal Deescalation Strategies

Crisis intervention skills are an essential component of good caregiver practice. All staff should have training in crisis intervention, including (a) a review and analysis of the institution's policies and procedures on the use of physical restraint, (b) procedures for making referrals to psychological services staff or to the department of mental health, (c) identification of mental disorders, (d) certification in dispute mediation and conflict resolution (e.g., New Mexico Center for Dispute Resolution), and (e) certification in an approved method of safe physical restraint (e.g., Crisis Prevention Institute).

For the direct careworker, the most important skill is the ability to deescalate an upset or agitated youth. Verbal deescalation techniques are normally included in certification programs, and these techniques require practice due to their complexities. Nonverbal techniques are simple and much easier to implement. Lombardo (1994) outlined several useful nonverbal techniques to deescalate potentially dangerous behaviors in detained youth. These nonverbal techniques include:

- **Monitoring Your Overall Body Language.**
 - **DO** maintain a relaxed yet erect posture, hands open (palms up) in front of you. (This position portrays a nonaggressive stance.)
 - **DO NOT** point your finger, shake your fist, or shrug your shoulders. (Such behavior increases hostility.)
- **Portraying an Impartial Demeanor.**
 - **DO** maintain a neutral facial expression. (This expression indicates an attentive, nonjudgmental demeanor.)
 - **DO NOT** grimace, roll your eyes, or look bored. (These reactions tend to aggravate an already tense situation.)
- **Portraying Confidence.**
 - **DO** maintain appropriate eye contact at all times. (This response displays confidence and concern; however, to some ethnic groups, it means hostility.)
 - **DO NOT** lose eye contact or lose sight of the youth. (This response may be perceived as fear, rejection, or lack of care.)
- **Portraying Calmness.**
 - **DO** remain positive. Self-talk should be stated in positive and encouraging terms—(the event) + (self-talk) + (feeling) + (behavior). “I’m in control of the situation.” “I have several options that will work.”
 - **DO NOT** engage in negative self-talk. “I’m not in control.” “I don’t have any options.” “I’m in big trouble.” (Such negative self-talk makes it difficult for you to think and act effectively.)
- **Maintaining a Safe Distance.**
 - **DO** keep a minimum distance of three arm’s lengths between you and the agitated youth. (This spacing reduces the likelihood of standing in the region where punches, pulls, grabs, pushes, and lunges occur.)
 - **DO** position yourself so that you are standing at a 45° angle to the agitated youth. (This nonthreatening position reduces the number of vulnerable areas of your body that could be attacked. It also puts you in an easier position to turn quickly and retreat, if necessary.)
 - **DO** keep both hands open (palms facing up) and in front of you. (This stance allows you to block and grab at the same time, if necessary. It also portrays an open, nonaggressive demeanor.)

-
- **DO** stand behind large objects. (Large objects such as tables, chairs, or desks serve as potential safety barriers and shields.)
 - **DO** exit using the designated escape route when physical restraint is not warranted. (If the exit is directly behind you, move back and exit. If the exit is blocked by the attacker, circle behind him or her until you are able to escape.)
 - **DO NOT** stand closer than three arm's lengths between you and the agitated youth. (This spacing increases the likelihood of standing in the region where punches, pulls, grabs, pushes, and lunges occur.)
 - **DO NOT** position yourself directly in front of the agitated youth. (This position may be viewed as threatening. It tends to expose vulnerable parts of your body. Also, it reduces your ability to turn quickly and retreat, if necessary.)
 - **DO NOT** put your hands behind you or in your pockets. (This stance makes you vulnerable to an attack. It may also increase hostility because the agitated youth may think that you are concealing a weapon.)
 - **DO NOT** stand in front of large objects. (This position creates an open, barrier-free region for a potential attack.)
 - **DO NOT** remain to confront an attacker when you have immediate access to an escape route and when physical restraint is not warranted. (This response increases the likelihood of aggression and counter-aggression.)

Violence

Accessibility of Weapons

The phenomenon of the past decade that has had a major effect on youth violence and homicide has been the availability of firearms. Between 1979 and 1989, the homicide rate from gunshots for youth 15 through 19 years of age increased by 62 percent. In 1991, the nearly 50,000 juvenile weapons arrests accounted for more than 1 out of 5 of all weapons arrests (Allen-Hagen and Sickmund, 1993). The increase in firearm homicide is most pronounced among African-American juvenile males in the core, fringe, and medium-sized metropolitan areas of the country. One contributor to this epidemic in firearm-related homicides has been the greater availability of more lethal weapons, such as assault-type weapons and 9mm repeating or semiautomatic pistols that are very accurate, even for persons with little or no experience in weapons use (National Coalition, 1993).

The widespread use of weapons, especially in the core cities, also increases significantly the exposure of young children to violence and violent death. A survey of fifth graders from one elementary school located near a public housing project in New Orleans revealed the following: nearly everyone in the group had heard of some form of violent episode, 91 percent had witnessed violence, and more than half had been victims of some form of violence. Furthermore, 26 percent of the sample had witnessed a shooting, and 90 percent had witnessed a stabbing. Such persistent exposure to real, not only fictional, violence is bound to have a profound effect on children (National Coalition, 1993). According to the staff psychiatrist at the San Diego County Juvenile Hall, posttraumatic stress disorder (PTSD) is the most common mental health problem of detained youth referred for mental health services.

Managing Violence in Juvenile Detention

Dealing with violence in a juvenile detention or corrections facility begins with an understanding that it is much more than a management problem. Violence in juvenile detention and corrections facilities often reflects the violence in society. To address institutional violence, detention managers need to consider the following:

- Violent values of the staff as well as the residents.
- Analysis of the types of violence occurring in the institution.
- Analysis of current institutional policy regarding the management of acting-out behavior and the consistency of its enforcement.
- Analysis of how training prepares staff to manage crisis situations before they erupt into violence.

Violent Values

Although there are benefits to creating a culturally balanced staff by hiring from the communities in which residents live, a detention manager must understand what violent values are reinforced in that community and must examine how entrenched residents and staff are in that violent belief system. An exercise in encouraging staff to articulate their attitudes about violence is a good beginning for a series of training sessions that deal with violence. Managers may want to begin by administering some type of violence attitude scale so that staff may see their value systems in a larger societal context (DeFazio and Warford, 1992, 1993).

Limits to Violence. It is imperative during these exercises that management draw clear limits regarding what level of violence will be tolerated in the institution. People tend to act out on violent impulses if they feel the violence is justified and/or if they feel they can get away with it. Establishing narrow margins around violent behavior is the first step in preventing its escalation.

Types of Violence

It is important to analyze the current policies and procedures in the institution for managing anger and acting-out behavior and to examine how consistently they are being enforced. This analysis should look at the particular types of violence currently disrupting the institution. When possible, staff should classify violence using the three categories outlined by Jenkins and Bell (1992): expressive violence, instrumental violence, and gang-related violence.

Are the violent incidents due to a psychiatric condition of the residents or staff? If so, is psychiatric intervention and treatment available? If psychiatric

services are not available, then management should address access to these particular professional services.

Do the violent incidents represent staff or residents' difficulty in dealing with an interpersonal conflict? If enough of the violent incidents are related to individuals dealing with conflict in their interpersonal relationships, then perhaps increased availability of crisis intervention and supportive counseling is needed.

Is the violence related to chemical usage? Is it an isolated incident, or are there avenues by which staff and/or residents are using mood-altering chemicals within the institution? In this area, there should be much discussion about issues such as when to place a resident exhibiting signs of intoxication at admission into the general population or how to deal with staff strongly suspected of using mood-altering chemicals. Although these are difficult issues to resolve, there can be no management of violent acting-out behavior if staff or residents are under the influence.

Gangs. Is the violence in the institution related to gangs, or is it some other type of group-supported violence? In this case, staff are dealing with a different situation. Research suggests that youth tend to act violently when they feel that their violence is supported or expected by other gang members. Staff should firmly and clearly declare appropriate standards of behavior and strictly enforce them. Each individual should be held responsible for inappropriate or violent behavior by facing program restriction, short-term confinement, or assault charges. It is important not to empower the gang by acknowledging or justifying its reasons for violence or intimidation.

For this reason, it is important to know how committed staff members are to a violent belief system. Staff who support a gang's code of violence, or who express openly to the residents their sympathy for the cause, may be deliberately or unintentionally undermining the goals and philosophy of the institution. Although the administration wants to express a degree of tolerance for individual diversity in some areas, margins should be set very narrowly on what the institution will tolerate concerning violent behavior. Staff members who vocally or silently give residents cues that violent aspirations are justified may be encouraging that resident to act out. Management should be as clear with staff regarding its intolerance of violence as it expects the staff to be with the residents.

Management must assist staff members in exploring their values on violence in relation to the institution's standards, and management must train the staff to deal more effectively with confrontational situations in which their behaviors may escalate the violence.

There are many programs that focus on developing skills in crisis intervention, conflict resolution, and peer mediation. Staff training should also include ongoing training in passive restraints, safety mechanics, and appropriate use of isolation.

Violence Prevention Programs

Once staff members feel competent in dealing with violent behavior, training should be expanded to include instruction on how to lead a violence prevention program. Even short-term facilities can begin to reeducate residents toward nonviolent outcomes in conflict situations. There are several excellent violence and anger prevention programs designed for detention and corrections settings (Cellini, 1994; Crumbley, Aarons, and Fraser, 1992; DeFazio and Warford, 1992, 1993; and Smith, 1993).

Violence prevention programs are generally organized into two main components: confronting the violent value system and teaching skills in problem solving. Short-term facilities concerned with violence prevention should initiate programs that:

- Confront value systems that promote violence.
- Validate or promote nonviolent responses to conflict.
- Build social skills in problem solving and conflict resolution.
- Help residents identify alternatives to violence and internalize these options through adult modeling.
- Enable residents to feel confident in their identities without assuming an aggressive posture.

Confronting Violent Value Systems. Confronting the violent value system can be achieved by discussion groups on:

- What is violence?
- Is it ever justified?
- If so, when is it justified?
- What triggers violence?

Encouraging residents to express their attitudes on violence helps them to understand a broader, societal view of the issue. Discussions on "triggers" should identify the needs of victims, perpetrators, and bystanders in a conflict situation. Many cognitive approaches have reduced the notions that violence is impulsive and that it cannot be helped (Crumbley, Aarons, and Fraser, 1992; Guerra and Slaby, 1990; and Slaby and Guerra, 1988).

Problem-Solving Skills. When teaching residents how to resist learned violent behavior and resolve conflicts peacefully, it is imperative to teach them problem-solving skills. These skills are best learned with role play and specific applications to real-life situations. As residents become more adept at problem-solving skills, they can analyze for themselves the realistic outcomes of responding violently to conflict as opposed to using other alternatives that may produce outcomes more congruent with their original desires. Smith (1993) reported a 37-percent decrease in disciplinary infractions among incarcerated youth who were trained as dispute mediators. Furthermore, improving social skills is a strategy used to resolve behavior problems among youth in detention (Roush, Christner, Lee, and Stelma, 1993).

One violence prevention program for detained youth begins by teaching how to cognitively break down an emotional situation that typically leads to an impulsive, angry, or violent response (DeFazio and Warford, 1992). Staff are taught the following problem-solving steps:

- What's happening? (Problem identification)
- Chill. (Stop and think about what both sides want)
- Do this, do that! (Identify alternatives)
- What goes around comes around. (Think through the consequences)

In situations when violence has escalated to the point that a crisis intervention strategy is needed, Cellini (1994) recommended a seven-step approach to deescalating or defusing institutional violence through methods that rely on communication skills more than physical force to subdue juveniles. If this process fails, however, staff must take swift action to prevent harm and to stop further violence. Cellini's seven steps are as follows:

- **Provide a clear chain of command.** One person on each shift must be designated in advance to control crisis situations. It is important to teach juvenile careworkers the policies and procedures concerning the chain of command so that they know which staff member is in charge of crisis management decisions.
- **Remove unnecessary bystanders.** The more people in the area, the less likely it will be that careworkers can control a violent youth. Additional staff, juveniles, or other bystanders should be removed from the immediate area, removing the audience and minimizing harm to other residents.

- **Do not rearouse the traumatic event.** It is not advisable to ask violent youth why they are angry or what caused the disturbance. Often, violent youth become more agitated as they begin to explain the situation. The goal is to deescalate the problem, not enhance the tension. It is also important to separate any combatants. Removing them from the area where the incident occurred helps defuse their anger.
- **Acknowledge any signs of anger.** It is important to acknowledge the youth's anger by making behavioral observations, such as "You sure are mad." The observation makes an aggressor aware of the anger and its effect. This approach tends to calm down youth and helps to turn their attention away from the environment and onto themselves.
- **Describe your role as protector.** Let the youth know that you are there to stop any violent actions or urges. Youth need to know that it is the juvenile careworker's role to protect all youth within the system, even from themselves.
- **Be aware that loudness does not always indicate violence.** The amount of noise that youth make is not always related to the level of aggression. An exception might be someone who has a borderline personality or thought disorder. These individuals often act out with little or no provocation, and the acting out is usually in response to internal thoughts or images that have little or nothing to do with reality.
- **Be aware of signs of alcohol or drug use.** It is important to note any signs of alcohol or drug use among youth. Deescalating a violent scene that involves drugs is much more complicated. When anger and impulses associated with conflict are coupled with the disinhibiting effects of alcohol or other drugs, juvenile careworkers must approach youth with extreme caution. This precaution is particularly important for staff who handle admissions to the detention facility or who are assigned the supervision of residents returning from the community after court appearances, home visits, or special programs.

Summary

Violence prevention does not have to be a formal program. It can be a series of interventions with residents that teach and encourage (a) alternatives to violence and (b) connections to the real-life consequences of violence. Even if there is no formal program in problem solving, the effects of adults modeling nonviolent responses to conflict and demonstrating strength in controlled but nonviolent reactions to conflict are giant steps forward in promoting a nonviolent institution as well as developing nonviolent citizens.

The success or failure of an institution's approach to managing violence depends on how well its policies and procedures on violence and violence-related behaviors are received by staff and residents. If the messages are clear, firm, and consistent, the institution sets a strong value for nonviolence.

Alcohol and Other Drugs

Alcohol and other drugs jeopardize the safety of residents in juvenile detention. Anything that increases the risk to juvenile safety also increases staff liability. It is important that juvenile detention careworkers conduct competent assessments of juvenile detainees so that accurate determinations can be made regarding alcohol and other drug use. Careworkers should have a system of referral so that youth in need of detoxification or chemical dependency management receive those services from qualified health care providers.

Assessment is the most important element in the management of alcohol and other drugs in juvenile detention. Excellent security procedures eliminate the opportunities for alcohol and other drug use while youth are detained at the facility. Therefore, the times of greatest risk occur at admission, during transfers (to public places, such as court, hospitals, or placement sites), and after visitations.

The health dangers associated with tobacco and marijuana are dangerously high in a locked institution. Because both substances are smoked, residents need a source of fire. Matches and lighters can also be used to ignite mattresses, bedding, and other clothing to create a fire in the institution. All institutional staff fear the possibility of youth dying while in confinement, and the two greatest risks of resident death are suicide and fire.

Alcohol and Other Drug Screening

All detention facilities should have policies and procedures that require alcohol and other drug screen-

ing at the time of admission and at other designated times during the youth's stay. A recent survey of juvenile detention facilities (Barton, 1992) estimated that only 60 percent of juvenile detention facilities conduct alcohol and drug screening.

Of those facilities that conduct a screening, nearly all use some form of interview or survey. Samples of screening interviews or surveys can be found in the appendix section of the National Commission on Correctional Health Care (NCCCHC) *Standards for Health Services in Juvenile Detention and Confinement Facilities* (1992). More information and examples are provided in tables 1–5 at the end of this chapter. In addition to answering questions, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) set forth a 12-step drug recognition protocol for juvenile justice personnel (Sweet, 1990). These steps are as follows:

- **Take a drug history.** Ask a structured series of questions concerning prior drug involvement. The drug history may reveal patterns of usage that will be of assistance in the evaluation.
- **Administer a breath-alcohol test.** With a breath-testing device, staff can determine if alcohol is contributing to the juvenile's observable impairment and if the concentration is sufficient to be the sole cause of impairment. The use of information about a juvenile's blood-alcohol concentration is helpful in determining if a juvenile is in need of immediate medical treatment or other special attention.
- **Perform the preliminary examination (prescreen).** Ask a structured series of questions, make specific observations, and have the juvenile perform simple tests that provide an opportunity to examine the youth closely and directly.
- **Examine the eyes.** The inability of the eyes to converge toward the bridge of the nose suggests the presence of certain drugs, such as marijuana. Other categories of drugs can induce horizontal-gaze nystagmus, which is an involuntary jerking that may occur as the eyes gaze to one side or as they are elevated. Central nervous system depressants (alcohol, barbiturates, and tranquilizers) will typically cause horizontal-gaze nystagmus.
- **Administer the divided-attention psychophysical tests.** These tests include the Lomberg balance, walk and turn, one-legged stand, and finger to nose. Specific areas of

omission or commission can point toward specific categories of drugs causing impairment.

- **Perform the darkroom examination.** Systematically check the size of the pupils, the reaction of the pupils to light, and the evidence of drugs ingested by nose or mouth. Certain categories of drugs affect the eyes in predictable ways, especially the pupils.
- **Examine vital signs.** Perform systematic checks of the juvenile's blood pressure, pulse rate, and temperature. Certain categories of drugs, including stimulants, will elevate blood pressure and pulse rate, raise the body temperature, and cause breathing to become rapid. Other drugs, including narcotic analgesics, produce the opposite effects.
- **Examine for muscle rigidity.** Certain categories of drugs, such as phencyclidine (PCP), can cause the muscles to become hypertense and very rigid.
- **Look for injection sites.** Some users of certain drugs routinely or occasionally inject the drugs. Evidence of hypodermic needle use (scars or "tracks") may be found in veins along the arms, legs, or neck.
- **Interview the juvenile and make observations.** Based on the results of the previous steps, the juvenile careworker should have formed at least a suspicion about the category or categories of drugs that may be present. Attempt to interview the juvenile concerning the suspected drug or drugs.
- **Form an opinion.** Based on all evidence and observations, staff should be able to reach an informed conclusion about whether or not the juvenile is under the influence and about the category or categories of drugs that are causing the impairment.
- **Request a toxicological examination.** Clinical tests provide scientific, admissible evidence to sustain your conclusions.

Drug Testing

The drug-testing strategy of choice is urinalysis. Urine tests are used by nearly 41 percent of the facilities that conduct drug screenings, and this figure represents approximately 25 percent of all detention facilities (Barton, 1992). In a comprehensive survey of drug testing among juvenile detainees, the American Correctional Association (ACA), in conjunction with

the Institute for Behavior and Health (IBH), found that 26 percent of the detention centers in the sample used urinalysis or some other type of drug testing (ACA-IBH, 1991). The ACA-IBH report (1991) compared methods and strategies for drug testing. It also provided the basis for pilot testing of drug-testing concepts.

Model drug-testing programs were developed at juvenile detention centers in Jackson, Tennessee (Dooley, 1994), and Marion, Ohio (Lashey, 1994). The reports of these programs indicated the following:

- Drug testing is relatively inexpensive.
- Anticipated problems did not arise.
- Youth cooperated and did not throw urine on staff.
- Drug testing facilitated the rehabilitation process.
- Families of detained youth supported drug testing.
- Drug testing strengthened probation.

Chemical Dependency Management

What Is Chemical Dependency? Chemical dependency describes the use of legal and illegal substances (sedatives, stimulants, and hallucinogens) to the extent that they negatively affect most areas of an individual's life. Tolerance (requiring more of the substance to produce the same effect) and withdrawal (experiencing adverse physical reactions to decreased or stopped use of the substance) are factors used in diagnosing dependence. Abuse is considered to be a lesser form of dependence in which the individual is able to exert some control but still uses in spite of adverse effects.

What Causes Chemical Dependency? It is not uncommon for individuals to abuse drugs in several categories at the same time. Sedative drugs include (1) alcohol; (2) barbiturates, such as Pentothal, Seconal, and Phenobarbital; (3) benzodiazepines, such as Halcion and Valium; and (4) opiates, such as morphine, codeine, and heroine. Stimulants include (1) amphetamines; (2) caffeine; and (3) cocaine. Hallucinogens include (1) inhalants, such as glue, anesthetic gases, and amyl nitrate; (2) LSD; (3) marijuana; (4) mescaline; and (5) PCP.

Signs and Symptoms of Intoxication and Withdrawal

Alcohol Intoxication. Alcohol intoxication is characterized by aggressive, silly, seductive, overly talkative, or very energetic behavior.

Alcohol Withdrawal. Alcohol withdrawal is characterized by the following discrete stages:

- 6 to 8 hours—Loss of appetite, anxiety, insomnia, nausea, increased sweating, minor shaking, and a craving for alcohol.
- 7 to 24 hours—Persistent and increasingly severe symptoms as described above and auditory and visual distortions or hallucinations.
- 7 to 48 hours—Some symptoms from previous stages and occurrence of multiple seizures.
- 7 hours to 14 days—Delirium tremens (DT's), which involve confusion, disorientation, hallucinations, delusions, agitation, tremors, speech that is garbled or slurred, increased heart rate, fever, sweating, nausea, or diarrhea. DT's can end in circulatory collapse and death.

Marijuana Intoxication. Marijuana intoxication is characterized by mild euphoria, excitement, joy, increased sensory awareness, possible mild paranoia, decreased energy, mild fears, hallucinations, and difficulty in memory or concentration.

Marijuana Withdrawal. Marijuana withdrawal occurs within a few hours or a few days and includes fatigue, insomnia, craving, difficulty in concentration, slowness in muscular responses, increased blood pressure and pulse, and mild confusion. It is not usually life threatening.

Cocaine Intoxication. Cocaine intoxication involves increased alertness, euphoria, increased energy, increased self-confidence, increased sex drive, intense sensory experiences, decreased need for sleep, impaired judgment, mild anxiety, irritability, or paranoia. Potentially fatal cardiac artery damage can occur in first-time users. Seizures, strokes, and hemorrhages of the blood vessels in the brain also can occur with regular use.

Cocaine Withdrawal. Cocaine withdrawal usually occurs within 9 hours to 4 days and is sometimes known as a crash, which includes fatigue, depression, difficulty sleeping, decreased energy, exhaustion, or increased sleeping. Between 1 and 10 weeks, youth may experience withdrawal anxiety, irritability, intense cravings, problems with memory and concentration, lack of energy, decreased sex drive, and inability to experience pleasure in usual activities.

What To Do for Youth Who Are Intoxicated or Withdrawing:

- **DO** try to get a history of drug use and prior withdrawal complications from the individual.
- **DO** seek immediate medical attention for the individual who appears to be intoxicated or in withdrawal.
- **DO** assist the individual in identifying other activities that may help relieve stress, anxiety, or boredom.

What Not To Do:

- **DO NOT** let the individual sleep it off.
- **DO NOT** minimize an individual's medical complaints, even if it has been a couple of weeks since use.
- **DO NOT** ignore the depression or irritable mood that accompanies withdrawal, thinking that it will diminish.

Summary

Detoxification and chemical dependency management are medical procedures, and written policies and procedures should include clear guidelines on how to refer detained youth to an appropriate health care facility to receive these services (NCCHC, 1992; and Owens, 1994). Although ACA Standards (1991) stop short of prohibiting the detoxification of youth at the detention center, they require supervision by medical and other trained health staff.

Controlling Suicidal Behavior

Study of Conditions of Confinement

The Study of Conditions of Confinement (Parent et al., 1994) provided valuable insights about suicides and suicidal behaviors (attempted suicides, suicidal gestures, or self-mutilations) in juvenile detention facilities. In addition to providing some baseline data about the frequency of suicidal behavior, the study examined whether or not facilities had suicide screening policies, written suicide prevention plans, staff training in suicide prevention, or policies to monitor suicidal juveniles once every 4 minutes.

The study found that only about one in five juveniles were detained in facilities that met all four criteria. The study also showed that facilities that conduct suicide screening at admission and train staff in suicide prevention had lower rates of suicidal behavior. Detention centers that conformed to a supervision

staffing ratio criterion of 1:8 (one juvenile careworker for every eight detained youth) had lower suicidal behavior rates. However, as staff turnover rates increased, suicidal behavior also increased, underscoring the importance of staff training in suicide prevention.

Recommendations

The study made the following recommendations regarding the control of suicidal behavior:

- We recommend that all juveniles be screened for risk of suicidal behavior immediately upon their admission to detention facilities.
- We recommend that suicidal juveniles be constantly monitored by staff. This means that suicidal youths should not be isolated or placed in a room by themselves. When suicidal juveniles are housed in single rooms, staff should be with them continuously. A mental health professional should assess suicidal youths as quickly as possible and, if they deem it necessary, the youths should be transferred to a medical or mental health facility that is staffed and equipped to deal with suicidal youth.
- We also recommend that agencies study the causes of high supervision staff turnover rates, develop strategies to reduce high turnover rates, and soften the effects of turnover by increased training.

Juvenile detention has made considerable progress in each of the four areas for controlling suicidal behavior described in the Study of Conditions of Confinement. Quality information is available to administrators, trainers, supervisors, and line staff in juvenile detention regarding the prevention of suicides (Johnson and Davisson, 1994; Mace et al., 1994; Paugh, 1989; Rowan, 1989; Womack and Jenkins, 1992; and Kroening, 1992).

Screening

Assessment of suicidal risk is the most important component of the suicide prevention plan. Assessment is a function of the screening that occurs at admission and that is updated throughout the youth's stay in detention.

At the heart of the assessment process is the interview conducted at admissions. At admissions, all juveniles should be asked a series of questions regarding suicidal behavior. According to Womack and Jenkins (1992), detained youth who were thinking about suicide had a strong desire to talk about it. A popular myth about suicide is that talking about it will increase its likelihood. In fact, talking about suicide reduces its likelihood (Parent et al., 1994).

Following a period of informal conversation (see Chapter 9), following discussions about depression (see Chapter 15), and following discussions about alcohol and other drug use, staff should ask a series of questions regarding suicidal behavior. The following three questions are essential:

- Have you ever thought about killing yourself or committing suicide?
- Have you ever tried to hurt yourself?
- Have you ever tried to kill yourself or commit suicide?

If the answers to any of these questions include a "yes," then the following assessment topics should be explored during the interview process. (Note: Staff should be especially intent on determining the youth's commitment to suicide based on how specific the suicide plan is, how lethal the proposed methods of suicide are, and how accessible the means of suicide are.)

Assessment Topics

- What does the youth think will happen if he or she dies? Does the youth understand the irreversibility of death? Will the youth's death be exceptionally hurtful to any particular person or persons? Does the youth perceive death as the way to end problems, pain, or humiliation? Is death a form of revenge?
- Has the youth previously attempted suicide? How did the youth hurt or try to kill himself or herself in the past? How was the youth feeling before the attempt? How did the youth feel after the attempt? Has the youth ever felt that way before? Is the youth feeling that way now?
- Does the youth have a plan? How does the youth intend to kill himself or herself? If the youth has thought about hurting or killing himself or herself, does the youth know how he or she would do it? Look for issues of lethality. If the youth previously attempted suicide, did the youth have a good plan for suicide but fail because of mistakes or unforeseen events? Did the youth have a poor plan with a low probability of suicide?
- Are the means to commit suicide available to the youth? Confinement in a detention facility limits the choices available. Guns, cars, and pills are popular forms of youth suicide, but their restricted access in detention makes hanging the method of choice (more than 90 percent of all suicides in detention are by

hanging). Staff should be alert to sophisticated suicide plans and to the youth's knowledge about the processes of death.

- What is the youth's timeframe? If the youth is specific about the plans to commit suicide, then the risk is higher. When does the youth plan to do this? Has the youth thought about when he or she would have the opportunity to kill himself or herself?
- Is there any chance of rescuing the youth? The more isolated the setting, the less chance there is for discovery and rescue. Would the youth carry out the plan even if there were someone around? What if that person were another detained youth? What if that person were another staff member? If the youth has a plan that is very lethal *and* urgent but would not attempt suicide in the presence of someone else, then the youth should not be isolated at any time until the suicide crisis passes.
- Does the youth have a support network outside of the detention facility? Who else can the youth talk to beside staff? Who can the youth share these feelings with? Staff should prompt the youth to learn the names of people who can provide emotional support to him or her during crises. Special visits or telephone calls should be considered as a part of the suicide prevention plan.

Suicide Prevention Plan

The best guide to developing a suicide prevention plan is NCCHC Standard Y-36 (NCCHC, 1992:33-34):

Although juveniles may become suicidal at any point during their stay, high-risk periods occur at the following times:

- After admission to the facility.
- After adjudication.
- After being returned to the facility from court.
- After receiving bad news regarding self or family (e.g., serious illness or loss of a loved one) or after suffering some type of humiliation or rejection.
- After segregation.
- After prolonged stays in the juvenile detention facility.

The facility's plan for suicide prevention should include the following elements:

- **Identification.** The initial health screening form should include observation and interview

items related to each juvenile's potential suicide risk.

- **Training.** All staff who work with juveniles should receive training to recognize verbal and behavioral cues and to watch for signs of vulnerability that may indicate potential suicide (see Chapter 14).
- **Assessment.** This assessment should be conducted by a qualified mental health professional and should designate the juvenile's level of suicide risk (see NCCHC suicide precaution protocols below).
- **Monitoring.** The plan should specify the facility's procedures for monitoring a juvenile who has been identified as potentially suicidal. Regular supervision should be maintained.
- **Housing.** If sufficient staff members are not available to provide constant supervision, the juvenile should not be isolated. He or she should be housed with another resident and checked every 10 to 15 minutes. (See Schimmel et al. (1989) for a discussion of the pros and cons of a companion system on the adult level.) The room should be as suicide-proof as possible (e.g., without protrusions that would enable the juvenile to hang himself or herself). It is inappropriate to place a suicidal youth in a maximum security isolation unit.
- **Referral.** The plan should specify the procedures for referring potentially suicidal juveniles and juveniles who attempt suicide to mental health providers or facilities for care.
- **Communication.** Procedures for communication between health care staff and juvenile careworkers should exist to exchange clear and current information regarding the status of the child.
- **Reporting.** Procedures for documenting the identification and monitoring of potential or attempted suicides as well as procedures for reporting a completed suicide should be detailed. The facility administrators and the health care authority should receive reports about attempted and completed suicides.
- **Notification.** Procedures for notifying facility administrators, outside authorities, and family members of potential, attempted, or completed suicides should be in place.
- **Review.** The plan should specify a review process in the event that a suicide occurs.

Guidelines for the development of suicide prevention plans are available through ACA and NCCHC. Model policies and procedures are available through the National Juvenile Detention Association (NJDA).

Staff Training

Staff should be trained in the signs and symptoms of suicide and in the techniques for administering the suicide assessment. Several important resources for staff training are available to detention personnel, including the articles on suicide prevention by Johnson and Davisson (1994), Mace et al. (1994), Rowan (1989), and Womack and Jenkins (1992). NJDA offers a training video on suicide prevention by Dr. Jana Ewing, mental health specialist for the King County (Washington) Department of Youth Services. Eastern Kentucky University, in conjunction with NJDA, produced a teleconference and video on suicide prevention with Dr. Barbara Dooley, Jesse Doyle, and Kurt Friedenauer. In addition to a general correspondence course on suicide prevention, ACA offers a training video on preventing suicide in juvenile facilities, featuring Joe Rowan and Lloyd Mixdorf.

Monitoring

There is considerable debate within the detention community about the time interval for monitoring potentially suicidal youth in room confinement. Consensus is that the highest risk youth should be monitored continuously, especially during room confinement—which means placing a staff member outside the youth's room whenever the youth is isolated. In situations when potentially suicidal youth are placed in multiple-occupancy rooms, the observation interval should not exceed 15 minutes. Auditory monitoring should be continuous.

Youth on suicide alert (at a level that does not warrant continuous observation) should be monitored every 4 minutes whenever isolated. The determination of a 4-minute interval comes from reports that it can take as little as 3–4 minutes for death to occur by hanging and that permanent brain damage can occur in a shorter period of time (Smialek and Spitz, 1978). The question becomes: What is a reasonable time interval for monitoring?

Monitoring expectations have been shaped by the courts. In lawsuits by the families of suicide victims in detention, other factors are equally as important in suicide prevention as the length of time between observations. The obvious problem occurs when the monitoring interval is too long (30–45 minutes) or when staff members fail to conduct the room check. These problems are disclosed when the medical

examiner determines that the youth died long before the body was discovered.

The Sporadic Monitoring Strategy. The concern about suicide and litigation motivates detention careworkers to make room checks promptly and regularly. However, even in the best situations, suicides can occur. Postmortem investigations reveal that residents are keenly aware of the monitoring patterns of staff members. The more regular and precise that staff are in adhering to a monitoring interval, the more confidence suicidal youth have in knowing exactly how long they will be unsupervised. Also, residents consistently comment that staff are not very subtle about making room checks. Residents report that they can hear staff coming down the hall, can hear doors and locks rattling, and can hear keys jingling. The regularity and the warning of impending observations are tools or advantages for the youth who is highly suicidal.

A strategy to reduce this predictability while safeguarding suicidal youth is the inclusion of sporadic room checks. For example, if institutional policy calls for 4-minute intervals when monitoring a highly suicidal youth in room confinement, the staff member's observation log will show 15 observations during a 1-hour time period. A sporadic monitoring strategy would require the staff member to conduct an additional five to eight room checks during that same 1-hour time period. The sporadic monitoring concept is over and above the regular monitoring interval. With sporadic monitoring, the staff member's observation log would show 20–23 observations over the same 1-hour time period.

NCCHC Suicide Precaution Protocols

If staff suspect that a youth is depressed or suicidal, the medical department should be notified. The physician and/or oncall psychiatrist should be consulted. Any of the following levels of precaution may be recommended (NCCHC, 1992:97–98).

Level 1. In most circumstances, this level pertains to juveniles who have recently attempted suicide. The oncall psychiatrist should have been notified. Efforts should be in progress to have the youth committed to a mental health facility.

The youth should be in a safe room or in the health clinic. Health staff should provide constant one-on-one attention while the youth is awake and conduct visual checks every 5 to 10 minutes while the youth is asleep in a safe environment (described in Level 2). Toileting and bathing may or may not be visually supervised, depending on the juvenile's mood at the time; if the juvenile is visually unsupervised, staff should be standing close by with the door slightly ajar.

Level 2. This level pertains to youth who are considered at high risk for suicide. The oncall psychiatrist should have been consulted. Efforts should probably be made to have these youth committed to a mental health facility.

The juvenile should be either in a safe room or in the health clinic. Safety precautions should be observed, including searches of rooms and clothes to remove all potentially harmful objects, such as glass, pins, pencils, pens, and matches. Plastic bags should be removed. The room should be near the staff office, with no access to breakable glass and no electrical outlets or with outlets that can be turned off. There should be no bed in the room, if possible, and no pipes from which sheets or strips of clothing could be hung. There may be a mattress and pillow on the floor. The juvenile may have clothes (no belts), linens, and blankets (a suicide-proof blanket is recommended). If youth verbalize or demonstrate immediate intent to harm themselves, bedding should be removed, and the health staff should be notified.

The youth should be checked at least every 5 minutes while awake (NJDA recommends the use of 4-minute intervals, with additional sporadic checks) and every 10 minutes while asleep. The juvenile should have one-on-one attention outside the room if potentially harmful objects (pencils or TV) are brought into the room or if he or she seems unusually distraught. Toileting and bathing are the same as for Level 1.

Level 3. This level pertains to juveniles who the physician or oncall psychiatrist feels are at moderate risk for suicide. They may be youth who have previously been on Level 1 or 2 and whose mental status is improving.

Safety precautions should be taken. These include searches of the room and clothes to remove potentially harmful objects, such as broken glass, pins, and matches. Plastic bags should not be permitted. Bed and linens may be allowed in the room. The youth may have writing materials (and TV in the health clinic) at the staff's discretion, but these items should be removed when not in use. Toileting and bathing may be done in the same manner as the normal routine. The youth should be checked visually at least every 10 minutes while awake and every 30 minutes while asleep.

Level 4. This level most often pertains to youth who are at risk for becoming severely depressed and suicidal. This assumption may be based on past history.

Although youth may be dealt with in the normal unit routine, staff should observe youth for symptoms of depression and signs of suicidal ideation, and they should notify health staff if new signs or symptoms

occur. The youth should be checked visually at least every 30 minutes while awake and asleep.

The mental status of any given juvenile may vary greatly from day to day and sometimes from hour to hour. Therefore, it is imperative that staff have good observational skills and knowledge of the signs and symptoms of suicidal behavior. If any staff member has reason to believe that a youth who is already on one precaution level should be moved to a higher level of precaution, the medical department should be notified, and the physician and/or psychiatrist consulted.

Minority Issues

Definition of Minority

Any juvenile who is outnumbered in one or more aspects of his or her personality or physical being is a minority. This status may or may not change while in detention. For example, African-American males in a juvenile detention unit may be both minority and majority members depending on location and situation.

It is important to raise the consciousness level of staff to think in terms of total human and cultural diversity. Juvenile careworkers who work with developing but wayward adolescents must be trained to be sensitive to all human diversity, whether it is intellectual, physical, sexual, socioeconomic, or more traditional, such as diversities of race, origin, or color.

Related Issues

Legal aspects. Equal opportunity laws must be clearly understood and followed when working with staff, residents, their parents, or the public in general.

Special needs. Youth with special needs are another group requiring special consideration. These needs include disabilities that require special attention, learning problems that require special education services, and religious preferences that require special diets and worship practices. Staff should be knowledgeable of the diversity of ethnic groups, cultures, and alternative lifestyles.

Training

Diversity needs to be a factor in the recruitment process. Individuals who effectively demonstrate respect for the diversity of the detention population should be recruited for juvenile careworker positions. The mission statement of the facility should address interpersonal sensitivity and firmly establish an expectation of equality. Training is most effective when conducted within the following framework:

- Training should help staff understand who their clients are; staff are hired to work with detained youth.
- Training should promote a clear understanding of the role of detention, which is to help, not punish; to keep secure and safe; to neither judge nor condemn; and to hold all children in an environment that treats them equally based on their behavior, regardless of their offense, race, or gender.
- Training should explain the link between helpful programs and community protection. Juvenile careworkers need to understand the big picture of what they do. Respect and equality breed respect and equality. This understanding may prevent some unknown person from becoming a future victim of juvenile crime.
- Training should be professional and should explain the concept of professionalism. The personal self may influence the professional, but it does not control or replace the professional.
- Training should emphasize that the youth did not violate “staff” laws. Staff should not take violations personally. Staff are entitled to personal opinions, but they are at work to help youth.
- Training should promote the understanding of diversity as a part of professional care work. Diversity is not just treating African Americans or Hispanics equally; diversity is respecting the human being in each person.

Specific Training Topics. At a minimum, training topics should expose staff to the unique aspects of each diverse group. These aspects include:

- Religious idiosyncrasies.
- Cultural customs.
- Personal hygiene issues.
- Immigrant issues and customs (what to do when staff encounter new cultures).
- Class or cultural dialects and slang.
- Humor issues related to culture.
- Body language related to traditional culture versus pop culture.
- Cultural myths and fears supported by oral traditions.
- Eye contact and tone of voice issues.
- Dietary customs.

Overrepresentation of Minorities

Research confirms that from arrest to sentencing and incarceration, disproportionate representation and differential treatment of minorities are evident throughout the entire system continuum. The following two points of view are used to explain the disproportionate representation of minorities in the juvenile justice system.

Disproportionate Treatment by the Juvenile Justice System. One view states that minority youth do not commit more crimes than any other youth; they merely get treated differently and more harshly at various points in the system. Between 1979 and 1982, when the number of juveniles confined in public facilities began to climb, minority youth were detained the most.

In total, incarcerated minority juveniles increased by 5,757, representing 93 percent of the overall increase. This disproportionate increase in detention continued through 1989. Between 1985 and 1989, juvenile detentions increased by 13 percent. However, the proportion of African-American and Hispanic youth in custody increased by 9 percent and 4 percent, respectively, while the proportion of white youth declined by 13 percent (National Coalition, 1993).

Substance abuse has had a profound impact on law enforcement as well as on juvenile and criminal justice during the past decade. Between 1980 and 1989, the drug abuse arrest rate for juveniles generally increased by 17 percent. However, overall arrest rates for whites and youth of other races dropped by 33 percent and 27 percent, respectively, while the rate of drug abuse arrest for African-American youth increased by 200 percent (Snyder, 1992). Paradoxically, the increase in arrest, detention, and adjudication of African-American youth does not reflect trends in drug usage because research shows that African-American males and females engage in significantly less drug abuse than their white counterparts (O’Malley, Johnston, and Bachman, 1993).

The most recent study of the use of secure detention indicated that African-American and Hispanic youth were more likely to be detained at each decision point, even after controls for the influence of offense seriousness and social factors were considered (Wordes, Bynum, and Corley, 1994). Pope and Feyerherm (1990:3) concluded that minority youth were overrepresented in juvenile institutions across the country and that there was sufficient evidence to suggest that overrepresentation will continue and probably increase during the upcoming decades.

Disproportionate Rate of Offending. The other view states that the nature and volume of offenses

committed by minority youth are the real issue. In other words, minority youth committed more offenses and more serious offenses than other youth because of the social and economic conditions in which they are forced to live (National Coalition, 1993).

African-American youth were arrested for weapons law violations at a rate triple that of white youth. The 1991 violent crime arrest rate for African-American youth was five times higher than that of white youth (1,456 per 100,000 compared with 283 per 100,000). The 1991 homicide victimization rate for African-American youth was more than six times the rate for white youth (Allen-Hagen and Sickmund, 1993). Critics of juvenile crime data are especially skeptical of arrest records, which are historically flawed because they inflate or overrepresent a particular violation. However, victimization data warrant careful consideration.

For more information on minorities and the juvenile justice system, see the recent OJJDP publication by Pope and Feyerherm (1993).

An Afrocentrist Cultural Approach

Molefe Asante (1993) recommended a violence reduction strategy based on an Afrocentrist cultural approach. This approach has two components. In the first part, Asante recommended a cultural immersion technique on youth. This model would address issues of self-concept and identity by beginning at an early age (fifth-grade level) and providing afterschool classes for 3 hours per day, 3 days per week. This approach would use cultural activities with both contemporary and historical content, especially African-American spirituals, poetry, and humor.

The other component of the Afrocentrist cultural approach was a Saturday academy. Held on weekends and conducted by youth workers or police, these programs would focus on strengthening youth's concepts of values, distinguishing good from evil, and promoting what is acceptable. Many youth grew up being very unclear about these things because African-American institutions (e.g., religion and family) were not doing the job effectively.

Rap Music

To understand youth, listen to their music. For today's African-American youth, the music is rap. If staff want insights into the issues, problems, and concerns of African-American youth, rap music is an important resource. Many adults find rap distasteful because of the profanity, explicit sexual language, and degrading attitudes about women, homosexuals, and other minorities. Not all rap music contains these

categories, but all rap has a definite message that most youth understand and enjoy.

Many in law enforcement believe that these lyrics advocate the killing of police officers, and they feel that this music should be censored (Martin, 1993). Time-Warner, which markets the music, maintains that the lyrics are an expression of the frustration experienced by African-American youth. Time-Warner also claims that its suppression of the lyrics would violate First Amendment rights, an interesting, if not inappropriate, interpretation because Time-Warner is not a government agency.

Although Krzycki (1994) agreed that advocating violence in any form was wrong, he did not think censorship was a simple solution. He cited numerous examples of rap that strongly advocated the values of family, community, pride, and cooperation. Rap also serves as powerful social commentary, portraying a graphic view of urban life for today's African-American youth.

Slang Glossary

Communications with African-American detainees can be improved if staff have an understanding of the slang language. The following glossary of terms is from Carl Taylor's (1993:215-217) study of females and gangs:

5-0	The police.
24-7	Occurring on a constant basis.
ace	To take advantage of someone.
bangin	The act of fighting.
bark	The name of the narcotics cops in New York.
beaming up to scotty	The act of freebasing cocaine.
beat down	To be physically attacked.
beatin the pavement	Walking as your major means of transportation.
beefin	To have a long vendetta with someone.
benzo	Mercedes Benz.
boomin	To be at your peak; to be prosperous.
booster	A thief, usually in a store; shoplifting expert.
buggin	To act obnoxious.
bum-rush	To physically attack someone.

championship hour	The time at which you are selling the most narcotics.	Jack Roll	To rob or take advantage of a drunk or helpless victim.
change	Money.	juiced	When someone conned you out of something.
chillin	Sitting around relaxing.	kickin boots	Wanting sex.
chizel	Money.	kickin it	Sitting around talking with your friends.
click	A person's close-knit group.	kickin them boots	Having sex.
clockin	The act of making money.	loot	Money.
creepin	The act of sneaking; doing something you shouldn't do.	marquettin	The act of staring someone down.
def	Admirable.	moula	Money.
dissed	To be treated scandalously or boldly.	O.P.P.	Other People's Property; Other People's Pussy (sex).
dividends	Money.	peep this	Listen to this; to get someone's attention.
doin um'	To be making large sums of money.	peon	Someone who gets no respect; everyone looks down on.
dope	Something or someone that's very admirable.	perpin'	To act phony; to pretend.
easy	Going.	posse	The group of people you associate with.
factors	Car, jewelry, shoes, and clothes.	roll call	When you see the police coming.
fakin	To be phony.	rollin'	The act of selling narcotics.
flavor	Style; person with style.	sac chaser	The female who uses men for money.
fluncky	Someone who does everything someone tells them to do.	scrappin	The act of fighting.
fly boy	A boy who looks nice.	scratch	Money.
fly girl	A girl who looks nice.	short	When you are lacking in some way or form.
fresh	Something or someone that's very admirable.	skeezer	Female who sleeps with men for money; sometimes refers to women in general.
gaffilin	To take; to steal.	smoke	To beat someone up or to shoot someone.
ganked	To take; to steal; to con someone out of something.	soft	Used to describe someone who is gullible, wimpish.
get busy	To get started; the act of commencing.	sprayed	To be shot more than once or shoot a house up.
got it going on	To be admired; doing very well in life.	squares	Cigarettes.
heater	A gun.	squirrelin	The name of sexual intercourse.
hip-hop	Fashionable; in with the times.	stack	Money.
hit	The name of sexual intercourse.	step off	To demand distance from your being; get away from me.
hold it down	To get respect from a group of people based on material.		
holla-holla	To say goodbye to someone.		
homie	A close friend or companion.		
illin	To act obnoxious.		
jack	Money.		

straight	You're taken care of; you don't need anything else.
strapped	To be armed with a weapon.
strongarm	To rob someone.
the jects	The projects or low-income housing in a city.
tip	A piece of information.
tired	When someone looks ragged or is out of the times in fashion.
toe off	To receive a large sum of money.
trippin out	To have fun or to act obnoxious.
undercover ho	Woman who is whorish and careful not to let it be known.
wack	Stupid; obnoxious.
weed out	To smoke marijuana in excess.
what you thought	A phrase used when you want to know why someone made a particular remark or statement.
what's up	How are you; hello; what's new.
wiggum	Check.
you down	You're perfect; you're taken care of; you're covered.
you set	You're taken care of; you don't need anything else.

Gender Issues in Juvenile Detention

Gender is an issue in juvenile detention and corrections at three levels. First, there are more girls than ever before entering the juvenile institutions, and their presence heightens some long-experienced difficulties for detention programs. Second, the number of female staff in all areas of juvenile institutions is increasing. And third, there are organizational trends that can be interpreted as being related to gender or related to feminizing the environment. Each level presents questions and concerns, and each has an impact on the other two.

There is a growing body of information related to gender-specific services. There is pressure from the Federal level in the form of a requirement of the OJJDP reauthorization legislation that requires States to

examine their systems and ascertain the presence and level of gender-specific services. The reality is that juvenile detention and corrections do have gender-specific services; they are gender specific to males. Gender specific means more than replacing urinals with toilets and showers with bathtubs. It means examining the entire range of programs and services, evaluating them in the context of the different ways that girls develop, learn, and relate to others and the system. It means taking a hard look at the gender biases against girls, which are automatically built into a system that is designed for boys but houses girls.

Girls in Detention

Gender bias in the juvenile justice system is well documented. Girls typically serve longer sentences or placements for lesser crimes than boys. Girls are more likely than boys to be placed in detention for status offenses. Many of their placements are rooted in the "sexual abuse-runaway-drugs and prostitution" cycle. Girls are more likely to be arrested as accomplices in property crimes and assaults. Many of their assault charges come from their activities *within* the system, such as fighting the arresting officer or acting out in detention or in a program. Often, the crime is related to a reaction or resistance to further exploitation or abuse. Sometimes, their acting-out behavior is derived from their identification with the perpetrators of violence in their own lives, even in the case of girl gangs who take on the "celebration" of male violence as they see and experience it.

Gender-specific services for girls begin with an understanding of the dynamics of gender bias in the system and the society. These services also have to account for the symptoms of that bias as they are presented in the lives and behaviors of the girls—which involves being sensitive to the nuances of gender difference in the more basic elements of a detention operation. Everything from clothing issues to the medical, educational, and counseling services offered should be examined to assess their impact on girls.

Girls who have been sexually abused, even those who later become sexually promiscuous, may have strong negative reactions to intake procedures relating to search and shower. Their entry into the male-oriented detention center, occupied by the very boys with whom they have had problems in the past, can be traumatic. They can be in a panic about how to deal with basic issues, like their monthly menses, in the detention world. Girls need and demand more attention from staff than boys do, particularly from medical staff. They will get that attention in the best way they know how, which is often to cause havoc in the center.

Girls, like boys, will tend to recreate their own experiences in a detention center. They tend to play out the same roles that they played on the outside. They can be manipulative, seductive, and aggressive, or they may be demanding, whining, and self-destructive. Their interactions with male staff, female staff, and boys in the detention center are all areas that need to be considered. At worst, these interactions can be the source of conflict, even a battle ground where they act out their rage. At best, the girls may seek in staff the nonabusive relationships that they have never known. Many girls will run away from home and community programs because the detention center represents a safer place to live than they have known. In either case, the interactions need to be discussed in staff meetings and need to be the basis of staff training.

Sexual Exploitation

It is most important to avoid replicating the sexually exploitive world that girls have left—which calls for special attention to the norms and behaviors of all members within the center’s culture. Avoiding sexual exploitation implies the following:

- It calls for close attention to the way that the boys and girls relate (i.e., how they talk to and about one another), with constant intervention to mediate the values that the talk and behaviors represent.
- It means being cautious about the tendency of male staff to take on the father-lover-protector role of the typical male authority figure that many of the girls know as the classic pimp. In this scenario, the female staff and other girls become competition for male attention and may reenact the mother-daughter conflicts of adolescence.
- It means being cautious about sexual talk, sexual innuendo, and sexual relationships between girls and male staff members. There are rare but documented cases when male staff members have engaged in sexual acts with girls both inside the detention center and following their release. This behavior is a crime in all States, and in every case, it represents the most serious breach of professional ethics.

Petty conflict between the girls can be both subtle and vicious. For these reasons, most staff prefer to work with the boys.

Female Staff in Detention

More and more women are entering the juvenile justice system at all levels, ranging from line staff to

administrators. There are arguments for and against their presence. From a legal perspective, it is a matter of equal opportunity. The rights of employees to equal opportunity must be weighed against the mission of the organization. In corrections and juvenile detention, the juvenile’s right to privacy provides the counterpoint to the equal opportunity rights of staff. Of equal, if not greater concern, are issues related to adolescent development and the need for gender role models within the direct-care staff. The minimum standard seems to be at least one staff member of the same gender as the youth on shift at all times.

Physical Restraint and Interpersonal Skills

The more critical and practical debates usually arise over concerns about the ability of female staff to physically handle the acting-out behavior of the youth. Detention personnel generally agree that today’s offender is larger and more aggressive. Furthermore, the majority of detention facilities are overcrowded and understaffed, which creates a situation in which the potential for assault (juvenile-on-juvenile and juvenile-on-staff) is increased. An increased likelihood of assaults signals an increased likelihood of physical intervention and physical restraint by staff. Although effective physical restraint techniques are a function of skill and ability, there are also minimum requirements for physical strength.

Physical Restraint. Male juvenile detention careworkers often view female workers as unable to perform physical restraint techniques effectively or satisfactorily. Many female staff members agree. Safety concerns are a growing priority among most juvenile detention careworkers, and in dangerous situations, size and strength combine to form the most popular selection of staff for crisis intervention.

Interpersonal Skills. Safety is also a function of interpersonal relationship skills. Staff members who have excellent relationship skills and who are able to verbally and nonverbally deescalate a crisis situation claim that physical size is an irrelevant factor in maintaining institutional safety. Female juvenile detention careworkers often have better communication and relationship skills than their male counterparts. Female staff are seen as more likely to discuss and resolve emotional problems before they escalate to the point of anger and assault. They are generally more nurturing and understanding in their approaches to youth. Many male careworkers agree. There is even some research in adult corrections about the impact of the presence of female staff members in maximum

security male prisons in reducing the level of violence in general.

Questions. Does a juvenile detention facility require a certain “critical mass” (a certain number of very large and strong staff members) to maintain resident and staff safety? Do male staff members overcompensate in the area of toughness when working with female staff members in order to intimidate residents and reduce the probability of assaults? Is a harsh and intimidating approach normally a function of large and muscular males, regardless of the presence of female staff? Does a tough approach cause more problems with detainees than solutions?

Source of Problems

The complaints of female staff in juvenile detention and corrections centers are related to the fact that the job expectations and work relationship dynamics between male and female staff reflect those in society in general. For example, women are seen as subordinate to men and are given more menial tasks. Further, the relationships between men and women frequently reflect a power dynamic in which women are often subjected to harassment and sexual innuendo. Consider the implications of this scenario on the girls *and* the boys in the institution who surely observe its every dynamic, not to mention the affront to professional ethics. Within those implications are the guidelines for resolution of the debate. Resolution begins with an open dialog within the context of an organizational culture that respects diversity, expects personal growth on the part of staff members, and provides both opportunity and motivation for that growth.

Balancing the Organizational Environment

Juvenile detention and corrections are influenced by the leading organizational and leadership development theories that suggest making changes in the way that agencies and institutions normally operate. One of these ways is consumer orientation. Gender-specific

services provide a good example of consumer orientation—meeting the needs of the girls. Resolution of the debates between male and female staff members based on what is good for all youth is another example of consumer orientation. Respecting diversity and providing opportunities for staff development are also themes of the current literature.

Other practices recommended in the new leadership theory include networking, improving lateral and upward communication, enabling others, encouraging the heart, viewing leadership as stewardship, and providing principled leadership. Women seem to be comfortable with the behaviors that these practices require. In the new organization, women may have some advantages because of their ability to juggle a variety of tasks and responsibilities. They are less likely to “work to rule”—a requirement of hierarchical and “top-down” organizations that stifles flexibility, creativity, and morale. The traditional nurturing role of women makes them more supportive of the idea that the job is never done and more comfortable with leadership roles that enable and empower others—a new way to define a long-standing definition of management in which one achieves success through the accomplishments and achievements of others.

Not all women fit these descriptions, and not all men lack these qualities. This approach is a way to talk about relationships and performance dynamics in the context of gender. No matter which level one considers, the female aspect is increasing and is here to stay in juvenile detention and corrections centers and programs. It is one of many factors that are shaping and defining the field. It is important that members at all levels of these organizations see this period of development and transition as a positive experience.

Gender considerations are not about the number of girls or the number of female staff; in the end, the size of either group will not matter as much as the nature of the organizational environment. Gender is a qualitative issue, not a quantitative one.

Resources for Alcohol and Other Drug Assessment

Table 1

Guidelines for Substance Abuse Interviewing

Procedure

- Begin with discussion of more general lifestyle questions, including the following topic areas: home/family relations, functioning at school, peer relationships, leisure activities and employment, self-perception.
- Ask about dietary patterns.
- Proceed to questions about prescribed medications.
- Ask about over-the-counter medications.
- Inquire about cigarettes and smokeless tobacco use.
- Learn about the use of alcohol.
- Question the adolescent about the use of marijuana.
- Finally, ask about the use of any illicit drug.

Rationale

- Allows time to develop or renew patient-physician relationship.
- Provides basis (through general psychosocial information) to determine patient's risk for harmful environment.
- Starts with least threatening questions.
- Moves to increasingly sensitive substances.
- Use of products to relieve symptoms of upper respiratory infection and allergic rhinitis, indigestion medications, analgesics, drugs to promote wakefulness, hypnotics and eye drops commonly used.
- This order of questioning provides a natural order of progression, moving from the socially accepted ... to the socially tolerated ... to the socially disapproved ... to the overtly illegal.

Source: Comerci (1993)

Table 2

Questionnaire Items Relevant to Substance Abuse

Question	Yes	No
1. Do you smoke cigarettes?	_____	_____
2. Do you smoke marijuana?	_____	_____
3. Do you often feel "bummed out," down, or depressed?	_____	_____
4. Do you ever use drugs or alcohol to feel better?	_____	_____
5. Do you ever use drugs or alcohol when you are alone?	_____	_____
6. Do your friends get drunk or get high at parties?	_____	_____
7. Do you get drunk or get high at parties?	_____	_____
8. Do your friends ever get drunk or get high at rock concerts?	_____	_____
9. Do you ever get drunk or get high at rock concerts?	_____	_____
10. Have your school grades gone down recently?	_____	_____
11. Have you flunked any subject recently?	_____	_____
12. Have you had recent problems with your coaches or advisers at school?	_____	_____
13. Do you feel that friends or parents just do not seem to understand you?	_____	_____

Source: Comerici (1993)

Table 3

Questionnaire for Adolescent Patients Suspected of or Known To Be Abusing Drugs and/or Alcohol

1. Have you ever been stopped for driving while intoxicated (drunk, stoned/high)?
2. Have you ever been arrested for possession of drugs, burglary, vandalism, shoplifting, or breaking and entering?
3. Have you ever had to go to an emergency room or doctor's office for a drug-related accident or illness (overdose)?
4. Have you ever overdosed or intentionally tried to kill yourself?
5. Have your grades recently gone down?
6. Did you receive any F's on your last report card?
7. Have you ever been expelled from school?
8. Have you ever been intoxicated or high (stoned) at school?
9. Have you ever been caught at school for drug or alcohol possession?
10. Have any of your friends been admitted to a drug treatment center?
11. What drugs, if any, have you used in the past? How much?
12. What drugs, if any, are you currently using? How much?
13. Have you ever experienced blackouts while drinking heavily? (For example, have you awakened unable to remember what happened the night before?)
14. Has your alcohol or drug use caused problems with your friends or family or both?
15. Have you ever gotten into trouble at work or at school because of alcohol or drug use?
16. Do you often wake up with a hangover?

Source: Comerci (1993)

Table 4

Open-Ended Questions Intended To Provide a Basis for Further Exploration of Advanced Substance Abuse

1. What do your friends do at parties? Do you go to the parties? Do you drink? Get drunk? Get high?
2. Do you drive drunk? Stoned? Have you ridden with a driver who was drunk or stoned? Could you call home and ask for help? What would your parents say? Do?
3. Do you go to rock concerts? Do you drink there? Do you get high? Who drives after the concert?
4. After drinking, have you ever forgotten where you had been or what you had done?
5. Have you recently dropped some of your old friends and started going with a new group?
6. Do you feel that lately you are irritable, "bitchy," or moody?
7. Do you find yourself getting into more frequent arguments with your friends? Brothers and sisters? Parents?
8. Do you have a boyfriend/girlfriend? How is that going? Are you having more fights/arguments with him/her lately? Have you recently broken up?
9. Do you find yourself being physically abusive to others? Your brothers or sisters? Your mother or father?
10. Do you think your drinking or drug use is a problem? Why?

Source: Comerci (1993)

Table 5

Questionnaire for the Parent(s) of the Adolescent Suspected of or Known To Be Abusing Drugs and/or Alcohol

1. Does your daughter/son spend many hours alone in her/his bedroom apparently doing nothing?
2. Does your son/daughter resist talking to you or persistently isolate himself/herself from the family?
3. Has your daughter's/son's taste in music undergone a dramatic change to hard rock music?
4. Has there been a definite change in your son's/daughter's attitude at school? With his/her friends? At home?
5. Has your daughter/son shown recent pronounced mood swings with increased irritability and angry outbursts?
6. Does your son/daughter always seem to be unhappy and less able to cope with frustration than he/she used to be?
7. Has your daughter's/son's personality changed from being considerate and caring to being selfish, unfriendly, and unsympathetic?
8. Does your son/daughter always seem to be confused or spacy?
9. Have money or valuable articles recently disappeared from your home?
10. Has your daughter/son begun to neglect household chores and homework?
11. Has there been a change in your son's/daughter's friends from age-appropriate friends to older, "unacceptable" associates?
12. Has there been a change in your daughter's/son's appearance (i.e., sloppy dress and poor grooming and hygiene)?
13. Have there been excuses and alibis made, and has there been lying in order to avoid confrontation or not to get caught?
14. Do you feel you have lost control of your son/daughter?
15. Has your daughter/son begun lying to cover up sources of money and possessions?

Source: Comerici (1993)

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