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Forensic Mental Health Treatment in Juvenile Justice Secure Care Facilities For Juvenile Fire Setters and Bomb Makers:

Clinical and Forensic Public Safety Recommendations

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Overview

- Juvenile Fire Setters and Bomb Makers
- Juvenile Care Facilities
- Problem Identification
 - Mapping of San Diego, CA
- Staffing and Training
- Evidence-Based Treatment: CBT
- Treatment Plans
 - Familial Involvement
 - Gender Differences
 - The approach
- Mental Health Practitioner Considerations





Juvenile Fire Setters and Bomb Makers

Arson is the number one cause of all fires and the second leading cause of residential fire deaths.

(Roe-Sepowitz, 2011)

As forensic mental health services expand, information on the psychiatric morbidity of offenders referred to them can assist in service development.

(Louisiana office of juvenile Justice 2012)

Problems with juvenile fire setting include, but are not limited to, Problems with being successful with school work peer pressure, bullying, unsupervised activities and problems with family dynamics (i.e., divorce, separation).

(Louisiana office of juvenile Justice, 2012)



Juvenile Fire Setters and Bomb Makers

Juveniles are responsible for 46% of all fires deliberately set in the U.S. and more than 50% of arson arrests are juveniles.

(U.S. Fire Administration, 2013)

An estimated 282,600 intentional fires were reported to U.S. fire departments each year including \$1.3 billion in direct property damage in 2007-2011.

(Campbell, 2014)

Children are consistent with antisocial behaviors as well as truancy, stealing, sexual misbehaviors, and running away from home.

(NY state office of child and family services, 2014)

Juvenile Care Facilities

JFSB's are housed with adolescents with sexual behavior, mental health, and other chronic issues

Mental health professionals, social workers, teachers, probation officers serve as the primary care takers for these individuals

(NJ Department of Law and Public Safety, 2013)

Approximately 93,000 young people are held in juvenile justice facilities across the United States

(Justice Policy Institute, 2009)

70% of youth are held in state funded residential facilities costing \$249 per day per youth

(San Diego county of Education, 2012)





Problem Identification

Community Assessment

- An accurate description of the nature and extent of juvenile fire setting and bomb making and a community consensus to take action is the cornerstone of building an effective JFSB intervention program.
- Needs Assessment Study/Report
 - Evaluates whether there is a significant problem in a community that demands attention and action.
- Evaluation of collected data
- Consensus Building
- Risk Assessment

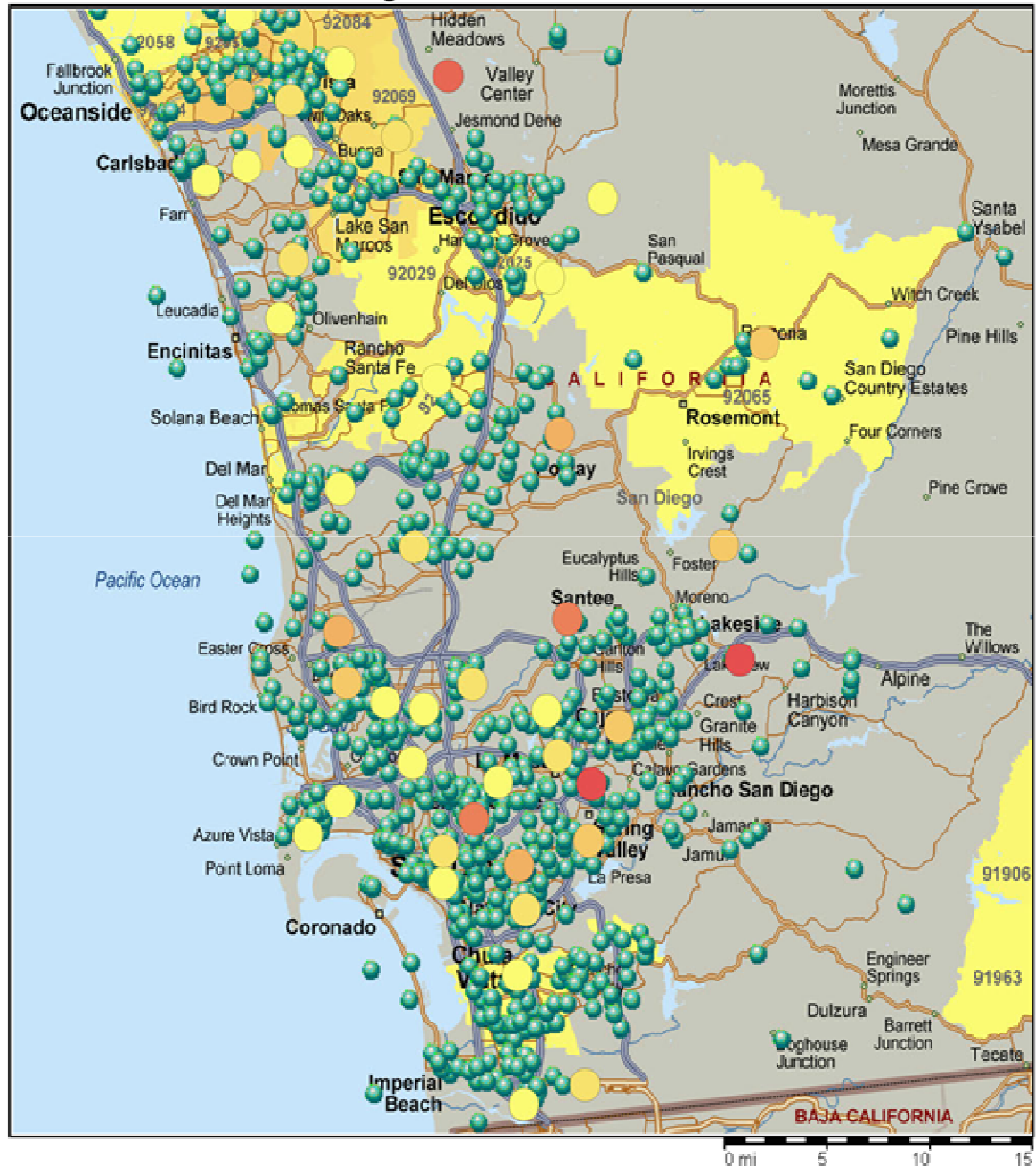
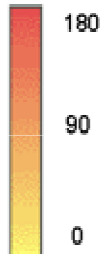
(Gaynor, Hamilton, Poage, & Gallardo, 2002)

San Diego Juvenile Arson 2009

Local Juvenile Arson Case Data, 2009 by Zipcode



Listed Juvenile Arson Cases, Per NFIRS JuvSub 2009 by Zipcode



SD Juvenile Arson (2009)



Incidents at School by Zip Code



Program Development

Programs offer long-term living arrangements with a highly structured format including individual and group therapy, recreation activities, and vocational training. Often a half-way house placement precedes re-entry.

The size of the staff will depend directly on the size of the JFSB program. For small programs, there may only be a program manager who handles the majority of the responsibilities.

- Staffing & Training
- Documentation
- Confidentiality
- Liability

(Gaynor, Hamilton, Poage, & Gallardo, 2002)

Evidence-Based Treatment: CBT

- The *most efficacious treatment* for fire setters involves “multimodal interventions”
 - A combination of “fire-specific, parent management, and elements of cognitive behavioral therapy (CBT) for children and youth”
- **Individual CBT Interventions:**
 - Target disruptive behaviors
 - Identify triggers to linked fire involvement
 - Building coping and problem solving skills
 - Develop appropriate strategies for regulating affect and impulse control

(Del Bove & MacKay, 2011)

Fire Education (3 Methods):

1. Answer questions.
2. Films about fires.
3. Having child take responsibility for fire safety.

Used for low intensity clients and fire prevention

(Muller et. al., 2007)

Behavioral & Psychosocial Interventions:

Goal is to directly alter fire setting behavior by using positive reinforcement to change the way the client responds to triggers for fire setting.

Used for high intensity fire setters: older juveniles, recidivist FS, convicted arsonists

(Muller et. al., 2007)

Treatment Plans

Gender Differences: Females

- *More likely to set fires at school*
- Recommendations
 - Greater immediate attention regarding assessment and diagnoses of potential mental health disorders.
 - Identify patterns of suicidal ideations, absences, and running away from home.

(Roe-Sepowitz & Hickle, 2011)

Treatment Plans

Gender Differences: Males

- *More likely to have a history of arson and to set a fire to a residence*
- Recommendations
 - Mental and behavioral treatment to address current mental health needs
 - Address general delinquency, antisocial behavior, and mental health issues
 - Targeted fire-safety interventions

(Roe-Sepowitz & Hickle, 2011)

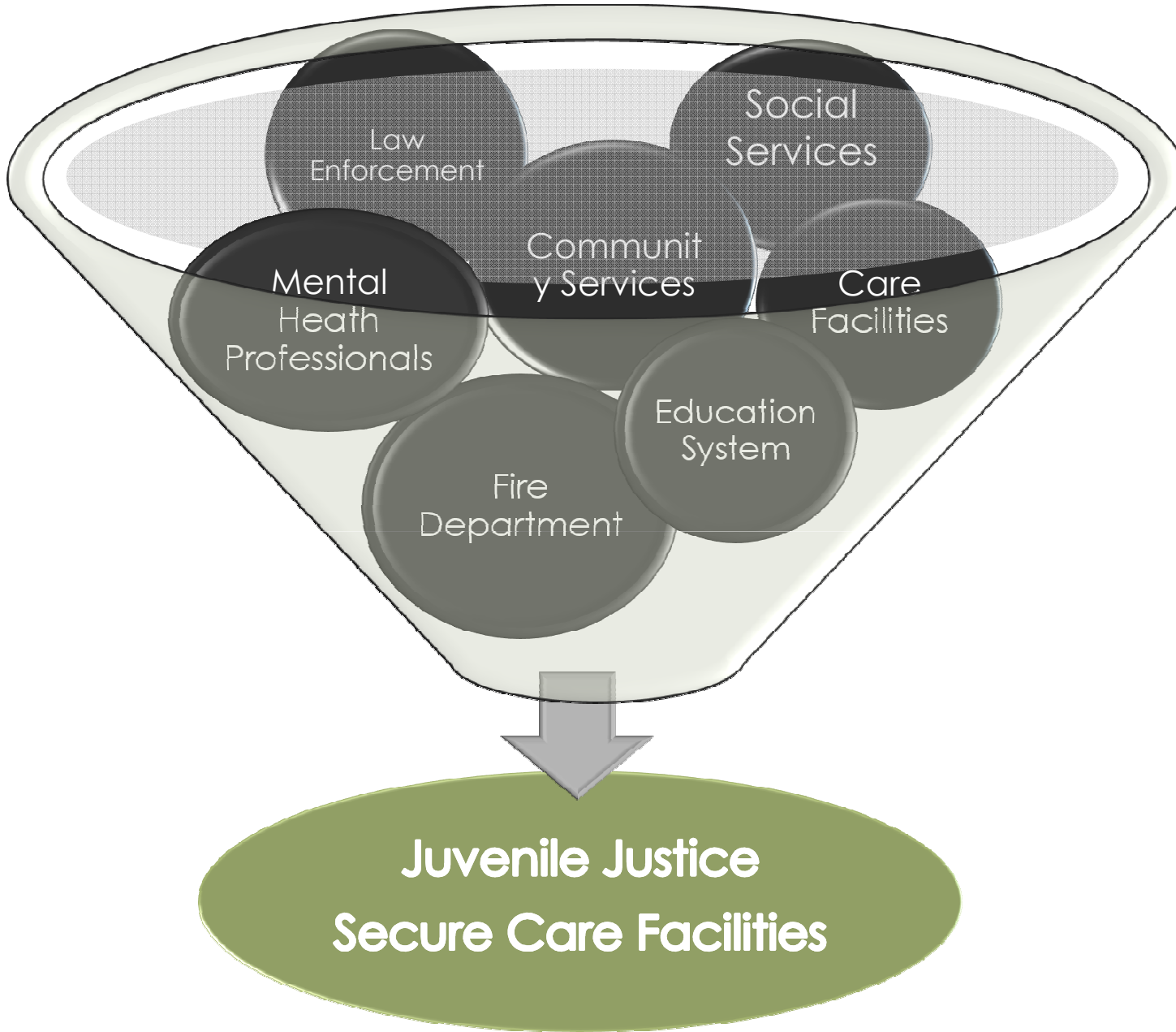
Treatment Plan

Treatment Plans



- **Familial Involvement**
 - Prevalence of child maltreatment
 - Increased risk of running away in JFSB
 - Psychoeducation
 - Recognize signs to eliminate future fire-setting behaviors
 - Work alongside Social workers

(Del Bove & MacKay, 2011)



Mental Health Practitioner Considerations

- Things to consider due to the high prevalence of mental disorders, medication may be appropriate to manage symptoms
 - Attention Deficit Hyperactivity Disorder (ADHD)
 - Oppositional Defiant Disorder (ODD)
 - Conduct Disorder (CD)
 - Posttraumatic Stress Disorder (PTSD)
- Each state has different programs and separate systems for treating JFSB.
- Paucity of funding
- Inability for families to access services provided

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