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**A Qualitative Examination of the Program Implementation Process at Barrett
Juvenile Correctional Center**

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INTRODUCTION

Barrett Juvenile Correctional Center has experienced a number of changes since the Virginia Federation of Colored Women's Club founded the facility in 1915. Originally, the Center's clients were black females who showed delinquent behavior patterns. Two periods of integration occurred at the facility; the first in 1965 when the facility became an all female institution regardless of race and then in 1972 when the center became co-ed. In 1978, the institution shifted to and remains a male facility for convicted juvenile offenders.

The most recent and dramatic change for Barrett Juvenile Correctional Center occurred in 1993. The facility received a three year 1.8 million dollar grant. The grant monies were to be used to convert the Center into an intensive Substance Abuse Treatment Program for convicted male offenders. At the expiration of the grant funds, the Commonwealth of Virginia absorbed the cost of operating this program. In April of 1997 the GATEWAY Foundation began providing the substance abuse treatment program for the Barrett clients.

The substance abuse program at Barrett Juvenile Correctional Center targets male youth ages 13-20, who have a moderate to severe substance abuse or dependence, have been determined to have a mandatory or recommended need for substance abuse treatment, and have a length of stay of no less than six months. The Center will not accept youth who have committed a major offense¹, exhibit a major psychiatric illness, have limited cognitive functioning, or have been mandated to receive a specialized sexual

¹ According to the program manual (1998: 8-9) a major offense is defined as "murder, rape, forcible sodomy, arson of an occupied building, aggravated robbery, aggravated assault, malicious wounding, or the 'attempted' of any of the aforementioned offenses".

offender program. The goal of the Center is to treat the substance abuse problem as a means of reducing future involvement with alcohol, drugs, and crime. The program seeks to change the youth's behaviors by utilizing a therapeutic environment² which provides group and individual counseling that centers on life skills development, anger management, substance abuse education, and relapse prevention, to name a few. The daily activities of the youth include schooling, group activities, and recreation. All activities are grounded in the therapeutic community and behavior management system.

The purpose of this report is to assess the implementation process of the treatment program and the overall functioning of Barrett Juvenile Correctional Center. The information contained stems from approximately three months (March 15 – June 1, 1998) of observational research at the facility. The observational process examined all components of the treatment from group activity to treatment teams. The issues that will be addressed include the following: youth assessments and the use of the information, program philosophy and implementation, staff characteristics and practices, and miscellaneous issues.

PROGRAMMATIC REVIEW

Client Assessment and Use of the Information

Assessment of each youth occurs at the Reception and Diagnostic Center (RDC). All institutional bound youth are admitted to RDC in order to conduct a comprehensive evaluation on the youth's social history, criminal history, medical history, educational

² The therapeutic community concept began facility wide when the GATEWAY Foundation received the treatment contract in April 1997. The therapeutic community has begun to take hold and has become stronger during the three months of observational research.

status, psychological ability, and substance use history. The goal of such a thorough appraisal is to determine the most appropriate placement for the youth based on his/her needs and level of functioning.

The majority of the youth receive assessment scores in the areas of risk, need, and responsivity. Some of these standardized instruments include the SASSI, DSM-III-R, and the Woodcock-Johnson Psycho Educational Battery. Additionally, the inventory of the youth examines his/her level of cognition, family functioning, and level of anxiety.

The evaluation conducted by RDC is a solid attempt for placement purposes; however, the level of standardized assessment is limited and varies for each youth. This intensive process falls short of determining a summary score indicating the levels of services needed for each client. This is an important component in being able to provide the youth with the appropriate types of programming in a suitable manner.

Likewise, Barrett Juvenile Correctional Center can improve the current utilization of the assessments conducted at the Reception and Diagnostic Center. The various assessment ratings could be used to tailor the treatment approach for each youth. In other words, the effectiveness of the program may be improved by classifying the youth (i.e., by cognitive ability, verbal functioning, and/or anxiety level) and providing the program in the style or manner that is best suited for a particular grouping. The design of the facility, housing of wards in several cottages, enables such a classification process to occur for group work. In addition, each treatment phase (one through four) currently has two sections that could possibly incorporate such a classification process. Thus, the treatment being delivered at Barrett Juvenile Correctional Center can be strengthened by

matching a youth to a particular learning style (i.e., high cognitive groups and low cognitive groups).

In sum, the purpose of assessment instruments is to assist in the determination of placement, level of service, and mode of service. The Commonwealth of Virginia does an adequate job at utilizing the information for placement purposes. Barrett Juvenile Correctional Center uses only a minimal amount of this information to administer treatment. The literature suggests that more effective programming is achieved when assessment scores are used to classify offenders, match the offenders style of learning to staff characteristics, match the level of anxiety to the manner of treatment delivery, and place clients in the appropriate intensity of services (Gendreau 1996; Lipsey 1992; Andrews, Zinger, Hoge, Bonta, Gendreau, and Cullen 1990; Gendreau and Andrews 1989; Gottschalk, Davidson, Gensheimer, and Mayer 1987; Gensheimer, Mayer, Gottschalk, and Davidson 1986; Garrett 1985; Davidson, Gottschalk, Gensheimer, and Mayer 1984).

Program Philosophy and Implementation

Barrett Juvenile Correctional Center is located in Hanover County, Virginia (approximately 25 miles north of Richmond). The facility is a secure environment which has number of cottages, a school, a gym, a dining hall, an administration building, and a large courtyard for outdoor sports or activities. The primary goal of the facility is to reduce the substance abuse problem of the youth. The premise is that treatment of the substance problem should impact the youth's criminal patterns. The facility seeks to change the youth's behavioral patterns through a variety of treatment strategies that are

grounded in behavioral and social learning theories. More specific, Barrett Juvenile Correctional Center has many unique components which include a therapeutic community, structure board, group counseling (phase groups, life-skill development, therapeutic recreation, community enhancement activities), a behavioral management system, and family education. Each of the components will be discussed and evaluated.

THERAPEUTIC COMMUNITY

A therapeutic environment stresses accountability for both one's self and others. In other words, an individual must take responsibility for his/her actions and the behaviors of other individuals around him/her. A therapeutic community approach encompasses all aspects of the youth's treatment.

The therapeutic community at Barrett Juvenile Correctional Center operates in conjunction with a positive peer culture. This therapeutic approach can be seen as central to the Center because the nature of the group environment can influence the ability of an offender to change his behavior(s). Additionally, a positive peer culture identifies peer groups as providing the highest level of control over the attitudes and behaviors of youth (Vorrath and Bredtro 1985). This process is best exemplified at Barrett Juvenile Correctional Center by the programs emphasis on each youth serving as "their brothers keeper" and the reliance of a youth leader in each cottage.

It is important to note that the development and maintenance of a therapeutic environment does not occur automatically. The process of creating such an environment can take months because the environment promotes a climate of change versus a climate of security, focuses on the here and now versus the then and there, and stresses problems

as opportunities versus problems as trouble (Vorrath and Brendtro 1985). The community also asks the individuals to identify problems, assign responsibility to the problems, and develop an agenda for change. These tasks are often difficult for juvenile offenders to face.

An example of this process is the awareness group that is conducted once per week. The purpose of this group is to have community members confront peers about problems they are having in the community. This process is conducted to have the youth (who is being confronted) recognize and take responsibility for a particular issue. More important, the youth is then required to work on the particular problem by developing an avenue for change.

The therapeutic community has begun to take firm hold at Barrett Juvenile Correctional Center. The therapeutic community existed since 1993 in a few cottages and became institutional wide when the GATEWAY Foundation began implementing treatment at the facility in April of 1997. During the three months of observational research it became apparent that the therapeutic community was increasing in strength. Likewise, the potency of the community varies among the cottages. This variation may be attributed to the existence of a therapeutic environment in a particular cottage for a longer time period, turnovers in the staff and youth, the quality of the youth leaders in each cottage, and/or staff support and belief in the treatment goals at the facility.

Barrett Juvenile Correctional Center is succeeding at implementing a therapeutic environment. This is demonstrated by the Centers reliance on the peers as leaders in a variety of roles. The roles vary from assisting a treatment counselor in administering treatment (i.e., reading documentation, encouraging participation, asking follow-up

questions) to running the AM and PM Development. Hence, the facility is demonstrating a strong commitment to the maintenance of a positive peer culture through the use of the therapeutic community.

THE STRUCTURE BOARD

Barrett Juvenile Correctional Center provides an avenue for youth to demonstrate responsibility and accountability through the use of the Structure Board. The facility labels the structure board as positive development through community leadership. The structure board is a series of positions held by youth in each cottage and with each position having varying responsibilities. Selection into a position is based on seniority, a youth's phase, and his behavior. The cottage staff and peers select individuals for positions on the leader/structure board.

The structure board is hierarchical in nature; however, youth in an upper level position have no authority over youth in a lower level position. The upper level youth, coordinators, are to serve as role models and encourage other youth to participate in the therapeutic process.

The structure board consists of coordinators and crewmembers. At the top of the structure board is the Senior Coordinator and Assistant Senior Coordinator who must be on Phase four of treatment. The roles these youth fulfill are to serve as positive role models, to inform staff about community (cottage) issues, to conduct the morning development, evening development, and community meetings, and to serve as a member of the Community Youth Council.

The next tier of this structure is the Coordinator who must be on Phase three. The coordinator serves as a role model and is responsible for one particular area for the community. The areas are as follows, expeditor, education, information, creative energy, orientation, service, or recreation. Each of these areas has its own goals and objectives. For example, the orientation coordinator assists new youth to understand the daily living protocol and the reasons for each activity in the cottage or the institution. Each of the coordinators has crewmembers to assist in meeting the assigned responsibilities.

The structure board concept is consistent with eliciting and maintaining a therapeutic environment. A therapeutic environment relies on the youth to promote and assist with change both for themselves and others. The structure boards reliance on role modeling helps this process.

In addition, the hierarchical nature allows the youth to use the skills that they have learned throughout treatment. Some of these skills are communicating to the staff or the community about cottage issues, using anger management techniques, demonstrating responsibility, and realizing that there are consequences for one's actions. During the observational component of this research a youth that was the Senior Coordinator of a cottage was placed in isolation for inappropriate actions. This experience did not only impact the individual but the cottage as well. On the individual level, the youth was replaced as the Senior Coordinator but more important he learned he was not immune to relapse and needed improvement on his anger management skills and identifying his 'triggers'. On the community level, the cottage youth's expressed the notion that accountability occurs at all levels, the importance of recognizing your "triggers," and responding to authority in an appropriate manner.

The hierarchical nature also gives the youth a goal to achieve. Many of the youth did not hold pro-social leadership positions in the community that they lived. This structure provides the opportunity for youth to examine the challenges of leadership and management positions. Additionally, the variety of roles available in a number of areas enables the youth to identify areas in which they are talented or have an interest in.

As demonstrated, the structure board is a valuable learning tool for the youth and the staff. This process allows the youth to test boundaries and limits prior to release. It also permits the staff to evaluate areas of need for the youth and target those needs in an individual counseling session.

GROUP COUNSELING

The majority of treatment work occurs in group sessions. The length, topic, and goals of each session vary by group. The major group sessions will be addressed in this section.

Phase Groups

Barrett Juvenile Correctional Center utilizes a system of phases to administer the program. There are four phases of treatment with each having different expectations, activities, and privileges. Movement to a higher phase is dependent upon successfully completing the phase curriculum (see Appendix A [Program Manual 1998]) and the youth's behavior within the community (i.e., no moderate offenses for fourteen days prior to promotion). Once a youth is promoted to a phase he cannot lose that status, however, inappropriate behaviors or treatment progress impacts the youth's privileges.

Each of the four phases incorporates substance abuse education, life skills development, anger management, and therapeutic recreation. Other treatment components which are seen in several phases include the 12-step program, vocational education, and relapse prevention. A description of each phase will be discussed followed by some observational notes of the treatment phase process.

The orientation phase is the beginning point of treatment and lasts approximately four weeks. The primary goal is to inform the youth about the daily living structure, the therapeutic community, substance abuse exploration, stress management, the purpose and importance of values, and introduces the youth to the 12-step ideology. In addition, Phase one youth will take a position at the lower end of the structure board and participate in recreational activities. These youth will not only be taught the daily protocol by the treatment providers but also by modeling the behaviors of youth who have been in the community longer³.

Phase two of treatment serves as the primary treatment phase. The four weeks of Phase two centers on teaching the youth about the signs, symptoms, and effects of a variety of drugs and alcohol and focuses on learning, identifying, and using appropriate communication skills. It appears that the goal of this phase is to educate the youth on the impact of substance abuse. This phase provides the youth with factual material on the problem which for many youth it is the first time receiving such information.

The ten weeks of Phase three is known as the intensive treatment phase. The substance abuse education curriculum details an in-depth look at alcohol, tobacco, marijuana, and cocaine. Phase three youth also work on emotional issues to understand

³ Observations of group activities showed that a Phase three or four youth are willing to assist Phase one youth in understanding the purpose and format.

their own feelings, the importance of not judging others, and conflict resolution techniques. Additionally, these youth have team-building activities, recreational activities, and may assume more leadership responsibilities on the structure board.

The final phase of treatment is known as the pre-release phase. The primary purpose of this phase is relapse prevention. The substance abuse education curriculum centers on use, addiction, and abuse, chemical dependency as a disease, how use impacts every aspect of a user's life, and where the youth is in the abuse cycle. This component of treatment also provides the youth with avenues to find support upon release and has an intense vocational education component. The vocational education component focuses on identifying areas of interest, exploring these areas, preparing for the job market, and developing interviewing and job skills. These youth are to serve as solid role models for the other peers. In this role, the staff can observe the youth's level of responsibility, initiative, ability to handle difficult situations, and the use of skills learned in treatment.

The phase system is a solid way of moving youth through treatment at the Center. However, there are some areas that need attention. First, the program manual does not clearly articulate the differences between the phases⁴. The manual discusses how the phases have their own activities and move in a progression. There is evidence of this by examining the entire curriculum listed in the document, however, the manual needs to address the specific goals and objectives for each phase and how the goals and objectives are implemented. Such an explanation will provide a clear understanding of the importance of the treatment phases. In addition, it will allow future research endeavors to identify if the particular goals and objectives are being achieved.

⁴ It is important to stress that overall the program manual is very detailed and thorough in addressing and describing all components of the program at Center.

A second concern of the phase system is the ability of the curriculum to occur in the allotted time. For example, the phase one youth spend four weeks on this phase which meets two times per week for a total of three hours per week. Whereas, the curriculum listed for the Phase one youth addresses a different topic five days a week during the four-week time frame. This discrepancy creates a concern to whether the entire curriculum is being presented to the youth or whether the information is presented too quickly because of time constraints. Either scenario does not seem beneficial to the youth. The Center has done an excellent job at creating a thorough and well-integrated curriculum. The suggestion is to adjust the curriculum to become consistent with the current treatment schedule so it meets the needs of the clients within the appropriate time frame.

The observational research of the various phases has showed some positive and negative indications. The problems surround inconsistencies in treatment. The first discrepancy deals with the implementation of the curriculum. During phase observations, it was apparent that the treatment provider was using a component of the curriculum, nonetheless, the next treatment session of the same phase group did not flow according to the curriculum. In other words, the researcher was able to identify a curriculum component for a particular phase group but the next phase session did not follow the topical sequence listed in the phase curriculum. This issue is problematic because the delivery of service was not as consistent and smooth as shown in the agenda. The curriculum provides a solid way of understanding a topic by its movement from a basic comprehension of terminology to an exhaustive look at the topics effects in daily life

situations. This extensive process is a solid way of educating the youth and should be followed.

A related issue is the disparity in the treatment expectations from one phase group session to the next phase group session. On several occasions various treatment providers would indicate to the youth what to expect during the next session. It typically would be suggested that the next session would probe into the same topic at a higher level (as demonstrated in the curriculum). The incongruity surfaces when the next session does not discuss what was proposed and is usually not even on the same topic. This approach does not just impact the quality of the treatment delivery but also the youth's ability to understand, comprehend, and utilize the skills being taught. Again, the program has developed a solid curriculum that must be implemented as designed to effectively impact the youth.

On the other hand, the treatment phases do offer some positive points. Examination of youth at various treatment phases does indicate differences in behavioral patterns. The observational research revealed that the youth demonstrate different levels of understanding the impact of a therapeutic environment, helping others, dealing with authority, dealing with anger, and identifying their trigger sources (as discussed in a number of group settings). This is a general observation of differences between phase members and does not mean that all youth on Phase four act in a more pro-social manner at all times than youth on Phase two.

The other benefit of the phase group is the style in which the treatment is administered. The treatment providers in the phase groups consistently discuss to the youth the topic of the group and the ways in which this topic will be addressed. More

important, the treatment style typically centers on defining/learning the basic elements of a topic, understanding the elements, and processing the elements. This process enables the youth to comprehend the topic because of the substantial amount of interaction and feedback that occurs.

Overall the phase system at Barrett Juvenile Correctional Center is a solid way to administer the treatment program. However, the developed curriculum must be implemented in the designed manner. Additionally, the Center may consider other assessment procedures to move the youth through the phase system. Currently movement through the system is based on completing the curriculum (a checklist and some examination for certain topics) and non-commission of moderate or major rule violations. This process does not hold the youth accountable for performing the tasks which they are currently learning in the phase group. Clearly defining the goals and objectives of each phase may enable such an accountability process to take place.

Life Skills Development

Throughout a wards tenure at Barrett Juvenile Correctional Center he is working on developing skills which are necessary to live in a healthy pro-social manner upon release. The program manual (1998) lists a curriculum which encompasses the examination of values and their importance, communication skills, emotions and how to handle them, and conflict resolution. This curriculum is implemented in conjunction with the youths' treatment phase.

The life skills group, in the cottages, focus on the above issues as well as items such as sexually transmitted diseases, the importance of promptness and cleanliness, how

to be assertive without being aggressive, and hygiene. It is typical that the life skills groups use role playing and problem-solving techniques to learn the information. It must be noted that the observation of this material in life skills group is much more in-depth and discussions are more candid than similar discussions which occur in the phase groups. This difference is possibly due to the fact that the youth in the cottages are more familiar with each other and disclosure of information or questions about "sensitive" items may happen more readily. The differences uncovered by this observation may be viewed as positive. The youth may learn information in the phase group, process that information, and create questions that may be addressed at a later date.

The life skills development concept has been well defined and well implemented at the facility. On average, the youth appear to enjoy this group as seen by their attentiveness. In addition, most of the skills learned in this group are practiced in the youth's daily lives.

Therapeutic Recreation

The Center realizes that delinquent youth have difficulty developing and maintaining pro-social drug free recreational and leisure activities. The Center is committed to teaching the youth new activities. The purpose is not only to give the youth pro-social outlets upon release but also to reduce stress and increase their self-esteem while at Barrett Juvenile Correctional Center.

The activities encompass both individual and group recreation. This allows youth to realize that they can be active without others and encourages creativity. Group

activities provide an avenue to learn team building. These activities also permit an outlet for youth to use the skills learned in various group activities and test boundaries.

In addition, these activities are restricted to youth who earn a high percentage for appropriate behavior on their daily scoring. Thus, therapeutic recreation also serves as positive reinforcement for the youth. This is because youth who exhibit appropriate behavior during the day are eligible to participate in a wider variety of therapeutic recreation activities.

Community Enhancement Activities

Barrett Juvenile Correctional Center realizes the need for the youth to take on responsibilities, confront challenges, and enhance the daily living. The community enhancement groups allow for such actions to occur. The community enhancement groups consist of morning development meeting, evening development meeting, community meeting, peer support group, awareness group, and the youth advisory board. These groups empower the youth to lead discussions regarding daily living situations, problems within the community, and individual difficulties. The overall goal of this process is to strengthen the therapeutic community.

Observations of these activities reveal that the groups do benefit the community by allowing the youth to demonstrate the skills they have learned. Skills which were consistently identified in these groups were anger management, effective communication, effective non-aggressive confrontation, role modeling, problem solving, and taking initiative to achieve a harmonious resolution to a situation.

The youth lead these groups under the supervision of a treatment provider. This format seems fairly successful however the youth sometimes get off the specific task or do not adhere to group rules. Therefore, it is essential that the treatment provider continuously monitor the situation to re-direct efforts or address inappropriate behaviors.

THE BEHAVIORAL MANAGEMENT SYSTEM

The behavioral management system at Barrett Juvenile Correctional Center is used so that youth have a clear understanding of the expectations of the Center and the consequences for not abiding by the regulations. In addition, the behavioral management system enables consistency in the responses (positive and negative) given to the youth for exhibiting appropriate or inappropriate behavior. This system is tied closely with the youth's ability to demonstrate appropriate behavioral skills and self-management skills. The system is linked to a daily scoring card that impacts the youths privileges. The behavioral system in the Barrett program addresses both positive and negative behaviors.

The therapeutic environment at Barrett has consequences, both positive and negative, for very minor occurrences to major rule violations. There are two primary therapeutic efforts used to redirect an individual behavior: pull-ups and learning experiences. The purpose of a pull-up is to provide a youth with immediate notification of an improper behavior. There are two types of pull-ups, written or verbal. A verbal pull-up is an indication of the inappropriate action. The program manual (1998) notes that a verbal pull-up is to occur only within the cottage. Nonetheless, observations of this process reveal that it occurs within and outside of the cottage by both youth and staff.

Written pull-ups occur when a more serious violation transpires or if a youth fails to adhere to or recognize a series of verbal pull-ups. In many cases a written pull-up can lead to a learning experience.

A learning experience is an assignment given by the staff that enables the youth to understand the negative issue at hand and provide a positive solution to the situation. In some cases the youth will report back his findings to the community or the community will determine if the youth has satisfactorily completed his experience. Thus the experience serves the purpose of re-directing the youth and the community.

The actual behavioral management system uses daily scoring of the youth's behaviors to determine privileges and phase standing. The scores are based on daily living skills and/or school performance records. The youth receives an 'X' for fulfilling the required task and a 'O' for not completing the task. The tasks include hygiene, dress, cleanliness of living area, care for clothes and supplies, completion of chores, promptness, ability to complete an assigned task, and self-management during group movement, group activities, dining activities, impulse, and following instructions. Each day a youth's percentage of completed activities is determined. The percentage earned and the current phase of the youth dictates the activities/privileges he may engage in.

The Center also has regulations that deal with maladaptive behaviors, such as self-defeating or disruptive behaviors and behaviors which threaten the safety of the community or violate the rights of others. The sanctions for these behaviors range from a take-five to isolation. A take-five is assessed for violations of house or therapeutic rules and is used to allow the youth to think about the unsuitable action. The take-five happens

within a designated section of the cottage⁵. A youth who receives two take-fives in a day will receive a negative score for his self-management of impulse. If a youth does not change his behavior after a take-five he may receive a time out. A time out is when the youth has thirty minutes away from the community to reflect on his actions.

Youth who violate moderate to major institutional infractions will receive program restriction or isolation. The rule violations range from leaving supervision without permission to escape. The penalties range from a few hours to up to five days of program restriction to no more than two days of isolation. All of the consequences of such actions are clearly articulated in the program manual and presented to the youth at the point of intake.

The behavior management system also recognizes and rewards positive daily actions. The basic way that positive reinforcement happens is through the use of a push-up. A push-up, either verbal or written, is given to a youth from his peers and/or staff members for the demonstration of positive behavior. This feedback from peers and staff is encouragement for youth to keep up the good work.

Another way in which positive behavior is rewarded is through the use of privileges. Youth who have high daily scores are allowed to engage in less restrictive activities. In addition, as a youth moves through the phases of release he is allowed to participate in a larger selection of activities and with decreased supervision. Another privilege is a youth's position on the structure board. This process serves as incentive for the youth to behave in a pro-social manner.

⁵ It must be noted that there was some variation on this point. In some group activity situations a youth fulfilled his take-five in the designated area and in other incidents the youth completed his take-five just outside of the group so that he could still comprehend

Through the observations of this process all behavior management components are utilized in a fairly consistent manner. More important, the level of consistency in the administration of punishers and rewards by the staff seemed to reduce the amount of negative behavior displayed within a cottage or phase group. In addition, the cottages that had concurrent staff intervention had more reliance of youth correcting each other's behaviors than staff. In other words, in the cottages where all the staff (Juvenile Correctional Officers, GATEWAY staff, and Rehabilitation Counselors) work together in administering treatment and positive or negative consequences to a youth, the youth took on a more centralized role in the behavior adjustment process. In cottages where the youth took initiative for monitoring their behavior and the behavior of their peers it was evident that the therapeutic community was working more harmoniously and to a higher degree. These cottages also demonstrated a high level of respect between the staff members, regardless of their position or responsibilities, and a high level of respect between the youth and staff and among the youth themselves.

The observational process revealed that the use of punishers compared to rewards is within the suggested range. The treatment literature suggests that an effective balance between rewards and punishers is 4 to 1 or higher (Agee 1986, 1979). The Center, however, may need to think of some additional ways to reward youth for positive behavior (i.e., longer visitation, meal selection, movie selection, etc.). In addition, the Center needs to develop an avenue to examine the impact of its consequences. For example, if a youth is assigned a learning experience to develop new ways to deal with anger, the staff must follow through to identify if this youth is using the new principles.

the activities of the group—a therapeutic take-five. This issue needs some attention so that it becomes consistent in the delivery of treatment.

FAMILY EDUCATION

Barrett Juvenile Correctional Center recognizes the need for family involvement in the treatment process. The facility offers families an education program, family counseling, and a directory of family services. The family education program occurs in conjunction with visitation on Sunday. Its purpose is to teach family members about substance abuse and its impact on the family. The intention of this effort is consistent with the literature; however, the implementation of this component is insufficient.

The first problem with the family education program is how it is delivered at the facility. This component of the program lacks structure. Through observational research of this component it appears that each discussion was about the purpose of the youth's treatment, what treatment activities the youth engage in, and why they engaged in the activities. There was limited interaction between the treatment providers and families, between the families, or between the youth and his family during the family education component. In other words, the session consists of information sharing rather than learning the information. This implementation strategy is not consistent with the goal of family education listed in the program manual (1998).

The second difficulty is the lack of attention by some families. A few families consistently participate in this program. At face value that is a positive sign that these families are interested in learning how to help the youth. However, when observing these families it appears that they are more interested in spending time with their child than learning new strategies. In other words, the family members spend more time in non-verbal interactions with each other than listening to what is being discussed by the group facilitator. It is important to note that this may not be a fair evaluation of the families for

two reasons; (1) these families are committed to their sons as seen by the consistent visitation to the facility from areas far away from the institution and (2) the non-verbal interactions between the family members may result from the similar discussions occurring each week in this session.

The final problem in family education is the lack of participation among the youth's families. The facility admits youth from all around the Commonwealth of Virginia. Thus, the lack of participation may not be due to a desire to learn how to help their child but rather an economic need. However, the facility does provide these families with a list of family resources in their community.

These issues do not suggest that the implementation of family education is stopped, rather, it should be improved and strengthened. A first step is the creation of a curriculum which teaches the families the basic tools which are being taught to their child (i.e., life skills development, anger management, etc.)⁶. Such a curriculum will serve as a learning tool for the parent and assist in a more consistent transition for the youth when he is released. For example, if a youth becomes angry when he is back a home, his parent(s) can help him deal with his anger in a pro-social manner by using some strategies he received at Barrett Juvenile Correctional Center. Administration of this type of curriculum should be cycled and should include participation with the youth.

The benefit of having such a curriculum is that it may be used in the community. One of the difficulties of family involvement in the education program is the lack of

⁶ The program manual does detail a 26-week curriculum for family education. This curriculum does have some positive aspects; however, it does not provide the family with the necessary tools to help the youth deal with problems when he is released. The current curriculum appears to teach the parents about the effects of drugs, enabling, co-dependency and so on. In addition, this curriculum is too long in duration. And finally, it does not appear that the curriculum is adhered to.

resources to transport the parent(s) to the facility. An established curriculum could be offered to the families in their local communities on a bi-weekly or monthly basis.

If such a curriculum is implemented it is suggested that a variety of strategies be used to assist in the learning process. Some of the strategies include role-playing, focus groups, and problem solving. Variation and interaction within a group setting will stimulate the learning process.

In addition to a curriculum it is essential to have a manual which can be sent to each youth's family. The manual should discuss the treatment process for the youth, the rules and regulations of the facility, and describe in detail the family education programs goals and curriculum. This will enable each family to have a solid foundation of the program and may also encourage participation.

Staff Characteristics and Practices

CHARACTERISTICS

Currently there are 106 full-time staff members and 10 part-time staff at Barrett Juvenile Correctional Center. The 106 employees fulfill a variety of positions including administration, chemical dependency counselors, correctional officers, psychologist, teachers, and rehabilitation counselors. The staff members are fairly diverse in terms of gender, age, and race. For example, 77 (72.6%) of the staff are male with the racial make-up being 72.7 percent african-american and 27.3 percent white and 29 (27.4%) of the staff are female with 79.4 percent african-american and 20.6 percent white. The diversity of the staff allows the youth to identify with a variety of positive role models.

In addition, the high number of staff falls within a good ratio for the delivery of such a program.

Among the treatment staff the education level is solid. Ninety percent of the treatment staff has achieved a bachelor's degree and thirty percent has obtained an advanced degree in a helping profession. This commitment to education is essential for the treatment staff at the facility.

Overall, the facility does an adequate job selecting staff members. Through many discussions with staff members, the hiring process does not only focus on past experience and education level. It also examines an individual's commitment and desire to work with the juvenile population, communication skills, and their patience. Thus, the facility is seeking "well-rounded" employees to assist in the administration of a solid treatment program.

TRAINING

This section will describe the current training requirements, discuss variations among staff, and offer suggestions for future training efforts. The job positions at Barrett Juvenile Correctional Center vary on previous job experience, educational level, and/or certification requirements. In addition, the various training components differ according to an individual's position. However, there is standard training for all staff employed at the facility. All employees are provided two weeks of Basic Skills training which familiarizes the employees with departmental procedures and regulations, educates them on the Virginia juvenile justice system, instructs the employees on first aid, introduces the behavior management program, and teaches intervention strategies.

All Barrett staff receive training on the substance abuse program and cultural diversity. The Center recognizes the need for all staff to understand the rules, procedures, and daily activities of the substance abuse program. Likewise, there is awareness of the variation among the clients and staff members. Thus, the institution provides the staff with training which focuses on consciousness and recognition of differences among individuals.

A final requirement of all staff is completion of forty hours of training each year. The training can occur on or off campus and covers a wide variety of topics. This effort demonstrates the institution's commitment to developing new ideals and practices.

The Center provides specialized training activities for staff members who are directly involved in administering treatment. This training focuses on teaching the individuals skills to be able to deliver phase groups, life skills development, sexually transmitted diseases, and so on. Furthermore, the facility has an ongoing in-service training program. The topics associated with in-service training will vary. The final type of training is through the clinical supervision of the Gateway staff.

Observations at the facility uncover vast differences among staff members, regardless of their role at the institution. The goal of the facility is to provide the youth with the highest quality of intervention so the youth will benefit by having lower involvement with drugs, alcohol, and crime. This high quality of intervention can only be achieved if all staff members are consistent in providing treatment, understand the reasons behind various activities, believe in the goals of the facility, and serve as positive role models all the time. Through observations of group activities, discussions with staff members, and discoveries in the interview process of the administration of the

Correctional Program Assessment Inventory (Stichman 1998) it became apparent that a number of staff members were not clearly able to articulate the goals of the facility, the reasons for creating such a program, and the theories behind the treatment being administered at the facility. This suggests that the current training endeavor does not provide the staff with enough information or hands on experience to fulfill the needs of the institution at the highest level possible.

It is strongly recommended that the current training be strengthened in both quality and quantity. The program manual does not indicate the length of training for substance abuse education, cultural diversity, or shadowing of other treatment providers. Through discussions with staff members it appears that new employees spend roughly one week in each of the above areas. Given this, it is estimated that for the staff who provide treatment their training is a maximum of five weeks before receiving their own caseload. The literature suggests that a minimum of three months should be spent in pre-service training (see Gendreau 1996).

In addition, the topics for training should be expanded. The topics need to address the theoretical underpinnings of the treatment modalities at Barrett Juvenile Correctional Center. This type of education will provide the staff with a clear understanding of why certain techniques are effective and how to efficiently implement the procedure. This will allow the staff to comprehend the goal they are trying to achieve and will enable them to determine if they have achieved the intended aim. The training should also teach the staff a diversity of ways to administer treatment. And encourage the staff to use a variety of techniques during each group setting to stimulate the learning process.

In sum, the facility does provide basic training to all staff members and limited training for treatment staff members. The training can be improved by increasing the duration and topics provided to the staff. All staff should be firmly grounded in the principles of using a therapeutic environment and ways of achieving this environment. The treatment staff need additional training in the theories underlying the treatment and the variety of techniques available to instruct group sessions.

ROLES AND RESPONSIBILITIES OF STAFF

The roles and responsibilities of staff members vary by their position. The facility does have some components that are central to the treatment offered at Barrett Juvenile Correctional Center and integrates many different positions. The components are case management, counseling, treatment team, internal review committee, and to serve as a role model. Case management is a function of the Barrett Corrections Institution Rehabilitation Counselors and the Gateway Chemical Dependency Counselors. This system is designed to assist and protect the youth in the treatment process. The same staff members are to provide counseling to the youth at both the individual and group level.

Another role of staff members is to serve on a youth's treatment team. The treatment team integrates the Correctional Rehabilitation Counselors, the Gateway Counselors, the Juvenile Correction Officers, and the Teachers from the school. This process also encourages participation from the youth's parent or guardian. There are several functions that may be accomplished in treatment team. Some of the functions include to "develop a service plan for the youth, ... evaluate the ward's progress,

...approve phase promotion, make recommendations for release and parole services, ...and confirm...completion of all Recommended and Mandatory treatment needs” (Program Manual 1998:109-110). Observation of this process evaluates the effort as positive. It is positive for the youth because he receives feedback on all areas of treatment. The staff also benefit because they have the opportunity to work together as a team, develop and maintain respectful partnerships, and learn from the observations of others.

The other component at the Center which combines a variety of institutional roles is the Institutional Review Committee (IRC). There are many purposes of IRC that range from approving off-campus eligibility, to release approvals, to decisions regarding facility transfers. The committee involved in making these important decisions consists of the Superintendent, the Gateway Program Director, the Principal of the school, and the Psychologist. This process also serves the goals of providing feedback to the youth and developing harmonious relationships among staff members.

The final role of all staff members is to serve as role models. As part of a therapeutic environment it is essential for the youth to identify with responsible and reasonable individuals at the institution. The program manual (1998) discusses how the staff fulfill a mentoring role for the youth by allowing the observation of mature individuals who are consistent in authority, handle responsibility, are trustworthy, dedicated and committed to their daily activities, dependable, reliable, and can deal with difficult situations in a pro-social manner. Overall, the majority of staff do exemplify the characteristics to serve as a positive role model. However, there were situations in which the staff members did not promote a consistent, fair, or positive environment. Some

examples of these situations are arriving to group late, eating, talking, or drinking during group activities, and using inappropriate language (i.e., "shut-up" in a loud aggressive manner) to name a few. These issues may be viewed as minor to some, however, their impact on the community is not positive in the long run. Thus, it must be stressed to the staff the importance of being a positive influence for the youth at all times of the day and in all situations.

Miscellaneous Issues

There are two issues regarding the program at Barrett Juvenile Correctional Center that must be discussed: aftercare and the LEADER program. Currently when a youth is released from Barrett Juvenile Correctional Center he is placed on traditional parole. The services provided may consist of intensive reporting procedures, employment or education, curfew, drug screening, and referral to services in the community. These services are not enough to produce a smooth transition from a highly structured and therapeutic environment to the community. An aftercare program needs to be developed which extends the treatment found in the facility to the community for at least one year.

When a youth is released into the community he will confront all of the issues discussed during his tenure at the facility. However, the current system does not enable the support he had at the Center. An intensive aftercare program will provide the youth with the resources to deal with issues and provide him with peer support. An intensive aftercare program will make the transition smoother and increase the probability that the youth will not engage in criminal activities. An example of how aftercare may make the

transition smoother deals with the emphasis on becoming involved in a 12-step program upon release. On several occasions youth discussed their apprehension of joining a 12-step program because they would have to reveal and discuss past substance abusing patterns with strangers. An intensive aftercare program could encourage participation and even pair up youth to attend sessions together. Thus, an intensive aftercare program could formalize the integration process and ease the transition to the community.

As currently developed, the therapeutic environment and behavioral management system at Barrett Juvenile Correctional Center work well together. The ratio of rewards to punishments falls within the recommended window. More important, the first source of discipline is therapeutic in nature. There is some discussion of changing the current behavior management system to a program called LEADER.

The LEADER program is based on a militaristic model and is currently operating in all other Virginia juvenile facilities⁷. The literature on militaristic programs reveals that the programs have no theoretical basis and do not impact the youth's likelihood of engaging in criminal activity upon release.

Implementation of such a model at Barrett Juvenile Correctional Center would be detrimental to the smooth functioning of the program. The balance of punishment to rewards would be altered in a negative direction. More important, such a program would upset the therapeutic environment at the Center primarily because positive reinforcement and a positive peer culture would not be able to consistently operate to a high degree.

Many proponents of the LEADER program argue that the program provides the youth with structure. Such a program may provide structure however the emphasis does

⁷ This program has been put into place over the past year without any evaluations on its effects on the youth's behavior within the institution and upon release from a facility.

not promote pro-social responses to situations. Whereas, the program at Barrett Juvenile Correctional Center assists youth in identifying these problems and teaches them pro-social mechanisms to resolve problems in a highly structured environment.

CONCLUSIONS AND RECOMMENDATIONS

Barrett Juvenile Correctional Center has operated as a Substance Abuse Treatment Center since 1993. The facility is located in Hanover, Virginia (approximately 25 miles north of Richmond) and houses convicted male juvenile felons who have a mandatory or recommended need for substance abuse treatment. The youth spend a minimum of six months at the facility. During their tenure, they receive group and individual counseling, schooling, recreation, and vocational education.

The goal of the treatment at the facility is to reduce future involvement with alcohol, drugs, and crime. This is accomplished by helping the youth identify areas that have and currently cause them difficulties and teach them new ways of handling the troublesome situations. The treatment goal is achieved by utilizing a variety of treatment strategies that are well-grounded in social learning theory and behavioral theories. In addition, the facility functions under a therapeutic environment. The therapeutic community prompts the youth to monitor their own behavior and the behavior of others. The therapeutic environment stresses the importance of modeling the positive behaviors of other peers and practicing the new skills learned on a daily basis (i.e., how to deal with anger in a pro-social manner).

The goal of this report was to examine the implementation process at Barrett

Juvenile Correctional Center. This evaluation examined all components of the program from the program's philosophy to the staff characteristics. Overall the highly structured program is being implemented in a very consistent manner. More important, all of the program components listed in the program manual (1998) are currently being practiced. However, some of the areas need improvement. Following is a list of recommendations for Barrett Juvenile Correctional Center:

- Implement and utilize assessment instruments on risk, need, and responsibility.
- Develop a classification system (i.e., cognitive ability) among the youth and administer the treatment accordingly.
- Match staff and youth based on characteristics and learning style.
- Define the goals and objectives of each treatment phase.
- Alter the phase curriculum to reflect the current phase group schedule.
- Implement the phase curriculum in a consistent manner and according to the structured agenda.
- Develop additional measures which measure a youth's progress in practicing the items learned in phase group prior to advancing the youth to another treatment phase.
- Increase the consistency in which the behavioral management system is implemented.
- Develop additional behavioral incentives.
- Develop a family education program that teaches the families skills to assist their child upon release and is shorter in duration than the current curriculum.

- Implement the family education program within communities throughout the Commonwealth of Virginia on at least a monthly basis.
- Encourage staff to utilize a number of treatment techniques (i.e., role-playing, problem solving, focus groups, etc) during each group session.
- Increase the duration and type of training for all employees.
- Encourage all staff to be positive role models.
- Develop and implement an aftercare program that mimics the treatment offered at Barrett Juvenile Correctional Center.
- Avoid the implementation of the LEADER program.

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APPENDIX A
PROGRAM PHASE CURRICULUM

SUBSTANCE ABUSE EDUCATION : ORIENTATION (FOUR WEEKS)

WEEKS/DAYS	TUESDAY	WEDNESDAY	THURSDAY
WEEK 1	Introduction to TC	Familiarity of Handbook	Journey of Substance Abuse
WEEK 2	TC Concepts	Intro to 12 Steps	Intro to Stress Management
WEEK 3	TC Terminology	Self Assessment	Step One Workbook
WEEK 4	Intro to Coping Skills	Review	Orientation Test

SUBSTANCE ABUSE EDUCATION - PHASE I- (FOUR WEEKS)

WEEKS/DAYS	MONDAY	FRIDAY	SATURDAY
WEEK 1	Alcohol Questionnaire/ Signs and Symptoms	Addiction and Alcoholism/ Video	Influential factors of Adolescent Substance Abuse
WEEK 2	"Nicotine" History of Tobacco/ Smoking Questionnaire	Nicotine: A Dependency Producing Agent	Video: Alcohol & Nicotine
WEEK 3	"Marijuana/Cannabis" What's in Marijuana	Marijuana: Signs & Symptoms/ Social Problems	"AMA Report" Pot Dangerous to Youth/ Health Hazards
WEEK 4	"Cocaine" Personal (Cocaine-use Inventory/ Cocaine lies (Myths & Facts)	Cocaine and Crack (Video) "Crack Downs on Crack"	"Cocaine" The Unseen Dangers

SUBSTANCE ABUSE EDUCATION- PHASE II (FOUR WEEKS)

WEEKS/DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1	Alcohol: Facts & Myths	Influential factors of Adolescent Substance Abuse	Addiction & Alcoholism	Signs & Symptoms	Alcohol Questionnaire: Video: Staying Sober	Alcohol quiz
WEEK 2	History of Tobacco	Nicotine as Dependency Producing Agent	Pharmacology	Withdrawal Symptoms	Smoking Questionnaire- "How Smoking Affects Your Life"	Video- Alcohol & Nicotine
WEEK 3	Marijuana: General Information	History of Marijuana	Methods of Use/ Dangers	Signs & Symptoms, individual & social problems.	Special Kinds of Problems and Consequences	Major Dangers- Video: Marijuana & the Mind
WEEK 4	Cocaine: Facts, Myths, General Info.	Inhalants-Video: Inhalant Abuse	Hallucinogens	Stimulants & Depressants	Opiates- Video Drugs, Alcohol or Freedom	Quiz

SUBSTANCE ABUSE EDUCATION PHASE III- (TEN WEEKS)

WEEKS/DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
WEEK 1	Use, Abuse, and Addiction Orientation	Intro to Chemical Dependency	Disease Concept	Disease Concept and Physiology	Factors, Signs, & Symptoms of a Chemical Dependent Adolescent	QUIZ
WEEK 2	Stages of Use, Abuse & Addiction	Exploring Chemical Dependency	Drugs & Self Esteem	Values & Substance Abuse	Belief Symptoms about Alcohol & Drug Use	Drugs & Delinquency Video
WEEK 3	Anger, Depression & Drug Use	Video: Dealing with Anger	Drugs & Relationships I	Drugs & Relationships II	Family Issues/ Family Violence	Denial
WEEK 4	Whole Person I	Whole Person II	Drug Administration: Methods of Use	Drug of Choice and Cross Addiction	Video: Chemical Dependency Risk	Review/ Quiz
WEEK 5	Drug Culture- Lecture & Discussion	Chemical Dependency is a Disease	Process of Addiction Continuum	Addiction Article Discussion	Factors, Signs, Symptoms, and Adolescent Dependency	Discussion of the Chemically Dependent Adolescent

WEEK 6	Experimental and Social Use of Drugs & Alcohol Stages 1-4	Drugs & Their affects on Adolescent Users	Review: Are you a Drug Whiz? Shared Experiences	Q&A : Alcohol & Drugs	Anger & Fear: Definitions & Examples	I feel _____ ; Quiz
WEEK 7	Vocabulary: Relating & Feeling	Defenses Discussion	Feelings & Defenses Assignment	Laws of Feeling	Defenses	Intro to Multi-Cultural Awareness
WEEK 8	Circle of Culture	Cultural Sensitivity	Warning Signs of Chemical Dependency	Family Roles	Survival Roles	Review / Quiz
WEEK 9	Drug Dealing	Building Self Esteem	Self Image Questionnaire	Self Awareness	True False Questions	Vocabulary Practice- General Drug Vocabulary
WEEK 10	Peer Pressure	Three Parts of Peer Pressure	Trouble & Consequences	Sexual Assault & Abuse	Drugs & Athletics	

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