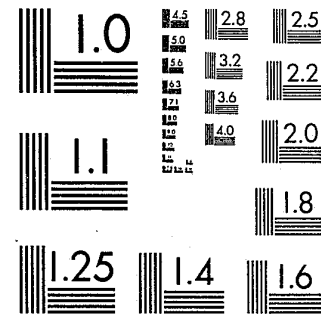


National Criminal Justice Reference Service



This microfiche was produced from documents received for inclusion in the NCJRS data base. Since NCJRS cannot exercise control over the physical condition of the documents submitted, the individual frame quality will vary. The resolution chart on this frame may be used to evaluate the document quality.



MICROCOPY RESOLUTION TEST CHART  
NATIONAL BUREAU OF STANDARDS-1963-A

Microfilming procedures used to create this fiche comply with the standards set forth in 41CFR 101-11.504.

Points of view or opinions stated in this document are those of the author(s) and do not represent the official position or policies of the U. S. Department of Justice.

National Institute of Justice  
United States Department of Justice  
Washington, D. C. 20531

5-27-82

78591

U.S. Department of Justice  
National Institute of Justice

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this copyrighted material has been granted by

Public Domain/U.S. Dept. of  
Justice/Nat'l Inst. of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the copyright owner.



# International Summaries

A Series of Selected Translations in Law Enforcement and Criminal Justice

ncjrs National Criminal Justice Reference Service

NCJ-78591

## Outline of the General Procedures That Use the Holistic Approach as Applied at the Mexican State Juvenile Rehabilitation School

This article describes the holistic approach used at the Mexican State Juvenile Rehabilitation School. This integration of therapeutic, rehabilitative measures with pedagogy and labor is unusual in Latin America.

By Silvia Patiño Román

### Introduction

For years, behavioral scientists have been studying juveniles' antisocial behavior. One philosophical approach has held that problem behavior was the result of inadequacies in the child's upbringing and went so far as to blame the parents altogether for the child's behavior. Advances in the social sciences led to the theory that environmental factors were direct or even indirect causes of juveniles' deviant behavior. Confusion arose in applying these two viewpoints to the institutional treatment of juvenile delinquency: on the one hand, harmful socioeconomic environments were believed to lead juveniles to commit acts contrary to the established moral values of the community; on the other hand, juveniles were assumed to exhibit antisocial behavior because of having inherited behavioral disabilities, such as "complexes," which impelled them to transgress societal norms. In particular, blaming juvenile delinquents' socioeconomic environment for their antisocial acts has posed little hope for a cure because an entire community

can hardly be changed by a social worker's visits. Because of a lack of any other viable solutions, "sick children" have generally been confined for long periods of time to institutions where they "grew even sicker," and from which they often emerged full-fledged candidates for crime.

Mexico is keenly aware of the juvenile delinquency problem. Numerous scholars have contributed to guidelines for understanding, treating, and, ultimately, rehabilitating juveniles with behavioral problems.

### Antecedents to the Juvenile Program

The eagerness to deal with juveniles with antisocial behavior problems took concrete form in the Juvenile Rehabilitation Law of 1968, which mandated the creation of a Guardianship Advisory Board and a rehabilitation school. In 1971, the first institution with a decidedly experimental focus was established in Ciudad Netzahuacoyotl, a township with a critically high incidence of juvenile delinquency. In this institution, each juvenile's total personality was to be studied, with an emphasis on individualized therapy. All types of treatment were to be constantly examined and revised according to their rehabilitative success or failure. In 1972, the Juvenile Rehabilitation School began restructuring all its programs along these lines.

<sup>1</sup>Resultado y planteamiento general de los procedimientos de tratamiento integral llevado a cabo en la Escuela de Rehabilitación para Menores del Estado de México" (NCJ 61131) originally appeared in *Criminología*, v. 1, n. 2, pp. 57-86, January 1978. (Dirección de Gobernación, Depto. Readaptación Social, Palacio de Gobierno, Toluca, Estado de México). Translated from the Spanish by Louciana Rose.

## International Summaries

### Basic Premises of the Juvenile Program

Implementation of this juvenile offender treatment program is based on the following ideological premises:

- The child is a developing and unfinished being, with whom every contact must be educational;
- Adolescence embodies the last chance for the child to overcome infantile attitudes and to become aware of the values that constitute mature behavior;
- All forms of aberrant behavior are the result of multiple motivations that cannot be fully understood and defined;
- Each child's perception of the world must be established in a diagnostic profile using the direct biographical approach;
- Daily observation of a child's activities, attitudes, and interpersonal relations is more revealing than a psychological test in evaluating progress toward rehabilitation;
- Institutional ideology must be fundamentally educational, never punitive;
- Children who are mentally ill, regardless of the type of mental illness, must be treated by specialists in suitable institutions. Basic problems must be treated before rehabilitation can occur;
- The most concentrated rehabilitation efforts should be aimed at juveniles showing the highest aptitude and rehabilitation indexes, without neglecting those with negative or unoptimistic prognoses;
- Rehabilitation efforts must be continued with an even greater commitment in the postrelease stage to ensure juveniles' successful social readjustment;
- All institutional staff members must exchange their ideas and suggestions continuously as a means of providing the best possible treatment;
- All therapeutic activities must undergo periodic evaluation, with a view to discontinuing those that are ineffective and to replicating those that are successful;
- In order to achieve the best results, flexible procedures must be based on daily observation and clinical investigation of the inmates, on their work and classroom results, and on the children's own reports.

### Summary of Procedures at the Rehabilitation School for Juveniles

The Guardianship Council's objectives for the school emphasize the holistic approach to juveniles from the day of admission, technical and humanistic contacts between inmates and the institution staff, and rehabilitation and

individually planned programs based on the inmates' profiles.

When juveniles are admitted, they are entered into the government register, inspected for general cleanliness, and issued institutional clothes. Following a psychiatric interview, neurological scanning, and any other tests needed to complete the psychiatric history, the juveniles are interviewed by social workers who compile a biological record card, administer a preliminary intelligence test, and prepare a statistical sheet of behavioral problems related to the juvenile's geographical home, socioeconomic status, and work and family history. Thorough physical and dental examinations are then conducted, during which questions are asked concerning drug dependence. Medicinal therapy and diet are prescribed. A further psychological interview with routine psychometry and special tests is then performed as needed. Within at most 4 days, a composite profile of the new inmate is established based on all data obtained, and a diagnosis is made. Finally, the juvenile's records are reviewed, and a joint interview is held with the juvenile, the Guardianship Council, the Technical Team, and members of the Juvenile Section of the State Attorney's office.

### General Rehabilitation Treatment at the School

**Objectives.** Maximum improvement is to be achieved by ergotherapy (work therapy), education, psychotherapy, medical and psychiatric treatment, sports and recreational activities, and artistic activities such as sculpture, painting, and drawing classes.

**Procedures.** Based on diagnosis and classification at admission, juveniles are assigned to the proper dormitory and cubicle. After prospective teachers have made an evaluation of previous studies and other pertinent information, youths begin primary education. Next, they are admitted to ergotherapy in the appropriate workshop level and are promoted according to weekly scores.

Psychiatric-psychological interviews are continued until the admission diagnosis is confirmed. Written progress reports for each interview are submitted to the technical team. Within the shortest possible time, decisions must be made regarding the inmate's admission to the various specialized therapies (e.g., group or individual); periodic evaluation interviews are used to ensure that the proper therapy was chosen. After final diagnosis, admission to sports and recreational activities is permitted. Orientation and group therapy sessions monitored by specialized technical personnel take place from admission to release. If needed, general medical and dental treatment is continued.

The inmate must be under continuous observation by the staff, who must submit written reports on any misbehavior. In addition, the primary education teacher and reading and writing instructor must submit evaluation reports. Every 8 weeks the Guardianship Council reviews all records and reports on each case. Inmates are allowed to leave with family members every 8 weeks (or every 6 weeks for those with excellent records in all activities). Youngsters without family connections are

invited out by auxiliary personnel connected with the institution. Social workers interview the inmates' families periodically. Juveniles who have achieved optimum improvement are released with postrelease control and continued family interviews; complete release occurs after 8 weeks of observation if no serious problems have come up.

**Ergotherapy.** Workshops include carpentry, printing, soldering, hairdressing, cooking, catering, and office work. The workshops' objectives are to promote identification of the juveniles with a work situation in which they see their efforts take concrete shape, so that they can acquire self-assurance and a feeling of security.

Based upon a diagnostic profile compiled jointly by psychologists, psychiatrists, and specialized social workers on the basis of repeated interviews, juveniles are placed at a production stage suitable to their mental and manual skills and limitations. This is done to avoid counterproductive feelings of frustration by setting unrealistic work goals and apprenticeship requirements. The juveniles are constantly supervised and monitored during training, and their progress is charted by multiple scores. They are promoted to higher production stages as their proficiency increases, until they reach the maximum rehabilitation level. At the top levels, the juveniles must be paid for their work. At all times, the juveniles' progress is evaluated on the basis of their individual potential, just as their optimum rehabilitation levels are determined with individual rather than absolute or general criteria. Rehabilitation is then further reinforced by post-release orientation and control interviews.

**Education.** Preliminary (exploratory) tests are administered to determine the youngsters' proficiency levels. New inmates are placed at the appropriate school level, with special efforts aimed at integrating them with their classmates. Each teacher is informed of the youngster's total diagnostic profile and individual treatment plan and is urged to foster feelings of self-reliance, security, and competence, as well as proficiency in the subjects taught. Behavioral problems must be reported to the technical team for possible changes in the youngster's treatment routine. Faculty members are encouraged to compare notes on their students so that the "problem child" can be studied in different contexts.

Each student's monthly report card must contain remarks on general progress to contribute to the ongoing total profile. As soon as juveniles master one curriculum, they must be promoted to the next higher level. Reading and writing instructors must give special attention to children with learning disabilities. Finally, to promote teamwork in all aspects of institutional life, teachers must interact with students at intermission and meal times.

**Art classes: painting workshop.** Juveniles are assigned to art classes by the ergotherapy instructor, who evaluates individual aptitudes. Beginning art students are progressively introduced to free drawing; use of art supplies and implements; drawing based on definite techniques but with free choice of content; water colors;

and, finally, oil painting (first under supervision, then limited to correcting mistakes, and ultimately painting without any guidance). The last stage can be reached in 50 days of intensive training, depending on individual interest and the demands of other activities.

**Rehabilitation program.** Indicators are used for evaluating the inmate's rate of progress in ergotherapy and rehabilitation in general.

- **Work attitudes**--refers to explicit response to an order, invitation, or suggestion to perform a specific task; ranges from total apathy, refusal to work, and variations in attention span and performance quality, to sustained and satisfactory activity.
- **Productivity**--pertains to work output within a given time unit (initially 1 hour) for a specific activity; ranges from zero production and various degrees of quality and efficiency to uniformly satisfactory performance (and attempts by juveniles to inspire their peers to produce).
- **Work satisfaction**--measures enjoyment and pride of achievement; ranges from none to all to lively interest and satisfaction in performance.
- **General behavior**--describes behavior with regard to institution's regulations; ranges from hostility, rule breaking, and lack of personal hygiene, to partial adjustment to communal life, to diligent observation of all institutional rules, active interest in release, and proper deportment during furloughs.
- **Socialization**--indicates ability to achieve satisfactory personal relationships with group members; ranges from hostility and isolation to progressively better integration into groups and communal life.

#### **Findings on the Program After Its Operation for 2 Years**

Statistics measuring the achievement of the goals set at each juvenile's admission to the institution show improvement over a period of 2 years (1972 to 1973) as the specialized training of the correctional staff improved; however, none of the inmates achieved maximum scores in all indicators and evaluation areas. Recidivists and drug addicts showed the lowest improvement results. Of the rest, 90 percent adapted to the institutional environment within an average of 3 weeks (in 1973).

Various methods of classification were tried for admittance to the appropriate dormitory for each juvenile (by age, type of behavioral problem, drug dependence, first offenders or recidivists), all with discouraging results. The best way to avoid inmate incompatibility was found to be three-occupant cells or individual cubicles within the two large dormitories of the institution (60 beds each).

## International Summaries

After the primary education system based on regular community schools was discarded due to serious disciplinary problems and the inadequacies of having all subjects taught by one teacher, satisfactory results were achieved by changing to a system similar to adult education. Truancy practically disappeared (measuring only 2 percent), disciplinary problems decreased to almost zero, and the juveniles, feeling important in being treated like adults, scored well except for drug addicts and youngsters with mental disabilities.

Due to the fluctuating population of the rehabilitation school and the difficulties involved in following up on the ex-inmates' successful adaptation to the working world, measurements of the results of ergotherapy are only approximate. However, significant improvements were achieved by integrating youngsters with their working groups; they acquired good work habits, evident eventually in their increased work output. Work progress scores gave young workers an objective picture of what they had done. They were also made to realize that the time of their release depended largely on their daily effort scores, which were constantly reviewed by the decision-making Guardianship Council. The major drawback in ergotherapy may have been that the youngsters perceived the type of manual, low-salaried work performed in the institution's workshops as a mere extension of their outside world with the same drab realities that impoverished the quality of their parents' lives.

Except for several mental cases, which were referred to the proper institutions, youngsters treated for milder behavioral problems through group therapy showed mixed to poor results. This may be explained by the fact that the juveniles' primarily verbal interaction within the therapy groups was hindered by their limited linguistic abilities.

Inmates with physical problems were given constant medical attention and unlimited access to their physicians, who also became their patients' counselors with regard to psychological, sexual, or drug problems.

The program of shared communal life and intensive personal interaction between inmates and staff gave uniformly satisfactory results in making the institution resemble an extended family. Teachers, as well as technical and auxiliary personnel, were required to share the youngsters' activities at all times. The teachers left the classroom with their students at intermission time and supervised their games on a friendly and informal basis. Prefects cleaned the institution together with the inmates and reported the inmates' needs and wishes to the administration. Meals were shared by inmates, teachers, and correctional staff alike. Administrative officers encouraged the inmates to call upon them at all times, not only to discuss grievances and problems, but also for informal chats on the youngsters' successful achievements and personal matters.

Art classes widened the youngsters' horizons, gave them a "different feeling" about themselves and their world, and inspired them with pride in their efforts.

Exhibitions of their paintings and drawings, to which the youngsters' families and the general public were invited, and where exhibits were actually sold, proved to be highly therapeutic for the youngsters, while providing teachers with invaluable insights into the students' psyches.

#### **Juvenile Program Shortcomings**

It was impossible to properly separate juveniles in dormitories according to any criteria (e.g., first offenders from recidivists, juveniles with different behavioral problems, drug addicts from youths who never touch drugs), due to the physical structure of the institution. This problem was intensified by the geographic diversity of students' origins (rural, urban, and suburban). The staff was handicapped by insufficient personnel and a poorly trained subprofessional staff. In addition, there was a lack of funds for work programs and for scholarships for youngsters with optimum improvement scores and good general potential, and a lack of community awareness and support of the program in general. Finally, lengthy detention at other correctional institutions before admission to the rehabilitation school was found to slow down substantially the initial therapeutic stages.

#### **Conclusions**

In striving for the holistic treatment of problem youths, proper diagnostic and housing facilities must be available, such as maximum security for psychopathic inmates and special arrangements for the handicapped, as well as an open-ended pilot section for all new rehabilitation efforts. Preadolescent children must be entrusted to exclusively educational institutions, not detention facilities. Drug addicts must be separated from other juveniles because of their consistently low or nonexistent rehabilitation index and to prevent their "proselytizing." Overall, homogeneity of juvenile groups should be encouraged.

At the same time, institutions of this type must maintain a flexible approach to the problems of juveniles and to treatment methodology. The training and rehabilitation of antisocial juveniles must always be educational, aimed at developing their potential to its fullest. If possible, this should take place in environments entirely different from those they know on the "outside" (not like the trade workshops which can be perceived as caricatures of their all-too-familiar backgrounds). Extremely important also are postrelease rehabilitation efforts and treatment and community involvement in juvenile rehabilitation.

The most successful aspects of the Juvenile Rehabilitation School were the communal life with participation by both teachers and staff, and the art classes, which enlarged the youngsters' horizons and gave them greater self-confidence and pride in their accomplishments. The success of these aspects serves to demonstrate how the holistic approach to juvenile offender rehabilitation functions as a viable alternative.

**END**