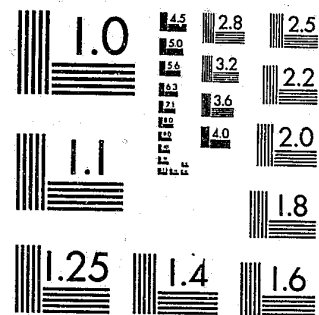


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THE
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INTENSIVE

LEARNING PROGRAM:

*A Comprehensive Approach to the
Institutional Treatment of Juvenile Offenders*

By

DAVID W. ROUSH

B. THOMAS STEELMAN

With Contributors

NCJRS

FEB 2 1983

ACQUISITIONS

Foreward by

HON. JOHN M. BRUNDAGE

October 1982

Marshall, Michigan

U.S. Department of Justice
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FOREWARD

The Intensive Learning Program at the Calhoun County Juvenile Home was established as part of my personal philosophy of developing community based treatment for juvenile offenders. It was created as a short-term residential treatment program as an alternative to longer, more expensive placements in public and private institutions.

The Intensive Learning Program has proved immensely successful since its inception both in terms of providing lower cost treatment and, more importantly, in reducing recidivism rates among juvenile offenders in the county.

Judge James H. Lincoln, former President of the National Council of Juvenile Court Judges, has stated: "A residential treatment program is no better than its after-care services." In the case of the Intensive Learning Program, the successful results can be attributed not only to good after-care but to the entire program design and the quality of the people working in the program.

This program can be readily implemented in any small residential care facility, and because of its measurable success I commend it to your attention.

October 15, 1982
Marshall, Michigan

Judge John M. Brundage
Calhoun County Juvenile Court

PREFACE

The following pages contain a brief introduction to one approach to the institutional treatment of juvenile offenders. Representing a decade of work with troubled youth, the ILP contains several unique features.

First, the blending of a cognitive therapy, specifically Rational-Emotive Therapy (RET), with traditional operant techniques constitutes a relatively new and fresh approach to treatment. While these strategies have each been criticized as cold and mechanistic, the ILP also emphasizes the importance of human interaction in the treatment process. By incorporating a holistic philosophy, the ILP is viewed as a more comprehensive model.

Second, the authors began the process of program development with no expertise in the field. Forced to rely on the literature and research, the ILP concept was forged from a critical analysis of the needs of institutionalized youth and a pragmatic approach to program evaluation. Therefore, the ILP represents an example to other professionals who are searching for an effective program. While the ILP does not claim to have all the answers, it does address the critical issues associated with institutional services. Furthermore, it will, hopefully, serve as encouragement to others for the continuation of creative answers to institutional problems.

Third, the ILP model has proven its effectiveness in a large state training school and a medium-sized, court-operated juvenile home. Thus, it is deemed to be highly adaptable to a variety of settings.

The authors wish to acknowledge the spartan efforts of the following people, without whose support and encouragement none of this would have been possible:

1. To all the child care workers, both in Nashville and Marshall, whose diligent works and faith in the philosophy made it succeed every hour of the day.
2. To Judge Brundage and the staff of the Calhoun County Juvenile Court for their support and encouragement.
3. To Duane Dobbert for his guidance and support and for compiling the data on recidivism and cost-benefit analyses.
4. To John Burrill for his hard work in organizing the materials for this monograph.
5. And to Mrs. Kathryn Griffis for her loyal support and cheerful typing, editing and proofreading.

It is our intention that the ILP serve as an example for others in the development of institutional programs. We hope you find it most useful.

October 15, 1982
Marshall, Michigan

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GLOSSARY

Child Care Worker refers to those direct care, line staff who provide ongoing supervision of youth during waking-hour or program shifts. Other equivalent terms are group worker, group leader, direct care worker, child care counselor, and child care specialists.

Cognitive-Behavior Therapy (CBT) describes a behavior therapy which focuses on both overt and covert (thinking) behaviors. References to a cognitive-behavioral approach in the ILP indicate the synthesis of an insight-oriented therapy with operant principles.

Commitment to the ILP refers to a valid dispositional order by a juvenile court which places a juvenile in the ILP as a response to an adjudication of guilt on a criminal offense petition. Commitments do not normally exceed a six month period of time.

Cost-Effective Delinquency Program refers to the comprehensive system of delinquency prevention designed by the Honorable John M. Brundage, Judge of Probate-Juvenile Division. Including organizational and program interventions which work in harmony, Judge Brundage has created a juvenile court system that has maximized the effectiveness of delinquency programs. This system includes the ILP, and the resources provided by this plan have enhanced the total impact of the ILP.

ILP is an abbreviation for the Intensive Learning Program, a postdispositional treatment alternative for juvenile offenders. The ILP is characterized as a community-based, secure residential program.

ITU is an abbreviation for the Intensive Treatment Unit, a maximum security treatment program operated within the Spencer Youth Center (the state training school for 14-16 year old male offenders), Tennessee Department of Correction, Nashville, TN. The ITU served as a forerunner of the ILP.

Juvenile Court refers to the Juvenile Division of the Calhoun County (Michigan) Probate Court.

Juvenile Home refers to the Calhoun County Juvenile Home, a division of the abovementioned Juvenile Court.

Phases refer to a system of behavioral levels in the ILP. Program expectations and privileges are sequentially reflected through the phases.

Rational Behavior Training (RBT) is a particular type of cognitive-behavior therapy (CBT) which blends Rational-Emotive Therapy (RET) with behavior modification. While RBT represents the ILP approach to treatment, it is not to be confused with Maultsby's Rational Behavior Training (RBT). Although the ILP uses much of Maultsby's original

synthesis of RET with behavior training, two major distinctions exist:
 1) the ILP intervention places greater emphasis on the RET principles,
 and 2) the ILP behavioral component uses more operant principles.

Resident refers to any juvenile committed to the ILP. Synonyms include:
 student, inmate, youth, juvenile, and client.

Team Leader refers to a middle management position within the Juvenile Home
 hierarchy that is responsible for treatment services and personnel
 management for a designated group of residents and child care workers.
 Similar titles include: counselor, program manager, social worker,
 and treatment coordinator.

Triage refers to the weekly meeting of the ILP teams for the purposes of
 evaluating treatment plans, developing new treatment plans, providing
 inservice training, clarifying program issues, and providing a forum
 for staff communication.

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INTRODUCTION

The Intensive Learning Program was created in 1976 by the Calhoun County Juvenile Court as a response to the need for a community-based residential program for the serious juvenile offender.

The ILP occupies two wings of the Calhoun County Juvenile Home. With a capacity for 27 residents (24 males and three females), the staff consists of two counselors, 11 child care workers, a recreation director, and an aftercare caseworker. ILP operates through the team concept. Two teams, lead by the counselors, provide the ILP program. Within each team, there are two homogenous groups of residents. Assignment to groups is a function of the counselors' assessment of each individual's needs. Groupings also help to maximize the effectiveness of staff interventions by focusing on a specific set of problems.

The ILP - Wing 1 is a ten-week, post-dispositional program for seriously delinquent boys. In general, these youngsters are somewhat older and have a more extensive history of delinquent activity than those placed in other programs. The program has a capacity of 12 residents, each of whom is committed for a maximum period of six months. The staff is composed of a team leader, four child care workers, an aftercare caseworker, and two teachers.

The basic structure of the ILP is provided by a four-step phase system. The phases are designed to mark a resident's progress toward release while gradually increasing behavioral and cognitive expectations. Likewise, privileges and responsibilities are also increased as a resident moves closer to release.

One of the most important components of ILP - Wing 1 has been the addition of an aftercare caseworker. The caseworker is responsible for liaison with the family and community both during and after the residential period. This has proved to be an aid to generalizing behavioral gains beyond the release date.

The second team in ILP is Wing 3. Using the same program, Wing 3 has the capacity for 15 residents, 12 boys and 3 girls. Primarily designed to meet the needs of the younger offender, it has expanded the ILP concept to reach a wide variety of serious offenders. Composed of a team leader, seven child care workers, and two teachers, Wing 3 offers a coeducational approach to post-dispositional programming.

Both treatment programs offer residents the opportunity to engage in a variety of activities designed to encourage emotional, intellectual and physical growth. Each resident is enrolled in the Juvenile Home school program where a curriculum which combines basic subject areas--reading, math, social studies--with high interest courses--art, industrial arts--emphasizes success in the classroom setting. A comprehensive physical education/recreation program provides each resident with daily activities focusing on the development of social skills as

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as well as perceptual-motor abilities. A third major component is group and individual counseling sessions conducted by the team leader and case-worker.

The Intensive Learning Program was one of the first facilities in the country to implement successfully a comprehensive cognitive/behavioral approach to child management and treatment. The particular modality employed in the ILP is called Rational Behavior Training; a synthesis of Rational-Emotive Therapy and Behavior Modification.

Rational Behavior Training (RBT) has three goals. Primary among these is demonstrating to the youth how he/she is responsible for his/her own behavior. The inability or unwillingness to accept responsibility for behavior is one of the most common characteristics of delinquent youth. Through the use of a simple ABC approach, RBT demonstrates how each of us affects our behavior by our biased interpretations of external events. Youth are taught how to change illegal, self-defeating behavior by modifying their thoughts or beliefs about themselves and their environment.

A second major goal of RBT is teaching youth that they may unconditionally value themselves as human beings. Again, delinquent youth typically view themselves negatively and falsely conclude that they are incapable of experiencing success in the "normal" adolescent pursuits. RBT actively teaches youth to distinguish between his/her behavior and his/her self. In this process, youth are encouraged to critically examine their behavior to determine its appropriateness while maintaining as constant their worth as a person.

Thirdly, RBT teaches residents to take an active problem-solving approach to their interaction with the environment. Residents are encouraged to squarely face their problems, accept responsibility for solving them, keep self-worth constant, and do the hard work necessary to resolve the conflict.

HISTORICAL BACKGROUND

The Intensive Learning Program is a replication of the Intensive Treatment Unit concept developed at Spencer Youth Center, Tennessee Department of Corrections, in Nashville, Tennessee. To appreciate fully the impact of ILP, it is helpful to understand the background of Cognitive Behavioral Treatment developed in the Intensive Treatment Unit.

In 1973, Spencer Youth Center was the boys training school for 14 to 17 year-old delinquent youth. Rehabilitative or treatment services for over 400 youth in residence were provided by a modest counseling staff. Despite these efforts in programming, Spencer Youth Center was characterized by strict and repressive control measures. When combined with the general overcrowding of the institution, a major problem became the adjustment of particularly incorrigible youth to the institutional environment. As a response, the administration created a maximum security disciplinary dorm called the Control Unit. Youth who had demonstrated an inability to adapt to the institution through aggressive and other inappropriate behaviors were committed to the Control Unit for a period of two weeks.

The purpose of the Control Unit was to provide punishment for youth who could not adapt to the institution. The daily program was at best inadequate. Residents spent the majority of the day sitting on wooden church pews watching television. Recreational and educational activities were provided on an irregular basis. Further, a staffing ratio of 1:24 proved to be insufficient for supervision. Subsequently, the administration decided to implement programming in the Control Unit.

The decision for programming took several forms. First, a director and two counselors were hired to provide treatment services. Second, a recreation coordinator and a teacher were assigned to the Control Unit on a regular basis. Third, additional staff were added so that the staff ratio was 1:12 during program hours. Finally, a regular schedule of individual and group counseling was established along with a token economy system to evaluate resident behavior. Program changes prompted a re-evaluation of the Control Unit environment, and the decision was made to renovate the old print shop for a new Control Unit environment.

In November 1973, David Roush convinced the administration to redirect totally the focus of the Control Unit. Instead of a disciplinary dorm, the Control Unit became a treatment intervention for the institution. As a result, the name was changed from the Control Unit to the Intensive Treatment Unit. Shortly thereafter, Roush was appointed Director of the Intensive Treatment Unit and charged with the responsibility of creating a treatment program within the new maximum security confines of the print shop. The first major responsibility assigned to Roush was the addition of treatment personnel, specifically two new counselors. B. Thomas Steelman and James R. Megar were the counselors in the Intensive Treatment Unit.

ITU program development focused initially on operant principles. A total revision of the token economy resulted in the basic point system concept currently in use in the ILP. Secondly, based on the work of J. D. Burchard, a system of same-area time-out was instituted. After addressing the behavioral issues, attention was directed to the counseling or cognitive intervention. At that time, Steelman recommended strongly the use of Rational-Emotive Therapy. After lengthy discussions, Roush and Steelman combined RET with behavior modification to form the cognitive behavioral strategy for the Intensive Treatment Unit. Focusing on organizational and environmental issues, a team approach was developed to implement the ITU program.

Despite the resistance of institutional personnel to the concept of treatment for incorrigible youth, ITU began to generate successful results. The major turning point for ITU was the publication by Roush of research on disciplinary procedures entitled, "There Can Be Discipline Without Corporal Punishment," American Journal of Corrections, 1974. During that period of time, Spencer Youth Center used corporal punishment as the primary disciplinary intervention. Facing several class action suits regarding treatment and punishment as a result of the use of corporal punishment, the research indicated that a contingency management program which eliminated corporal punishment could produce better control in a maximum security setting without subjecting the program to litigation. As a result of the publication, administration threw its support to the ITU concept.

During the same period of time, Judge John Brundage was reorganizing the Calhoun County Juvenile Court to implement a cost-effective delinquency prevention program. Judge Brundage's goal was to create a comprehensive network of programs which would prove fiscally responsible and successful in delinquency deterrents. In addition to exemplary projects in the areas of staff training, foster care, status diversion, and organizational development, the treatment capacities at the Calhoun County Juvenile Home were expanded so as to provide the court with a locally based treatment resource. However, treatment program development did not meet Judge Brundage's expectations as an institutional alternative to public and private commitments. Subsequently, Judge Brundage appointed Roush as the Director of the Calhoun County Juvenile Home with the directive to develop a successful treatment program which would serve as a cost-effective alternative to public and private insitutions.

From 1975 to 1976, Roush organized the Juvenile Home into teams and set the stage for the implementation of the ITU concept at the Juvenile Home. In June 1976, Steelman was appointed Team Leader of the ITU concept program named the Intensive Learning Program. Three months later, Wilbert Muse, dorm manager for ITU, was added to the child care staff of the ILP. Within a year, Dave Huntington, counselor in ITU, was also added to the child care staff of ILP. Commonly referred to as the "Nashville Connection," Roush, Steelman, Muse, and Huntington all received their training and experience in the institutional treatment of juvenile offenders at the Intensive Treatment Unit in Nashville, Tennessee. This mutual experience, along with the strong support and endorsement of Judge Brundage, played a critical role in the initial success of ILP.

SECTION I

THE PROCESSES OF ILP

To present a comprehensive view of the Intensive Learning Program, it is imperative that the issues of the program content and program process be addressed. Much of the information contained in this description of the Intensive Learning Program will focus on the content-related issues of institutional treatment. In other words, the content material specifies what is done in ILP. The second and equally important issue is the process of program delivery. In other words, process-related issues address how the content of the Intensive Learning Program is implemented. In addition to its comprehensive and systematic nature, a hallmark of the ILP is its emphasis on both the content and process of institutional treatment.

Process-related issues have a direct impact on program effectiveness. In particular, process evaluations focus on the skills and abilities of staff members in establishing therapeutic relationships with residents. Furthermore, program development is viewed as an essential component of a comprehensive approach to process issues. To understand fully the Intensive Learning Program, the following sections explain the three critical process issues: 1) the team management process, 2) the process of institutional treatment, and 3) the process of discipline. Elements of these three process concerns will constitute a common thread which is identifiable throughout the description of content-related issues.

The Team Management Process¹

The problems associated with program and staff development require the active involvement of administrators. There is no evidence to support the notion that program and staff development can exist without administrative endorsement. If these problems are to be resolved, administration must create an environment which will foster staff development. Furthermore, administrative involvement in program and staff development is the essential criterion for success, and this involvement can be accomplished in such a manner that subsequent problems are minimized.

One solution to the problem of generating an environment conducive to program and staff development places primary emphasis on process issues. Numerous training programs advocate specific theories about what concepts are critical in program and staff development. Without debating these particular content issues, a process strategy permits administrators to structure the environment in such a way that child care staff learn how to become more effective workers. The particular theory or content of

¹Excerpted from David W. Roush and B. Thomas Steelman, "A Team Approach to Detention Staff Development," Juvenile & Family Court Journal, November 1981, pp. 33-43.

training can then be determined by the administrator and staff in light of the specific needs within their program.

Focusing on process issues, organization development is an administrative alternative for increasing the effectiveness of program and staff development. Defined by French (1969) as a long-range attempt to improve internal problem-solving abilities and to cope with changes in the external environment, organization development is a process for integrating the needs, goals and objectives of an agency with the needs of its employees regarding involvement, growth, and development of their job. The basic assumptions about human growth with organization development overlap many of the fundamental rights for correctional officers which were detailed by Brodsky (1974).

The basic components of an organization development system constitute a problem-solving process. Huse (1978) outlines seven main steps: (a) problem identification, (b) consultation with a behavioral sciences expert, (c) data gathering and preliminary diagnosis, (d) feedback to key client of group, (e) joint diagnosis of the problem, (f) action and (g) data gathering after action. Applying this process to staff development issues, detention administrators have a tool for accurately assessing the needs for training. Again, this system specifies how to gather information and organize a strategy for problem-solving. The content interpretation of the data is subject to those situationally specific factors noted earlier. These content issues are concerns that further reflect an administrative commitment to what types of programs and strategies are most compatible with institutional objectives, staff skills, and resident needs.

Of the classifications of organization development interventions, teaming provides the most practical method of implementing each of the components of an organization development system. Defined as a group of persons with varying levels of knowledge and skill who assume different roles and task responsibilities necessary to the achievement of team and organizational goals and objectives, the team concept is a familiar practice in a variety of systems.

The rationale for implementing a team model can best be understood through an analysis of the results produced by this concept on programs and staff development. The key issue in this rationale is staff development. If an organization development approach can provide a process for staff development, administrators of child care facilities can implement this strategy to increase the effectiveness of staff development while retaining their particular strategy for rehabilitation and care.

Briggs (1973), reporting on the advantages of a team concept in a social work setting, states that the team model: (a) provides the most prudent method of integrating non-professionals into an agency, (b) reduces overlapping functions of staff, (c) enhances the role of the team leader, (d) improves the level of professionalism, (e) facilitates orientation to agency goals and (f) increases the range and quality of services. Specifically concerned with child care workers, Lambert (1977) cites the following benefits of teaming: (a) increased program continuity, (b) increased resistance to manipulation by residents, (c) greater freedom of action through

support within teams, (d) improved staff communication, (e) unified approach to problem-solving and (f) greater inter-team support and cooperation.

While team building incorporates numerous human variables, effectiveness of the team can be dramatically increased through the proper selection and training of the team leader. The success of a team is dependent upon the team leader. Experience has indicated that the failure of a team to achieve its goals can be traced to the human and conceptual skill deficits of the team leader.

The ideal team leader is an adept manager of people and programs. Functioning as a systems manager, the team leader must arbitrate both agency and professional matters to ensure the quality of services provided by the team. Therefore, management skills are essential qualities for the team leader.

Because of the learning potential afforded staff through the team, the team leader must possess the knowledge and skills to serve as a teacher. The quality of staff development is a function of the team leader's ability to maximize the learning potential of the team. For this reason, the training of the team leader should include components on group leadership skills, staff motivation and supervision, administrative skills, programming skills and problem-solving strategies.

As the team leader organizes the team and generates goals and objectives, supervision of the team process is critical. Staff attitudes toward a change in roles can be enhanced through direct contact with the team leader. Clear expectations and understandable rationales will facilitate the team building. Immediate feedback to team members can reduce the probability of future problems and misunderstandings. However, this approach requires a team leader who is visible and accessible. Experience has indicated that the participant team leader is the most viable element of successful team-building.

Teams are most easily determined by an analysis of logical, functional, or physical groupings of staff and residents within the detention facility. Numerous groupings occur in most facilities, and administrators would do well to build the teams from existing divisions among staff and residents. Examples of possible groupings include, but are not limited to the following:

1. Groups of residents and staff assigned to the various residential units, corridors, floors or cottages of the detention facility.
2. Residential and staff groups according to sex.
3. Residential units comprised of certain offense characteristics.
4. Groups of residents according to geographic location within the catchment area.
5. Groups divided according to legal status or program differences.

Once these groups have been identified, the administrator has a basis for dividing the staff and residents into teams. Consistent with the goals and objectives of the detention facility, teams are structured to improve the quality of services to residents. Most often, counselors, program

coordinators, probation officers or shift supervisors are assigned the role of team leader. The selection of team members reflects a concern for the goals of the team, needs of the residents and abilities of the staff.

Upon completion of the selection and assignment of teams, the team leader arranges, at a minimum, weekly meetings of the entire team. At these meetings, the specific approach to problem-solving is presented. The presentations take two basic forms, didactic and experiential. During the didactic meetings, child care workers are taught how to implement the particular elements of this problem-solving strategy. Homework and readings are assigned, and these materials are thoroughly tested to guarantee understanding.

The experiential meetings provide an opportunity for the child care worker to practice the problem-solving strategy. Team members role-play problem-solving sessions under the supervision of the team leader. The situation is then discussed and possibly re-enacted. Additionally, team members are encouraged to participate in actual individual problem-solving between residents and the team leader. Modeling is a key factor, and the child care worker has an opportunity to observe how the team leader uses the intervention strategy. Following the individual problem-solving encounter, a lengthy discussion with the team leader occurs.

As child care workers become more confident of their problem-solving skills, the team leader begins to draw them into the actual intervention with residents. By providing ongoing feedback, the team leader can demonstrate that the child care workers are capable of effective problem-solving. When interventions stray from the presenting problem, the team leader may re-direct the focus and return the responsibility to the child care worker. In addition to individual sessions, the child care workers regularly participate in group sessions. Again, initial involvement is primarily that of an observer, watching the team leader and keeping mental notes regarding the team leader's use of the intervention strategy. As the team members' ability increases, the team leader draws upon their comments and observations. The team leader, in both situations, develops the skills of team members through direct supervision.

While the training aspect of the weekly team meeting is being accomplished, sessions focus on the setting of comprehensive behavioral goals and objectives for each resident on the team case load. The team leader presents and comments on diagnostic testing results, behavioral observations from other agency personnel and psychological evaluations. These issues are then discussed in light of the resident's behavior in the facility. All team members evaluate the data and suggest ways of changing behavior.

The intervention plan is the primary responsibility of the team leader. After synthesizing the data and input from team members into an intervention plan, the team leader coordinates its implementation. As specific behaviors are targeted for change, team members can increase the effectiveness of their interventions because: (a) it was their descriptions of the behaviors that resulted in its priority in the intervention plan, (b) the specific approach to dealing with the behaviors will include the principles they have recently

learned and (c) the discussion concerning the goals of intervention gives each child care worker a greater perspective on the importance of changing the behaviors.

When problem behaviors occur that create concern among team members, hypothetical situations are created, and team members role-play the problem-solving. Additionally, role-playing and team discussions of the problem behaviors increase the consistency of interventions among team members. Consistency is a critical issue in the institutional management of youth because it can significantly reduce resident manipulation of staff and programs. When manipulation occurs, problem-solving is delayed, and disruptive behaviors are reinforced. Problems generated by resident manipulation usually require intervention by the team leader. When this occurs, the resident wins a moral victory over team members.

The team approach increases staff resistance to manipulation in several ways. Through the improved communications and uniform training networks of the team, greater consistency in problem-solving occurs. Therefore, team members are better able to predict how other members will handle problem behaviors. Because of this consistency, staff responses to manipulation do not differ significantly. When this consistency is fully developed, the team leader may refuse to intervene, thus increasing the authority and credibility of team members.

Blake and Mouton (1967) describe seven properties to define an organization. Meaningful development requires critical attention to three of these properties: purpose, human interaction, and organization culture. An effective team approach addresses these key issues. Establishing team goals helps to create a unifying principle which gives the team direction and purpose. Group cohesiveness and team meetings build networks for improved communications and human interaction. Finally, the shared experiences of team members, along with the team purpose and improved interaction, help to generate a team identity or esprit de corps, which is translated into a team tradition or organization culture.

The Process of Institutional Treatment

Institutional treatment is a complex and multifaceted process. Although there are numerous theories which explain the treatment process, it is critically important that any institutional intervention reflect a systematic approach to behavior change. This approach must serve as a guide for structuring and timing the particular components of the intervention strategy. Furthermore, the approach need not be overly complex. For these reasons, the ILP treatment process can be identified by four general process phases: 1) the orientation phase, 2) the languaging phase, 3) the individual intervention phase, and 4) the evaluation phase. Due to the considerable overlap between phases, a rigid compartmentalization would be counterproductive. Therefore, elements of each phase may be identifiable throughout the treatment process.

1. ORIENTATION PHASE. The challenge of institutional treatment begins with the first contact between the juvenile and the child care worker. This interaction initiates the orientation phase. Staff behaviors are directed toward achieving a dual purpose of orientation which includes a) bringing resident behavior under the control of program stimuli and b) ensuring that the resident has a good understanding of the program expectations. Because the behavioral components of ILP address the first purpose, the explanation of the orientation phase emphasizes the understanding of program expectations.

Regardless of the method used by an institutional program to control behaviors, the orientation process can be enhanced by clearly stating the behavioral expectations and consequences within the program. Rules and regulations should be formally articulated in program materials provided for each incoming resident. It is of primary importance that the orientation phase ensures that each resident understands all elements of the program. Depending on the skills of the individual resident, an examination of program materials should be given whenever those materials have been learned. In structuring the examination, emphasis is placed on the testing of basic concepts regarding the expectations of the program. For those residents with limited skills, the exam may be given orally by a staff member. When the exam is completed, staff review incorrect answers and/or retest until the criterion for successful completion has been met. Once this criterion has been reached, the resident may initiate active involvement in the program. The advantages to this process can be seen through a reduction in the amount of staff time required to orient residents to the program and an increased amount of evaluative data which is generated through the initial interactions with staff.

2. LANGUAGING PHASE. Beginning concurrently with the orientation phase, staff members focus on developing communication systems with the resident. The program materials represent the first encounter the resident will have with the particular language used within the program. Care is taken to emphasize that initial progress within the program is a function of the languaging process. Additionally, this emphasis brings the cognitive element of control and treatment into a priority status.

Within the context of the ILP treatment modality, there are specific verbal sequences which are important to the intervention process. Therefore, staff begin to lay the groundwork for effective interventions at a later date by acquainting the resident with the languaging sequences basic to the ILP treatment strategy. Additionally, staff model and teach residents how to earn reinforcement through the language change acquisition process. While diagnoses and evaluations of behavior disorders can be accomplished through psychological assessments, greater accuracy is gained through an analysis of the resident's language. In particular, verbalizations which constitute self-assessments of the resident's behavior are critical variables in self concept.

An example of this process can be found within the initial problem-solving sessions. Using a variety of values clarification exercises, the team leader can elicit opinions from the resident regarding contrived situations. Then, by reframing and reflecting the belief in the language of the

program, the team leader can model appropriate verbal sequences. In addition, interpretive inquiries are introduced. In this manner, the team leader presents alternative values in a non-threatening fashion.

The first two phases of the process of institutional treatment focus on the group. Standard expectations, contingencies, and evaluations are placed on all new residents regardless of their situation. In the same way psychological testing measures deviation from the mean, the orientation and languaging phases also provide valuable information regarding the individual resident's problems. Through the data and evaluative information provided by these two phases, a more accurate intervention strategy can be planned.

3. INDIVIDUAL INTERVENTION PHASE. The essence of institutional treatment is clearly the individual intervention. Within the ILP, the effectiveness of the individual intervention can be maximized as the result of the first two phases of the process of institutional treatment. By applying a uniform criteria to all residents as delineated in the first two phases, a multitude of accurate evaluation data regarding the resident's level of skill development becomes available. Through the establishment of all normative responses for all ILP residents, new residents may be evaluated in relation to a particular institutional population. Based on the interpretation of data and information from various agencies, individual treatment plans can be established to produce changes in resident's behaviors. Again, these treatment plans are tailored to the remediation of inappropriate behaviors observed and identified during the first two phases of the ILP intervention.

Individual and group counseling sessions, along with the behavioral components of ILP, work in harmony to produce behavior changes, increase problem-solving skills, and enhance self concept. Depending on the nature of problems presented by residents, support resources are utilized through community organizations and agencies. However, a wide variety of program activities are used to augment the intervention process. For example, skill development in psychomotor areas enables residents to compete in a variety of social and academic endeavors. These experiences increase the probability that social learning will occur and generate the potential for each resident to change his assessment of himself.

Through a systematic division or grouping of ILP personnel, teams are created which effectively deliver a variety of individual interventions. A crucial factor in successful individual interventions is a structural modification in staffing patterns and programming in order to allow for the maximum use of staff resources. Based on the program designs for the teams in ILP, the strengths of individual staff members are more easily matched with the goals, objectives, and client population needs for each ILP team.

4. EVALUATION PHASE. No institutional intervention, regardless of approach, can be complete until systematic evaluation procedures are implemented. While evaluation of human behavior is basically subjective, a structured approach to program assessment allows the evaluation process to

have a constitutional right to due process which reduces the probability of abuse by the legal and institutional systems. Furthermore, juvenile offenders are troubled youth. Subsequently, the primary purpose of the institutional intervention is to provide help and support to enable these young people to acquire coping skills, self-control, and the ability to lead law-abiding and productive lives.

Within this context, the juvenile institution plays a critical role in changing an unhealthy personality development. Juvenile institutions must be charged with the responsibility of fostering personal growth in youth whose personality development has been marked by discouragement. Like the family, the ILP provides a multitude of learning experiences which affect, either positively or negatively, a resident's values toward himself and others. Therefore, the ILP is potentially a powerful source of encouragement for discouraged youth.

Since the ILP experience represents a prolonged social context, it is in the best interest of the juvenile offender that child care staff possess those skills which generate healthy development in discouraged youth. The primary skill needed for the effective staff member is an understanding of those misbehaviors associated with discouragement. Furthermore, the approach used to modify these misbehaviors constitutes a major portion of the system of discipline used in the ILP.

The identification and remediation of misbehaviors requires both sensitivity and understanding on the part of child care workers. The effective child care worker must observe and interpret the behavior, take corrective action, and evaluate the results of this corrective action within the social context. It is critically important that child care workers monitor their initial reactions to a resident's misbehavior since this initial reaction may provide the goal of the misbehavior. The correction of misbehavior requires the successful implementation of three principles of discipline: disinvolvement, encouragement, and logical consequences (Dreikurs and Grey, 1968).

1. DISINVOLVEMENT. Disinvolvement is characterized as an emotionally neutral or non-judgmental response to misbehavior. Well-intentioned, yet ill-trained staff members often react to a resident's misbehavior in a manner that strengthens and perpetuates it. Essentially, disinvolvement prevents the inadvertent reinforcement of inappropriate behavior. Beier (1966) expands this concept through his theory of disengaging responses. By withholding an emotional reaction to misbehavior through an asocial response, a child care worker forces the resident to present additional information in order to accomplish the goal of misbehavior. Continued interaction helps the child care worker to more accurately assess the goal of the inappropriate behavior.

This technique is particularly effective in minimizing power struggles between residents and staff. Within the ILP setting, resident/staff conflict is almost always a lose-lose proposition for staff. If the resident can negate a directive, the staff member loses the respect of the resident; if the staff member resorts to power to enforce a directive, he

likewise loses respect and reduces his effectiveness as a change agent. Neither of these results is viewed as contributing to the long-term personal growth of the resident, and both severely threaten the integrity of the therapeutic milieu within the institutional environment.

2. ENCOURAGEMENT. No other principle so accurately defines the ILP approach to discipline as encouragement. It is the cornerstone of effective interpersonal relationships. Defined as the ability to accept the youth as worthwhile and to assist in the development of his/her capabilities and potentials (Dreikurs and Grey, 1968), an encouraging child care worker reinforces effort as well as outcome. Youth are valued and accepted as they are. The child care worker reinforces successive approximations of appropriate behaviors through encouragement and praise. Constantly separating the deed from the doer, the encouragement process provides a non-condemning focus on the behavior and the youth's effort to change that behavior. Encouragement is a necessary condition for a therapeutic milieu.

3. LOGICAL CONSEQUENCES. The concept of logical consequences connects the principles of encouragement and disinvolvement. Observing that, in the natural order of the universe, all behavior is followed by a consequence, the principle of logical consequences becomes a particularly cogent intervention for juvenile corrections because it negates the need for punishment. No other single issue has done more to discredit juvenile corrections programs, and juvenile offender treatment personnel must take a strong stand against the popular concept of punishment in order to safeguard both the therapeutic milieu and the integrity of the disciplinary process. The ILP approach offers a viable alternative which accomplishes discipline without sacrificing the healthy emotional growth and development of residents.

Dreikurs and Grey (1968) group consequences into three basic categories: 1) natural consequences, 2) logical consequences, and 3) punishment. Since natural consequences reflect the laws of nature and usually are sufficient responses to behavior, logical consequences and punishment are of central concern for the ILP. The fundamental issue recognizes that these consequences are created by humans for the purpose of changing behavior. Therefore, neither logical consequences nor punishment are static concepts. Instead, they are subject to the discretion and intent of the individual staff members who use them. Whereas logical consequences can be viewed as a practical application of disinvolvement and encouragement within the disciplinary process, punishment clearly contains strong elements of discouragement and is contradictory to the ILP approach to discipline. Furthermore, logical consequences focus on the behaviors and make no judgments about the person. Additionally, the neutral delivery of logical consequences includes the principle of disinvolvement.

Beyond application to misbehaviors, logical consequences are constructed for the reinforcement and encouragement of appropriate behaviors. To the extent that positive behaviors are part of the disciplinary system, all ILP interventions are viewed with greater therapeutic value and consistency. To develop a therapeutic milieu within the institutional environment, it is

become more objective in nature. To move toward an objective process of evaluation, the ILP focuses on three areas of the institutional intervention: the resident, the staff, and the program environment.

Incarceration for the purpose of treatment implies that the institutional intervention will produce measurable changes in those behaviors which caused the incarceration. For juvenile offenders, these causal behaviors are delinquent acts. However, an intervention strategy for juvenile offenders must also address a multitude of personal, social and educational problems which are contributive factors to delinquent behaviors. Therefore, evaluation must analyze not only recidivism but also the myriad of problems associated with each juvenile offender. Furthermore, evaluation data must demonstrate positive change in concensually validated causal behaviors prior to releasing youth from the institution.

Elaborated throughout this description of the ILP are strategies for changing cognitions and behaviors. Each of these interventions contains basic criterion-referenced standards of acceptability as derived from experience with juvenile offenders. Evaluation data are accumulated and analyzed at fixed intervals during the program. Information from these evaluation intervals serve as feedback to residents and staff regarding the effectiveness of the intervention strategy. When the data do not indicate positive change, modifications are made and implemented. To reduce the perceptual bias associated with subjective methods of evaluation, program data are reviewed by more than one staff member in order that a concensual validation of the results may be reached.

Despite elaborate efforts to comprehensively eliminate future criminal behaviors, institutional strategies rarely approximate community environments. Therefore, it may be necessary to contrive special situations and contingencies which frustrate youth and increase the probability of antisocial behaviors. These artificial structures, while carefully planned and supervised so as to avoid negative effects, provide a powerful source of evaluation for transfer of training. As the final alternative for the criminal justice system, institutions must generate reasonable evidence that the offender has the ability to behave responsibly in a variety of frustrating situations.

Evaluation measures for ILP residents focus on internal program issues. Psychological testings, behavioral data, and counseling progress serve as primary indicators of behavior change. Established criteria for program progress and release permit an ongoing assessment of each resident's status. Upon successful completion of these criteria, release is recommended. These data enhance the accountability of the institutional intervention and supply valuable feedback regarding program effectiveness.

The second major area of concern is staff job performance. Successful interventions are a direct function of the manner in which staff implement the program. In fact, the effectiveness of the ILP results from the competent child care staff who incorporate program principles and philosophy into the daily routine. Therefore, it is critical that staff receive accurate and regular feedback on their job performance.

Using both traditional and program-specific techniques, staff performance is evaluated formally and informally. Periodic written evaluations serve as the basis for merit salary increases. Relationship factors, such as, time-out/coupon ratios, social reinforcement, and communications skills, are evaluated informally on an ongoing basis. Commendations and disciplinary actions are used to document significant performance issues. When combined with a comprehensive staff training program, the net result is a staff that understands the personal and professional expectations associated with the ILP.

The final evaluation area is the program environment. As the constant factor within the institution, the environment plays a critical role in the treatment process. Knowing the inherently negative effects associated with institutions, the ILP attempts to generate an environment which is maximally therapeutic. The program, staff relationships with residents, and treatment orientation all contribute to the creation of a therapeutic milieu. These areas of social climate are periodically evaluated through the use of the Correctional Institutions Environment Scales (Moos, 1975). Data from the CIES detail strengths and weaknesses in the treatment process.

As a postscript, recidivism and cost-benefit analyses are computed annually. These outcome measure address the public concerns of institutional accountability in the areas of protection of society (tertiary delinquency prevention) and responsible use of public monies. When combined with the previously detailed evaluation philosophy and strategies, the ILP represents a comprehensive approach to measuring program process and outcome.

The Process of Discipline

Every program that provides an institutional intervention for juvenile offenders will inevitably have, as a major part of the program, a policy, procedure, and philosophy of discipline. In fact, even those institutions that do not have a systematic approach to behavior change will refer to the prescribed method of responding to resident behavior as a disciplinary program. To this extent, the ILP is not unique; however, the nature and implications of the ILP disciplinary philosophy has numerous unique components.

Of the various definitions of discipline presented in Webster's New World Dictionary, the ILP approach most closely parallels the reference to discipline as "a training that develops self-control, character, or orderliness and efficiency." Thus, the ILP process of discipline goes beyond the concepts of strict control and punishment to enforce obedient behavior. This expansion of the disciplinary concept allows for a comprehensive approach to a) generating and strengthening appropriate behaviors, b) weakening or eliminating inappropriate behaviors, c) safeguarding human rights within the institutional setting, d) generating self-control, and e) developing pro-social attitudes and values.

The central concern of the ILP process of discipline is the safeguarding of the juvenile's legal and human rights. Regardless of the nature of the offense which precipitated the commitment to the ILP, juvenile offenders

necessary to a) develop fully a system of logical consequences which addresses both positive and negative behaviors and b) eliminate punishment.

The ILP intervention incorporates these principles into both the cognitive and behavioral components. Subsequently, the program becomes a viable set of rules which governs the behavior of staff and residents within the Juvenile Home. At its most effective moments, the Intensive Learning Program becomes a pervasive force which reduces we/they conflicts between staff and residents. Staff members are viewed by residents as those agents which enforce the program. As a result, the primary responsibility of staff members is that of assisting residents through the program. When this occurs, residents view staff members as helpers. The essence of discipline and child care work culminates in the creation of an institutional program where the primary perspective by both staff and residents of staff interventions is to help the resident through the program.

STAFF TRAINING

The process related issues in the ILP are concerned with the development of program consistency. Staff training constitutes a vital component in the development of a consistent approach to treatment. With the parameters of the team concept outlined in the previous section, staff training becomes an administrative attempt to improve internal problem-solving while simultaneously integrating agency needs, goals, and objectives with those of the employee. The challenge for the ILP stems from selection and development of employees so that they are more likely to succeed than fail (Jensen, 1981). For this reason, staff training is an integral part of the team management process which serves to increase professional skills and stabilize program continuity.

Institutional line workers generally favor training programs which are held within their facility or internally generated inservice training programs. Therefore, the staff training program for the ILP focuses on a training process which addresses ILP-specific issues. Staff training, then, not only increases staff knowledge and assurance of program continuity, but fosters work-group cohesion (Weiner, 1980).

Regarding the establishment of a theoretical and practical framework for ILP staff training, it logically follows an introduction and explanation of the training policy for all Juvenile Home employees. The policy for probationary employees reads as follows: "All new employees, regardless of status or title, shall receive at least 24 hours of preservice training and/or orientation. This shall include at a minimum: facility policies, organizational structure, programs and regulations, and eight hours of direct supervision prior to job assignment. Each new employee will receive a minimum of 26 hours of additional training during the probationary period of employment (six months or 1044 hours worked)."

Prior to final evaluation regarding permanent employment status, all probationary ILP employees are required to complete a series of training tapes and literature. This material is sequentially arranged according to subject matter so that the sequence reflects a systematic approach to skill development. Probationary staff review and are tested for understanding on issues of Juvenile Court process, the ILP counseling theory and application, the ILP approach to behavior modification, emergency procedures, agency policy and procedures, the ILP strategy for resident management, and reinforcement theory.

Permanent ILP employees receive a minimum of 25 hours of additional staff training annually. Staff training covers the following topic areas: a) developmental needs of youth, b) behavior management techniques, c) the ILP approach to discipline, d) basic group dynamics, e) the child care worker's role, f) interpersonal communication, g) physical restraint and crisis intervention, and h) first aid. This group of staff is also required to demonstrate successful understanding of the material via testing. Consequently, both groups of ILP staff are held accountable for their professional development.

An additional component of staff training is emphasized through the team structure. Team leaders provide direction and supervision for team members on problem-solving, behavior management, group dynamics, counseling, etc. The team approach supplies ongoing feedback to staff regarding their job performance. In addition, team meetings (see section on Triage) are held weekly to provide an exchange of information regarding job performance among staff. Program and team issues are discussed, allowing the team leader to determine whether or not clarity and/or training on an issue is necessary. When required, team leaders may opt for group discussion, role playing, or formal training to remediate areas of skill deficits. Subsequently, the team approach provides an ongoing method for the assessment and redirection of staff development.

In conclusion, staff training is a process-oriented component of the employee development strategy which is actively promoted and endorsed by the ILP. Numerous training tapes, lectures, and active participation through hypothetical situations (critical incidences) are the media by which training is transmitted to the ILP staff. This strategy not only promotes morale but develops consistency in program implementation, reduces burnout and tedium, and strengthens the total program.

ILP SELECTION PROCESS

Youth are committed to the Intensive Learning Program as the result of the legal processes in the Juvenile Court. A youth's hearings are normally conducted in two stages, which may be held at different times. The first stage is the adjudicatory hearing, wherein a finding of guilt or innocence is determined. If the youth is found guilty, the second stage or dispositional hearing will take place. The Intensive Learning Program represents one alternative that the court has available for dispositional options. Unlike the adult legal system, Juvenile Court responsibilities are specifically to reach a decision that is in the youth's best interest as well as that of society. In order to serve the best interest of youth, the court seeks to make an informal decision.

In the interim between the adjudicatory and dispositional hearings, the court receives information and recommendations from a variety of sources. When the youth has been held in the Detention and Evaluation Program and a commitment to ILP is considered, the case will be thoroughly reviewed at one or more staffings. Present at these staffings are the Juvenile Court caseworker, the casework supervisor, the court psychologist, the team leader of the Detention and Evaluation Program, and the assistant director of court services. At the staffings, the youth's social, legal, and psychological histories are evaluated along with behavioral data and evaluations from the Detention and Evaluation Program. Based on these data, a decision will be reached regarding a recommendation for an interview with ILP staff to determine the appropriateness of an ILP placement (the following section explains in greater detail the interview and decision-making process).

If the ILP interview suggests that a placement would be appropriate, a formal recommendation to that effect is made to the court. It is the responsibility of the court to make the final decision regarding disposition. In doing so, the court considers not only the recommendation from the staffing process but also considers materials provided by the Juvenile Home, the caseworker, and the court psychologist. Once the decision is made to commit a youth to the ILP, the assignment of the youth to an appropriate team is made by ILP staff. When there are no immediate vacancies in ILP, youth normally reside in the Detention and Evaluation Program until such time as program space is available.

Selection Criteria

The Selection Criteria (as presented on the following pages) play an integral part in answering two questions. First, is the youth appropriate for an ILP placement; and, second, if so, which of the two treatment wings is more suitable? It is important to understand that the ILP receives both county residents as well as out-of-county residents. While the interviewing process is much the same for both in-county and out-of-county residents, the process originates from different sources.

Evaluation of prospective in-county residents begins with a referral from the staffing committee. After receiving the request, it is the

responsibility of the ILP team leaders to read and review any and all written material available on the individual. This information is generally obtained through the staffing process. However, additional important information may also be obtained from the caseworker at this time.

Interviewing the youth is the next step in the selection procedure. Generally, the interview is accomplished with both team leaders present. The questions asked in the interview pertain to nine areas listed on the Selection Criteria: age, size, offense, offense history, previous court involvement, social skills, behavior patterns, cognitive abilities and aftercare considerations. Compilation of written information, impressions obtained in the interview, and applications to the nine Selection Criteria determine the appropriateness of ILP placement and the more appropriate group assignment.

Whenever possible, out-of-county referrals are handled in the same manner. In most instances, however, it is not possible to arrange a personal interview. Therefore, a heavy reliance is placed on written social history, psychological reports, and verbal communications with the youth's caseworker. Out-of-county referrals are received directly from the assistant director of court services as outlined in the Intensive Learning Program Placement Manual.

In both cases, the ILP team leaders file a report, either written or oral, with the Assistant Director of Court Services which presents the ILP placement recommendation. Along with the report, the worksheet is presented as evidence of each aspect of the assessment process.

INTENSIVE LEARNING PROGRAM

SELECTION CRITERIA

GROUP	DESCRIPTOR
I. AGE	
A	17 - 15.5 years
B	16 - 14.5 years
C	14 - 17 years (coed)
D	14 - 11 years
II. SIZE	
A	Average to large
B	Average to large
C	Average to large
D	Medium to small
III. OFFENSE	
A	Serious misdemeanor/major felony, violent in nature.
B	Serious misdemeanor/major felony, violent in nature.
C	First felony offenders, larceny, less violent.
D	First Felony offenders, larceny, less violent.

IV. OFFENSE HISTORY

- | | |
|---|--|
| A | History of violent behavior and/or crimes against persons or combination. |
| B | History of felony offenses of a similar nature to current offense or history of misdemeanors indicating a pattern of escalating criminal activity. |
| C | Minimal number of previous offenses, or history of felony offenses, or history of misdemeanors indicating a pattern of escalating criminal activity. Offenses <u>usually</u> do not indicate violent criminal behaviors or crimes against persons. |
| D | Minimal number of previous offenses or first felony following a pattern of misdemeanors or combination. Offenses <u>usually</u> do not indicate violent criminal behavior or crimes against persons. |

V. PREVIOUS COURT INVOLVEMENT

- | | |
|---|--|
| A | History of service through YSB ¹ , probation, or STT ² , or any combination thereof. Possible history of placements: foster home, relative home, institutional placement, or DSS ³ , or any combination thereof. Particular reference to reports indicating unsuccessful adjustment to these interventions. |
| B | Same as A (above). |
| C | Possible previous involvement with YSB, probation, intensive probation, or D & E ⁴ . History of previous placement in STT, foster home, relative home, or DSS. |
| D | Possible previous involvement with YSB, probation, intensive probation, or D & E, or any combination thereof. May be a violation of intensive probation or a new petition while on intensive probation/probation. General failure to respond to probation; usually no prior institutional placements. |

¹YSB is the Youth Services Bureau.²STT refers to a treatment program at the Juvenile Home which served as the forerunner of ILP - Wing 3.³DSS is the Michigan Department of Social Services.⁴D&E is the Detention and Evaluation Program at the Juvenile Home.

VI. SOCIAL SKILLS

A	Street-wise or street-sophisticated; manipulative; resistant to change; problems with authorities; aggravates others; easily angered; alcohol or drug problem; lying; low self-image; or inconsiderate of others, or a combination thereof.
B	Same as A (above).
C	General immaturity for age group, low self-image; easily misled. Street-wise, manipulative, resistant to change, problems with authorities, inconsiderate of others.
D	General immaturity for age group; or low self-image; or easily misled; or inconsiderate of others; or in need of supervision; or a combination thereof. Workable in program.

VII. BEHAVIOR PATTERNS

A	Misleads others; seeks immediate gratification of needs; frequently acts-out anger; takes things that belong to others; verbally avoids accepting responsibility for behavior; resists being told what to do; makes fun of, embarrasses, or puts down others and self; or a combination thereof.
B	Same as A (above).
C	Easily drawn into inappropriate behaviors by others. Generally does not act out anger in a violent manner. Withdraws as a defense to change. Misleads others, seeks immediate gratification of needs, verbally avoids accepting responsibility for behavior, resists instructions. Makes fun of, embarrasses, or puts down others and self, or a combination thereof.
D	Adapts well to structured situations; interested in changing behavior; easily drawn into inappropriate behaviors by others; generally does not act-out anger in a violent manner; sensitive to others and is easily hurt; major variations in behavior; withdraws as a defense to change; or any combination thereof.

VII. COGNITIVE ABILITIES

A	Understands causal thinking; understand consequential thinking; ability to generate alternative thinking; or a combination thereof.
B	Same as A (above).
C	Same as A (above).
D	Limited ability to comprehend casual, consequential and alternative thinking.

INTENSIVE LEARNING PROGRAM
SELECTION CRITERIA
INTERVIEW EVALUATION

Student _____ DOB _____

CRITERION-CHECKLIST	GROUP				COMMENTS
	A	B	C	D	
Age					
Size					
Offense					
Offense History					
Previous Court Involvement					
Social Skills					
Behavior Patterns					
Cognitive Abilities					
Aftercare Considerations					

Impressions:

Concerns:

Recommendation:

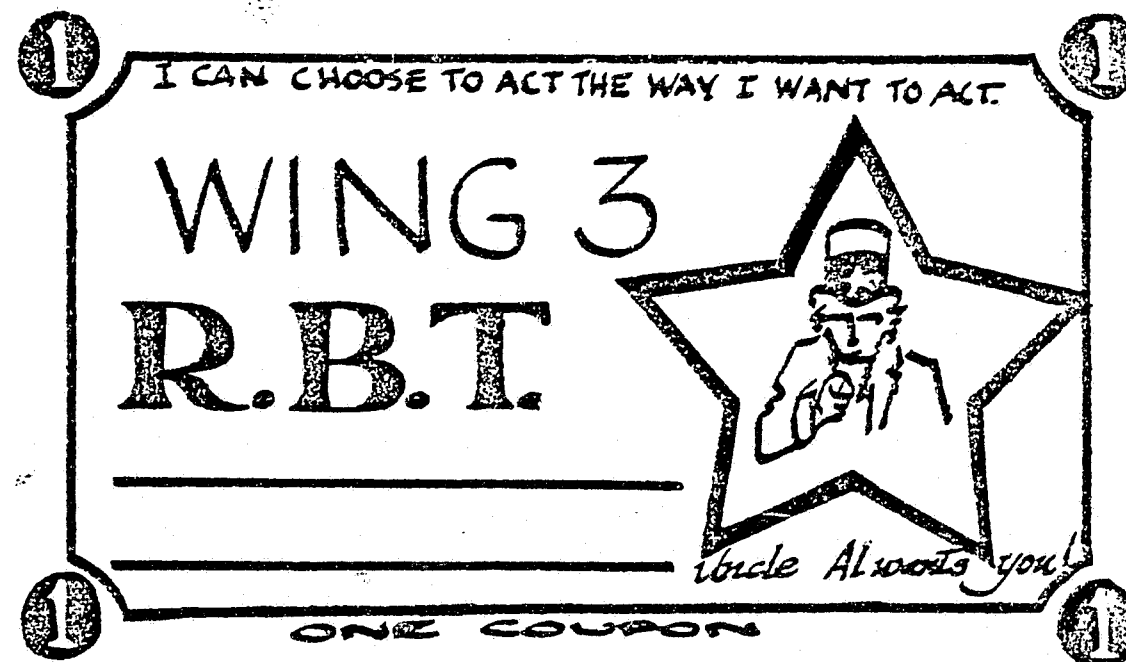
SECTION II

TOKEN ECONOMY

The basis of the ILP token economy is the Point System (see section on Point System). The Point System establishes a framework for the evaluation of behavior in two broad categories: 1) those behavioral areas where all residents are expected to progress and 2) target areas that are individualized in the behavioral contract section of the point sheet.

1. POINTS. All residents may earn points for appropriate behavior in the designated categories on the point sheet. Points accumulate on an ongoing basis and qualify residents for various activities and privileges scheduled throughout the week. Points are also used in a contingent manner for residents to earn weeks in the program. The point sheet is made available to residents regularly during the day so that they can receive feedback on their behavior as assessed by staff. Considerable overlap is built into the system to maintain a press toward appropriate behavior. Since the basic unit of programming is one-week, new point sheets are issued each Friday.

2. COUPONS. Coupons are a medium by which appropriate behavior can be immediately and tangibly reinforced. They are more closely related to individualized behaviors targeted in the behavioral contract section of the point sheet. Coupons are redeemable in the Juvenile Home Store for such back-up reinforcers as: candy, pop, models, toiletries, t-shirts, records, etc. A sample coupon is presented below.



3. CONTRACTS. Included on the point sheet is a behavior contract for each resident, assigned during weekly team meetings as a treatment objective for that resident for the week. If the resident is following his contract a majority of the shift, he would earn a plus (+) on the point sheet for that shift or school. If there were frequent violations and assigned time-outs (see Discipline Policy) for a contracted behavior, the resident would earn a minus (-) on his point sheet for that shift or school. Earning pluses is a contingency for movement in the phase system.

4. 19 CLUB. A resident who earns 19 pluses on his behavior contract in one week becomes a member of the prestigious 19 Club. His name is added to the club roster posted in the counselors' office. In addition, he earns a special coupon redeemable for a milk shake or two soft drinks and a ball-point pen inscribed "ILP 19 Club."

POINT SYSTEM

The ILP point system was developed to upgrade previous evaluation systems at the Juvenile Home. As the ILP continues to evolve, modifications in the point sheet will continue to reflect new components of ILP while remaining within the point system philosophy outlined below. The distinctive features of the point system are that it outlines the areas being graded and supplies visual proof of those grades that makeup the total amount of points. Secondly, the point system provides for greater consistency in grading between staff members.

The point system is the foundation of the token economies used at the Juvenile Home. When the token economy is operating efficiently, the use of coupons, contracts, and time-outs becomes more effective. In fact, all components of the Intensive Learning Program are tied to the point system. As seen in the diagram on the following page, the point system and its philosophy permeate each of the behavioral management techniques used in the ILP.

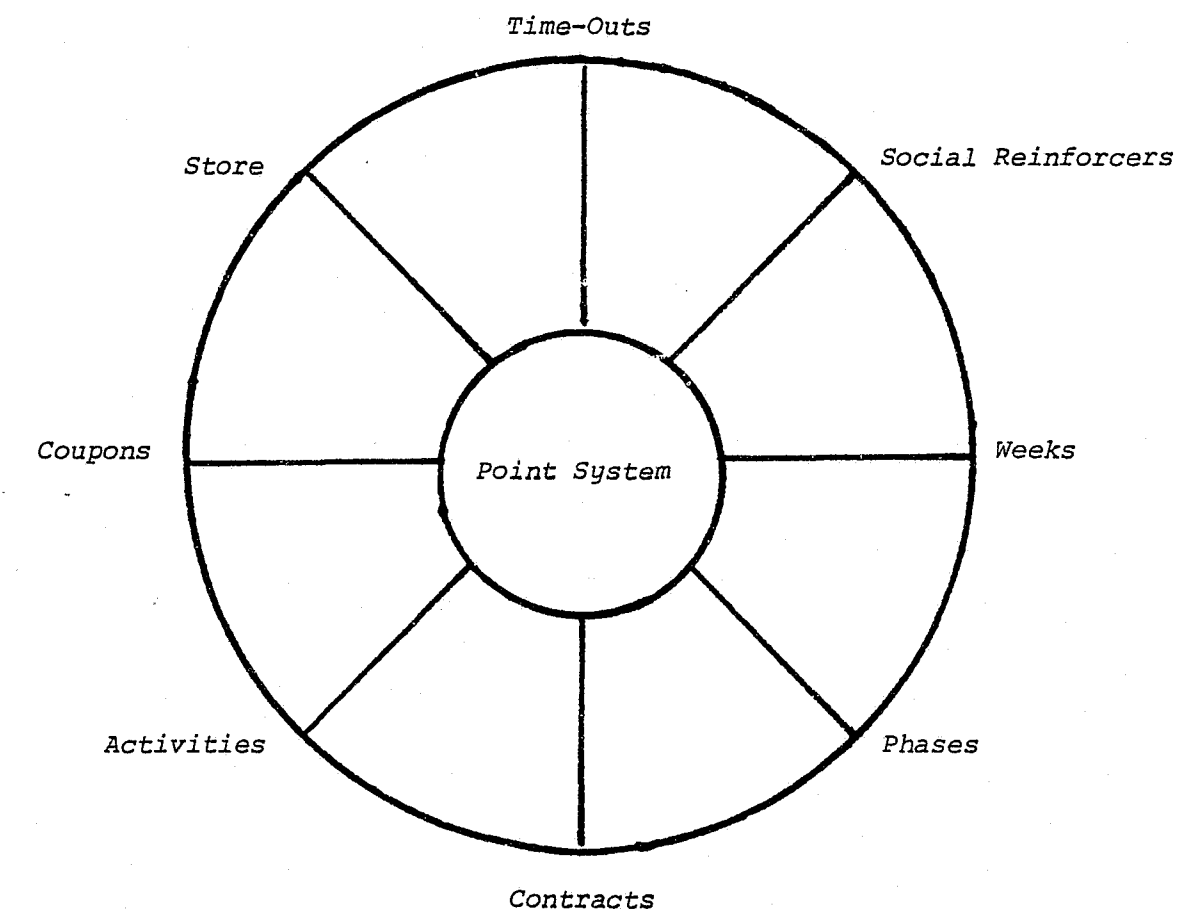
While point systems or token economies are used in institutional settings for a variety of purposes, the ILP point system has three specific goals: control, positive environment, and behavioral monitoring.

1. CONTROL. The primary goal of the point system is to generate control of behaviors within the Juvenile Home. In order for treatment interventions to be successful, a minimally acceptable level of appropriate behavior is required. By establishing acceptable levels of behavior, the probability of seriously disruptive behaviors is reduced. Furthermore, the control component adds a sense of consistency and continuity to the daily routine for ILP residents. This consistency and control contribute to the creation of physical and psychological security for residents within the ILP.

The control components of the point system are based on standardized contingencies, i.e., expectations for behavior which are required of every resident. These standardized contingencies relate to institutional behaviors. Recognizing that institutional programs are criticized because of the emphasis on controlling behaviors which are solely specific to an institutional environment, the standardized contingencies on the point sheet reflect an attempt to focus on behaviors which are relevant to other institutions. For example, the five areas of behavioral expectations have been evaluated by public school teachers and parents as relevant to the school setting and the home environment. Therefore, the standardized contingencies in the ILP point system are viewed as institutionally-general.

The five standardized contingencies on the point sheet were generated through evaluative research in the Intensive Treatment Unit. For a five month period of time, child care workers evaluated residents' behavior through the use of a behavioral checklist which contained 25 of the most commonly occurring inappropriate institutional behaviors. At the end of five month period, the behavioral checklists were collected and evaluated.

INTENSIVE LEARNING PROGRAM COMPONENTS



Since the rules, regulations, and behavioral expectations were well defined, all inappropriate behavior was categorized as a failure to follow instructions. Therefore, this classification was omitted from the checklist. Subsequently, the five most frequently occurring inappropriate behaviors were defined as: 1) being outside of an assigned area, 2) excessive and/or inappropriate talking, 3) inappropriate gestures, 4) a lack of cooperation towards staff and/or other residents, and 5) a failure to ignore the inappropriate behavior of others. Based on this research, these five behaviors became the targeted standardized contingencies for evaluating behavior under the point system.

To assess whether or not this particular goal of the point system has been effective, staff need only to look at the number of room confinements that occur during one week or month. Prior to the implementation of the token economy, Juvenile Home residents were routinely confined for periods of 24 hours or more. These confinements frequently resulted from minor inappropriate behaviors, such as, cursing at staff or others. As a result of the use of the point system as the primary control mechanism, room confinements have been significantly reduced. Furthermore, staff members who worked at the Juvenile Home prior to the establishment of ILP or who have experience in other institutions uniformly report that the level of appropriate behavior is much higher in the ILP as the result of the point system.

2. POSITIVE ENVIRONMENT. The second goal of the point system is to create a positive environment within ILP. If the ILP philosophy emphasizes the reinforcement of appropriate behavior, a positive environment can enhance this process. Additionally, the creation of success experiences for residents can be facilitated through a positive program environment. Finally, ILP staff view a positive environment as a moral and ethical commitment to the best interests of ILP residents. While incarceration, in and of itself, is punishing, the ILP is designed to change inappropriate behaviors and generate coping skills. Therefore, this process can be accomplished in the most efficient manner by recognizing basic human rights of the residents and refusing to subject them to a negative environment.

Within the context of behavior modification, the primary purpose of a positive environment is to maximize the effectiveness of time-out. Because time-out is contingent upon positive reinforcement which can be interrupted, it is critical that the environment have reinforcing value. To the extent that the point system is operating efficiently and incorporating the emphasis on reinforcement of appropriate behaviors, a positive environment can be generated which will transform the time-out procedures from response-contingent social isolation to response-contingent time-out from reinforcement.

There are three general methods of evaluating this particular goal of the point system. First, the ratio of time-outs to coupons indicates that reinforcement is approximately three times more accessible than extinction. Second, the results of the CIES indicate that the social climate or the environment approximates a therapeutic milieu. It is assumed that a therapeutic milieu is contingent upon a positive environment.

Third, subjective evaluations of staff members from other institutions and of staff members who have experience in other institutions indicates that the ILP environment is substantially more positive than other settings.

3. MONITORING. The third goal of the point system is to provide a system of behavioral observation and recording which can be used for evaluation and documentation. Within the context of a treatment program, it is imperative that the program demonstrate a record of change in behavior. Through the accumulation of point sheets, staff have a representative picture of a resident's behavior during ILP commitment. Furthermore, these data can be used to evaluate treatment interventions.

The major problem with any evaluation system that relies upon its administration by more than one staff member is reliability. In other words, do fluctuations in points reflect changes in behavior or do they reflect different perceptions of the same behavior by staff? To resolve this dilemma, there must be a high degree of inter-rater reliability among those staff members who use the point system. While the team concept and the grading criteria facilitate this process, research on inter-rater reliability through the use of two double blind experiments indicates a significantly positive correlation between staff members on ILP. For this reason, the point system has been viewed as highly reliable; that is, points reflect behavior.

Philosophy

The point system is structured around an earn/non-earn philosophy. This means that points are earned on the basis of the level or degree of appropriate behavior demonstrated in each of the behavioral areas for each grading period. Residents start each grading period with zero points. The higher the number of points awarded for behavior during the grading period reflects the appropriateness of the behaviors during that period. This particular approach is opposed to the concept of response cost or fines. A response cost system takes away a prescribed number of points or tokens for specified inappropriate behaviors. Furthermore, research has demonstrated that the response cost point system is more efficient in changing behavior.

If response cost is a more effective system, why does ILP refuse to use the response cost system in place of the earn/non-earn philosophy? The answer is consistency. Of the possible operant consequences for behavior, the ILP clearly emphasizes the combination of reinforcement and extinction as consequences for strengthening appropriate behaviors and weakening inappropriate behaviors respectively. Furthermore, the Intensive Learning Program philosophy rejects the concept of punishment, with the exception of physical restraint. Through the concentration on reinforcing and extinguishing consequences, the ILP philosophy asserts that the creation of a therapeutic environment is more easily accomplished. Therefore, it makes absolutely no sense to emphasize

reinforcement and extinction as the consequences for behavior and then structure a point system which incorporates punishment (response cost or fines) as a consequence for inappropriate behavior. Just as there is a desire among adults to have life make sense, the same cognitive consistency needs exist for institutionalized juvenile offenders. For these reasons, ILP chooses a consistent approach to behavior modification and the point system.

The second major philosophical issue with the point system pertains to the structuring of contingencies. Because the point system serves as the basis for a behavioral management program, there are considerable periods during the program schedule when overlap occurs among contingencies. This process allows for a multifaceted token economy. Examples of extra contingencies include coupons, contracts, and prescribed activities where additional points are available.

At the base of the point system are the five standardized contingencies for behavior. Because these standardized contingencies serve as the control function, they are evaluated 24 hours a day. However, the ILP also focuses on the development of responsible social, educational, and personal behaviors. Therefore, additional contingencies are included on the point sheet to address these additional areas. Even though this creates a double jeopardy for residents during particular grading periods, it also emphasizes the extra importance of specific behaviors to the treatment process. It is this flexibility in the point system that allows for the incorporation of treatment related issues.

Grading

The utility of the point system is a function of staff grading procedures. From this perspective, the ILP point system represents an unique approach to a token program. First, the entire point system is represented on one sheet of paper which provides residents with a visual representation of the entire week. Second, through the use of an interval schedule of reinforcement, grading periods are systematically structured to evaluate relatively constant blocks of time. Third, the point sheet specifies those behavioral areas which are targeted. And finally, the point system specifies the amount of earnable points for each behavioral contingency.

There are several distinct advantages to the point sheet. The primary advantage is that it affords each resident with an opportunity for ongoing feedback regarding behavior during the day and week. A secondary advantage is that the processes of grading and providing feedback to residents serve as a discriminative stimuli for social reinforcement by staff. This strengthens the behavioral approach to the positive reinforcement of appropriate behavior.

Grading is a function of the number of points available for each specified behavioral contingency. The number of points available ranges from 1 to 5. By using an odd number of points, the median grade will serve

as a referent for average behavior. In other words, with a 1 to 5 range, a grade of 3 would signify average behavior. Furthermore, ratio data of this nature allow for a degree of discrimination on the part of staff members when evaluating complex and multiple behaviors over an extended period of time.

A major concern of the point system is consistency in grading. To increase consistency, expectations for behavior are delineated for both staff and residents. In addition, multiple criteria for the determination of grades are available for all staff members, and the team process permits each group of staff members to determine a uniform method of employing grading criteria. However, confounding variables can render the grading process inconsistent. Using the earn/non-earn philosophy, grading reflects only those behaviors that are present during the grading period. The following are examples of confounding variables that reduce the consistency of the grading process:

Example 1. A resident's behavior has been below expectations for the past week. Quite recently, his behavior has shown marked signs of improvement. When faced with the issue of grading this behavior, the staff member decides to reward the resident's improvement with a very high grade.

This process is inappropriate because it tells the resident that average behavior will result in above average rewards and because it is based on a subjective inconsistency. The staff member is incorrectly assuming that the points are intrinsically reinforcing. However, points only become reinforcing through their relationship with the back-up reinforcers.

The appropriate approach would be to give the resident the grade he earned based on his behavior. Even though the grade may be no more than an average mark, the staff member still has the alternative of reinforcing the resident's improvement with attention, praise, and encouragement. In this manner, the consistency and integrity of the point system is maintained by allowing the resident to compare an improved grade with the consistently below average grades he received for below average behavior.

Example 2. Based on a resident's level in the program, he is now eligible to earn weekend passes. During the first four days of the week, his behavior has been above average. If this behavior continues, the resident will surely earn his weekend pass. However, the resident decides to act-out on Thursday. While the behavior is below expectation, it is not of a serious nature. When grading, the staff member decides to give the resident the benefit of the doubt because his behavior has been above average during the week; and the staff member believes that the resident should not lose a pass for this type of behavior.

This grading process is also inappropriate. The staff member is yielding to pressure to deviate from the specificity of the earn/non-earn structure of the point system. It is important for each staff member to realize that he does not make the decisions regarding rewards when grading a resident's behavior. It is the behavior of the resident that determines whether or not he earns a reward. Furthermore, the grading process does not account for patterns of behavior that occur prior to the grading period.

The appropriate approach to this situation would be to grade the behavior in accordance with the standards and expectations set for that particular situation. If the point total falls short of the minimum requirement for earning a pass, the resident himself failed to earn that reward. Furthermore, the earn/non-earn approach places responsibility on the resident for his own behavior, and the ability to accept responsibility for one's own behavior is a vital concern in the treatment of juvenile offenders.

Example 3. A resident violates a rule of the program. When confronted by a staff member, the resident acts aggressively by cursing and threatening to hit the staff member. In response, the staff member tells the resident that he will be confined if these statements and actions do not stop. At this point, the resident acts appropriately. When time for grading, the staff member decides to grade the behavior highly because the resident acted appropriately after the staff member had threatened to confine him.

This, too, is an inappropriate grading process. The staff member attended to inappropriate behavior without consequating it. Secondly, the resident learned that the staff member can be manipulated to a point when he threatens confinement. On their next encounter, it is probable that the resident will test the staff member to see how far he can go before actually being confined.

The appropriate manner to deal with this problem would be to deliver a consequence for the aggressive behavior, for example, a time-out. Behaviors earn grades that are consistent with the expectations regarding aggressive behavior. Because the resident violated a rule, the consequence mentioned above is a logical and natural response to this behavior. Second chances and threats provide the basis for manipulation.

While there are numerous examples of appropriate and inappropriate methods of grading, the key concept is the specificity of the grading period. In other words, staff members are to grade a resident's behavior in specific areas for a specific period of time. The grade a resident earns represents the sum total of all behavioral observations for that resident during that grading period.

Inflation and Deflation

Two inherent problems are inflation and deflation of the token economy. While inflation appears to be the most common problem, both are areas of concern. Inflation is an increase in points without a corresponding increase in appropriate behaviors. When rewards become readily accessible to the majority of residents, they lose their reinforcing value. Conversely, deflation is a decrease in points without a corresponding decrease in appropriate behaviors. When rewards become unaccessible to the majority of residents, they lose their motivating value. In both cases, inappropriate behaviors increase.

Inflation and deflation threaten the integrity of the back-up reinforcers. In order to ensure that these rewards are reinforcing, the general response has been to reserve the right to change minimum requirements for a reward without notice. While this creates several conflicts, staff members soon discover that it is easier to grade a resident within the limits of the expectations set by the program than it is to solve the conflicts generated by the loss of a reward. This practice has proven to be successful in bringing the grading process in line with the program expectations.

Passivity

Another problem is passivity. Because the majority of institutional staff members are primarily geared toward responding to inappropriate behavior, residents soon learn that it is possible to earn rewards by doing nothing or by exhibiting no inappropriate behavior. The solution to this problem assumes a team awareness of those residents who act passively, ongoing discussions among the team as to possible alternatives, and a manipulation of the contingencies so that behaviors which are incompatible with passivity are reinforced. The best solution rests in the understanding that points are not earned by not exhibiting inappropriate behavior, rather, points are earned by appropriate behavior.

Appropriate Criteria for Grading

The main concern of the token economy is the accurate and consistent evaluation of behavior through the grading process. The central question remains--what constitutes a grade? There are five appropriate criteria for grading presented on the following page. These criteria account for several different interpretations of appropriate behavior.

After careful study of each criterion, staff members will use one criterion or a combination of criteria to determine the appropriate grade for a specific set of behaviors. Through ongoing evaluation of the staff's use of the criteria, a greater overall consistency can be achieved. The following guidelines are of particular importance:

1. More than one criterion may apply to a specific behavior.

Criteria for Grading

	Percentage of Appropriate Behavior in Grade Period	Measure of Progress Toward Institutional and Treatment Goals and Objectives	Problem-Solving or Conflict Resolution	Relation to Other Standards of Behavior (Home, School, Law)	Standard Definitions
5	100 100-90	Shows excellent behavior, is in control of his problems, helps staff by reducing conflicts, understands why others act-out.	Able to control behavior, solves a problem without upset, a problem-solver for others.	Behavior is consistently appropriate, socially skilled, a sure bet for success.	Totally in accord with the expectations never deviates from goal or target behavior.
4	80 89-70	Understands his behavior, is making solid progress in solving his problems, is cooperative and industrious, occasionally becomes upset.	Understanding and insight prevent major problem, occasionally upsets himself but for short periods of time, little staff intervention needed.	Behavior is appropriate, social skills are adequate, problems will arise, but there is a probability of success with follow-up.	Seldom deviates from expectation, behavior falls below expectations to a modest extent.
3	60 69-50	Working on problem areas, showing progress and insight, occasionally allows himself to become upset over minor problems, majority of time is appropriate.	Understanding how others upset themselves, has problems disputing self-talk, strong cognitive intervention is sometimes needed from staff, seldom, if ever, goes out of control.	Behavior is usually appropriate, social skills need improvement; problems are probable, success is questionable, massive follow-up needed.	Behavior is within acceptable parameters. Neither deviation presents a serious concern.
2	40 49-30	Shows only glimpses of understanding, can only think and act rationally after the problem has been resolved, upsets himself over minor problems.	Has definite problems understanding others behavior, cannot dispute minor problems without staff, upset requires intervention, occasionally goes out of control.	Behavior is inappropriate, social skills are poor, return to Court and Juvenile Home are probable, a genuine risk.	Behavior is seriously below expectations, but effort is being made to improve.
1	20 29-0	Show minimal appropriate behavior, very little self-control or insight.	Does not understand consequences for behavior, cognitive intervention is not effective, frequently loses all control.	Behavior is consistently inappropriate, social skills are lacking, a sure bet to return to Juvenile Home, no evidence to support release.	Behavior is unacceptable no effort is made to improve, no desire is shown.
0	Out/program	Out of the program.	Out of the program.	Out of the program.	Out of the program.

- If so, the staff member should use that particular grade.
2. If one criterion is preferred but it is in contradiction with two or more criteria, a different grade and criterion should be selected.
 3. The grade of "zero" is to be used only when a resident is out-of-the-program for the entire grading period. Out-of-the-program refers to 30-5 and 30-30-5 time-outs and room confinements.

Time spent out-of-the-program, either in confinement or time-out, does affect the grading process. However, the behaviors exhibited in confinement and time-out are not a function of the grading process. Behaviors exhibited in confinement and time-out are only used to determine when the resident can return to the program. The following examples are used for clarification:

Example 1. A resident is involved in a conflict with another resident over who will sit in a particular chair. Instead of seeking assistance with the problem, the first resident starts hitting the other resident. Staff respond by placing him in a 30-30-5 time-out. Because the resident's behavior is inappropriate while in confinement, he spends the entire grading period out-of-the-program.

When grading, the staff member focuses on the amount of time the resident spent in the program during that grading period. Because the time was only a few minutes out of a two hour grading period, the staff member grades each area with a zero. The total grade is zero. The time out-of-the-program precluded any earning of points.

Example 2. The same situation is occurring regarding the use of a particular chair. This time the resident threatens the other resident in order to get the chair. Staff respond neutrally by issuing a 30-30-5 time-out. Because of appropriate behavior while in his room, the resident returns to the group after 65 minutes of time-out has occurred. For the remainder of the grading period, his behavior is appropriate.

When grading, the staff member focuses on the amount of time the resident spent in the program during that grading period. Because the time in the program amounted to 50% of the grading period, the resident is only eligible for 50% of the maximum amount of points. Secondly, the staff member grades the behavior while in the program using the 50% reduction.

6-8 Behavior

1. Area	0	1	2	3	4	5
2. Talking	0	1	2	3	4	5
3. Gestures	0	1	2	3	4	5
4. Cooperates	0	1	2	3	4	5
5. Ignores	0	1	2	3	4	5
TOTAL (25)		8			DR	

What does this grade say to the resident and other staff members? First the grade clearly indicates a major time-out has occurred since very few, if any, residents would earn 8 points for a grading period without additional consequences. Second, the grade also demonstrates that the period of time-out is a situation of non-availability of reinforcement, i.e., points.

Example 3. The same situation is occurring regarding the use of a particular chair. The staff responds by issuing a time-out for arguing. Due to appropriate behavior while in time-out, the resident returns to the program after 5 minutes.

When grading, the staff member focuses on the amount of time the resident spent in the program. Because the time-out constituted only 4.2% of the grading period, the staff member does not reduce the resident's eligibility for points. Secondly, the staff member grades the behavior for the remainder of the grading period according to the criteria.

In summary, the amount of time spent out of the program determines the percentage of points available. The behavior in time-out and confinement are used to determine when a resident returns to the program. Finally, the behavior while in the program is graded according to the criteria for grading.

After establishing a consistent approach to evaluating behaviors and selecting grades, staff members complete the grading process by observing the following sequential process:

- 1) Evaluate resident behavior during the grading period.
- 2) Evaluate each area for behavior with respect to the behaviors of residents during the grading period.
- 3) Apply the grading criteria to each area of behavior.
- 4) Select a grade and mark it for each contingency on the point sheet.
- 5) Add the individual grades to determine the total grade.

Inappropriate Criteria for Grading

The most commonly occurring inappropriate methods of grading are Backward Grading and Negative Grading. Both processes undermine the basic earn/non-earn philosophy of the token economy. Because they are short cuts to

accurate grading, staff members must constantly check their grading methods in order to ensure that these processes are not operating.

1. BACKWARD GRADING. This process occurs when staff members review the behavior of a resident for the grading period and then assign a point total to that behavior. For example, a staff member might say to himself that a particular resident was appropriate a majority of the grading period and, therefore, should receive a total of 22 points. Upon making this decision, the staff member then writes 22 in the space marked for "Totals." He then looks at each of the five behavioral areas and gives them a grade so that the five areas combined will total 22 points. Thus, Backward Grading is the process where a point total is assigned to behavior and then the individual areas are graded so that they add up to the total.

Backward Grading has several drawbacks. Because it does not specifically focus on each of the target areas listed in the grading period, it is doubtful whether this process gives accurate feedback to the resident regarding his behavior in these specified areas. Furthermore, backward grading is a highly subjective process. It is this subjectivity that the point system is trying to eliminate.

2. NEGATIVE GRADING. Perhaps the most common inappropriate grading process is Negative Grading. Using this approach, a staff member assigns each student the maximum amount of points available at the start of the grading period. Each time an inappropriate behavior occurs, the staff member makes a mental note and reduces the point total by some arbitrary interval. In most cases, the staff members that use this process do not have criteria available to compensate for appropriate behavior. Not only is this process inaccurate, but it runs contrary to the idea of behavior modification through the reinforcement of appropriate behavior.

Negative Grading teaches the resident that doing nothing is the best way to stay out of trouble. Rather than presenting appropriate alternatives to problems, residents learn that reinforcers can be earned by exhibiting no inappropriate behavior rather than by exhibiting appropriate behavior. Negative Grading alone is probably the single most important contributor to institutional passivity.

3. ILP HYBRID GRADING. Inexperienced and untrained ILP staff members have frequently fallen into the trap presented by a new hybrid approach to inappropriate grading. The ILP hybrid is a rather bizarre combination of backward grading and negative grading. Based on the use of a percentage grade which is inappropriately viewed as an "expected" grade, residents begin the grading period with these "expected" points. Appropriate and inappropriate behaviors exhibited during the grading period function to increase or decrease by some arbitrary point figure the average score. At the end of the grading period, these positive and negative factors are accumulated; and the net result increases or decreases the average score for that grading period. The resulting total score is entered as the "Total," and the backward grading process is continued by selecting grades within each of the five behavioral areas which will produce the equivalent total score.

Adjusted Grades

There will be occasions when the resident is legitimately out of the program for an unspecified period of time. During these incidences, staff members will probably be unable to evaluate the resident's behavior. Therefore, the following guidelines will be used to adjust the point total for time spent out of the program.

For the purpose of clarification and definition, this category does not refer to disciplinary action when the resident is "out-of-the-program" and is also unable to earn points through the token economy. Instead, there are two basic types of out of the program activities that constitute this category: 1) out of the building under non-Juvenile Home staff supervision and 2) illness. Some examples are:

1. Illness where room confinement is requested by the resident or when the resident is running a fever in excess of 100 degrees or when a resident is under a doctor's care.
2. An admission to the hospital.
3. A trip to the doctor's or dentist's office under the supervision of a probation caseworker.
4. A weekend pass.

While there are numerous situations which would qualify, there are three general criteria for determining whether or not to adjust the resident's point total. The criteria are as follows:

1. The time out of the program must not be related to the disciplinary procedures in the Juvenile Home.
2. Supervision of the resident is maintained by someone other than a Juvenile Home staff member.
3. The behavior in question (illness) does not pertain to the behavioral areas to be evaluated on the point sheet.

When grading, the appropriate grading period is located. The individual areas are not graded nor scored, rather, an adjusted grade is entered. The grade reflects the percentage of total points needed to earn the major back-up reinforcer for that particular time of the week. For example, if 75% of the earnable points for a specified period is needed to earn a reinforcer, an adjusted grade would be 75% of the total earnable points for that grading period. In other words, an adjusted grade of 19 points would be assigned to a grading period worth a maximum of 25 points.

The process of adjusting grades safeguards the integrity of the reward while simultaneously avoiding punishing a resident who has a legitimate reason for being out of the program. Furthermore, adjusted grading neutralizes any positive or negative effects of the resident's absence from the program. This procedure is frequently called "percentaging."

PHASE SYSTEM

The Intensive Learning Program consists of four well-defined, cognitive/behavioral phases. This system provides the basis for programming while determining eligibility for privileges. Within each phase there are minimal behavioral and cognitive expectations. Phase IV, the initial phase, requires one earned week based upon contingent progress in the program. Each of the other three phases requires a minimum of three earned weeks. The phases are designed to provide systematic and intermediate goals which mark a resident's progress toward release and which ensure that treatment objectives are met.

Phase IV

New residents enter the ILP with Phase IV status. Phase IV is designed to provide a period of orientation during which residents are expected to learn the basic RBT problem-solving tools and vocabulary. This is accomplished through individual and group didactic sessions and paper/pencil exercises (see Phase IV Packet). Secondly, Phase IV is structured in a manner that emphasizes the cognitive relationship between behavior and consequences. Finally, Phase IV is intended to maximize future opportunities for success by establishing a therapeutic relationship with the youth and by presenting expectations that are both understandable and attainable.

Phase III

Phase III marks the beginning of an emphasis on social skills training and an involvement in identification of personal problems leading to conflicts with the community. Reinforcement is contingent upon the demonstration of practical applications of the problem-solving tools. Phase III stresses the importance of incorporating rational language into the resident's everyday speech patterns. Changes in a resident's languaging process are viewed as the initial indicators of changes in attitudes and beliefs. Additionally, Phase III requires an active involvement in all programmed activities, especially active participation in group counseling. Treatment objectives on Phase III include the application of problem-solving tools in counseling, school, recreation, and group living.

During Phase III, contingent social activities become available. While these activities function as reinforcers, they also expand the range of experiences for social skill development. Included in these social activities are co-educational events and, upon earning two weeks on Phase III, off-campus weekend activities.

Phase II

Phase II marks a critical transition in the ILP. Through the addition of home passes, Phase II provides residents with the opportunity to apply rational problem-solving tools in the home and community environments.

Treatment objectives continue to focus sharply on problems generated within the community. Home passes provide a concrete opportunity to use the problem-solving tools with family and friends. Following an evaluation of feedback from the home pass, counseling sessions continue to work on the development of effective problem-solving and coping skills.

During Phase II, residents are expected to set appropriate behavioral examples for other residents on lower phases. Support for Phase I wing leaders is an additional expectation. Preparation for these responsibilities is a function of the Phase II emphasis on assertiveness training. Many delinquent youth do not know how to get what they want in an appropriate manner. Subsequently, frustration in reaching one's goals frequently leads to aggressive behaviors. Residents are taught how to assert themselves in a direct, honest, and appropriate manner. This approach respects both the rights of others and the rights of the resident. Assertiveness is viewed as an appropriate alternative to aggressive behavior which not only violates the rights of others but expresses a lack of self-respect and control on the part of the individual.

Phase I

The final preparation for release is represented by Phase I. Residents are expected to function autonomously and to accept leadership responsibilities for the wing. Even though privileges are more abundant, contingencies are less formal and expectations are higher. During the last week of Phase I, the resident's point sheet is kept in the wing log in an attempt to fade the dependence on externally supplied feedback. The last three weeks of Phase I must be earned consecutively or the resident repeats Phase I. This expectation emphasizes the maintenance of consistently appropriate behavior for a three week period.

During Phase I, residents work closely with the aftercare caseworker to formulate a viable plan for aftercare. Issues, such as, education planning, family contracting, employment, career exploration, vocational training, and aftercare expectations, are addressed during this period. Upon completion of Phase I, residents are released to their own homes or alternative placements on aftercare probation. This post-ILP monitoring is provided for Wing I residents by the ILP aftercare caseworker and for Wing III residents by the Intensive Probation Program.

Home Passes

Regular home visits are a program component of the ILP phase system. Visits are designed to allow residents to maintain relationships with family members during the commitment period. They, additionally, provide residents the opportunity to practice newly acquired social and problem-solving skills. Another benefit of the home visit is that parents have an opportunity to see the behavioral and attitudinal changes of their youngsters. Feedback on the home visit is provided through the systematic information-gathering tools. On the following pages, see the Home Pass Agreement and the Parental Feedback Sheet.

INTENSIVE LEARNING PROGRAM

PHASE IV (1 week)

Expectations:

1. Participation in all programmed activities.
2. Completion of the Phase IV Packet.
3. Completion of five RSA's.
4. Score 90% on Phase IV exam.

Privileges:

1. Coupon store.
2. Television (upon completion of packet and RSA's).
3. Board games (upon completion of packet and RSA's).

Treatment Objectives:

1. Orientation to the program.
2. Orientation to rational languaging.
3. Orientation to the Token Economy.
4. Orientation to discipline policy.
5. Establish working relationships with staff and peers.

INTENSIVE LEARNING PROGRAM

PHASE III (3 weeks)

Expectations:

1. Use of appropriate language.
2. Active involvement in the program.
3. Active participation in counseling.
4. Knowledge of individualized treatment objectives.
5. Understanding of problem-solving tools.

Privileges:

1. Contingent social activities.
2. Nightly FREE TIME.
3. Three telephone calls.
4. On-campus outside privileges (III-2).
5. Full outside privileges (III-3).
6. Full dayroom privileges.
7. All-purpose room privileges.
8. Job assignment.

Treatment Objectives:

1. Investment in program and problem-solving.
2. Use of rational languaging.
3. Demonstrable social skills.
4. Identification of personal problems.
5. Demonstrable application of RBT tools.

INTENSIVE LEARNING PROGRAM

PHASE II

Expectations:

1. Observable progress toward treatment goals.
2. Increased assertiveness.
3. Demonstration of problem-solving skills.
4. Successful home visits.

Privileges:

1. Three home visits (6, 12, 24 hour passes).
2. Three telephone calls.
3. Ten pm bedtime.
4. Off-campus activities.
5. Job assignment.
6. Room decorations.

Treatment Objectives:

1. Active problem-solving.
2. Helping behaviors toward peers.
3. Orientation toward family/community problems.
4. Demonstration of personal responsibility for behavior.

INTENSIVE LEARNING PROGRAM

PHASE I (3 weeks)

Expectations:

1. Assume leadership responsibilities.
2. Provide appropriate modeling for fellow residents.
3. Demonstrate social responsibility.
4. Actively help others.
5. Demonstrate ability to function without program contingencies.
6. Participate in formulation of goals for aftercare.

Privileges:

1. Two home visits (36 & 48 hour passes).
2. Three 5-minute telephone calls to parents.
3. Ten pm bedtime.
4. Radio or portable tape player in room.
5. Toiletries and approved personal items in room.
6. Jewelry and belt may be worn.
7. Approved room decorations.
8. Job assignment.
9. Coupon allowance.
10. Eligible for removal from point sheet.
11. All off-campus privileges.
12. All in-building privileges.

Treatment Objectives:

1. Preparation for release.
2. Active leadership in program.
3. Increased autonomy.
4. Decision-making.
5. Increased assertiveness and inter-personal skills.
6. Re-enrollment in school or employment.
7. Negotiate aftercare contract.

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State of Michigan
CALHOUN COUNTY PROBATE COURT
Juvenile Division
315 W. GREEN ST. — MARSHALL, MI 49063
(616) 781-9811, EXT. 386

INTENSIVE LEARNING PROGRAM

AGREEMENT FOR HOME VISIT

I, _____, have earned a _____ hour Home Visit. I agree to follow these rules while away from the program.

1. Accept and follow directions from parent(s).
2. Have parent(s) permission to leave home or before leaving one place for another.
3. I will keep my parent(s) informed of my whereabouts at all times.
4. Associate only with those I know do not break the law(s).
5. Respect and follow any law of the state or any ordinance of any municipality.
6. Respect others and their property.
7. I will not use drugs or alcohol.
8. I will return to the Juvenile Home at the scheduled time.
9. While on my pass, I will contact the Juvenile Home or caseworker _____ times to inform about progress of my home visit.
10. My parent(s) will complete the questionnaire concerning my home visit upon my return to the Juvenile Home.

Counselor

Signature

Date

Witness(es)

CALHOUN COUNTY JUVENILE HOME
14555 18¹/₂ Mile Road
Marshall, MI 49017
Phone 781-7221

INTENSIVE LEARNING PROGRAM
COMMUNICATION QUESTIONNAIRE FOR HOME VISITS

Re: _____

	<u>Never</u>	<u>Almost Never</u>	<u>Some Times</u>	<u>Almost Always</u>	<u>Always</u>
1. Did he accept and follow directions?	1	2	3	4	5
2. Did he have permission to leave home or before leaving one place for another?	1	2	3	4	5
3. Did he keep you informed of his whereabouts at all times?	1	2	3	4	5
4. Did he associate only with those who do not break the law?	1	2	3	4	5
5. Did he respect and follow the laws of the state and city?	1	2	3	4	5
6. Did he respect others and their property?	1	2	3	4	5
7. Did he use drugs or alcohol while on the Home Visit?	1	2	3	4	5

	<u>None</u>	<u>Very Little</u>	<u>Some of the Time</u>	<u>Most of the Time</u>	<u>All of the Time</u>
8. How much time did he spend with the family?	1	2	3	4	5
9. Did he spend any time talking to you about the program and expectations?	1	2	3	4	5
10. Are you satisfied with his behavior on this Home Visit?	Yes _____	No _____			

Comments:

ILP

Phase IV Packet

name _____

date _____

ABC THEORY

- A Something happens
- B You tell yourself something about A
- C You react to B with feelings and behavior
- D Dispute the irrational B
- E New reaction

AFRCG THEORY

- A - Alive Does it keep me alive?
- F - Feelings Does it make me feel better?
- R - Reality Is it true?
- O - Others Does it help me get along with others?
- G - Goals Does it help me reach my goals?

DEFINITIONS

- Rational - Thinking that makes sense
- Irrational - Thinking that is nonsense

- Appropriate - Behavior that helps me get to my goals
- Inappropriate - Behavior that takes me away from my goals

6 IRRATIONAL IDEAS

1. Namby Pamby - "I can't stand it."
2. Fairy Tale - "Things should be different."
3. I Stink - "I'm no good."
4. You Stink - "He's no good."
5. Doomsday - "It's terrible, awful."
6. Robot - "He made me."

IDENTIFY APPROPRIATE OR INAPPROPRIATE.

- _____ Skipping school.
- _____ Taking out the trash.
- _____ Staying out past curfew.
- _____ Shoplifting.
- _____ Doing homework.
- _____ Acting friendly to a new guy at school.
- _____ Ignoring guys who are trying to start trouble.
- _____ Shooting pool.
- _____ Talking back to parents.
- _____ Participating in a class discussion.
- _____ Stealing a candy bar.
- _____ Complimenting someone who doesn't like you.
- _____ Smoking marijuana.
- _____ Following instructions.

GIVE FIVE EXAMPLES OF APPROPRIATE BEHAVIOR.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

GIVE FIVE EXAMPLES OF INAPPROPRIATE BEHAVIOR.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

IDENTIFY RATIONAL OR IRRATIONAL

- ___ Robert is nothing.
- ___ I can't do my assignment.
- ___ I wish there weren't so many rules to follow.
- ___ I know I won't get caught.
- ___ He can't treat me like this.
- ___ I want to stay out late tonight.
- ___ I don't care what anybody thinks about me.
- ___ He has no right to say that.
- ___ Dad really makes me mad sometimes.
- ___ I've got to have my way.
- ___ I can't wait until I'm out on my own.
- ___ I need to get out of here.
- ___ It's terrible to feel like this.
- ___ It's okay to feel angry now and then.
- ___ If my Mom had given me some money, I wouldn't have stolen it.
- ___ I don't like that teacher.
- ___ I hate it when I'm asked to wash dishes.
- ___ They ought to be more understanding.
- ___ I'll prove to them that I'm as good as they are.
- ___ I tried to follow the rules.
- ___ It's too hard to get up and go to school.
- ___ No one will ever understand.

Identify A, something happens; B, telling yourself something; or C, your reaction.

- ___ He made me mad.
- ___ I won't get caught.
- ___ Tim called me a name.
- ___ I cannot stand to have someone laugh at me.
- ___ Depressed.
- ___ I walked away.
- ___ I've always had a bad temper and I guess I always will.
- ___ Disappointed.
- ___ I never can do anything right.
- ___ Mom said I couldn't go skating.
- ___ I can't let him get away with that.
- ___ Irritated.
- ___ Angry.
- ___ Steve asked me to skip school.
- ___ I pushed him.
- ___ It's not my fault.
- ___ Annoyed.
- ___ She shouldn't treat me this way.
- ___ I yelled at her.
- ___ Don asked me to go play ball.
- ___ I need some money.
- ___ That's not fair.
- ___ Happy.
- ___ Bill is really a louse.

Indicate to which of the Six Irrational Ideas each of these statements belongs.

- _____ Bobby is a real jerk.
- _____ It really makes me mad when someone talks about my mother.
- _____ I can't stand school.
- _____ My father should give me more spending money.
- _____ I just can't help it.
- _____ I'll show them that they aren't so tough.
- _____ I need some money.
- _____ If I had a job, I could stay out of trouble.
- _____ I'll take this money; no one will catch me.
- _____ Those teachers are always messing with me.
- _____ If I don't get to go, I'll just die.
- _____ You have no right to say that to me.
- _____ This is not fair.
- _____ I just can't do it.
- _____ I'll get them back for making me feel this way.
- _____ I can't bear to feel so uptight.
- _____ I'll never make new friends.
- _____ I just did it because my friends were doing it.
- _____ I have to have some got.
- _____ I must have what I want when I want it.
- _____ I've got to drive that car.
- _____ I must have what I want, right now.
- _____ I can't stand waiting.
- _____ It really hurts to have her reject me.
- _____ I can't change my feelings.
- _____ This is too much to bear.
- _____ I'm nothing without lots of friends.

Give the names of the Wing I residents.

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Give the names of the Wing I staff.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Give the names of your teachers.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

The requirements for advancement to Phase III include a _____ point average in group, a _____ point average in recreation, a _____ point average in school, a total of _____ points on the A.M. Shift, and a total of _____ points on the P.M. Shift.

A grade of _____ is required on the Phase IV Exam.

If you do not pass the exam, the first time you take it, you may take it again after _____ days.

A plus on your contract on the A.M. or P.M. Shift is worth _____ coupon(s), and in School, it is worth _____ coupon(s).

You will be eligible to have posters in your room on Phase _____.

You will be eligible to wear jewelry on Phase _____.

You will be eligible for parties and bingo on Phase _____.

Indicate the number of points required for the following activities:

Bingo _____

Monday Party _____

Wednesday Party _____

Late Bedtime _____

Free-Play _____

You will be eligible for your first pass after you have earned _____ weeks. This pass is _____ hours long. You may earn a total of _____ passes while you are in the program.

You will be eligible for a _____-minute telephone call after earning _____ week(s). The call costs _____ coupon(s).

The Phase IV Exam is taken on what day of the week? _____

INTENSIVE LEARNING PROGRAM

Phase IV Examination (100 points)

Name _____ Date _____

1. State the ABC theory. (5 pts)

A _____

B _____

C _____

D _____

E _____

2. State the AFROG theory. (10 pts)

A _____

F _____

R _____

O _____

G _____

3. State the six irrational ideas. (6 pts)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

4. Define: Appropriate Behavior (2 pts)

5. Give ten examples of appropriate behavior. (10 pts)

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

6. Define: Inappropriate Behavior. (2 pts)

7. Give ten examples of inappropriate behavior. (10 pts)

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____
4. _____	9. _____
5. _____	10. _____

8. Define: Rational. (3 pts)

9. Define: Irrational. (3 pts)

10. Give the names of the wing one staff members. (6 pts)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

11. Give the names of your teachers and the subject they teach. (4 pts)

1. _____	2. _____
3. _____	4. _____

12. Give the names of six wing one residents. (6 pts)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

FILL IN THE BLANKS. (5 pts)

1. You are committed to the ILP for _____ months.

2. You may earn your way out of the ILP in a minimum of _____ weeks.

3. The four areas of weekly evaluation are _____ Group _____, _____, and _____.

IDENTIFY A, B, OR C. (6 pts)

1. _____ I must have the things I want.

2. _____ My friends skipped school.

3. _____ I skipped school.

4. _____ I don't like going to school.

5. _____ I stole some money.

6. _____ I ignored them.

IDENTIFY THE IRRATIONAL IDEA. (7 pts)

1. _____ I can't stand that teacher.

2. _____ Everyone else was doing it, so I did it too.

3. _____ He shouldn't have said that to me.

4. _____ He made me mad.

5. _____ I just can't do it.

6. _____ It's terrible not to have any friends.

7. _____ It's not my fault.

LIST THE 5 "NEEDS." (5 pts)

1. _____

2. _____

3. _____

4. _____

5. _____

State in your own words what you hope to accomplish while you are in I.L.P. Include any problems that you would like to work on or special help you would like to receive. (10 pts)

ACTIVITIES PROGRAM

The activities program of ILP serves as a practical extension of the token economy system. Residents earn points and coupons for appropriate behavior. Coupons may be redeemed in the Juvenile Home Store for a wide assortment of consumable and non-consumable back-up reinforcers which are priced at a ratio of 2.5¢ per coupon. These include candy, pop, models, personal care items, cards, and others. A schedule of reinforcers is established by phase as residents advance through the program. Each phase carries with it additional privileges which are designed to increase in reinforcing value.

The majority of the ILP activities are contingent upon appropriate behavior as reflected by the point system. In-house activities include wing parties and Friday night parties (Bingo, film festival, cookouts, etc.) Besides home passes, the major reinforcer for the ILP residents is outside activities. These activities are normally scheduled on weekends and include spectator-type events and direct participation activities. Examples of these include: a) high school, college, and professional sporting events; b) cultural experiences, such as, musical concerts, theatrical productions, and movies; and c) recreational activities, such as, ice and roller skating, swimming, 10,000 meter runs, and many others.

A 1:4 staff/resident ratio is desirable on out-of-building activities. While the environment during activities is often more relaxed and flexible, program expectations remain in effect. Behavior is monitored and evaluated to determine the resident's response to reduced structure and his interactions with peers and the general public. This community reintegration process is an important aspect of the treatment philosophy in the Intensive Learning Program.

With the exception of the store, funding for the activities program does not come from normal child care sources. Activities are a self-sustaining program which uses fund raising projects and donations to operate its varied activities. The Activities Coordinator is responsible for maintaining a special fund for activities and generating new as well as renewable income sources. Many of the off-campus activities are made possible by free-of-charge or reduced costs through special arrangements with the host facility or organization. Examples of those who have offered complimentary activities in the past include the Detroit Tigers, Bogart Theatre of Marshall, Kalamazoo Wings, Echo Valley, local restaurants, Albion College, Michigan International Speedway, and many others.

The residents in ILP have been involved in community assistance projects. Examples of these include bagging popcorn for the Indian Guides annual fund raising project, repairing stolen bicycles for resale by the Albion Police Department, and helping groups with Christmas float construction.

ILP residents have also been active in developing the program of entertainment for the annual Head Start Christmas party and the Reno Frantz Memorial Christmas Party, both held at the Juvenile Home. Community assistance is also extended in exchange for activity privileges or prospective service resources.

TIME-OUT

Punishment is defined as "suffering, pain, or loss that serves as retribution" (Webster's New Collegiate Dictionary, 1976). Further, punishment is commonly associated with aggressive acts motivated by anger or vindictiveness (Murphy, 1975). This popular concept of punishment bears little resemblance to the behavior modification technique--introducing a stimulus, contingent on a response, which reduces the likelihood that the response will occur again. The behavior modification concept of punishment focuses solely on reducing an undesired response and precludes the irrational blame orientation of the dictionary definition.

Time-out from positive reinforcement is designed to produce a reduction in undesired behavior by the withdrawal of reinforcing stimuli. Thus, time-out does not fit the criteria for either definition of punishment: 1) time-out is not an aggressive act (it is a neutral act), and 2) time-out does not introduce a stimulus event (it withdraws several, i.e., reinforcing stimuli). Time-out, then, is a humanistic, rational, matter-of-fact technique for reducing inappropriate behavior. It intends neither aversiveness nor blame.

Definitions of time-out:

"An arrangement in which the occurrence of a response is followed by a period of time in which a variety of reinforcers is no longer available." (underlining added)
White, Nielson, Johnson, 1972

"A period of time in which positive reinforcement is no available." (underlining added)
Leitenberg, 1965

"Any period of time during which the organism is prevented from emitting the behavior under observation."
Ferster and Skinner, 1957

"Removing the subject for a pre-determined amount of time from a situation in which he could receive reinforcement." (underlining added)
Ramp, Ulrich, Dulaney, 1971

Based on these definitions, several key features of time-out are:

1. The time-out period is contingent on the resident's behavior.
2. Time-out removes a variety of reinforcers, e.g., attention or social interaction, points, coupons, activities.
3. Time during which the resident continues to act inappropriately is not considered time-out, i.e., the time-out period begins when the resident starts acting appropriately.

4. Time-out involves removing the resident from the location of reinforcement, i.e., to the periphery of the group activity.
5. The duration of time-out is pre-determined. It lasts 5 minutes beyond the point when the resident began to act appropriately.
6. Time-out removes the opportunity to receive reinforcement.

For ILP purposes, time-out is defined as:

"A 5-minute period of time, following an inappropriate response, during which positive reinforcement is no longer available, and the residents is acting appropriately."

Probably the most important feature of time-out is the assumption that the individual is under relatively high reinforcement conditions. The more reinforcing the environment, the greater the impact on inappropriate behavior when a resident is removed from that environment as a result of the behavior. Numerous studies indicate that time-out alone is a relatively ineffective discipline technique. When time-out is used in conjunction with reinforcement for appropriate alternative responses however, the combination is very effective in producing an increase in appropriate responding and a reduction in inappropriate responding.

TIME-OUT		DECREASE IN INAPPROPRIATE BEHAVIOR
+	=	AND
POSITIVE REINFORCEMENT		INCREASE IN APPROPRIATE BEHAVIOR

Whenever a resident earns a time-out for inappropriate behavior (for example, failure to follow direction), it is the staff member's responsibility to ensure that the alternative (following directions) is positively reinforced with a combination of points, coupons, and verbal praise. Ideally, there should be a ratio of approximately 5:1, positive reinforcement to time-out.

The observation that Juvenile Home programs are based on the principles of positive reinforcement facilitates the use of time-out as the primary disciplinary action. The absence of positive reinforcement transforms time-out into a punishment situation which may result in control, but not in behavior change. The primary goal of effective discipline is to eliminate or reduce the undesirable behavior rather than to simply control it.

It is crucial that staff members are viewed by residents as reinforcing agents as opposed to punishing agents. This is probably the most important distinction between effective and ineffective staff members. Staff members who become viewed as punishing agents generally elicit one or more of five classical reactions to punishment.

1. Avoidance of the punishing agent.
2. Escape from the punishing agent.
3. Arousal of a fear response.

4. A generalized withdrawal characterized by a reduction in all responding: appropriate or inappropriate.
5. Counter-aggression toward the punisher or displaced on others.

In the context of Rational-Emotive theory, several issues surface as important with regard to the sensible use of time-out. Commonly, "punishment" results from one individual irrationally damning or blaming another for an act that he shouldn't have committed. Obviously, "punishment" is an act--resulting from the irrational idea that "people who act badly are worthless people"--that conveys to the recipient the message that he is worthless. The threat value of this message is sufficient, for most delinquent adolescents, to serve as an activating event for self-statements producing feelings of inferiority, depression, and/or anger.

Activating Event = Staff punishes resident for misbehavior.

Belief about A = I must be a bad person for doing such a bad thing.

Consequence of B = Depression, inferiority, or worthlessness.

OR

A = Staff punishes resident for misbehavior.

B = He shouldn't treat me this way. I didn't do anything.

C = Anger

In either case the recipient of the punishment (the resident) is unlikely to correct the inappropriate behavior. The resident in the first example is likely to doubt his ability to act appropriately or to gain approval from others; and in the second example, the resident obviously is reacting defensively and may very well counter-aggress. Neither of these responses is therapeutically desirable since they do not produce a likelihood of behavior change.

What then can staff members do to reduce the "punishing" characteristics of their interventions?

1. Supply negative contingencies in a neutral, matter-of-fact way.
2. Restore positive reinforcement as soon as possible.
3. Make no implication that the resident is a bad or unworthy person.
4. Focus only on the behavior--not on the person.
5. Never assign time-outs arbitrarily or capriciously--be consistent.
6. Make expectations clear. Allow the resident to know which behaviors will result in time-out.
7. Provide reinforcement for the appropriate alternative response.
8. Strive to improve your own rationality--ensure that you are not making irrational demands of residents and that you are not using time-out as an expression of your own irrational anger and/or vindictiveness.

Behaviors Expected While in Time-Out

1. Sit quietly; no talking or fidgeting.
2. Remain in the assigned area until instructed to rejoin the group.
3. Ignore any attempts by other residents to gain your attention.
4. Keep your arms and hands by your side.
5. Face forward; do not look around.
6. Feet flat on the floor.

Behaviors Expected While in Room Confinement

1. Remain within the room.
2. Sit or lie quietly; no talking or yelling.
3. Think about alternatives and consequences to your behavior.

General Guidelines for Time-Out

1. Time-out is to be administered neutrally. It is not to be construed or implemented as a punishing event.
2. Time-out periods are to be timed accurately.
3. Time-out is terminated contingent upon 5 minutes of sustained appropriate behavior and verbalization--by the resident--of the reason for the time-out.
4. It is the responsibility of the staff member assigning the time-out to ensure that the instructions to go to time-out are given clearly enough so that the resident has no doubt that he/she is being instructed to go to time-out.
5. Do not argue with a resident or attend unnecessarily to the resident once the time-out is assigned.
6. The appropriate time to discuss the behavior that resulted in the time-out is after the time-out is completed, and the resident has re-entered the program and is acting appropriately. Generally, it is better to wait 5 or 10 minutes after the time-out.
7. Inappropriate behavior exhibited during the time-out period is to be ignored unless it produces a significant disruption of the program. Under no conditions should a resident be timed-out for inappropriate behavior exhibited during a prior time-out period.
8. It is the staff member's responsibility to accurately record all time-outs in the Time-Out Log.
9. Time-outs are most effective when they are assigned immediately following the misbehavior. Delays in assigning time-outs most likely result in an escalation of the inappropriate behavior.
10. The complete time-out procedure includes the reinforcement of the appropriate alternative to the behavior which resulted in time-out.

Time-Out Procedures

I. Non-aggressive Inappropriate Behavior

Example: Arguing, talking-back, cursing, refusing to follow directions, out of assigned area.

Consequence: 5-minute time-out

Location: A chair placed out of the flow of activity (e.g., wall, corner)

Procedure:

- A. Time-out is assigned in a neutral tone of voice by stating, "Jim, you have a time-out." Instruct the resident one time only. It is the staff member's responsibility to make the instructions clear and specific. Once the instruction is given, the staff member is to withdraw all attention from the resident and re-direct his involvement toward the remainder of the group. At this point, it is imperative that the staff member not allow himself to be engaged by the resident who has received the time-out. The decision of whether or not to do the time-out belongs to the resident.
- B. Begin timing when the resident is seated in the chair and his behavior conforms to expectation for time-out. The 5 minutes does not begin until the resident's behavior is appropriate.
- C. When the resident has sustained 5 minutes of appropriate behavior ask in a neutral tone of voice, "Jim, why are you in time-out?"
 1. If he answers correctly, he is told, "You may rejoin the group now." Again, this is stated in a neutral manner.
 2. If he answers incorrectly or fails to answer, the staff member responds by stating, "Jim, I'll ask you again in 5 minutes." After the second 5 minute interval, the staff member asks again, "Jim, why are you in time-out?"
 - a. If he answers correctly, he is instructed to rejoin the group just as in I.C.1.
 - b. If he still answers incorrectly or fails to answer, the staff member informs the resident of the reason for the time-out, "Jim, you were assigned a time-out for cursing; I'll ask you again in 5 minutes." After 5 minutes, staff asks again, and when the resident answers correctly he is instructed to rejoin the group.
 - c. If a resident refuses to state why he is in time-out even after he has been told, continue to ask him at periodic intervals until he responds.

II. Refusal to Take a 5-Minute Time-Out

Consequence: 30-minute time-out, door unlocked*

Location: Resident's room, reading material and personals removed.

Procedure:

- A. After a resident has been assigned a 5-minute time-out, staff re-focuses attention on the group and provides the resident with ample time (2-3 minutes) to go to the chair. During this period staff ignores resident's attempts to gain attention.
- B. If, at this point, the resident has not moved to the chair, he is to be escorted to his room. The staff member states, "Let's strip the room." The staff member may help the resident remove the room contents. The resident's bedding remains in his room.
- C. Time begins when the resident is quiet and acting appropriately. After 30 minutes of sustained appropriate behavior, the resident is asked, "Jim, why were you placed in your room?" The correct answer is, "Refusing to do my time in the chair."
 1. If the resident answers correctly, follow the usual procedure for 5-minute time-outs.
 2. If the resident answers incorrectly or fails to answer, the staff member informs him that he will be asked again in 30 minutes. If at the end of the second 30-minute period the resident still answers incorrectly or refuses to answer, the staff member states the reason to the resident and asks, "Are you ready to do your time-out now?"
 - a. If the resident states that he is ready to do the time-out, follow the usual procedure for 5-minute time-outs.
 - b. If the resident answers that he is not ready, the staff member will continue to offer (at 15-minute intervals) the opportunity to do the 5-minute time-out until the resident decides to remove himself from the room. If for any reason the resident remains in his room for more than two hours, the team leader or director must be notified immediately.

*For security purposes, the door will be locked if it is necessary for the attendant staff member to absent himself from the immediate vicinity.

III. Aggressive Inappropriate Behavior

Examples: Fighting, threatening violence, display of aggressive gestures toward others, destroying property.

Consequence: 30-30-5

Location: 30 minutes: resident's room, all contents removed,
30 minutes: resident's room, bedding returned,
5 minutes: chair.

Procedure:

- A. Upon the occurrence of aggressive inappropriate behavior, staff instructs the resident to go directly to his room. Staff accompanies him to his room and instructs him to remove all contents. The staff may choose to help remove room contents. The staff member locks the door.
- B. Time begins when the resident is in his room and acting appropriately. After 30 minutes of sustained appropriate behavior, the staff member asks the resident, "John, are you ready to start your 30-minute unlocked door time-out?"
 1. If the resident states that he is ready, his bedding is returned, the door is unlocked, and the 30 minutes begins.
 2. If the resident states that he is not ready, the staff member states, "John, I'll ask you again in 15 minutes." This procedure is repeated until the resident states that he is ready. This period may not exceed two hours without the approval of the team leader or director. At this point, his bedding is returned, and the 30 minutes begins.
- C. Upon completion of the 60-minute period (30 minutes with the door locked and 30 minutes with the door unlocked), the resident is asked, "John, are you ready to do your 5 minutes in the chair?"
 1. If the resident answers that he is ready, his room contents are returned; and he is instructed to complete the time-out.
 2. If the resident answers that he is not ready, the staff member informs him that he will ask again in 15 minutes. This procedure is repeated until the resident agrees to do the 5 minutes. At this point, room contents are returned and the 5 minutes begins.
- D. Follow Procedure I.C.

General Guidelines for Room Confinements

(30-5 and 30-30-5)

1. Refusal to complete a 5-minute time-out is the only behavior that results in a 30-5.
2. Aggressive acts---verbal or physical---result in a 30-30-5.
3. An observation log, with 15-minute observation intervals, is completed on any resident in confinement.
4. Room confinements may not exceed two (2) hours without administrative approval.
5. File an incident report on any room confinement.
6. Neutrality is the key to a successful intervention.
7. Avoid engaging in power struggles, arguments, or discussions during the intervention. You are encouraged to discuss with the resident, his/her behavior and alternatives; but only after the room confinement is completed.

Time-Out Exercise

Indicate the appropriate consequence: 5-minute time-out, 30-5, 30-30-5.

1. Resident fails to follow directions. _____
2. Resident wanders out of assigned area. _____
3. Resident fails to ignore inappropriate behavior of fellow residents. _____
4. Resident says, upon being issued a T-O, "Wait 'till I see you on the outs!" _____
5. Two residents square-off with clinched fists. _____
6. Resident throws magazines upon being assigned a time-out. _____
7. Resident, after a period of 8 minutes, has not moved to the chair. _____
8. Resident slams chair into wall when going to T-O. _____
9. One resident says to another while staff has back turned, "I'd like to punch his face!" _____
10. While engaged in horseplay, one resident pushes another. _____

Answer Key

- | | |
|-----------------|-------------|
| 1. 5-minute T-O | 6. 30-30-5 |
| 2. 5-minute T-O | 7. 30-5 |
| 3. 5-minute T-O | 8. 30-30-5 |
| 4. 30-30-5 | 9. 30-30-5 |
| 5. 30-30-5 | 10. 30-30-5 |

SECTION III

COUNSELING

Within the ILP, counseling is an essential component in the successful rehabilitation of delinquent youth, and each resident is involved in an active individual and group problem-solving counseling program throughout the commitment period. Group sessions are scheduled daily, and individual sessions are arranged with each resident on a minimum of a weekly basis. Although not mandatory, there is a strong press toward honestly facing problems and vigorously working toward practical solutions.

Both individual and group counseling take two forms depending upon the presenting problems. These forms are didactic and experiential (actual problem-solving). In the didactic sessions, the problem-solving tools of RBT are presented, explained, and discussed with residents. Homework and other exercises are assigned to facilitate learning. In the experiential sessions, residents present problems, and the problem-solving tools are used to generate solutions.

As stated earlier, the goals of the treatment modality are to 1) generate responsible behavior in youth, 2) develop self-worth as a constant, and 3) equip youth with problem-solving and coping skills. In addition, the first two goals directly address two predominant problems presented by delinquent youth: demanding and low self-esteem. To achieve these goals and address these problems, the ILP counseling strategy employs a variety of techniques for problem-solving.

The first task in counseling is to provide a basic understanding of the relationship between thinking and behavior (and emotions). Most youth fail to realize that their thinking (attitudes, beliefs, and ideas) precedes and controls their emotions and behaviors. Copious examples are used to demonstrate how this concept operates. The ILP counseling program employs a simple ABC format to aid the youth in understanding how thoughts produce emotions and behavior (Ellis, 1962), where:

- A = Something happens.
- B = Thought or belief about A.
- C = Emotional and behavioral reaction to B.

Many delinquent youth incorrectly view themselves as victims of the environment with little or no power to affect either control of their emotions and behavior or change in their environment. The counselor teaches the youth that events (A) do not and cannot cause any emotion or behavior (C); that our reactions are a result of our interpretations of those events (B). We may, in fact, exercise an enormous amount of control over our lives by challenging and replacing the irrational, self-defeating ideas that we hold about ourselves and others. (The use of the ABC theory as a therapeutic device is more fully explained in the section on Rational Self-Analysis.)

Once residents understand the relationship between thinking and feelings, the next step is to teach residents how certain types of thinking produce unhealthy emotions and inappropriate behaviors. Most youth are

not aware of their biased interpretations of life's events. Furthermore, cognitive deficits often prevent youth from recognizing self-defeating cognitions. Therefore, the counseling intervention focuses on two processes: 1) an understanding of demanding, and 2) the identification of rational and irrational thinking.

Demanding is a process whereby individuals exaggerate and over-generalize wants and desires. In other words, wants and desires become absolute needs. Whenever an individual makes demands, unhealthy emotions inevitably result when these demands are unfulfilled. The languaging process is the primary indicator for assessing the level of demanding. Demands are revealed by the following words: "should, must, ought, and need." Counseling focuses on the languaging process by a) requesting that staff model appropriate language and b) calling attention to resident's use of demanding words. The alternative presented to youth is the use of more appropriate phrases, such as, "it would be better for me ... or I want this to happen."

The counseling approach does not imply that all demands are irrational and counterproductive. Rather, rational demands are those situations which are life threatening. When residents engage in demanding language, staff will ask them to describe how the demand is life threatening in nature. A simple learning device is the SAFE acronym. According to the SAFE theory, rational demands can be categorized as follows:

- S = shelter and clothing
- A = air
- F = food and water
- E = elimination.

Because the majority of situations encountered by youth within an institutional setting do not fall into any of these categories, demanding is viewed as a self-defeating process.

The second process of the counseling intervention targets the identification and understanding of rational thinking. Two strategies are used during this process: 1) the AFROG theory and 2) the introduction of Irrational Ideas. Both have as their primary purpose the classification of thinking into rational or irrational groups.

The AFROG Theory. AFROG is an acronym for The Five Rules for Recognizing Rational Thinking and Behavior (Maultsby, 1974). As seen on the following page, these rules are applied to determine the rationality of an idea and clearly focus on constructive long-term goals for a productive life. Often, in the course of counseling, a youth is able to identify various major ideas within his belief system. However, he may have difficulty deciding whether the thought is rational or irrational. Using the AFROG theory, an idea is rational if:

1. It is based on objective reality, or the known relevant facts of a situation.

AFROG Theory

Components of the AFROG Acronym		Maultsby's Five Rules for Recognizing Rational Thinking and Behavior
A (Alive)	Does it keep me alive?	It will enable one to protect his life.
F (Feelings)	Do I feel better as a result?	It will enable one to prevent or quickly eliminate significant personal emotional conflict.
R (Reality)	Is it based on reality?	It is based on objective reality, or the known relevant facts of a situation.
O (Others)	Does it help me get along with others?	It will enable one to keep out of significant trouble with other people.
G (Goals)	Does it get me to my goals?	It will enable one to achieve his goals more efficiently.

2. It will enable one to protect his life.
3. It will enable one to achieve his goals more efficiently.
4. It will enable one to keep out of significant trouble with other people.
5. It will enable one to prevent or quickly eliminate significant personal emotional conflict.

Once identified, with the aid of the AFROG theory, irrational ideas may be disputed and replaced through the use of Rational Self-Analysis.

Six Irrational Ideas. Among the hundreds (or even thousands) of irrational beliefs that commonly exist, the ILP counseling program focuses on six ideas that are typical among delinquent youth. The purpose of these irrational ideas is to acquaint the resident with the faulty thinking processes associated with self-defeating behaviors. By identifying irrational ideas which are paralleled with the resident's thinking, the youth's thought processes are more easily labeled as irrational or rational.

Listed below are six irrational ideas commonly taught in the ILP. The first five irrational ideas are taken from the work of McMullin and Casey (1974). McMullin and Casey originally presented six ideas; however, there was considerable overlap among two irrational ideas, such that they were combined by ILP staff. The sixth irrational idea, ROBOT, represents the efforts of Steelman to generate an irrational idea which directly addresses the concept of responsibility. Robot focuses on the erroneous belief that A causes C (see the ABC Theory). When residents endorse the Robot idea, they are indicating that they have no control over themselves, their behaviors, or their emotions.

1. NAMBY PAMBY: "I can't stand it."
This is the belief that one cannot tolerate a situation that is either annoying or troublesome when, in fact, he can. Example: "I can't stand to be called names."
2. FAIRY TALE: "Things should be different."
This is a demand that a situation must be changed, when it is not within one's power to change it. Example: "They shouldn't require me to go to school."
3. I STINK: "I'm no good."
Confusing one's worth as a person with one's behavior. Example: "I can't do this math problem; I'm just stupid."
4. YOU STINK: "He's no good."
The same over-generalization, only applied to someone else. Example: "Mother won't let me go to the ballgame; she is such a bitch."
5. DOOMSDAY: "It's terrible, awful, horrible."
Exaggerating the difficulty of coping with an unfortunate or frustrating event. Example: "My girlfriend dropped me for another guy, it's terrible. I wish I were dead."

6. ROBOT: "I can't help it."
 Disowning personal responsibility for one's emotions and behavior. Example: "It makes me so mad when people talk behind my back."

These and similar irrational beliefs are the source of much of the emotional conflict and anti-social acts of delinquent adolescents. The ILP counseling program is aimed at helping residents to explore their belief systems and to uproot these self-defeating and anti-social ideas.

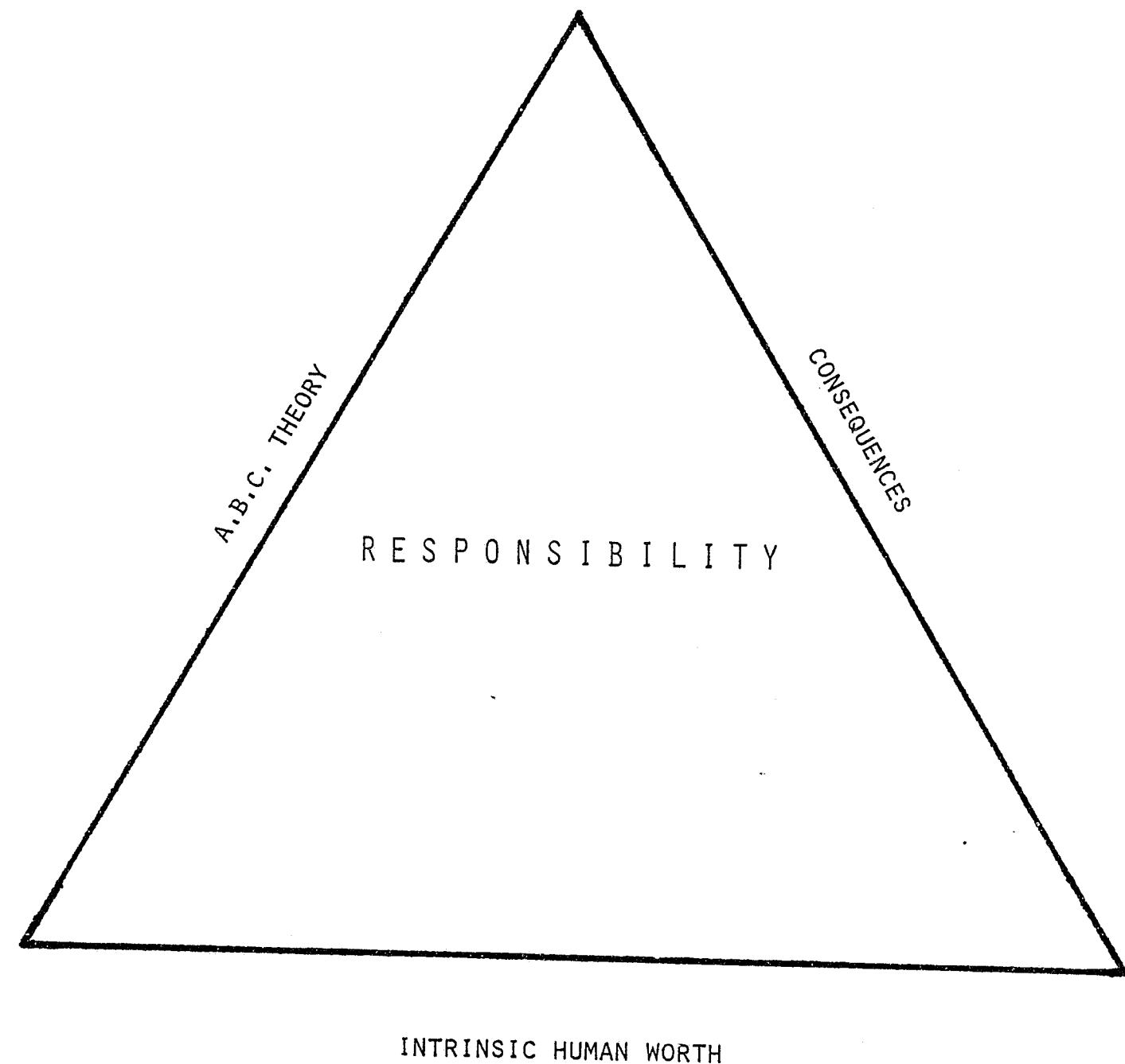
Rational Self-Analysis. Developed by Maxie C. Maultsby, Jr., the Rational Self-Analysis (RSA) is a tool to the assist youth in becoming involved in his own treatment. The RSA provides a framework for written homework designed to identify objective reality, to separate thoughts from feeling, and to dispute irrational thoughts that cause emotional and behavioral problems. The RSA, additionally, contains sections which help to solidify the cognitive connections between behavior and consequences. The procedures for using the RSA are presented in the following section.

Responsibility and Human Worth

At the very heart of the ILP counseling approach is the concept of human worth. This particular issue constitutes the foundation for teaching responsibility to juvenile offenders. Essentially, the entire intervention strategy of ILP is based on the implications of the RET position on human worth. Furthermore, the logical extension of this theory into each component of the ILP represents the strategy for teaching responsibility.

Conceptualized in 1975 by James R. Megar, the triangular design on the following page represents the relationships between the ABC Theory, consequences, and intrinsic human worth in the teaching of responsibility. Commonly referred to as the "Megar Model," the ABC theory side of the triangle represents those interventions which focus on the relationship between thinking and behavior, and which emphasize the concept of individual control over emotions and behavior. Additionally, the consequences side of the triangle focus on generating a cognitive, emotional, and behavioral certainty for consequences of behavior. These two components of the triangle have been more fully explained in preceeding sections regarding counseling strategies and behavior modification techniques.

To effectively teach the concept of responsibility, staff members must consistently demonstrate the principle of intrinsic human worth. Referring to an individual's self-concept or self-esteem, human worth is represented as a constant. As long as a human being exists, he has worth. This worth is constant and does not fluctuate as the result of the individual's behaviors. By accepting themselves as a fallible human beings, residents can use the concept of intrinsic human worth to reduce the threat associated with accepting responsibility for one's misbehaviors.



CONTINUED

1 OF 2

A simple technique used to demonstrate the concept of human worth is the Do/Are Conflict. Residents are asked to describe themselves in two basic categories: 1) what do you do and 2) who are you? In each case, residents are instructed that "what he does" is not equal to "what he is." In other words, rotten behavior does not come from rotten persons nor does good behavior come from good persons. Rather, rotten behavior comes from fallible human beings who behave in a rotten manner. Likewise, good behaviors come from fallible human beings who behave in a good manner. The purpose of the Do/Are Conflict is to separate the deed from the doer. In this fashion, residents and staff may focus on the modification of behavior while making no judgments or evaluations of a person's self-concept, self-esteem, or human worth.

The ILP emphasizes five basic techniques for staff members to facilitate the acceptance of responsibility by residents. Because the concepts of human worth and responsibility are difficult to teach, learning can be enhanced if these principles are incorporated into every element of the ILP environment. Rather than giving an abstract and didactic explanation of responsibility and human worth, these principles are structured into the daily routine of staff members so as to provide concrete learning situations for residents. By modeling responsible behaviors and human worth behaviors, residents can more easily accept these concepts as workable in their own lives.

The first technique is the languaging process. By emphasizing the earn/non-earn philosophy in verbal interactions with residents, staff members place the locus of responsibility for behavior squarely on each resident. Within the parameters of the Do/Are Conflict, staff members are to minimize the use of the verb "to be." In this manner, language reflects a very concrete separation of the deed and the doer. For example, the statement "You read poorly" communicates a different message than the statement "You are a poor reader." While avoiding the use of the verb "to be" in references to youth, this verb may be used strictly in reference to behaviors. For example, the statement "Your behavior is inappropriate" sends a distinctly different message than the statement "You are inappropriate."

The second technique is modeling. Staff members are expected to demonstrate the type of behavior for residents that they expect from residents. The critical issue in modeling is the ability to admit one's own mistakes. It is important for staff members to refrain from making excuses for their errors and to demonstrate that their own fallibility does not negatively impact their self-concept nor effective performance.

The third principle is the consistent use of consequences. This principle demonstrates personal responsibility by refusing to interrupt the logical or natural consequences for behavior and, subsequently, holding each youth responsible for his behavior. One of the major difficulties with juvenile offenders is the fact that the environment has failed to provide consistent consequences for inappropriate behavior. Therefore, negative behaviors associated with attention have been reinforced by

other social institutions. By demonstrating the certainty of consequences, youth may cognitively and emotionally accept the fact that consequences are a logical component of all behavioral sequences. In addition, the certainty of consequences reduces the need for high intensity consequences to modify behavior.

The fourth technique is emotional neutrality. This technique is the keystone for teaching responsibility and human worth. Emotional neutrality refers to the staff member's approach to dealing with mistakes and inappropriate behaviors of residents. It does not refer to appropriate staff responses for appropriate behaviors. The hallmark quality of emotional neutrality is the refusal to condemn or judge inappropriate behaviors and youth. Furthermore, this technique effectively models the fact that staff members are in control of their thinking and behaviors. Regardless of the intensity of inappropriate behavior demonstrated by residents, the message being sent by staff members is that "you cannot make me mad." This provides a concrete example of the personal rejection of Irrational Idea No. 6 (Robot).

A non-judgmental and non-condemning approach to the inappropriate behavior of residents also signals a total recognition of the resident's intrinsic human worth. While the resident's behavior may be totally unacceptable, the non-judgmental and neutral approach unconditionally accepts the resident as a worthwhile, yet fallible, human being regardless of his behavior. For this reason, the technique of emotional neutrality is the single most important technique in increasing the youth's likelihood of accepting responsibility.

The final technique has two components which refer to the role of excuses in the cognitive/behavioral intervention of ILP. First, staff members are cautioned to not accept excuses for the mistakes of residents. To make and accept excuses for misbehavior and mistakes implies a lack of control and a reduction in the degree of responsibility for one's behaviors. Furthermore, excuses tend to infer that the environment or some external factor resulted in the inability to control behavior. When staff members accept excuses, they reinforce the notion that one need not be totally responsible for behavior.

Secondly, staff members are admonished when they provide excuses for residents' behaviors. Youth will seldom accept responsibility for behavior if there are sanctioned excuses for mistakes and misbehaviors. One typical example involves the analysis of environmental factors preceding the ILP commitment. Social histories are frequently replete with incidences that are genuinely counterproductive to healthy adolescent development. However, when staff members use these situations to explain inappropriate behaviors, they endorse the irrational concept that the environment has produced the problems encountered and demonstrated by youth. In other words, staff members support the irrational notion that A causes C.

It is critically important to the counseling process that youth accept responsibility for behavior. This may be seen as the first step toward

rehabilitation. The ILP model for responsibility implies that the development of self-control will lead to change in behavior. Once accomplished, the residents' belief system is based on more rational statements which permit youth to accept responsibly the consequences for both inappropriate and appropriate behaviors. A responsible reaction to one's behaviors usually includes a cognitive and emotional acceptance of the behavior and its consequences, an expression of regret for misbehavior, and a commitment to work to correct the misbehavior.

In summary, the ILP employs a comprehensive counseling approach that addresses the perceptual, cognitive, emotional, and behavioral problems associated with juvenile offenders. Rational Behavior Training is an active-directive modality which requires a high level of participation by the youth. It insists on facing problems squarely and realistically while owning full responsibility for one's behavior and emotions. RBT additionally teaches the principle of unconditional acceptance, i.e., that we may do well to condemn certain acts, but human worth is a constant.

Key Terms and Definitions

Earn (as opposed to get): emphasizes personal responsibility.

Should, ought to, have to, must: all demands to be avoided.

Self-talk: what are you telling yourself? Thinking, Cognitive.

Consequences: for every behavior, link behavioral choices to choice of consequence.

Time-Out: removal from positive reinforcement.

Coupon: monetary unit of the token economy.

Rational: thinking that makes sense.

Irrational: thinking that is nonsense.

Appropriate: behavior that takes you toward your goals.

Inappropriate: behavior that takes you away from your goals.

Need: only five rational needs (SAFE Theory: shelter, air, food, water, and elimination).

AFROG: a problem-solving tool acronym (alive, feelings, reality, others, goals) to determine if thinking is rational.

Worth on the Line: associating one's worth as a human being with one's behavior and possessions.

Irrational Ideas:

1. Namby pamby - I can't stand it.
2. Fairy tales - Things should be different.
3. Doomsday - Things are terrible and awful.
"Awfulize" - make it a catastrophe.
4. He stinks - He's no good.
5. I stink - I'm no good.
6. Robot - He, She or It made me! "Push my button."

Beliefs, attitudes, opinions, ideas: all explain thinking.

Dispute: to challenge irrational beliefs.

Perception, Perceive: based on five senses.

Upset & Anger: feelings as a result of unmet demands.

RATIONAL SELF-ANALYSIS

Since Rational-Emotive Therapy postulates that people are largely responsible for creating their own emotional and behavioral disturbances, it logically follows that they are also responsible for the work it takes to solve their problems. Rational Self-Analysis (RSA) is a tool to assist the client in becoming involved in his own treatment. Developed by Maxie C. Maultsby, Jr. in 1971, the RSA provides a framework for written homework designed to identify objective reality, to separate thoughts from feelings, and to dispute irrational thoughts that cause emotional and behavioral problems.

Steelman has expanded the RSA by adding sections for identifying environmental consequences of behavior. This is an attempt to solidify the cognitive connection between behavior and consequences. Additionally, in order to emphasize further the importance of active problem-solving, the "E" section has been revised to include alternative behaviors and the consequences associated with each.

The RSA is composed of seven parts.

- Section "A" includes only the objective facts and events occurring at the time of the problem.
- Section "B" includes clearly stated thoughts (value judgments, opinions, philosophies, ideas, beliefs, self-talk) about the event--both rational and irrational.
- Section "C¹" includes the emotional and behavioral reaction of the client.
- Section "C²" states the environmental consequences of the behavior identified in C¹.
- Camera Check examination of the "A" Section to sort out objective facts and subjective opinions.
- Section "D" vigorously challenges, counters, and disputes all irrational self-talk included in the "B" Section.
- Section "E" states the desired emotional reaction in this situation and includes appropriate alternative behaviors with the probable consequences of each.

The RSA adheres strictly to Ellis' (1975) ABC Theory of emotional disturbances.

A	Activating Events	Perceptions
B	Belief about "A"	Thoughts
C	Consequences of "B"	Emotions
	(feeling and behavior)	Actions

Sections "D" and "E" may be viewed as the rational counterparts of "B" and "C". The "B" Section represents one's cognitive interpretation of facts and events and may be labeled thoughts, beliefs, opinions, appraisals, notions, self-talk, or telling yourself something. Section "C" represents one's reactions to his interpretations or the emotional and behavioral consequences of the interpretation in Section "B". For our purposes the terms emotions and feelings may be used interchangeably as may behavior and actions.

The "A" Section (Example #1) states an objective fact. Hence, a ✓ is placed in the "Camera Check" Section. If there were subjective opinions or thoughts in the "A" Section, they would be identified and corrected under "Camera Check."

The first statement in the "B" Section is rational. Although it is important to include both rational and irrational self-talk under "B," those statements that are rational are obviously treated differently in the "D" Section. In this example, the rational statement is identified as such in "D," and an explanation of why it is rational is written. A common error on RSA's is the disputation of rational self-talk.

Using Maultsby's Rules for Rational Thinking (see AFROG), the second statement is identified as irrational. The dispute focuses on two elements of irrationality; 1) it is anti-empirical, i.e., not based on fact; and 2) holding this belief creates debilitating feelings, e.g., anger, hate, revenge. These are called empirical and functional disputes respectively. An empirical dispute challenges the factual basis or truth of a belief, whereas a functional dispute challenges the belief on the basis of its emotional or behavioral effect.

The third theme, "should not have given it to me," represents an irrational demand on another human being. A third type of dispute--logic--is used to challenge the belief. Logical disputes are effective in countering magical thinking: I must have what I want. The belief is also disputed functionally.

Finally, "I can't stand..." is challenged with an empirical dispute: The evidence strongly supports the observation that one can stand things he doesn't like.

In the "C" Section, the resident has identified anger, hate and vengeful as the emotional consequences of his self-talk. These emotions are, indeed, logical extensions of his irrational beliefs. However, they are inappropriate for the situation and for the resident's long-term survival and happiness.

The effect of disputing the irrational self-talk is identified in the "E" Section. Disappointment is the feeling that will most likely result after the thorough disputation of the irrational "B's." It is important to realize that, although disappointment is not normally considered a positive emotion, it is viewed as rational. Disappointment is considered rational in this situation, because it facilitates problem-solving rather than immobilizing John as do the emotions of hate, anger and revenge.

The remainder of the "E" Section is devoted to problem-solving. John may now list alternatives to his behavior in C¹ and describe the consequences associated with each.

The final product, then, is a comprehensive analysis of John's perceptive, cognitive, emotive, and the behavioral reactions to a

problematic situation. The RSA provides a framework whereby perceptions are tested against reality, and beliefs are subjected to vigorous challenging by rational principles in order to effect more appropriate emotional and behavioral reaction.

Discussion

When are RSA's assigned to residents?

RSA's are assigned anytime a resident reacts inappropriately to a normally problematic situation. Ideally, for emotions such as anger, hate, depression, etc., it is best to assign the RSA as soon after the fact as possible. With other kinds of more chronic problems, e.g., stealing, truancy, drug abuse, etc., more extensive work is required. A resident who has been arrested numerous times for breaking and entering would do well to work at refining his attempts to dispute those particular irrational ideas that lead to stealing. Staff would do well to provide close supervision and ample feedback on the RSA's. One well-done RSA is more valuable than 25 poorly thought-out ones.

How much time should be spent doing RSA's?

Whatever amount of time is necessary to fully dispute the irrational beliefs. Of course, the best measure of this is observed behavior change. As with almost any new skill, practice is the key to success. It is equally important, however, for staff to provide thorough and accurate feedback on each RSA.

Where do we start?

Many times residents and staff have difficulty knowing exactly where to begin the RSA. It is helpful to remember that the purpose of RSA is to help the client react more appropriately (emotionally and behaviorally) to environmental stimuli. Therefore, the best starting point is at "C". What is the emotion or behavior that is undesirable? Once this is identified, it is easier to specify the situation in which this reaction occurred.

How important is the language content of RSA's?

Obviously, the language we use to communicate with ourselves is of crucial importance in determining our emotional and behavioral responses. Often times, a single word can cause a significant difference in our response (e.g., the difference between need and want is enormous). We would do well, nonetheless, to focus on themes contained within the self-talk (e.g., demanding vs. preferring). Herein lies the key to effective cognitive intervention: the ability to get clients to re-think in a more rational, self-constructive manner his beliefs about a particular situation.

What is the purpose of "C2?"

The ability to think consequentially is an important element in an individual's cognitive functioning. Many delinquent youth demonstrate a deficit in this area; they simply do not possess the skill of anticipating consequences for their behavior. Section "C2" was added to the RSA format to aid in the acquisition of this important skill. Through practice, a youth may develop his cognitive skills to include the anticipation of consequences. Secondly, the addition of this section reinforces the idea that all behavior carries consequences, whether one is aware of them or not.

How important is staff follow-up on completed RSA's?

Very, Very Important! Use the analogy of a math problem. If you assigned a difficult math problem to a youngster and never check it for accuracy or provided feedback, there is little chance that he would have gained anything from the assignment. The same is true of RSA. If there is no intention to follow-through, don't assign the RSA.

RATIONAL SELF-ANALYSIS (RSA)

A. What Happened	<u>Billy gives me</u> <u>strawberry ice cream.</u>	Camera Check	
B. What You Told Yourself	<u>I don't like strawberry ice cream,</u> <u>and that stupid creep should not</u> <u>have given it to me. I can't stand</u> <u>this crap!!!</u>	D. Dispute the Irrational B	<u>It's true that I don't like strawberry</u> <u>ice cream and it is rational to like or</u> <u>dislike anything I choose, because likes</u> <u>and dislikes (preferences) are a basic</u> <u>part of being human and will never lead</u> <u>one to feelings of upset.</u> <u>Billy is not a stupid creep--this is</u> <u>simply not based on objective fact.</u> <u>Fact is: he acted in a way that I do</u> <u>not care for. Labeling him a stupid</u> <u>creep accomplishes nothing but bad</u> <u>feelings for me.</u> <u>There is no evidence that he shouldn't</u> <u>have given it to me. Since reality is</u> <u>that he did give it to me, there is</u> <u>some strong evidence that he should.</u> <u>Should's and should not's only cause</u> <u>me to feel bad and do nothing to change</u> <u>reality.</u> <u>Nonsense!! I certainly can stand the</u> <u>things I dislike.</u>
C. ¹ Reaction to B.	<u>Feelings</u> <u>Angry, hateful, vengeful</u> <u>Behavior</u> <u>Tell him off. Throw the</u> <u>ice cream at him.</u>	E. New Reaction	<u>Feelings</u> <u>Disappointment</u> <u>Alternative Behaviors</u> <u>and Consequences</u>
C. ² Consequences of C. ¹	<u>1. Billy punched me in the nose.</u> <u>2. He hasn't spoken to me since</u> <u>the incident.</u>	1. Accept the ice cream--the only	<u>negative consequence would be</u> <u>eating ice cream that I don't</u> <u>particularly like; I wouldn't have</u> <u>punched and Billy would still be</u> <u>my friend.</u> 2. I could tell Billy that I would never
			<u>preferred chocolate--we could still</u> <u>be friends and maybe next time</u> <u>he would offer me chocolate.</u>

TRIAGE

Each Friday afternoon, the ILP team leaders conduct the weekly "Triage" with their respective teams. Originating from the medical reference to a conference for planning action, the Triage is the culminating event of the team concept of institutional treatment used in ILP. The Triage provides several major functions for ILP which include but are not limited to the following: ongoing inservice training, regularly scheduled staff meetings, a structured environment for staff communications, a regularly scheduled review and evaluation of the ILP, a regularly scheduled evaluation of resident behavior, and a time for planning new intervention strategies for residents.

A major factor in the successful implementation of any team approach is the ability of each team member to receive necessary information regarding job performance. Serving as the primary medium for communication and feedback, the Triage provides a structure in which each team member is expected to offer relevant feedback necessary in the development and enhancement of team strategies, treatment goals, and individualized target behaviors for residents. By providing for a weekly and thorough review of each resident in the ILP, the Triage focuses on input from the five major areas of program evaluation (counseling, school, recreation, AM shift, and PM shift). This input consists of objective and subjective feedback based on data provided by the behavioral component of the ILP. Evaluation of resident progress in the ILP is a function of the evaluation criteria listed on the following page.

Through the use of the evaluation criteria, the team determines whether or not a resident has earned a week toward release. Regardless of the decision, strategies for the upcoming week are discussed and formalized among the team. Pertaining to individual concerns for each resident, behavioral contracts will be generated that focus on a wide variety of behavior change issues.

The team leader plays the critical role in the success of the Triage. First, the team leader ensures that all behavioral data have been compiled, submitted, and recorded on the appropriate forms. Second, as convener of the Triage, the team leader makes sure that each team member is present for the Triage. Third, the team leader acts as a facilitator of discussion regarding the team, the evaluation of residents, and the formulation of new treatment objectives. Because each resident is discussed in length, disagreements and various viewpoints are likely to occur. The team leader mediates these discussions and has the final authority to decide what the plan of action will be for the upcoming week. Additionally, the team leader has the final authority to approve evaluation decisions and treatment recommendations.

Throughout this process, the philosophy and strategies of ILP are thoroughly discussed and evaluated. This ongoing dialogue regarding the day-to-day effectiveness of the cognitive/behavioral strategy permits a flexible and creative approach to the institutional treatment of juvenile

offenders while maintaining a high degree of program consistency, and additionally, staff development is enhanced since the Triage provides the opportunity for team members to increase their understanding of themselves, their co-workers, and the ILP program as a strategy for helping delinquent youth.

SECTION IV

EDUCATIONAL PROCESS AND PROGRAM

When reporting unique elements of detention education programs throughout the Midwest, Duran (1979) cites only one program where mutual cooperation between teaching staff and institutional staff is listed as a primary factor in the success of the educational program. The program in reference is the educational component of the ILP. In spite of the inherent obstacles to collaboration generated by a dual administration of staff (teachers are contracted through the Calhoun Intermediate School District and the other ILP staff are employees of the Juvenile Court), the education program represents the successful resolution of critical issues in institutional education programs for juvenile offenders.

Roush (1981) identifies three prerequisite issues to establishing an effective educational program within the institutional setting. Educational development is contingent upon mutual agreement between educational and institutional staff on the locus of control, institutional goals, and teamwork. Because institutional treatment is a function of the judicial process, problems are reduced by acknowledging those expectations placed upon treatment programs through state regulations, juvenile law, and the specific demands of each individual court jurisdiction. Ultimately, it is the Juvenile Court that bears the responsibility for the quality and quantity of services provided to a juvenile during his/her commitment to a treatment facility. Therefore, both the teaching and program staff of the ILP coordinate their efforts to provide a maximally effective intervention. To accomplish this task, the education program compliments the intervention strategy of the ILP.

The consistency of the ILP education program starts with the assumption that the purpose of a treatment facility is to provide rehabilitative services for all youth. Furthermore, education is viewed as a vital component of this rehabilitative effort. Using a simple conceptualization, the ILP intervention focuses on personal, social, and educational development. However, there is considerable interaction between each of these areas such that a rigid compartmentalization would be counterproductive. By clearly establishing legal parameters and a mutually agreeable goal, collaborative efforts between teaching staff and program staff become a reality.

As described earlier, effective teamwork is based on a mutual respect among team members. Educators are included as a vital component of the ILP team process. This arrangement provides partnerships for all elements of the ILP program. Staff from counseling, education, group living, and recreation meet at the weekly triage to evaluate each resident assigned to the team. The ongoing monitoring of treatment objectives includes educators' comments and recommendations. Special educational concerns are frequently referred to line staff for additional instruction and/or supervised homework in the evenings and on weekends.

The team process helps to reduce any arbitrary distinctions created by job titles, and all staff may view themselves as a vital component in a

youth's rehabilitation. In particular, educators are drawn into the treatment process and given responsibility based on their strengths. This total interfacing enables the team concept to become effective because of the sharing of direct services responsibilities based on a recognition of mutual strengths.

The momentum of successful teaming is sustained through inservice training. Educators are included in the inservice training program, and they are given the opportunity to present inservice sessions on the educational concepts and programs used in the ILP. Through the training process, an ongoing exchange of ideas and opinions is provided. This process enables both staff to realize the importance of working together for the best interests of institutionalized youth.

This cooperative relationship between education staff and program staff has been demonstrated in numerous program areas. Perhaps the greatest advantage has been the opportunity to increase program effectiveness. For example, significant gains are reported in reading skills through the Title I reading program (see the following section). Moreover, program effectiveness is enhanced through teamwork by allowing for an expansion in the education curriculum. The education program is expanded by the use of ILP staff during non-school hours and qualifies as legitimate coursework through supervision by the education coordinator. Specific examples include, but are not limited to: a) physical education, b) art, c) vocational/career development, and d) personal adjustment.

Additional advantages of teamwork are noted through program consistency, increased staff involvement, and increased job satisfaction. Further, by incorporating the education staff into the inservice training for the ILP, a greater understanding and sharing between staff is provided. The direct effect of this process is to reduce the significance of the obstacles to a successful education program which inherently accompany the dual administration of education and program staff. Perhaps one of the greatest advantages is not realized until a student is released from the institution. Because the majority of ILP youth return to the community through the public schools, the importance of an effective education program cannot be overemphasized. In fact, education may be one of the most effective transitions between the institution and the community.

Calendar

The teachers at the Juvenile Home School are hired under a 217-day annual contract. The school year begins in early August and continues until the very end of June. Holidays and vacation periods during the school year are similar, if not identical, to those observed by the local school districts in the area. Therefore, ILP residents are without a formal school program during the month of July. However, arts and crafts projects, guest speakers and special programs, Red Cross (first aid) classes, informal learning activities, increased outdoor activities including gardening, and preparations for participation at the county fair are among the events that provide alternatives during these weeks; and all are under the supervision of the recreation and activities coordinator and/or child care workers.

Staffing Patterns

Four classroom teachers and one school coordinator (also the Title I coordinator) work with ILP students on a daily basis. They are all contracted by the Calhoun Intermediate School District and remain at the Juvenile Home on a full-time basis. Four of these hold degrees in special education with an emphasis in training for teaching emotionally impaired children; three had previous teaching positions in other facilities in Michigan for youthful offenders or disturbed children. One teacher has general education training and certification, but extensive experience as a member of the special education department at the Intermediate School District as a hospital/homebound instructor.

The teaching staff is assisted by the recreation and activities coordinator, who holds a degree in the instruction of physical education. All such classes are under his direction and supervision. This individual is under contract with the Juvenile Home, not the Intermediate School District. In addition, Title I funding provides added instructional staff to increase the reading achievements of ILP students (see following section).

The Program

At the onset of enrollment, each student is registered with the special education department at the Intermediate School District, is administered at least one battery of achievement subtests, and is interviewed regarding his/her opinions regarding school including motivations and personal goals. ILP students from Wing 1 attend classes in one of two groups; these boys are usually 15 or 16 years old and each of their school groups (called "A" and "B") consists of six students. ILP residents from Wing 3 include boys and girls, frequently younger in age than the others. Their two school groups (called "C" and "D") do not usually exceed seven students.

ILP students attend six 50-minute classes a day, including physical education. A typical day for the student could include the following classes and activities: Industrial Arts, where an individually designed but small woodworking project would be accomplished; Individualized Math, where Steck-Vaughn workbooks are used at appropriate levels (following initial assessments using the math subtest from the Wide Range Achievement Test and placement surveys published by the Steck-Vaughn Company); Title I Reading (or Independent Reading, if the student's reading achievement is at or above his/her grade placement level); Language Arts, where writing activities, literature, or grammar exercises might be among the variety of lessons used during the week; Social Studies, including the continuation of lessons in U. S. History, Geography of the Western Hemisphere, or other specific coursework is emphasized for the entire semester; and Physical Education following 3 pm dismissal from academic classes.

Individualized educational plans, outlining major educational and treatment goals, are written by the school coordinator and team leader. Pre-test achievement results, other findings, reported information and behavioral observations are all used to write these documents. They are usually completed within the first month of enrollment.

Additionally, individualized educational plans also reflect the program's mission and its philosophies. These documents reinforce the belief that the Juvenile Home School can increase students' academic deficiencies; appropriate in-school behavioral repertoires; positive self-concept, with increased self-understandings; independence from peer influences; planning for the future; values training; ownership of behavior; emotional management; and increase the development of problem-solving skills, varied talents, and areas of strength.

Individualized instruction, aimed at meeting special learning needs including remediation, is frequently provided. It is impossible to group ILP students according to their ability levels; therefore, teachers are expected to make the necessary adjustments involved in assuring that the students will experience success.

Community resources are used when possible. Media are borrowed from the Intermediate School District, public libraries, and varied agencies. Guest speakers or lecturers and the like are used when available. ILP student also work with volunteers, student teachers, and practicum students, and they have benefitted from their skills and talents.

Weekly meetings are attended by the teachers, team leaders, and child care workers to exchange important information and to check each ILP student's progress in the entire program, including his/her schooling. Consistent approaches, objectives, and plans are made and carried out by all staff involved.

The point system, as described earlier, is used throughout the school day by all teachers. The three defined goals of control, positive environment, and behavioral monitoring are therefore more thoroughly integrated and more widely applied into each student's daily activities, regardless of the time of day. The point system reinforces academic and cognitive growth as well as personal-social development in a wide variety of situations. Likewise, contingencies for observable behaviors in the program have been defined, and they are standardized, i.e., grades earned in the classroom settings are relevant to point sheet evaluations.

Post-test achievement results are obtained at the end of the student's enrollment period. Records of grades earned, recent evaluation findings, observations, and recommendations for future use are made available to the student's home school or receiving school. Important educational information is transferred to other teachers in this manner.

TITLE I READING PROGRAM

ILP residents have benefitted from Title I reading instruction at the Calhoun County Juvenile Home since January of 1978. The program emphasizes the improvement of three skill areas: (1) vocabulary development, or learning how to decode words and give them meaning; (2) comprehension, or remembering and understanding what is read; and (3) efficiency, or proficiency to read with moderate speed and fluency.

Staffing Patterns

Title I funding (federal money distributed by the State Department of Education) provides the Juvenile Home School with one reading consultant who meets with each student in the reading program on a once-a-week basis. He monitors the progress of each student and writes a weekly prescription to be followed by the part-time reading teacher. When necessary, an aide is hired. A volunteer from the community has assisted as a teacher's aide since the inception of the program. Child care workers from the ILP teams also provide individualized help to students on a daily basis. The consultant is a Ph.D., affiliated with a nearby university, where he instructs students in the teaching of reading. The part-time teacher holds a master's degree in the teaching of reading. All other reading program personnel are subcontracted by the consultant.

The Juvenile Home school coordinator acts as the Title I coordinator. Related tasks include the following: (a) screening students for Title I eligibility with the Peabody Individualized Achievement Test (PIAT), (b) scheduling frequent vision assessments with the county technician and following through with recommendations, (c) testing and substitute teaching, if required, (d) communicating with the State Department of Education, including the writing of project proposals, (e) continuous monitoring of procedures with the use of locally devised checklists, (f) assisting with summary report writing, and the yearly collection and reporting of evaluation data, and (g) serving as a liaison between the Juvenile Home administration and the reading consultant and teacher.

Vocabulary Development Material

The Kilty List of 5,000 Words (Kilty, 1979) was developed and published by the consultant for this program. Prior to its use in this setting, development and field testing involved about 10 years of work. This list is unique from all other word lists in three aspects. First, the words are placed into 16 levels through a combination of frequency and word difficulty, and the levels range from pre-primer through 12th grade. Second, the list includes words from both white and black vocabularies. And third, the list contains both written and oral vocabularies. Other vocabulary materials are used or integrated to increase sight vocabulary and word analysis skills as needed.

Content Materials

Upon reaching the eighth level of The Kilty List (words at approximately fourth grade vocabulary level) through either progress or initial placement, students are given high-interest, low-vocabulary comprehension materials one year below their vocabulary level. Two sets of materials have been found very useful. Step Up Your Reading Power by James Olsen is a kit of articles and stories each followed by six multiple-choice questions. Another source of commercially prepared materials is a set of books published by Educational Developmental Laboratories (EDL). These EDL stories are accompanied by ten multiple-choice questions.

Efficiency

When the students attain the tenth level of The Kilty List (words at approximately fifth grade vocabulary level), the program is expanded to include reading efficiency exercises. The greatest combination of motivation and increased speeds has been associated with the use of the Controlled Reader. This is a filmstrip-type machine distributed by EDL, which allows lines of type to be illuminated on a screen at a speed determined and dialed by the reading teacher. These stories are of high-interest and graded readability. The speeds with which they are presented are increased by the teacher, using a set criterion for comprehension scores. Thus, students are not allowed to proceed to faster settings until they demonstrate the ability to comprehend with acceptable accuracy the material at the previous rate.

Presenting the Program

The Peabody Individual Achievement Test is used as a screening device. ILP students who receive grade equivalents for reading recognition and reading comprehension that are equal to or above their grade placement levels (their grade levels in their home schools) do not qualify for Title I assistance. For those who are determined to be in need of the remedial help, a standardized achievement test, such as, the Metropolitan Achievement Test or the Gates-MacGinitie Reading Tests, is administered to determine their ability in both vocabulary and comprehension. (These scores are referred to as the pre-test results.)

After an initial interview including a visual and/or hearing examination as indicated, the students are given the placement test for The Kilty List. This test presents the seven most frequently misidentified words in each of the first seven levels and the ten most frequently misidentified words in each of the levels eight through sixteen. At the first level where two or more words are missed, students are requested to read all of the words in that level. A Survey Sheet, on which there are numbers from 1 to 508 (the largest number of words in any of the levels), is provided; and the reading teacher or an aide circles the number of each word that is missed. All of these words are then written in a column, and an analysis

is made to see if there are structured patterns in those words. For example, it may become quite evident that a student is experiencing difficulty with words that begin with the "wr" combination, or words that end in a vowel-consonant-final "e," or some similar pattern. This identification of the area of difficulty provides an opportunity for the presentation of mini-lessons based upon the specific problem that the student is experiencing. If there are multiple areas of difficulty, students proceed to the next level and study and prepare column by column.

In the reading of the columns, the three elements noted above are stressed: (1) identification, (2) definitions, and (3) a smooth and reasonably rapid delivery. When the student has reached vocabulary words of at least fourth grade difficulty and frequency (levels eight and nine in *The Kilty List*), he/she is also given content reading material with comprehension questions one year below the vocabulary placement. Thus, a student using fifth grade vocabulary lists is reading fourth grade content material. A student using sixth grade vocabulary lists is reading fifth grade content material, and so on. As mentioned earlier, *Step Up Your Reading Power*, EDL books, and other content materials are utilized.

Efficiency exercises with the Controlled Reader, which the students view as speed reading, are two years below the vocabulary lists used. Therefore, at the time the student is involved in fifth grade vocabulary word lists and fourth grade content reading materials, he/she begins timed filmstrips on the Controlled Reader and with comprehension questions at the third grade level, and so on. Finally, the Metropolitan or the Gates-MacGinitie is readministered at the end of the student's school enrollment period, and these scores are used as post-test results.

The organization of the program provides for self-directed learning, particularly at the higher levels, allowing the teacher to interact concurrently with several students on different reading levels. Although each individual benefits from having a teacher who is specifically trained in reading, the teacher, aides, and child care workers are able to implement efficiently the learning activities through the use of a programmatic flow chart.

While it has been found extremely beneficial to have each hour of instruction balanced among the approaches being presented, some students prefer to do nothing but speed reading and others tend to become entirely engrossed in the vocabulary words. Progress is more consistent and obviously more broadly based when the balance is maintained. As a result, ILP students who participate in the Title I Program are enthusiastic about it. They work with small educational units; they are conscious of their progress on a day-to-day basis; and a built-in requirement of excellence generates pride in their accomplishments.

Results

The results of this program in the Calhoun County Juvenile Home as determined through pre- and post-test data of standardized achievement

tests over the past several years have consistently shown three months growth for each month in the program and sometimes higher (from four to five months growth for each month in the program) for certain school years. Obviously, when students are only about a year below in their reading achievements, the average increase is not as great because the room for improvement is generally not as great.

Conclusion

This reading improvement program focuses on vocabulary, comprehension, and efficiency. It integrates all new ILP students into the learning process with accurate placement, regardless of when they might begin during the school year. Procedures utilized stress excellence and mastery on the part of each participant. The program has been found to be highly motivating for the students and successful in its standardized evaluations. This Title I Program has been recommended as a model by the Michigan State Department of Education.

RECREATION

Recreation is an integral component of the Intensive Learning Program. The therapeutic recreation program focuses on the enhancement of self-concept through systematic skill development. Emphasis is placed on social skills, gross motor skills, perceptual skills, and sensory-motor integration. Additionally, the improvement of endurance, agility, coordination, flexibility, strength, and fundamental movement patterns is promoted.

Formal Recreation. Under the direction of the Physical Education/Recreation Coordinator, a one-hour formal recreation session is scheduled. Each session begins with ten to twenty minutes of calisthenics. Residents take turns selecting and leading each of the exercises. While in this leadership role, the youth is responsible for encouraging and verbally reinforcing participants to facilitate maximum gain from the exercise. Optimally, the net result of such an approach is the opportunity for all participants to give and receive directions, accept personal and social responsibility, and to act assertively. A variety of structured group activities, ranging from basketball to golf, is programmed. These activities are selected on the basis of their contributions to the attainment of the stated goals of the recreation program.

Weight training is scheduled on Tuesday, Thursday, and Saturday of each week for Wing 1 and on Monday and Wednesday for Wing 3. Recreation on these days occupies a two-hour block of time. Initially, residents are tested and placed on a regime consistent with their capabilities. Individual progress charts are kept on each resident to measure and provide reinforcement for gains. Additionally, a T-shirt with a 200 lb. insignia is awarded to any resident who bench presses 200 or more pounds. Residents may also participate in a voluntary running club. Members spend free-time training for competition in several local 10,000 meter races.

Informal Recreation. A one-hour period is scheduled each day for informal recreation. This is conducted in the All-Purpose Room where residents may listen to music and play pool, ping-pong, cards, or board games. Informal recreation is programmed as a non-contingent period for residents who have attained Phase III or more. (Phase IV residents may use this time to work on their Phase IV packet.) The atmosphere is informal and relaxed in contrast with the task-orientation of the formal recreation period.

Each evening, a one-hour time block is designated as FREE TIME. FREE TIME is a contingent period for those residents who have earned two of three pluses and 143 points on the two preceding shifts. Free-time activities are selected by the eligible residents on a daily basis.

RECREATIONAL THERAPY

While the major thrust of the Intensive Learning Program is upon cognitive, affective, and behavioral learning, a special emphasis is placed upon the psycho-motor development of youth in the recreational therapy program. Paramount to the program is the belief that many specific human abilities and skills are developed and increased through movement experiences. The ability to coordinate the movements of the body, along with the ability to think and to feel, form the triumvirate necessary for acquiring knowledge and changing behavior. The recreational therapy program gives residents an opportunity to integrate these processes in a prescriptive, remedial environment.

Deficits in the various components of motor activity often implicate learning and behavioral problems, including delinquency. Numerous studies have found a link between a) emotional disturbances, specific learning disabilities, and excessive behavior patterns, and b) a lack of physical and motor proficiency. Therefore, a major task of the recreational therapy program is to identify and delineate motor deficiencies. Once accomplished, an individualized, prescriptive learning program in the physical education/recreation setting can be initiated.

The assessment tool used in the ILP is a synthesized composite of various test batteries, entitled the "Recreational Therapy Survey." The format for the Survey was taken from Robert E. Valett's The Remediation of Learning Disabilities (1974). Quantitative in nature, the Survey is simply used as a screening device to detect motor-related problems of institutionalized youth. While no diagnosis is made nor intended, the results of the Survey are used to determine the appropriateness of involvement in special recreational therapy sessions. The information gleaned from the testing procedure may also be used for referral purposes and to supplement evaluations from other professional services.

The primary focus of the Recreational Therapy Survey is the perceptual-motor component of learning. Since perception involves the interpretation of information received via the senses, perceptual-motor development refers to the interpretation of sensory input that allows for appropriate motor responses. Experts in the field of child development, such as, Montessori, Piaget, Gesell, Kephart, and others, place a premium on sensory-motor experiences as a prerequisite to learning. Since perception is the means by which an individual organizes and systematizes his environment, it seems obvious that a breakdown in this component of the learning process could be a major contributing factor to the rehabilitation of a resident in the ILP.

The Survey items which test perceptual-motor abilities are used to determine the functional utilization of primary auditory, visual, and visual-motor skills. Included under auditory considerations are auditory acuity, auditory-vocal association, auditory memory, and auditory sequencing. Visual considerations include visual acuity, visual coordination and pursuit, visual memory, and visual-motor fine muscle coordination.

Closely associated with perceptual abilities and included in the Survey is sensory-motor integration. This component involves the psychophysical integration of fine and gross motor activities. As children reach the adolescent stage of development, there are normally changes in the sensoriperceptual processes, i.e., movement from tactile-kinesthetic dominance to visual perception and improved intrasensory discrimination. Survey test items that gauge this level of development include balance and rhythm exercises, body-spatial organization, directionality, and laterality.

Finally, a precondition to the successful use of perceptual and sensory-motor skills is gross motor development. This area is included in the Survey to determine the development and awareness of large muscle activity, and sequentially precedes the other testing categories. It not only provides feedback concerning basic elementary body movements, but serves as a warm-up and a transitional tool to the more sophisticated fine muscle movements required in the perceptual and sensory-motor areas. Included in this section of the Survey are rolling, crawling, walking, running, skipping, galloping, hopping, throwing, catching, jumping, and general muscular strength.

To augment the recreational therapy assessments, child care staff receive training in the detection of motor-related problems. Especially emphasized are the cues and characteristics of learning disabled and emotionally disturbed children as they relate to motor functioning. In addition, staff members are instructed in individualized, prescriptive program methods in order to allow their involvement in special remedial programming sessions.

Once it has been determined that a resident may be deficient in one or more areas of the Recreational Therapy Survey, an individualized remedial physical education program can be established to supplement large group activities. Since perceptual and sensory-motor skills do not necessarily evolve simply through maturation, they must be learned. To learn motor skills, two important conditions must be present: (1) feedback regarding the adequacy of the movement behavior, and (2) practice of the task. Through repetition and positive reinforcement, residents can learn more specialized skills and achieve a success variable that promotes generalization to other areas of the program. Minimally, residents have an opportunity to experience movement exercises that aid the total learning process.

Recreational Therapy Survey

Student _____

Date of Testing _____

Date of Birth _____

Chronological Age _____

School Grade _____

Test Administrator: Kim Strable, M.A., Activities/Recreation Coordinator

General Purpose: The intent of this survey is to provide a screening device for delinquent youth who may have one or more learning disabilities related to motor deficiencies/inadequacies. Designed for the detention setting, it is an attempt to initiate the screening process for potential remedial assistance from education and recreation personnel, as well as to provide referral data for future evaluation. In that the scope of this survey is limited to perceptual-motor skills, sensory-motor integration, and gross motor development, the test results should be viewed as quantitative. No attempt is being made to provide a diagnosis or prescriptive statement.

Specific Purpose: To provide an integrative assessment of gross motor development, perceptual-motor competency, and sensory-motor integration.

Rationale: Many specific human abilities and skills are developed and increased through motor movement. Deficits in the various components of motor activity often implicate learning and behavioral problems, including delinquency. By identifying and delineating motor deficiencies, the potential for creating an individualized, prescriptive learning program is increased.

GROSS MOTOR DEVELOPMENT

(The Development and Awareness of Large Muscle Activity)

Exercises:	Comments:
<u>A/Rolling</u> Equipment: Floor Mats	
1. Student can roll from back to stomach, prone position, arms overhead.	
2. Student can do sequential rolling to right or left.	
3. Student can put one hand over head, the other at the side, and follow directional cues. (Example: left hand over head, right at side: roll four times to your right and two times to your left; switch arms and repeat.)	
4. Student can do forward and backward somersaults.	
<u>B/Crawling</u> Equipment: Floor Mats	
1. Student can crawl (smoothly) on hands and knees in a homolateral fashion with eyes fixated on target.	
2. Student can crawl (smoothly) on hands and knees in a cross-pattern fashion with eyes fixated on target.	
<u>C/Walking</u> Equipment: None	
1. Student can walk forward and backward following a predetermined course.	
2. Student can walk heel-to-toe forward and backward in a straight line.	
3. Student can walk sideways, one step at a time.	
4. Student can perform design walking (figure eight, circle, triangle, square, spiral, etc.).	
<u>D/Running, Skipping, Galloping, and Hopping</u> Equipment: Jump Rope, Chairs	
1. Student can run and change direction in a simple obstacle course without stopping or significantly changing pace.	
2. Student can dribble a ball while running and skipping.	

Exercises:	Comments:
3. Student can skip rope, forward and backward, both feet together.	
4. Student can perform a running gallop.	
5. Student can catch a thrown ball in stride while running.	
6. Student can hop on two feet over a prescribed course; can hop one foot at a time and alternating feet.	
<u>E/Throwing and Catching</u> Equipment: Balls (Various Sizes)	
1. Student can throw ball underhand and overhand so that another person can catch it.	
2. From distances of 5 feet, 10 feet, and 15 feet, student can toss a basketball or utility ball against the wall and catch it before it hits the floor.	
3. Pupil can throw the ball accurately at a target from various distances.	
4. Student can throw the ball accurately to another person at various speeds and catch the return throw traveling at various speeds.	
<u>F/Jumping</u> Equipment: Rope	
1. Student can jump over knee-high obstacles.	
2. Student can perform a rabbit jump (squat on heels, palms down, fingers facing rear: move the hands forward and bring the feet forward between the hands with a little jump, repeat).	
3. Student can perform a standing and running broad jump with proper coordination of arms and legs.	
<u>G/Muscular Strength</u> Equipment: Chin Bar, Stairs or 12" Incline	
1. From a prone position with hands behind head, student can lift legs straight up and slowly lower to one (1) inch from the floor, holding to a 5-second count.	
2. Student can perform five (5) continuous push-ups, lowering chest to two (2) inches from the floor between each repetition.	
3. Student can perform 10 bent-knee sit-ups without difficulty.	

Exercises:	Comments:
4. Student can perform one chin-up, overhand grip, without difficulty (reverse grip for females).	
5. Student can walk, without looking at feet, up and down stairs (hand on rail) one step at a time, beginning each step with the same foot.	
6. Student can run up and down a short flight of stairs three (3) times without stopping.	

SENSORY-MOTOR INTEGRATION

(The Psychophysical Integration of Fine and Gross Motor Activities)

<u>A/Balance and Rhythm</u>	Equipment: Paperback Books, Basketball, Hula Hoop, or Long Rope
1. Student can walk about room balancing a book on his head. Student can perform the same exercise, with arms outstretched, with a paperback book balancing on the back of each hand.	
2. Student can perform above exercises with eyes closed as well as open.	
3. Student can march (high step) in rhythm to a basketball bounced by the taster at various speeds.	
4. Student can walk heel-to-toe on a long rope that is laid in a curved or zig zag pattern on the floor. Student can retrace the course back to the starting position on his tiptoes.	
5. Student can maintain rhythm to keep a hula hoop in motion about the waist.	
<u>B/Body-Spatial Organization</u>	Equipment: Obstacles (i.e., Chairs)
1. Student can run a complex maze while bouncing a ball without disturbing floor arrangement.	
2. Student can mirror (imitate) the taster's body movements with correct right/left orientation.	
3. Student can create letters of the alphabet with body positions (example: K, B, O).	
<u>C/Directionality</u>	Equipment: Blindfold, Small Ball
1. With blindfold on, student can follow an imaginary maze created verbally by the taster to a target following directions for left, right, forward, backward, and sideways.	

Exercises:	Comments:
2. Student can follow directional cues in a simple game of "Simon Says."	
3. Student can satisfactorily respond to directional sequencing instructions to complete a given task. (Example: Hop to the corner on your right leg, pick up the ball with your left hand, walk backwards to the center circle, switch the ball to your right hand, place on the floor beside your right foot, and hop back to the start on your left leg.)	

D/Laterality Equipment: None

1. Through the course of the previous test items, the student has consistent right or left-sided approach in use of eyes, hands, and feet.	
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PERCEPTUAL-MOTOR SKILLS

(The Functional Utilization of Primary Auditory, Visual, and Visual-Motor Skills)

<u>A/Auditory Considerations</u> (Including auditory acuity, auditory-vocal association, auditory memory, and auditory sequencing.)	Equipment: Basketball
1. Student can imitate sounds (sequence not important). (Example: With student's back turned, taster bounces basketball, snaps fingers, stomps feet, coughs, and whistles. Student turns and imitates the sounds he has heard.)	
2. Student can identify contrasting sounds. (Example: With student's back turned, taster bounces ball hard and soft, talks in a high voice and then low voice, runs in place rapidly and then slowly, etc. Student describes the sounds--loud, fast, high, etc.)	
3. Through previous exercises, student has been able to understand and follow simple directions.	
4. Student can name the antonyms of terms common to physical education or perform the opposite movements. (Example: Walk-run, talk-listen, bend knees-stand straight, hustle-illustration, quick-slow, etc.)	
5. Student can recall details from recent events. (Example: What did you eat for breakfast? What daily activities have you already completed today?)	

Exercises:

6. Student can recall common sequences. (Example: What comes before M; after T, before S, after 17, half-way between 10 and 20, etc.)
7. Student satisfactorily completed the sequencing instructions in previous exercises.
8. Student can repeat simple directions. (Example: When dribbling a basketball, bend the knees, keep the head up, dribble with the fingertips instead of the palms, and push the ball to the floor with wrist and arm action.)

Comments:

B/Visual Considerations (Including visual acuity, visual coordination and pursuit, visual memory, visual-motor fine muscle coordination.)

Equipment: Paperback book, balls

1. Student can describe everything he sees in the room, including color, size, shape, texture, etc.
2. Looking straight ahead, the student can describe things in his peripheral field of vision.
3. With head steady, student can move eyes with coordinated movements to follow and track moving objects.
4. When following a moving target, student can easily move his eyes past the body midline.
5. Student can look at an object without turning or tilting head to the side so as to use one eye only.
6. After scanning one page of the first chapter of a paperback book for a few seconds, the student can find the page through visual memory after it has been closed.
7. Student can look at an object without shutting or squinting one eye.
8. After the student has observed the placement of several different size balls in the gym, he can reproduce their placement after the tester has collected the balls.
9. Student can through visual observation judge the direction of a spinning basketball thrown to him and move his body accordingly to catch the ball.
10. Student can throw the basketball back to the tester with the same spinning motion.
11. Student has demonstrated a satisfactory level of visual-motor speed of learning in previous exercises.
12. Student has demonstrated a satisfactory level of visual-motor integration in previous exercises.

SECTION V

AFTERCARE

Following the period of institutional treatment in ILP, a major factor in determining a youth's success is his ability to continue the use of his newly learned problem-solving skills as he reintegrates the home, school, and community. The Aftercare Program, established in 1978, maximizes this reintegration while further promoting satisfactory adjustment by reducing unnecessary environmental conflicts. By programming community re-entry under the supervision of the Aftercare Caseworker, the impact of institutional placement can be further extended.

Aftercare is a unique concept within the juvenile court-operated systems of institutional services. First, the Aftercare Caseworker is not a part of the probation staff. While empowered with the same duties and privileges of a probation officer, the Aftercare Caseworker's role parallels that of a parole officer. Lines of accountability and supervision originate within the ILP. Second, Aftercare is an extension of the ILP, employing the same techniques and philosophies of treatment. For this reason, all Aftercare Caseworkers have had direct experience as staff in the ILP prior to assuming Aftercare functions.

Aftercare involvement begins at the date of commitment to the Intensive Learning Program. The Aftercare Caseworker explains the Aftercare Program during the student's orientation and establishes a working relationship with both the youth and his family. Through individual counseling, family counseling, and the active involvement in the ILP activities, the Aftercare Caseworker informs the parent's of the youth's progress and arranges with the family to receive the youth for home passes. In addition, the Aftercare Caseworker aids families in acquiring community services, such as, health and financial assistance where necessary, and coordinates other needs assessments, i.e., eye examinations, dental work, and medical attention.

Through the use of individual, group, and family counseling sessions, problem areas of family interaction are discussed; and efforts are made to resolve them by participating members. Upon release from ILP, the youth and his family are well aware of the expectations, support, reinforcement, and limitations of the Aftercare Program. A behavioral contract is negotiated between the Aftercare Program, the family, and the youth in order to establish realistic expectations and attainable behavior goals for each youth. The Aftercare contract involves a written agreement between the youth, his parents, and the Aftercare Caseworker in specific areas of concern. Also outlined are the responsibilities of each participant. The basic contract is presented on the following pages.

In addition to assisting the youth in his return home, the Aftercare Caseworker plays a critical role in the transition back into the school and the total community. Educational testing and assessment recommendations are compiled and delivered to the public schools at the time of re-enrollment. Monitoring contacts are made at the school, and communication channels are established with each teacher, counselor, and other

appropriate school personnel. This facilitates the Aftercare Program involvement in all progress and/or disciplinary actions in the school setting. If the youth is not re-enrolling in school, the Aftercare Caseworker assists the youth in job acquisition. Instructions on interviewing techniques, filling out applications, and job finding skills are provided to each youth. Counseling for these youth focuses on career planning, vocational education, and exploration of Armed Forces opportunities. Contact is maintained between the Community Action Agency and other sources of employment for unemployed youth not attending school.

Once established in the community setting, each youth participates in two individual counseling sessions weekly. Parents are encouraged to become involved in the counseling aspects either in the office of the caseworker or their home during worker visits. The Aftercare Caseworker provides the youth and his family with a flexible schedule thus allowing them to use the direct services whenever required, for examples, evenings and weekends.

The Aftercare Program provides one major activity monthly. The activities vary to include a well-rounded exposure to appropriate ways for involvement in the community. Activities are arranged in conjunction with the Activities Program in the ILP (see section on Activities). Each youth can earn these activities through his achievements in the home, school, and community.

The Aftercare Program is totally involved with the youth from the date of commitment to the Intensive Learning Program until Aftercare closure as ordered by the Court. Aftercare is seen as contributing to the goals of the Juvenile Court by reducing subsequent delinquent activity and reducing further need for institutionalization.

Aftercare Contract

I. The Youth agrees to:

- A. Accept and follow directions from parent(s) and/or guardian(s).
- B. Attend school (if enrolled) and do homework daily.
- C. Have parent(s) or guardian(s) permission to leave home or before leaving one place for another.
- D. Keep parent(s) or guardian(s) informed as to where he can be reached and provide phone numbers of those locations.
- E. Associate only with those he knows do not break the law.
- F. Respect others and their property.
- G. Respect and follow any law of the state or any ordinance of any municipality.
- H. Keep all scheduled appointments and obey any additional conditions and directions set forth by the aftercare caseworker.

II. The parent(s) and/or guardian(s) agree to:

- A. Provide the youth with supervision and direction.
- B. Cooperate and enforce the conditions of the aftercare contract.
- C. Keep the aftercare caseworker advised of the youth's progress.
- D. Cooperate with and enforce any additional conditions or directions set forth by the aftercare caseworker.
- E. Provide the youth with reinforcement for appropriate behavior (allowance, verbal praise, more privileges).
- F. Provide the youth with consequences for inappropriate behavior (early curfew, home restrictions, no allowance).

III. The Aftercare Caseworker agrees to:

- A. Regularly monitor the youth in the home, school, and with employers.
- B. Provide the youth with a helping relationship.
- C. Assist parent(s) or guardian(s) in the supervision and direction of the youth.
- D. Provide the youth one individual and one group counseling session weekly.
- E. Act as a liaison between the youth and the schools (if enrolled).
- F. Provide reinforcement for appropriate behavior (aftercare activities, verbal praise, extended privileges).
- G. Provide consequences for violations of the aftercare contract.
- H. Keep the Juvenile Court advised of the youth's progress.

Problem-Solving:

The youth, the parent(s) and/or guardian(s), or aftercare caseworker will make an appropriate request for a discussion, talk appropriately, work toward a solution or compromise, and accept the final decision.

ILP AFTERCARE CONTRACT

Effective date: _____

Contract for: _____

I hereby agree to abide by the following aftercare contract. I understand that fulfilling the commitments in this contract will result in successful case closure, so long as there are no outstanding complaints with the Calhoun County Juvenile Court. Failure to successfully fulfill the commitments of this Aftercare Contract may result in extended contract commitments or referral to the Juvenile Court.

Youth Signature _____ Date _____

Aftercare Caseworker _____ Date _____

ILP Team Leader _____ Date _____

I/We, the parent(s) and/or custodian(s) of the above named minor shall attempt to supervise and enforce the conditions of this Aftercare Contract in cooperation with the supervising officer.

Parent Signature _____ Date _____

Proposed Closure Date _____

Office Appointments 1 2 3 4 5 6 7 8 9 10

No. of required commitments 11 12 13 14 15 16 17 18 19 20

School Commitments 1 2 3 4 5 6 7 8 9 10

Weeks of required commitments 11 12 13 14 15 16 17 18 19 20

(Each 2 days missed - 1 week of probation)

Group Therapy 1 2 3 4 5 6 7 8 9 10

No. of required commitments 11 12 13 14 15 16 17 18 19 20

Physical Fitness 1 2 3 4 5 6 7 8 9 10

No. of required commitments 11 12 13 14 15 16 17 18 19 20

Organized Activity 1 2 3 4 5 6 7 8 9 10

No. of required commitments 11 12 13 14 15 16 17 18 19 20

Volunteer Activity 1 2 3 4 5 6 7 8 9 10

No. of required commitments 11 12 13 14 15 16 17 18 19 20

Any additional 1 2 3 4 5 6 7 8 9 10

commitments 11 12 13 14 15 16 17 18 19 20

PROGRAM EVALUATION

Evaluation of the ILP is a continual responsibility of Juvenile Home staff. Information provided by relevant assessment is used to maintain program integrity and continuity, while promoting development consistent with established goals and objectives. Evaluation addresses two issues: process and outcome. Process measures focus on within-program operations while outcome measures focus on the results of the program. Areas of the program subject to ongoing assessment include:

Recidivism. This is a measure of the percentage of youth who are adjudicated for delinquent acts after completion of the ILP.

Cost Benefit. Figures are computed annually to determine the actual costs of operating the ILP on a per resident basis.

C.I.E.S. The Correctional Institution Environment Scale is administered regularly to assess the social climate of the ILP. It yields important within-program data concerning relationships, treatment orientation, and system maintenance.

Coupon/Time-Out Ratio. Computed monthly, this ratio describes the relationship between reinforcement and discipline.

T.S.C.S. The Tennessee Self Concept Scale is administered to each youth prior to his entry into the ILP and again after he completes the program. It provides information about how a youth's perceptions of himself change as a result of treatment.

Interobserver Reliability. Periodically, the ILP staff participate in a "double blind" study to determine the reliability of the token economy. These studies indicate the consistency of staff grading practices and provide information regarding reinforcement issues.

In addition to those areas listed above, numerous other facets of the ILP have been investigated during the five years of its existence. Program evaluation is a priority concern of the administration and remains a vital part of operations.

Recidivism

Although frequently criticized as an inaccurate and unreliable indicator of program effectiveness, the fact remains that recidivism is the most popularly accepted outcome measure for correctional programs. The public and policy-makers invariably require recidivism data when evaluating program responsiveness to the issue of societal protection. Therefore, ILP views recidivism as one of many required statistics for program evaluation.

Regarding recidivism, the goal of ILP is to produce a rate or percentage below the recidivism figures for public and private institutions. For statistical purposes, ILP defines recidivism as the number of juveniles who are adjudicated of a criminal offense(s) following release from an institutional placement and while under juvenile justice jurisdiction. Factors excluded are:

1. Longitudinal surveys of offenses under adult jurisdiction,
2. Status offenses,
3. Nonadjudicated complaints,
4. Juveniles failing to complete a program,
5. Out-of-county commitments, and
6. Probation violations without criminal charges.

Subsequent to June 1976, an analysis of recidivism by Calhoun County youth committed to private and public institutions (training schools) yielded a rate of 51%. In comparison, the ILP has graduated 139 juveniles since 1976. Thirty-three of these youth have been adjudicated on criminal offenses subsequent to release from ILP. This equates to a current recidivism rate of 23.7% for the period between June 1976 and January 1982.

Cost Benefit

To operate a cost-efficient program, ILP must compare its cost benefit figures to those of private and public institutions. Even though the ILP per diem is less than other similar program, the significant distinction is the number of days care per ILP resident. At a remarkable 131 day average, ILP is the most short-term of any institutional program in Michigan. The following information reveals cost benefit analyses:

Private institutions: 1981 average per diem = \$54.95.

Average days care per youth = 400.

Cost per committed youth = $(400 \times \$54.95) = \$21,980.00$.

Training schools: 1981 average per diem = \$83.00.

Average days care per youth = 240.

Cost per committed youth = $(240 \times \$83.00) = \$19,920.00$.

ILP: 1981 per diem = \$71.00.

Average days care per youth = 131.

Cost per committed youth = $(131 \times \$71.00) = \$9,301.00$.

CIES

To establish and maintain a therapeutic milieu maximally conducive to the operation of a cognitive/behavioral treatment program, ILP staff assess on an ongoing basis the social climate, employing the Correctional Institutions Environment Scale (CIES). The CIES is a 90-item perceptual measure of nine dimensions of correctional programs. These nine "environmental press" dimensions constitute three major categories of treatment programming: relationship dimensions, treatment orientation, and system maintenance. Based on residents' perception of the program, the CIES yields a

profile which can be compared to six types of programs identified in the literature.

Obtained at one-year intervals over a period of four years, the ILP profile is compared to the "Therapeutic Community" profile. Visual inspection of the graph indicates the similarity of the composite ILP profile to that identified in the literature as the "ideal" juvenile correctional program (see the CIES Profile on the following page). Furthermore, a statistically significant positive correlation exists between the mean ILP profile and Moos' "Therapeutic Community" profile ($df = 16$; $r = .96$; $p = .01$).

Tennessee Self Concept Scales

Another goal of the ILP is the enhancement of self concept. Viewed as an insulator to delinquent behaviors, self concept is a frequently used measure of program effectiveness. By structuring a program that emphasizes personal, social, and educational skill development, self concept is an appropriate indicator of program impact.

The Tennessee Self Concept Scales (Fitts, 1965), hereafter referred to as the T.S.C.S., is a 100 question instrument containing 29 scales designed to measure self concept. Used on a pre- and posttest basis for ILP residents, preliminary findings indicate that:

1. All 29 scales show movement in the positive direction.
2. Statistically significant improvement is noted in 11 of the 29 scales.
3. Total Positive Score, used as the overall indicator of self concept, revealed a statistically significant improvement ($df = 128$; $t = 2.83$; $p = .005$).

Interobserver Reliability

A process evaluation goal centers around the reliability of the point system. As previously explained, the point system is a behavioral management tool of significant importance to the ILP. The critical factor with the point system is the notion of reliability; that is, do fluctuations in points reflect behavior or variations in staff perceptions?

Using a "double blind" technique, reliability studies conducted in 1978 and 1980 provide the answer to the above question. With a total change in ILP line staff between the studies, the results indicate that points reflect behavior by establishing a consistency in staff grading. A statistically significant positive correlation in observer agreement is noted below:

1978: $r = .9720$; $p = .01$
 1980: $r = .9708$; $p = .01$

The two factors contributing to the high level of reliability are the team concept and the grading criteria.

SOCIAL CLIMATE SCALE PROFILE OF The Intensive Learning Program

CHECK
SCALE
USED:

CES__ WAS__ COPEs__ URES__ CIES X MCEI__ WES__ FES__ GES__

CIRCLE FORM USED: R S E I

NORM GROUP _____

DATE Testings on: 1-23-78; 1-9-
79; 1-3-80; and 3-11-81.

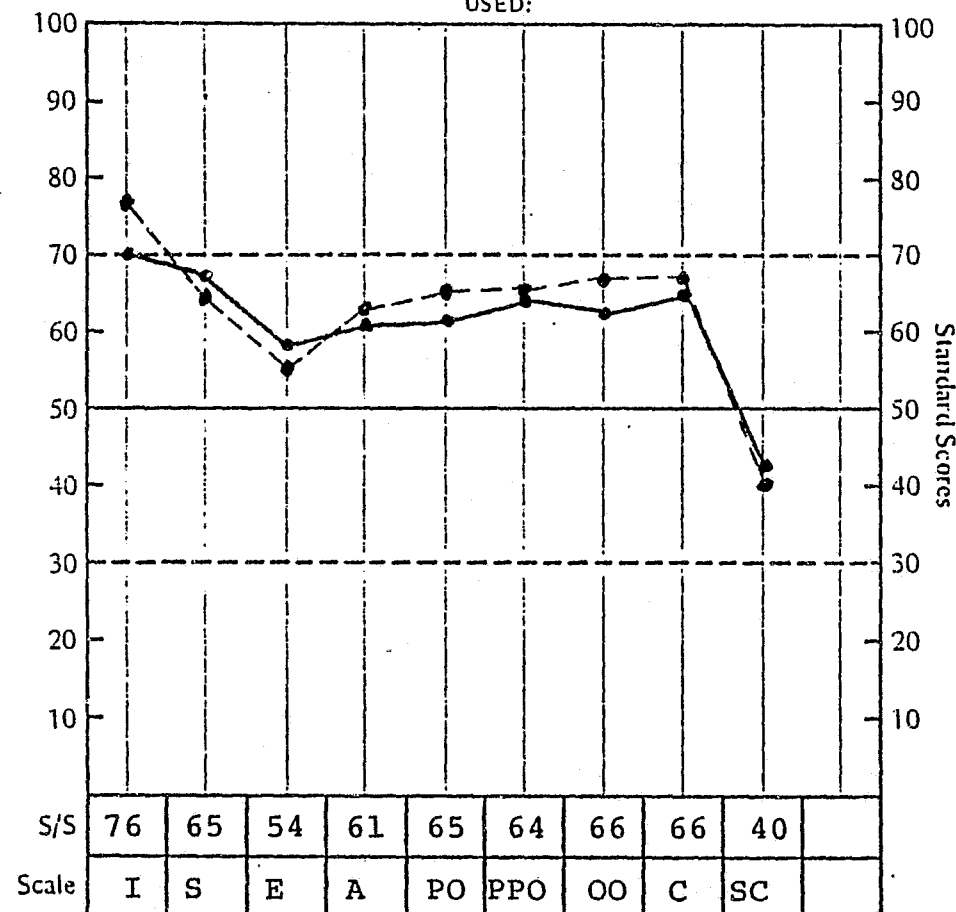
OTHER _____

This profile is an average of
the four testings cited above.

COMMENTS:

----- ILP profile

———— Therapeutic Community
profile



Note. Scale descriptions are as follows:

- I = Involvement
- S = Support
- E = Expressiveness
- A = Autonomy
- PO = Practical Orientation
- PPO = Personal Problem Orientation
- OO = Order and Organization
- C = Clarity
- SC = Staff Control

Scales Developed by Rudolf H. Moos and associates.
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