

California Department of Corrections and Rehabilitation Division of Juvenile Justice



California's Most Difficult Youth

**Preston Youth
Correctional Facility**

Sequoia Intensive Behavior
Treatment Program



A Continuum of Care?

- 1980-1990's high population
- DJJ's continuum of care:
 - Reception/Assessment
 - Institutional Placement
 - Mental Health
 - General Population
 - Drug Treatment
 - Parole



THE PROBLEM

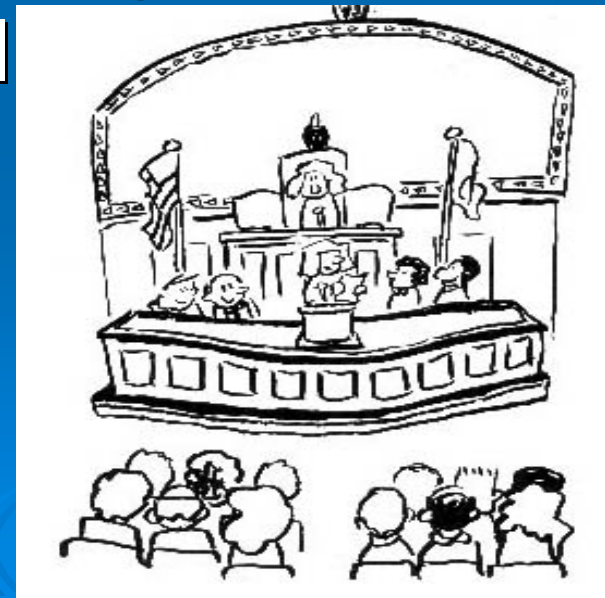
Hole in the Continuum



- Violent, disruptive youth with significant mental health issues, not receiving services
- These youth ended up in “restrictive” programs or “bus therapy”
- DJJ sees the need and takes steps to meet the need

Legislative Response

- Initial vision went before the Legislature to fund a 75 bed mentally ill violent offender program
- Determination of a 35 bed program at Preston Youth Correctional Facility was more feasible



The Birth of Sequoia

Intensive Behavior Treatment Program

January 1, 2001 - Present

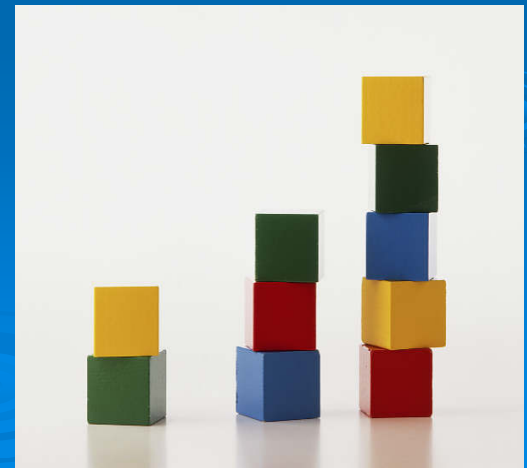


Before Sequoia:



Program Development

- Writing the program description
- No identifiable program model to duplicate
- Determine program model/research
 - CBT structure (DBT?, REBT?)
 - Focus on motivation
 - Empathy, dealing with resistance, self-efficacy, develop discrepancy
 - Anger management
 - Social Skills training
 - Recognition of the Stages of Change



Program Development

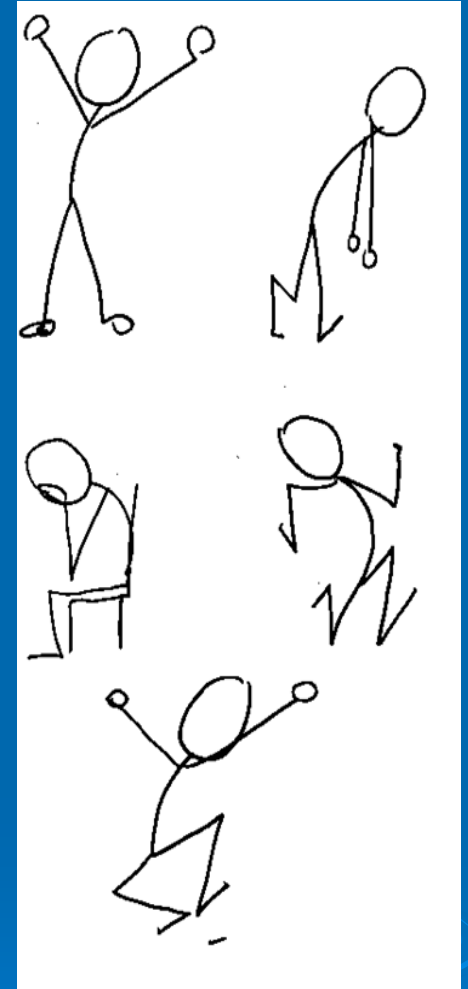
- What we knew we would do differently?
 - Don't give up on them (a different mindset for DJJ)
 - Involve family
 - Importance of staff/youth relationship
 - Crisis intervention – minimal use of restriction
 - Youth mentors/sponsors

- Hiring Staff
- Assessment Tool (BARD)
- Program Development
 - Orientation of youth
 - Behavior management program (phase system)
 - 20 day staff training



Youth Population Defined

- Highly Disruptive
- Impulsive/Severe Violence
- Borderline Personality
- Sometimes Higher Psychopathy
- Manipulative
- PTSD Symptoms (chronic)
- Bipolar Disorder
- Anger Oriented, Agitated Depression



EARLY CHALLENGES

- Refining Population
- Level of Disturbance in the Youth
 - Trust issues
 - Accurate diagnosis
 - Significant mental health issues
(PTSD, Bipolar, Personality disorders)
- Living Unit Design
- Training
- Teaching youth to face their issues, as opposed to running



Initial Staffing Challenges

- Staffing – Almost a total turn-over in the first year
- Needing additional staff (Nurse, YCC, Casework Specialist)
- Changing the cultural mindset in dealing with disruptive and violent youth
- Staff assaults – youth going to CDCR-Adult
- Counter-transference issues for staff
 - Anger, suicide, acting-out (not taking it personal)
- Could not choose staff
- Staff not trained to deal with the level of disturbance; particularly as it related to power struggles



EARLY SUCCESSES

- Support by Administration and Education – Critically important
- BARD Screening Tool
- Mentors
- “Get Along Group”
- Individualized Treatment
- Preparing the Youth
- Challenging the “Staff” Culture
- Relationally Driven
- Philosophy of “you will stay”
- Keeping the Population Low
- Family Involvement

STAFFING SUCCESSES

➤ Getting The Correct Staff:

- Leadership
- Newer staff to DJJ which improved trainability
- Willing to connect with youth
- Easy going, and better at not taking it personal
- Motivating youth to engage in treatment
- Rolled with resistance
- Better able to deal with anger and power struggles



Staffing Today

➤ Staffing:

- Youth Correctional Counselors
- Youth Correctional Officers
- Senior Youth Correctional Counselor
- Casework Specialists
- Supervising Casework Specialist
- Psychologists
- Psychiatrist
- Nurses
- Academic Teachers



Remember Before Sequoia?



- Difficult Youth were often locked up for 23 hours a day, BUT NOW:

Sequoia Today

Beyond Mandated Services

- Attend school
- Attend treatment groups
- Attend individualized treatment
- Participate in a social therapeutic community
- Recreate with other youth
- Participate in living unit activities
- In their room as little as possible
- Jobs/vocational training
- Prepare for their futures



Case study: Mr. Smith/Jones

(not his real name)

➤ At Admission:

- 16 year old physically fit, handsome, African American male, in for Burglary in the 1st degree
- Angry, violent, abused as a child, neglected, significant acting out



Mr. Smith/Jones

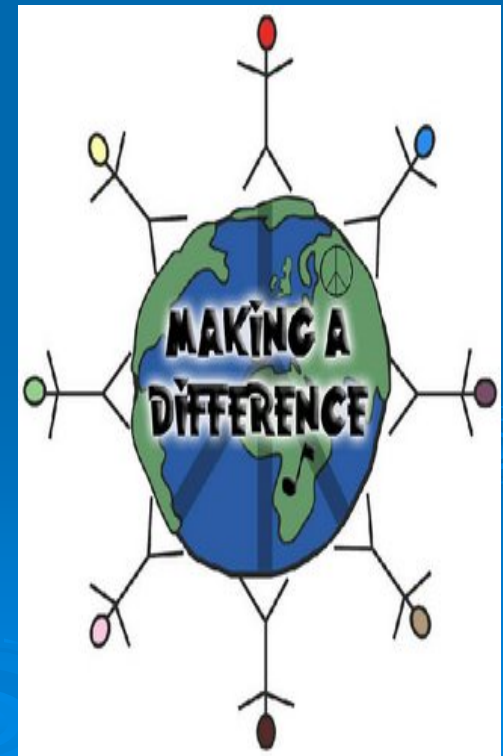
- When He Left:
 - Could read and write
 - “Plays well with others” – well kinda
 - Able to appropriately interact with authority figures
 - Regular contact with his foster father
 - Stepped down to a lower level of care
 - Minimal aggressive behavior
 - Decrease in overall anger and agitation
 - New Development

Common Youth Difficulties

- Impulsive anger and aggressive outbursts
- Isolation due to not wanting to get more time
- Self-destructive behavior
- Extreme behaviors in attempts to force alternative placements (higher levels of care)
- Medication compliance
- Unwillingness to participate in program activities
- Safely re-integrating youth back into program following assaultive behavior

Does Sequoia Make A Difference?

- Research?
- How do we measure success?
 - Improved functioning
 - Motivation and willingness to engage in treatment
 - Successful parole
 - Quality of Life



Improvement seen...

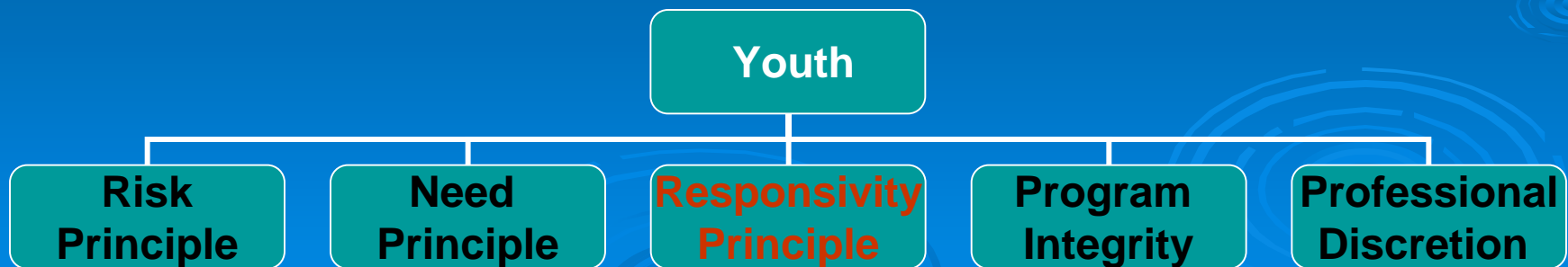
- Social skills
- Reduction in aggression
- Improved relationship skills
- Increased trust
- Reduced assaultive behavior
- Improved social skills
- Less oppositional behavior
- Increased willingness to engage in services
 - School, groups, parole hearings, social activities

DJJ Reform

- Class action lawsuit to improve conditions of DJJ
- Remedial Plans
 - Safety and Welfare
 - Mental Health
 - Sex Offender
 - Education
 - Disabilities
- Expanding the principles of what we learned to DJJ Reform

The Future of DJJ

- Strength-Based
- Evidenced-Based Practices
 - Motivational Interviewing
 - Cognitive Behavioral Framework
 - Aggression Replacement Training (ART)
 - Risk/Needs Case Management
- Principles of Effective Interventions



Fitting DJJ Reform Together

