

## TREATMENT OF YOUTH WITH PSYCHOPATHIC FEATURES

- Michael F. Caldwell, Psy.D.
- University of Wisconsin - Madison
- [mfcaldwell@wisc.edu](mailto:mfcaldwell@wisc.edu)

1

---

---

---

---

---

---

---

---

## PSYCHOPATHY

- A cluster of personality characteristics
- Characterized by:
  - Shallow emotions, unempathic, callous
  - Interpersonally deceitful and exploitive
  - Irresponsible, directionless, hedonistic lifestyle
  - Criminal behavior pattern

2

---

---

---

---

---

---

---

---

## PSYCHOPATHY AND TREATMENT

- Early authors noted they were unresponsive to treatment of any kind.
- Karpman: treatment has nothing to offer
- APA treatment manual: emphasis in on containment, not treatment

3

---

---

---

---

---

---

---

---

## STUDIES

- The idea that psychopaths are not treatable is mostly based on three studies.

4

---

---

---

---

---

---

---

---

## RICE, HARRIS, CORMIER (1992)

- 176 offenders treated in a special treatment program for violent offenders.
- Matched with 146 offenders who did not enter the program.
- Violent re-offense was collected from
  - parole records coded by RA.
  - re-incarceration in prison.

5

---

---

---

---

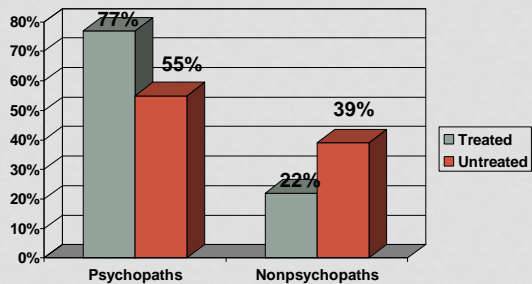
---

---

---

---

## HARRIS, RICE, CORMIER, 1992



6

---

---

---

---

---

---

---

---

### SETO AND BARBAREE, 1999

- Examined recidivism among treated adult sex offenders.
- RA's rated treatment behavior based on records review.
- Dependent variable (violent failure) included any rule violations noted in parole records, and convictions.

7

---

---

---

---

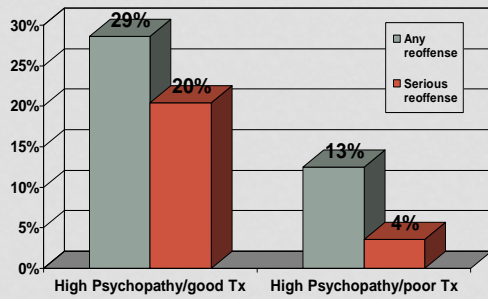
---

---

---

---

### SETO & BARBAREE, 1999



8

---

---

---

---

---

---

---

---

### HARE, CLARK, THORNTON, 2000

- 278 adults released from Her Majesty's Prison System.
- Any participation in social skills or anger management counted as treatment.
- No significant results for the PCL-R total.

9

---

---

---

---

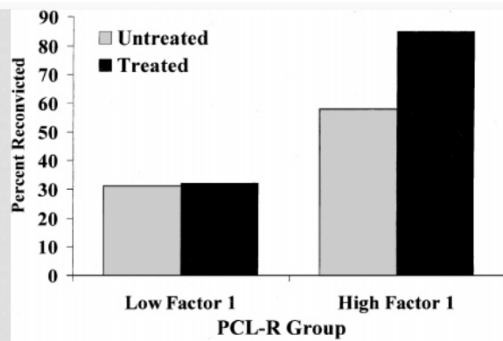
---

---

---

---

### HARE, CLARK, THORNTON, 2000



10

---

---

---

---

---

---

---

---

### LEGAL DECISIONS BASED ON JUVENILE PSYCHOPATHY

- Six U.S. and Canadian transfer cases
- US v. Doe (2000): Transfer to criminal court:
  - PCL:R (27) offered "as the single best predictor of a person's future criminal recidivism, violent recidivism, and failure to respond to treatment"
  - These juvenile acts "reflected a psychopathic personality and not mere immaturity"

11

---

---

---

---

---

---

---

---

### LEGAL DECISIONS BASED ON JUVENILE PSYCHOPATHY

- Psychopathy cannot be treated:
  - People v. Haynes (1993)
  - State v. Pentland, (1986)
  - Matter of DTH (1997)
  - Morgan v. State (1977)
  - Matter of Fox (1981)

12

---

---

---

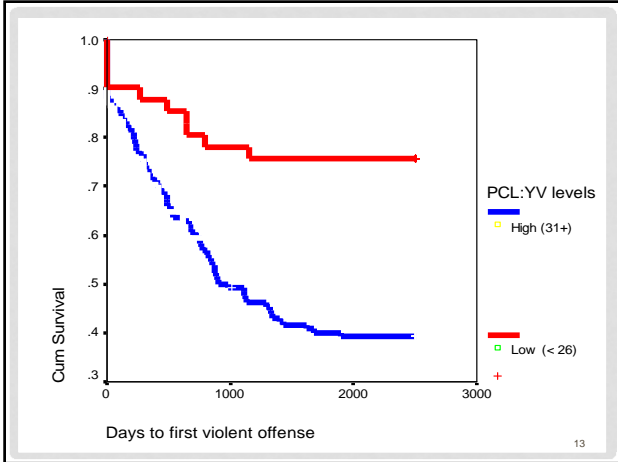
---

---

---

---

---




---

---

---

---

---

---

---

---

### MJTC HISTORY

- Opened in 1996
- Funding comes from the Department of Corrections, Division of Juvenile Corrections (DJC)
- Operated by the state psychiatric hospital
- Transfers are selected by DJC staff, no pre-screening or exclusion criteria.

---

---

---

---

---

---

---

---

### MJTC VS. USUAL JCI TREATMENT

<ul style="list-style-type: none"> <li>• 15 bed units single bunked</li> <li>• Psychiatry: 1 FTE per 28 youth</li> <li>• Psychology: 1 FTE per 14 youth</li> <li>• Social Work: 1 FTE per 14 youth</li> <li>• Administration: Psychiatric RN</li> </ul>	<ul style="list-style-type: none"> <li>• Most units have 40 - 50 youth double bunked</li> <li>• M.D.: 8 hr. / week contracted psychiatrist for 500 youth</li> <li>• Ph.D.: 1FTE per 75 youth</li> <li>• Social Work: 1 FTE per 40 youth</li> <li>• Administration: B.S. or A.A.; Security supervisor</li> </ul>
---	---

---

---

---

---

---

---

---

---

## JCI TO MJTC TRANSFER PROCESS

- Staff at the sending JCI's identify the most disruptive and aggressive youth: "We pick out our worst kids and send them to you".
- The guiding principle was to send kids that were not seen as "treatable" and only return kids when they seemed amenable to treatment.
- No screening and no criteria for ineligibility.

16

---

---

---

---

---

---

---

---

## MJTC POPULATION

- Ages: 12 to 19, average age is 15 years 8 months.
- Race: 52% African American, 38% White, 7% Hispanic, 2% Asian.
- 71% experienced violence in the home
- 89% have a prior charged violent offense against a person
- Almost half have hospitalized or killed a victim

17

---

---

---

---

---

---

---

---

## CASE SAMPLE: BARAK

- 15 y.o. male: first arrest at age 9, 18 prior adjudications (drug offenses, weapons, assault, arson) 3 crimes v. persons (1 hospitalized).
- Incarcerated at 14 on Armed Burglary and OMVWOC after several offenses and elopements from community placements.
- In 1 month in the institution: 13 security placements, 6 involved battery or fighting
- On admission: grade achievement level was 3.5, PCL:YV = 38, Aggression Questionnaire total >100.
- Treated on MJTC 1 year (plus 5 weeks at TAU setting).

18

---

---

---

---

---

---

---

---

## STUDIES OF OUTCOMES

19

---

---

---

---

---

---

---

---

## ADOLESCENTS WITH PSYCHOPATHIC FEATURES

- As assessed with the PCL:YV, adolescents with psychopathic features are significantly more likely to show:
  - poor institutional adjustment,
  - less progress in treatment and on behavioral points systems, more dropouts and,
  - have higher recidivism rates on release, (especially violent recidivism).

20

---

---

---

---

---

---

---

---

## PCL:YV ASSESSMENTS

- Scored from interviews and records compiled at the point of admission; before treatment.
- Good inter - rater reliability (ICC = .93)

21

---

---

---

---

---

---

---

---

## PCL:YV VALIDITY

	MJTC PCL:YV	Others
Full Scale IQ	-.25**	.00 to -.11
Number of prior charges	.21**	.33 to .42
Prior charged crimes vs. persons	.26**	.22 to .27
Worst victim injury code	.35**	
Pride in Delinquency total	.27**	
Criminal Sentiments Scale total	.35**	
Aggression Questionnaire Physical Aggression Scale	.30**	

\*\*  $p < .01$

---

---

---

---

---

---

---

---

---

---

## PCL:YV SCORES CORRELATIONS

Number of CD symptoms	.63 ***
Worst victim injury code	.55 *
Age of onset of disruptive behavior	-.32**
Elementary school problems	.32**
Age of first arrest	-.25*
Baseline behavioral scores	-.40***
Baseline security scores	-.29**

\*  $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$

23

---

---

---

---

---

---

---

---

---

---

## COST - BENEFITS

- This study looked at cost - benefits for 101 "comparison" youth that were treated with the usual JCI services matched with 101 "treatment" youth that got most of their services on MJTC.
- Pre-treatment information was coded from clinical and corrections records at the time of admission to MJTC.
- Criminal charges were collected from open court records.
- Followed for an average of 55 months after release (range = 18 to 78 months).

24

---

---

---

---

---

---

---

---

---

---



## COST - BENEFITS

- Designed to address the tax cost - benefit structure of the MJTC program, so only direct State tax costs were included.
- Collected the number of charged offenses in several categories, time at risk, and days of prison confinement.
- Jail confinement time was not available
- Calculated the mean cost per youth of the two treatment settings, subsequent criminal justice processing, and imprisonment.

25

---

---

---

---

---

---

---

---

## DEMOGRAPHIC & LEGAL HISTORY (N = 265)

	JCI M (sd)	MJTC M (sd)
Percent African American*	47	39
Age at first arrest	11.1 (2.5)	10.7 (2.4)
Number of prior charges	11.0 (8.2)	1 15 (9.1)
Number of prior crimes v. persons	4.5 (5.2)	4.6 (6.7)
Percent that had hospitalized/killed victim	38.8	47.9
Percent adjudicated for a violent felony	51	50
Number of conduct reports, pre-MJTC	3.8 (3.6)	2.5 (2.6)

26

---

---

---

---

---

---

---

---

## CONFINEMENT AND RELEASE

	JCI M (sd)	MJTC M (sd)
<i>Age of admission</i>	15/11	16/1
<i>Days of secure confinement *</i>	764 (375)	586 (282)
<i>Days of MJTC treatment *</i>	160	354.
<i>Age released from custody</i>	17.2 (1.2)	16.9 (.96)
<i>Follow-up days after release</i>	1668 (585)	1591 (564)
<i>Time at risk</i>	1359	1533

---

---

---

---

---

---

---

---

## DEPENDENT VARIABLES

- Borrowed from Cohen (1994,1997) studies on the cost of crime.
- Number and type of charged offenses: theft, larceny, robbery, rape, other violent or non-violent felony or misdemeanors.
- Calculated costs of criminal justice processing paid through taxes only.

28

---

---

---

---

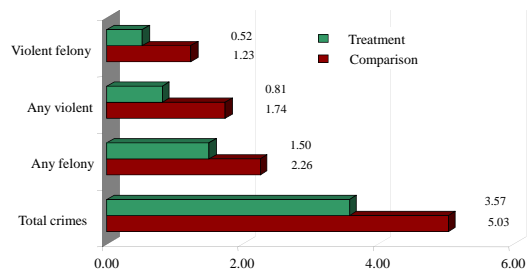
---

---

---

---

## MEAN NUMBER OF OFFENSES BY OFFENSE TYPE



---

---

---

---

---

---

---

---

## PROPENSITY ANALYSIS

- Propensity analysis (Rosenbaum & Rubin, 1983, 1984; Rubin, 1997) attempts to remove the effects of subtle bias in group assignment in observational studies
- Variables that may have biased the group assignment are used to generate a single probability of treatment group value for each participant
- Propensity values are used as a covariate to analyze the effect of treatment on recidivism

30

---

---

---

---

---

---

---

---

## PROPENSITY ANALYSIS

- Entered 21 factors into a logistic regression to predict treatment group membership.
- 7 factors were significant in the regression model (race, PCL:YV total, age of first CD symptoms, age of first arrest, number of prior charges, number of prior crimes vs. persons and days of JCI incarceration before transfer to MJTC).
- The accuracy of the model for predicting group membership was 86%.
- ROC analysis of the model yielded an AUC of .884

31

---

---

---

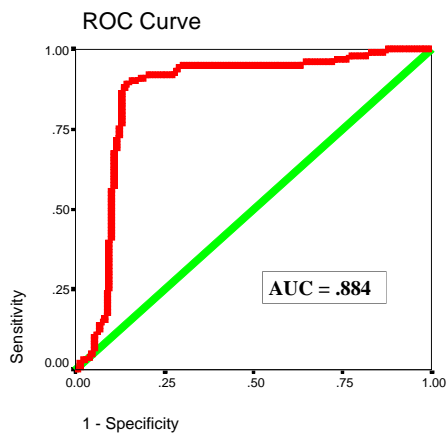
---

---

---

---

---



32

---

---

---

---

---

---

---

---

## PROPENSITY ANALYSIS

- A nearest neighbor matching strategy was used to match each treatment youth to a comparison youth with the closest propensity score.
- 101 youth were matched in each condition to within 5% of propensity values

33

---

---

---

---

---

---

---

---

### AFTER PSA MATCHING

	MJTC	Comparison
PCL:YV	32.6 (4.7)	32.8 (5.1)
Grade level	6.5 (2.4)	6.1 (3.0)
Full Scale IQ	85.0 (12.3)	84.8 (12.5)
Age of onset of behavior problems	7.1 (2.3)	7.0 (2.0)

---

---

---

---

---

---

---

---

### ANALYSIS OF TREATMENT IMPACT

•After accounting for treatment propensity score, time at risk was entered first into a stepwise regression analysis followed by group membership to predict:

- A) total number of crimes
- B) total number of felony offenses
- C) total number of violent offenses

•Violent felony and violent felony with injury were treated as dichotomous variables.

35

---

---

---

---

---

---

---

---

### REGRESSION OF TREATMENT ON NUMBER OF OFFENSES

	<i>R</i> <sup>2</sup>	<i>df</i>	<i>F change</i>	Sig. *
All crimes	.08	1, 200	4.0	.047
Felonies	.21	1, 200	6.0	.015
Violent	.32	1, 200	18.3	>.0005

\* Change in F after accounting for time at risk and non-random group assignment

---

---

---

---

---

---

---

---

## HOMICIDE

- None of the treatment group members was charged with a homicide during the follow – up period.
- **10.6%** of the comparison group had homicide charges, accounting for **16 deaths** at the end of this study (2001).

37

---

---

---

---

---

---

---

---

## COST EFFECTS OF TREATMENT (PER YOUTH)

	Institutional	Crime	Prison	Totals
Comparison	\$154,917.79	\$14,103.24	\$47,366.97	\$216,388.00
Treatment	\$161,932.23	\$5,927.07	\$5,152.90	\$173,012.20
Savings	(\$7,014.44)	\$8,176.17	\$42,214.07	<b>\$43,375.80</b>

---

---

---

---

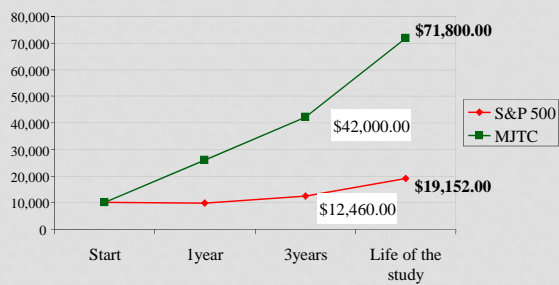
---

---

---

---

## RETURN ON \$10,000.00 INVESTMENT




---

---

---

---

---

---

---

---

## COST – BENEFITS CONCLUSION

- The cost benefit ratio of MJTC compared to the usual treatment is over 7 to 1.
- The total savings returned on the initial added investment of \$7,014.44 for MJTC treatment is 518 % over 4.5 years; just over 130 % per year.

40

---

---

---

---

---

---

---

---

## PROCESS OUTCOMES STUDY

- Included 86 new participants.
- Compared average behavioral point totals and number of days on security status over two 3 week intervals (on admission and post – treatment).
- Compared youth with high PCL:YV (> 31) to low PCL:YV (< 31). Cut the sample at the median; for both groups  $n = 43$ .

41

---

---

---

---

---

---

---

---

## SECURITY AND BEHAVIORAL RATINGS

- Security variable was the occurrence of any security - based intervention.
- Behavior is rated twice daily on several scales.
- Point totals determine the next days privileges.

42

---

---

---

---

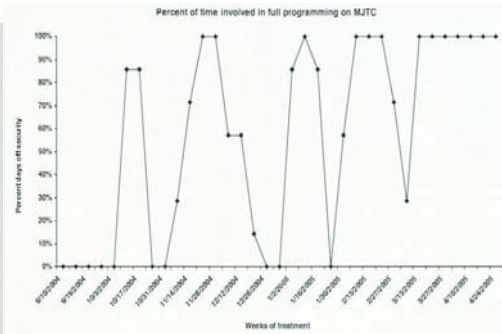
---

---

---

---

PERCENT OF TIME OFF SECURITY PER WEEK  
(SEPTEMBER, 04 TO MAY, 05)



43

---

---

---

---

---

---

---

---

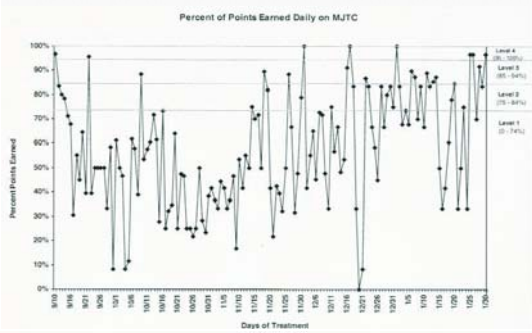
---

---

---

---

PERCENT OF POINTS EARNED PER DAY  
(SEPTEMBER, 04 TO JANUARY, 05)



44

---

---

---

---

---

---

---

---

---

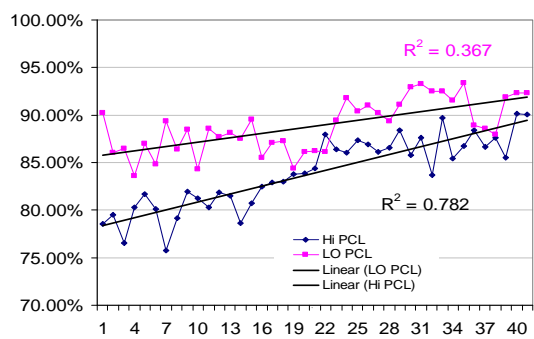
---

---

---

WEEKLY BEHAVIORAL POINTS

HI PCL (X=33.7) AND LOW PCL (X=25.1)




---

---

---

---

---

---

---

---

---

---

---

---

## RESULTS

- 2 X 2 repeated measures Analysis of Variance
- Time 1 was the admission behavior score
- Time 2 was the final behavior score
- High and Low PCL:YV groups were compared.

46

---

---

---

---

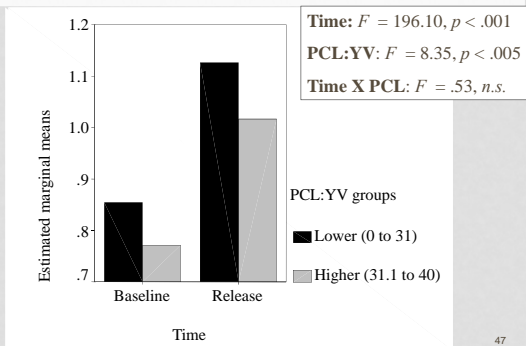
---

---

---

---

## ANOVA BEHAVIORAL CHANGE BY PCL:YV



47

---

---

---

---

---

---

---

---

## HIERARCHICAL MULTIPLE REGRESSION FOR THE PREDICTORS OF FINAL BEHAVIORAL RATINGS

48

---

---

---

---

---

---

---

---



Predictor	$R^2$ Change	Std. beta	F change	Sig. (p<)
Step 1: PCL:YV, Age, Criminal Versatility, Baseline	.423		14.84	.0005
Weeks of Treatment	.069	.283	10.95	.001

49

---

---

---

---

---

---

---

---

### DOES IT MATTER?

- Better behavioral scores may simply indicate that the boys have figured out the “game” and are playing along.
- Those with more psychopathic features may be more likely to “con” and play the game, so good behavioral scores could have no real meaning.
- Unless good behavioral scores predict less violence after release.
- But PCL:YV should predict violent recidivism.

50

---

---

---

---

---

---

---

---

### PREDICTORS OF VIOLENT RECIDIVISM

- Cox proportional hazard analysis was used to predict recidivism outcomes over a 4.5 year f/u.
- PCL:YV total scores were entered with the final behavioral score.
- Only the final behavioral score was significantly predictive of violent recidivism:  
( $\chi^2_{1, 84} = 4.25, p < .05, \text{Std. } \beta = .025, p < .05$ ).
- PCL:YV did not predict violent recidivism:  
(Std.  $\beta = 1.04, n.s.$ )

51

---

---

---

---

---

---

---

---

## APSD STUDY

- Antisocial Processes Screening Device (Frick, 2001), a self-report measure of psychopathic features (Impulsive, Narcissism, Callous/unemotional)
- Data were collected on admission and at 90 days intervals.
- Repeated measures ANOVA with admission score at Time 1 and last 90 day assessment as Time 2.
- One way ANOVA

52

---

---

---

---

---

---

---

---

	Mean square	F	Eta squared	95% CI	
				Upper	Lower
<b>APSD Total</b> <sup>a</sup>	2102.34	78.20	.51	.34	.62
<b>Callous/Unemotional</b> <sup>a</sup>	189.88	58.28	.43	.27	.56
<b>Narcissism</b> <sup>b</sup>	54.96	23.73	.24	.09	.38
<b>Impulsive</b> <sup>a</sup>	322.92	69.02	.48	.31	.59

a:  $p < .0000001$ ; b:  $p < .00005$

53

---

---

---

---

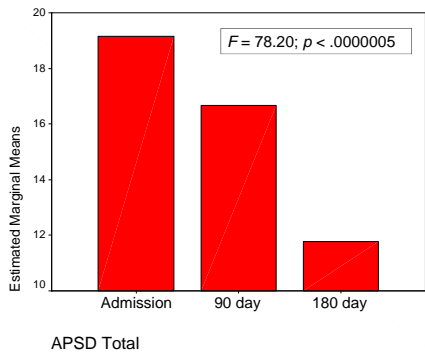
---

---

---

---

## APSD SCORE CHANGES (N = 77)



54

---

---

---

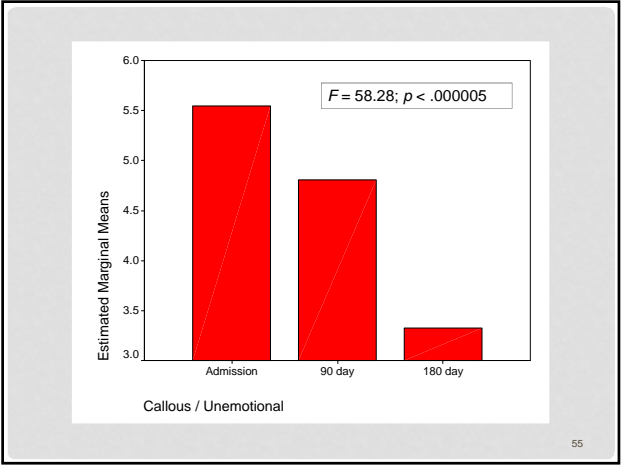
---

---

---

---

---




---

---

---

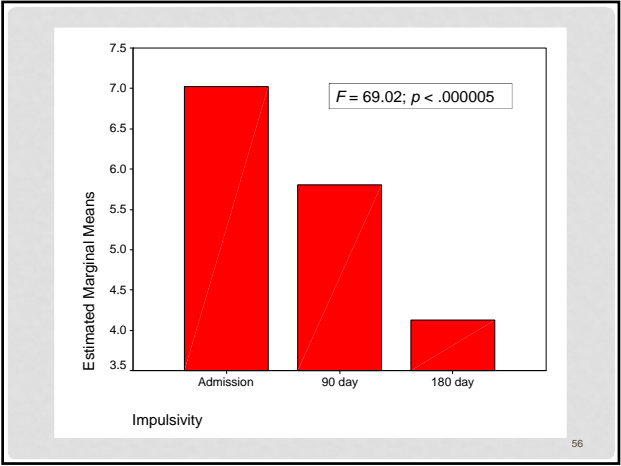
---

---

---

---

---




---

---

---

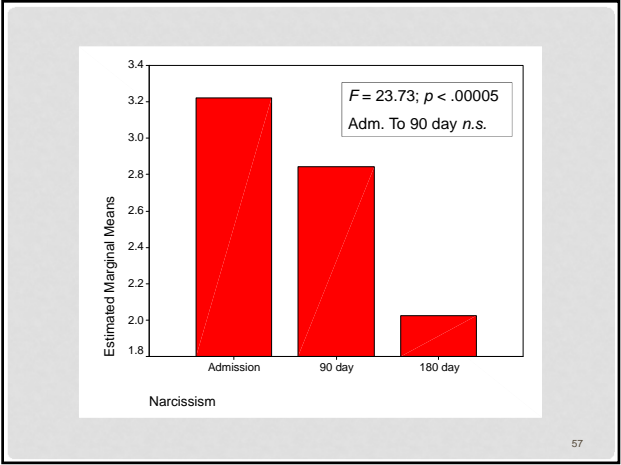
---

---

---

---

---




---

---

---

---

---

---

---

---

## DOES IT MATTER?

Hierarchical regression to predict final behavior scores ( $N = 156$ ,  $df = 1, 152$ )

	$R^2$ change	$F$ change	Sig. ( $p <$ )
Step 1: Admission APSD and Behavior Scores	.320	29.21	.0001
Step 2: Final APSD total	.068	13.58	.0005
Step 2: Final CU scores	.066	13.04	.00001
Step 2: Final Narcissism	.027	5.05	.05
Step 2: Final Impulsivity	.044	8.35	.005

---

---

---

---

---

---

---

---

## PCL:YV FACETS

- 248 consecutively admitted youth
- PCL:YV completed on admission
- Follow – up = 54 months ( $Range = 24$  to 79 months)
- Institutional behavior measured with Today – Tomorrow data
- Examined:
  - (1) relationship between facets and behavior change and
  - (2) relationship between facets and recidivism.

59

---

---

---

---

---

---

---

---

### Interpersonal facet

Time (admission / final)	0.25	24.70***	0.215	0.082	0.351
Interpersonal facet (low / high)	0.06	4.75*	0.050	0.000	0.158
Time X Interpersonal facet	0.04	3.80*	0.041	0.000	0.143

60

---

---

---

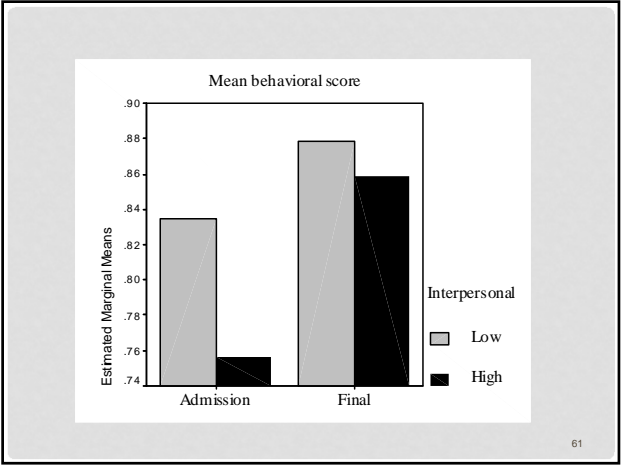
---

---

---

---

---




---

---

---

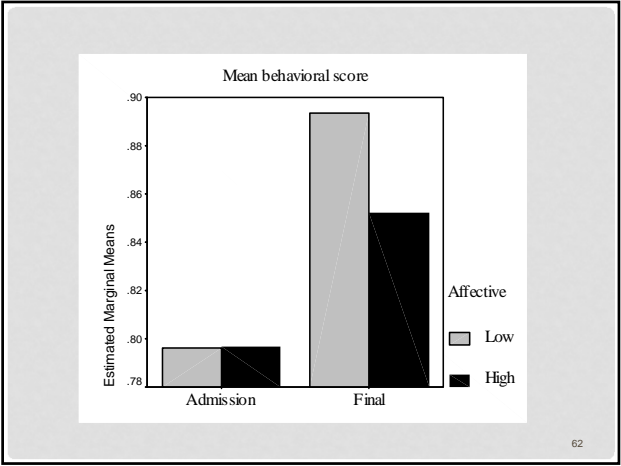
---

---

---

---

---




---

---

---

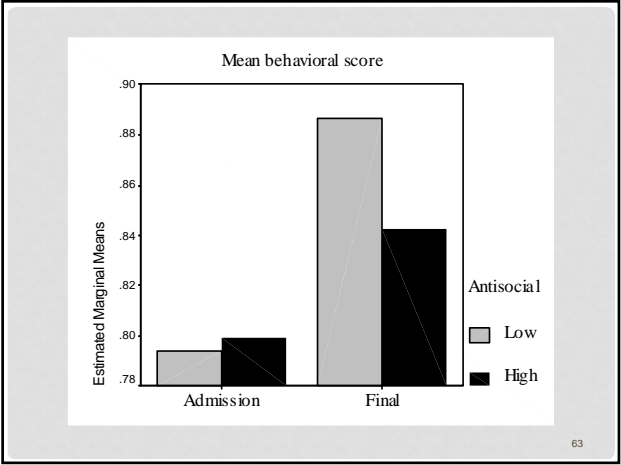
---

---

---

---

---




---

---

---

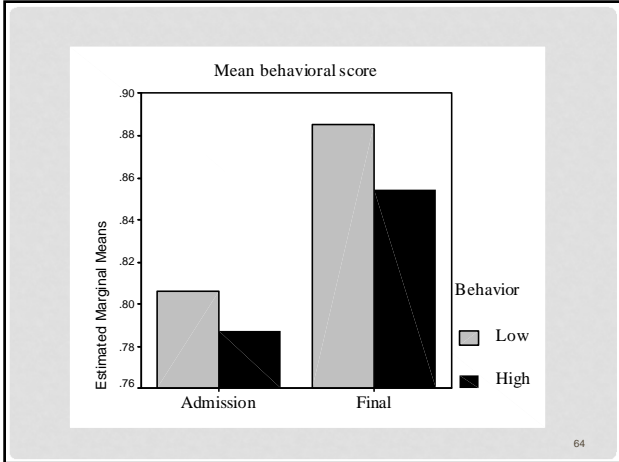
---

---

---

---

---




---

---

---

---

---

---

---

---

Interpersonal facet					
Time (admission / final)	0.63	8.11***	0.085	0.007	0.203
Interpersonal facet (low / high)	0.63	9.53***	0.099	0.012	0.220
Time X Interpersonal facet	0.99	12.80***	0.128	0.025	0.254

\*\*\*  $p < .005$

65

---

---

---

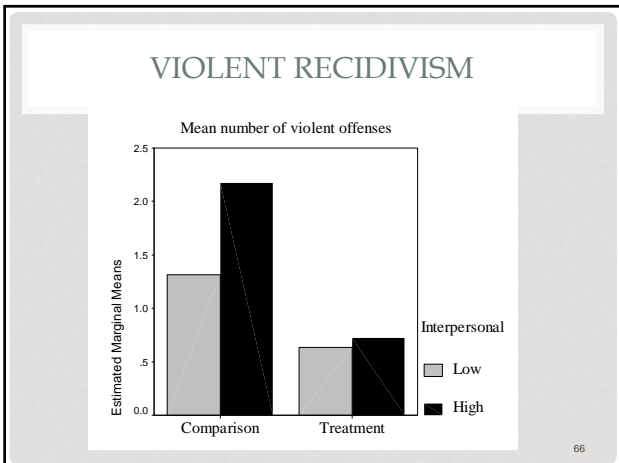
---

---

---

---

---




---

---

---

---

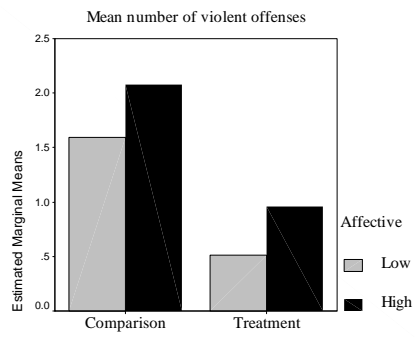
---

---

---

---

## VIOLENT RECIDIVISM



67

---

---

---

---

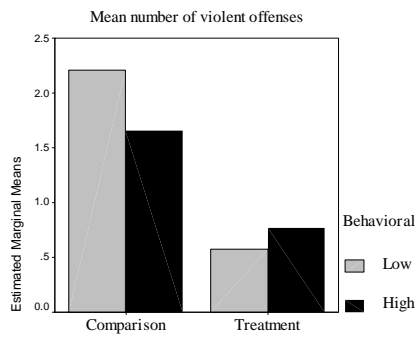
---

---

---

---

## VIOLENT RECIDIVISM



68

---

---

---

---

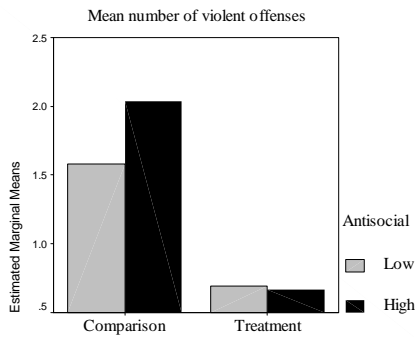
---

---

---

---

## VIOLENT RECIDIVISM



69

---

---

---

---

---

---

---

---

## RESULTS

- The Interpersonal facet involves Impression Management, Grandiose self-worth, Lying, and Manipulation.
- The Interpersonal facet was most related to treatment progress.
- The Interpersonal facet was most related to violent recidivism.
- MJTC emphasizes interpersonal processes.

70

---

---

---

---

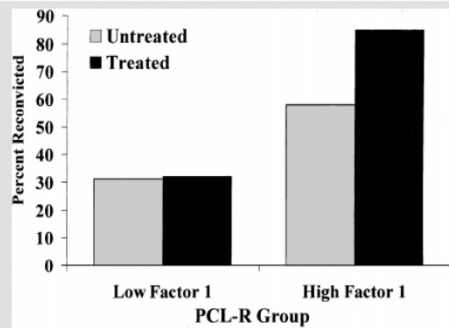
---

---

---

---

## HARE, CLARK, THORNTON, 2000



71

---

---

---

---

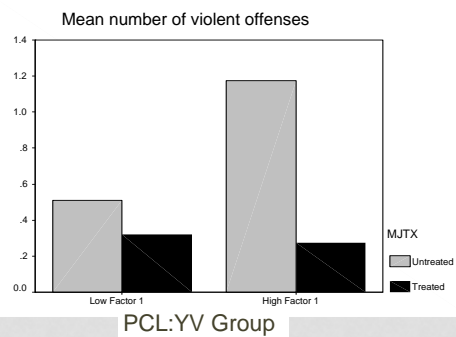
---

---

---

---

## CALDWELL (2011)



72

---

---

---

---

---

---

---

---



Effect	<i>F</i>	<i>Eta squared</i>	Sig. ( <i>p</i> =)
<b>Factor 1</b>			
<b>Time at risk</b>	13.42	.064	.000
<b>Treatment group (Treatment = 1, Comparison = 0)</b>	7.63	.037	.006
<b>Factor 1</b>	0.21	.001	<b>.649</b>
<b>Treatment X Factor 1</b>	4.65	.023	.032

73

---

---

---

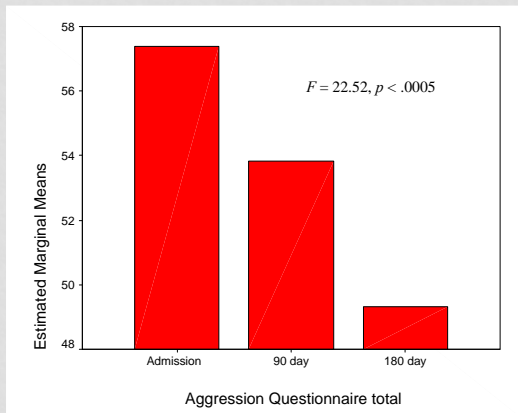
---

---

---

---

---



74

---

---

---

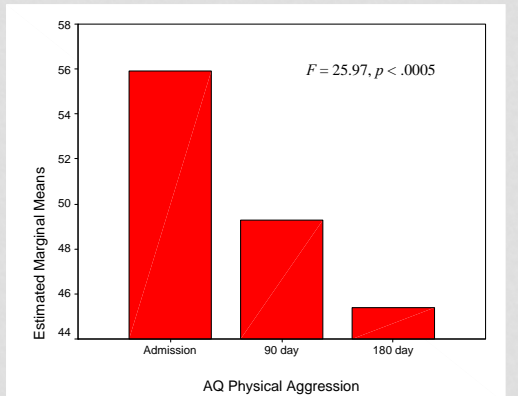
---

---

---

---

---



75

---

---

---

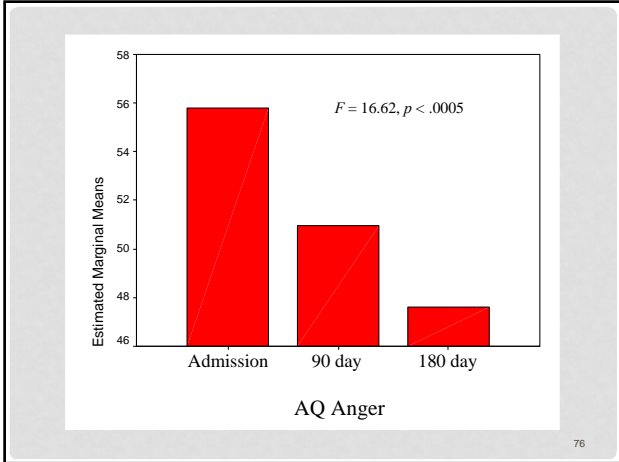
---

---

---

---

---




---

---

---

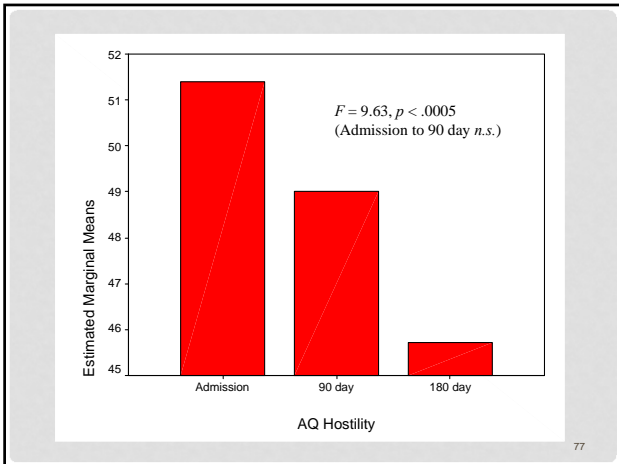
---

---

---

---

---




---

---

---

---

---

---

---

---

### WHAT HAPPENED TO BARAK?

- Initially: 3 security placements per week for a month.
- Improved steadily.
- Completed GED after 10 months.
- Extended family identified and re – engaged.
- Placed back with his family on release at age 16.75.
- Took Tech. school classes in CNA – worked in nursing home.
- Joined and eventually took over father’s business.
- 18 year follow – up; no new offenses.

---

---

---

---

---

---

---

---

## TREATMENT OF VIOLENT ADOLESCENTS

- Eyberg, Brestan, and others have reviewed the literature extensively.
- Only 3 treatments have proven effective at reducing violence in juvenile delinquents:
  - Multi Systemic Therapy (MST)
  - Functional Family Therapy
  - Multidimensional Treatment Foster Care

79

---

---

---

---

---

---

---

---

## COMMON CHARACTERISTICS

- Systems theory orientation: the individual is embedded in a social ecology.
- Intervention is focused on the broad social system: The family, foster parents, or front line staff.
- Comprehensive treatment services; All aspects of the youth's functioning are part of the treatment.

80

---

---

---

---

---

---

---

---

## COMMON FEATURES

- Focus on behavioral functioning, less on underlying pathology.
- Active supervision / intervention with parents, foster parents, or staff.
- Emphasis on Authoritative parenting strategies.

81

---

---

---

---

---

---

---

---

## PARENTING STYLES

- The two key facets of parenting styles:
  - **Demands:** What is expected of the child's behavior.
  - **Responsiveness:** The way that achievement of the demands are fostered and the child's needs are met.

82

---

---

---

---

---

---

---

---

## PERMISSIVE STYLE

- Low demand: not much is expected. Few rules, little direction, little structure.
- Low support: Failures are not acknowledged, misbehavior is largely ignored.
- Parents using this style often believe that they have a "good relationship".
- Generates poor self-direction, higher drug & alcohol problems, poor social skills (communion).
- Question: Who is in charge?
- On units, staff must be in charge without question.

83

---

---

---

---

---

---

---

---

## AUTHORITARIAN STYLE

- High demand: many rules, routines, structure, expectations.
- Low support: failure to meet expectations is typically met with consequences, punishments, deterrent sanctions.
- Failure is your fault, you suffer the consequences.
- Primarily fosters compliance (institutionalization).
- Higher susceptibility to peer influences.
- Increased problems with modulating behavior / emotions / impulses (more mood disorders).

84

---

---

---

---

---

---

---

---

## AUTHORITATIVE STYLE

- High demand: structure, routines, rules, clear expectations.
- High support:
  - Success is paramount; demands are modulated to the ability of the youth.
  - Provide support tailored to what it takes for the youth to succeed: Assistance, Support, Supervision, Monitoring.
  - Acknowledge and focus on successes.
  - Minimize the use of punishment.
  - Failure is a team failure; we work on how to fix it.

85

---

---

---

---

---

---

---

---

## SUPPORT

- Assistance: do the task together with the youth.
- Support: engage in material support, walk him through the task, provide the tools (i.e. mops)
- Supervision: providing reminders, checking or watching as the task is done.
- Monitoring: periodic checking that the task is done, periodically checking the quality of the work
- Usually use these in combinations.
- May go back and forth as needed.
- Some kids never get past Assistance level.

86

---

---

---

---

---

---

---

---

## BEHAVIOR MANAGEMENT

- When used, contingency management uses immediate, high frequency and escalating rewards.
- Points today result in privileges tomorrow.
- Rewards increase and become more sustained over time.
- Rare, brief use of punishment, usually incapacitation or re - integrative; not retributive.

87

---

---

---

---

---

---

---

---

## ORGANIZATIONAL FEATURES

- **Data driven treatment:**
  - Continuous outcomes monitoring on the individual level.
  - Evaluation of program outcomes.
- Program consistency and integrity relies on **professional supervision.**
- The treatment is a **multidimensional treatment system.** Every aspect of the kids life is part of the treatment.

88

---

---

---

---

---

---

---

---

## MJTC PHILOSOPHY

- Grounded in the Control Theory of Sampson and Laub, Social Learning Theory, and Defiance Theory of Larry Sherman.
- Crime occurs when bonds to conventional society (i.e. school, job, role in society), are broken or strained.
- Deterrence only works with socially bonded people.
- Improved social bonds decreases violence and increases the chances of desistance.

89

---

---

---

---

---

---

---

---

## FEAR AND LOATHING IN THE TREATMENT PROCESS

- Effective treatment of dangerous people: removing the fear that defines the interaction
  - Secure structure
  - Active supervision
  - Frequent "debriefing"
  - Active crisis planning

90

---

---

---

---

---

---

---

---

## SECURE STRUCTURE

- The unit has to be secure enough that the staff do not feel as if their safety is mainly based on their vigilance.
- Unsafe settings control the interaction.
- It must be clear who is in charge.
- Security is in the physical plant and staffing levels.
- Monitor injury reports: ideally, most injuries are from rec activities.

91

---

---

---

---

---

---

---

---

## ACTIVE SUPERVISION

- The philosophy of the unit needs to be repeated.
- New staff need to be indoctrinated / trained / mentored.
- Unit manager is responsible for mitigating against mission drift.
- Management intervenes with staff for anything that conflicts with the philosophy and mission.
- Critical incidents push a program toward more security – be careful.

92

---

---

---

---

---

---

---

---

## ME - TIME

- Regular debriefing between shifts.
- Supervisors don't assume staff are OK after an incident
- Don't expect the kids to be different than they are.
- Normalize anger, but resolve it.

93

---

---

---

---

---

---

---

---

## CRITICAL INCIDENTS PLANNING

- Every unit will have critical incidents (i.e. escapes, assaults).
- Prepare a plan with upper administration for these incidents.
- Decision makers have to be supportive and aware of the risks.
- Example: Florida SVP evaluation team leader, Daniel Montaldi.
- Critical incidents cause mission creep.

94

---

---

---

---

---

---

---

---

## THE KEY

- The focus of intervention on MJTC is the youth – staff interaction.
- At least as much effort goes into supervising / supporting staff as direct intervention with the kid.
- The principles of Authoritative parenting (Baumrind, 1991), are incorporated into the staff – youth interaction.
- Treatment techniques (e.g. CBT) are secondary to the staff – youth interaction.

95

---

---

---

---

---

---

---

---

## MJTC GUIDING PRINCIPLES

- Effective behavioral programming is conditioned on social bonding.
- Attitudes / behavior are socially constructed; they come out of a social context.
- Most delinquents have some social / problem – solving / impulse control skills, they are just adapted to a criminal lifestyle.
- The locus of intervention should be the social interactions.

96

---

---

---

---

---

---

---

---



## PROGRAMMING PRINCIPLES

- Teenagers are short-sighted, concrete, impulsive, emotional, & self-centered.
- They act on gut emotion over reason.
- They reason simply and concretely.
- They don't imagine the future well.
- They don't self - appraise well.
- Why?

97

---

---

---

---

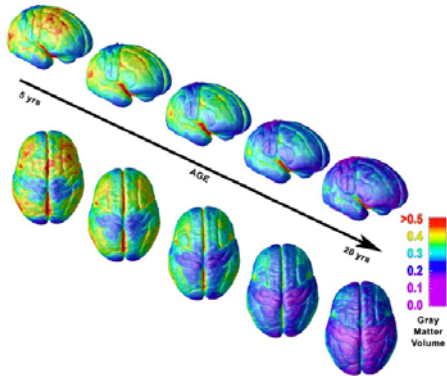
---

---

---

---

R.K. Lenroot, J.N. Giedd / Neuroscience and Biobehavioral Reviews 30 (2006) 718-729



98

---

---

---

---

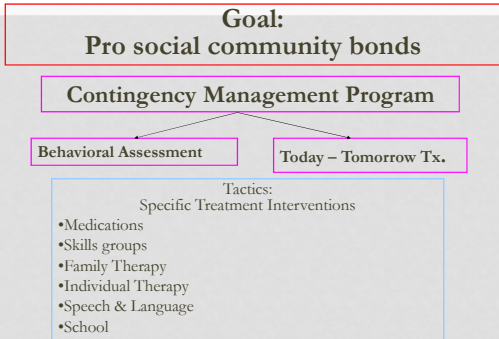
---

---

---

---

## PROGRAMMING COMPONENTS



99

---

---

---

---

---

---

---

---

## BEHAVIORAL ASSESSMENT

- Data is used 4 ways:
  - To determine levels in the Today - Tomorrow program
  - As a 1:1 treatment aid
  - To provide data - driven treatment decision - making (e.g. efficacy of medication)
  - In overall program evaluation

100

---

---

---

---

---

---

---

---

## PROGRAM DATA SYSTEM

Behavior Program

Security

Significant Events

101

---

---

---

---

---

---

---

---

## BEHAVIOR ASSESSMENT SYSTEM

- Peers - behavior directed at Peers
- Adults - behavior directed at Adults
- Limits - behavior following limit setting. More than just rule compliance.
- School / Groups

102

---

---

---

---

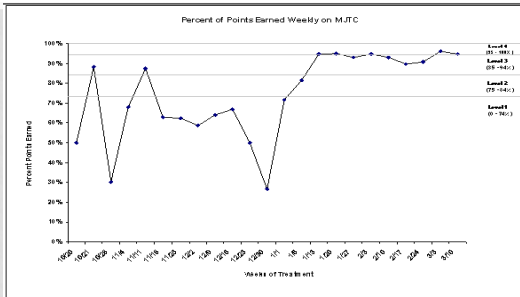
---

---

---

---

## DATA DRIVEN TREATMENT



Each AM-PM shift, data is taken using 0-10 point behavior rating scales assessing interactions with peers, interactions with adults, and the ability to follow rules and limits. In addition, data is taken using 0-6 point behavior rating scales assessing behavior and participation in each school class and treatment group. The ratings are combined to calculate a total percent for the day.

103

---

---

---

---

---

---

---

---

---

---

## TODAY - TOMORROW PROGRAM

- To foster involvement the program has to have:
  - **Immediacy**: has to pay off fast.
  - **Transparency** / Simplicity
  - **Predictability**: kid has to know behavior A gets result B.
  - **Equity/Impersonal**: has to be about the behavior, not the kid.
  - **Achievability**: has to appear doable and rewarding to the youth.

104

---

---

---

---

---

---

---

---

---

---

## TODAY - TOMORROW

- To foster commitment the program has to:
  - Offer something the kid **values** (i.e. Nintendo, snacks, release)
  - Provide rapid **escalation of rewards** (e.g. Clubs)
  - Provide more **rewards for consistency** (e.g. favorable release reviews)
  - **Foster a stake** in the system.

105

---

---

---

---

---

---

---

---

---

---

**TODAY'S BEHAVIOR  
DETERMINES TOMORROW'S  
LEVEL OF PRIVILEGE  
(LEVELS CHANGE EACH DAY)**

- Level 4: 95-100% Excellent day
- Level 3: 85-94% Generally acceptable day; some minor issues
- Level 2: 75-84% Generally poor day; problematic behavior
- Level 1: 0-74% Very poor day; major behavior problems

106

---

---

---

---

---

---

---

---

**POSITIVE DAYS EARN MORE PRIVILEGES**

PEER CLUB (earned over days)	CLUB 19 (Earned Weekly)	CLUB 23 (Earned Weekly)	MONEY (Earned Weekly)
Level 3 or 4 Three days in a row	Levels total 19 (or more)	Levels total 23 (or more)	Total Levels for the week
Electronic games * from 8:30-9:00 pm * Playstation2 and GameBoys	<ul style="list-style-type: none"> <li>• Club 19 Certificate</li> <li>• Radio (in room)</li> <li>• Electronic games from 9:00-10:00 pm</li> <li>• One pack of sports cards</li> </ul>	<ul style="list-style-type: none"> <li>• Club 23 Certificate</li> <li>• Boombox/ CDs (in room)</li> <li>• Pizza (on weekend)</li> <li>• Two packs of sports cards</li> <li>• Vinyl card holder</li> <li>• Choice of games at Clubs</li> <li>• Memory card</li> <li>• Extra phone call</li> </ul>	Levels = Money 24-28 Levels = \$4.00 21-23 Levels = \$3.50 19-20 Levels = \$3.00 17-18 Levels = \$2.50 15-16 Levels = \$2.00 13-14 Levels = \$1.50 11-12 Levels = \$1.00 Below 10 Levels = \$0.00 Money to Spend on Canteen Items <ul style="list-style-type: none"> <li>• May earn \$4.00 each week</li> <li>• May spend up to \$7.00 per week</li> </ul>

---

---

---

---

---

---

---

---

**IMPORTANCE OF DAILY LEVEL  
CHANGES**

- Focuses staff – youth relationship on progress.
- Daily tangible connection between behavior and recognition/success.
- World of “fairness/predictability” repeated each day
- Provide a sense of mastery/positive control over their lives
- Ability to “re-group” each day (daily reconciliation)
- Opportunity to perceive self as successful

108

---

---

---

---

---

---

---

---

## CLINICAL USE OF DATA

- 1:1 with youth: solution focused sessions
- Fostering resilience.
- Goal for staff is to structure Authoritative interaction.
- Goal for the youth is to foster Involvement and Commitment

109

---

---

---

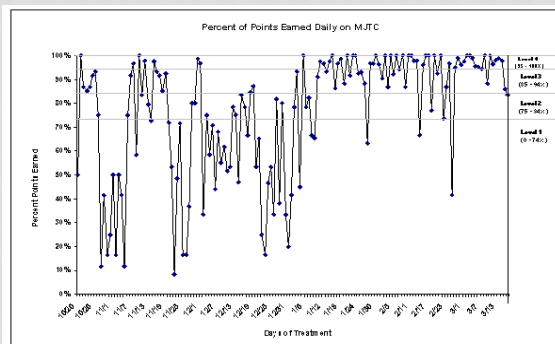
---

---

---

---

---



110

---

---

---

---

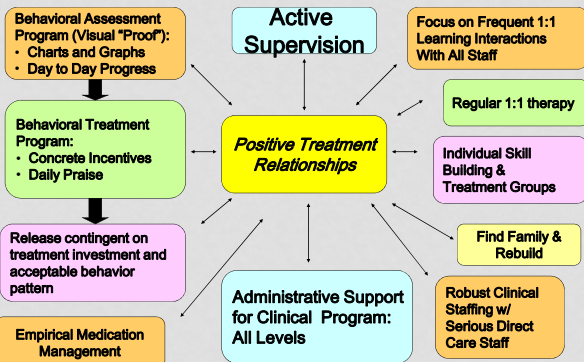
---

---

---

---

## MJTC Treatment Components



111

---

---

---

---

---

---

---

---

## Treatment of Youth With Psychopathic Features

FMHAC Conference: March 20, 2013

Michael F. Caldwell, Psy.D.

University of Wisconsin – Madison

### ADDITIONAL READINGS;

Caldwell, M. (2013) Treatment of adolescents with psychopathic features. In Kehl, K., & Armstrong, W. (Eds.), *Handbook of Psychopathy and the Law*, Oxford University Press: New York.

Caldwell, M., McCormick, D., Wolfe, J. (2012). Treatment – related changes in psychopathy features. *Criminal Justice and Behavior*, 39, 144-155.

Caldwell, M. (2011). Treatment – related changes in behavioral outcomes of psychopathy facets in adolescent offenders, *Law and Human Behavior*, 35, 275-287, DOI: 10.1007/s10979-010-9239-z.

Caldwell, M., Mc Cormick, D, Umstead, D., (2007). Evidence of treatment progress and therapeutic outcomes among adolescents with psychopathic features, *Criminal Justice and Behavior*, 34(5), 573 – 587.

Caldwell, M.F., Vitacco, M., & Van Rybroek, G. (2006) Are violent delinquents worth treating? A cost – effectiveness study, *Journal of Research in Crime and Delinquency*, 43(6), 148 - 168.