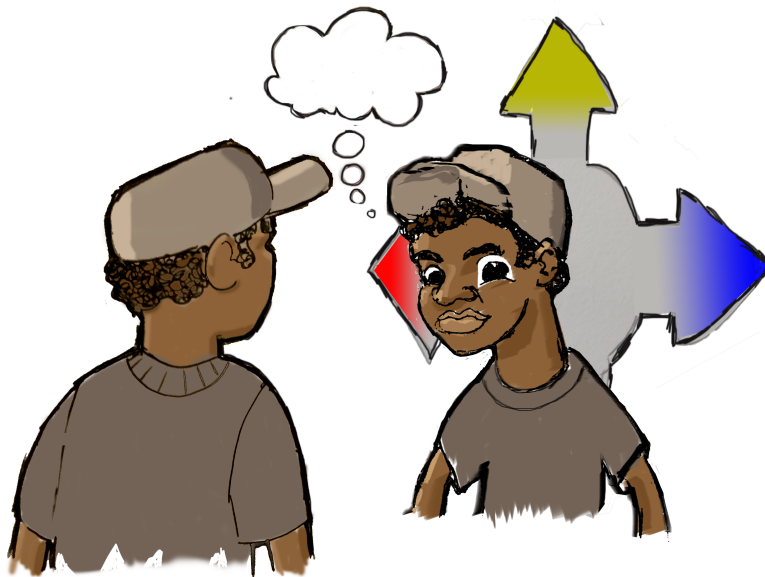
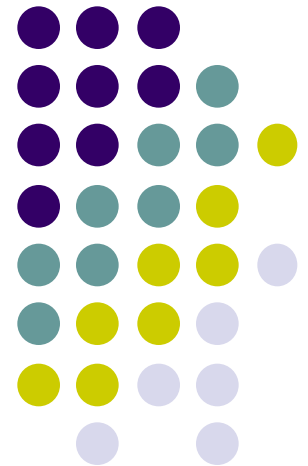


Youth Justice Group



Training
(4x2 hour sessions)



Erin Eggleston PhD

www.youthjusticegroup.nz

Session One: Learning Objectives



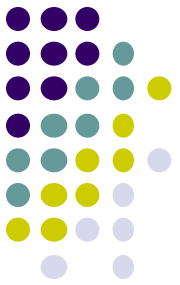
1. Consider what is my model for working with youth offenders?
2. Understand the rationale for offence focused programming and what works.
3. Walk away with a sense of the key components of the programme.

Where are we at with this work?



Take two minutes to answer these four questions...

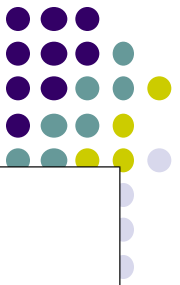
1. Why do youth offend?
2. Once they are offending what helps them to stop?
3. Something you have learned about youth that has helped you in your job.
4. What are the qualities of the kind of relationship you need to have with youth to do your job well?
5. If you think about yourself running a group therapy programme what is a development area for you as a group therapist?



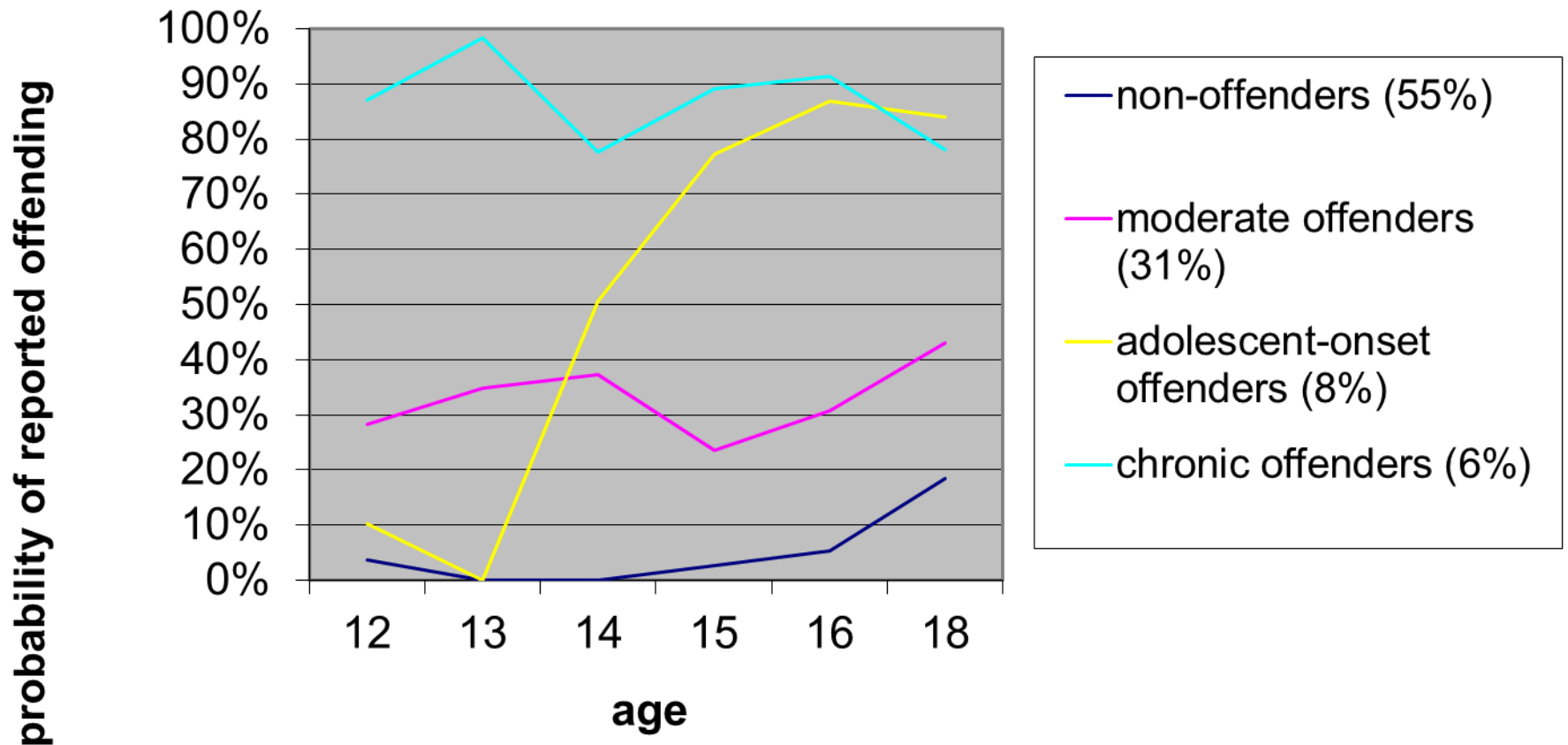
Conduct Disorder involves a repetitive pattern of problem behaviour:

- **Aggression to people or animals**
 - bullying, fights, uses weapons, cruel to animals/people, aggravated robbery, forced sexual activity
- **Destruction of property**
 - fire setting, vandalism, destruction of property
- **Deceitfulness or theft**
 - Burglary, lies to obtain goods, shoplifting, forgery
- **Serious violations of rules**
 - Stays out at night, regularly runs away from home or school

COST: Youth with severe antisocial behaviour are high users of services
\$40, 000 is the average cost per offence. Over 1 million \$ per person to society.



four class model of re-offending trajectories

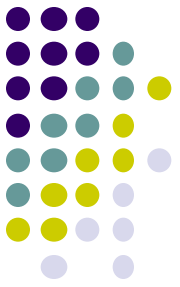


RISK: Conduct problems at age 8 predict...



Fergusson (et al., 2003)

Protective Factors → promoting pro-social behaviour



- No or low exposure to violence
- Early developmental needs met, secure attachment, supportive relationships, healthy beliefs and values
- Female
- Above average Intelligence
- Good relationship with parents
- Consistent and predictable family monitoring and rules
- Pro-social peer relations
- Community and cultural engagement



Then consider key changeable factors associated with offending trajectories




- Antisocial thinking and values
- Antisocial Peers
- Family Environment
- Temperament Variables
- Substance Abuse
- Social skill deficits
- School failure, truancy and associated aimless use of time



What Works: Potential Treatment Targets



- 
- For high risk women → consider delaying having children, education, contraception
 - At birth → a range of services to high risk families, including for eg. young mum's finishing school.
 - For 4 year olds – parent education
 - For 7 year olds - learning assistance, social skills, family support
 - For 10 year olds – symptom targeted programmes
 - Early adolescents – learning assistance, early detection of mental health problems, substance abuse and other issues, parenting education.
 - Adolescents - intensive wrap around casework, offence focused programmes, pre-vocational training and specific skill training.




What Works:

Potential Treatment Targets



- Attitudes that support offending behaviour
- Concrete, practical social and communication skill training.
- Offence specific programming
- Teaching emotion regulation skills
- Pro-social peer environments
- Parent Education and improving parent-child interaction
- Relapse-Prevention
- Integration between programmes
- Intensive, structured, wrap around, community based





Practical Skill Training and Therapy

CHALLENGE

Innovation around school, learning and
pre-vocational programming

Behavioural management

Health Needs (incl. detox)

Team Approach

Long term Placement

safety

Where do programmes for young offenders fall down?



- Programmes focused on factors unrelated or only loosely related to offending
 - self-esteem, victimisation, poverty, interpersonal and emotional complaints.
- Transition and maintenance problems
- Lack of knowledgeable follow-up
- No targeting of risk
- No working relationship with youth
- Unresponsive family units
- Low motivation for change
- Lack of fit between programmes
- The participants are stoned...

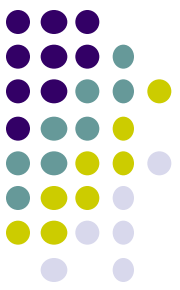




Components of the group programme:

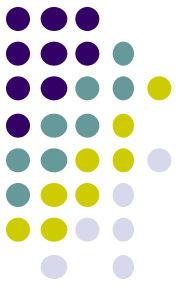
- What's really important to me?
- Relaxation Skills / self regulation.
- Understanding my offending / offence mapping.
- Relapse Prevention.
- Skills for Observing Feelings and Body Tension.
- Anger and Violence Education and Skills.
- Communication Skills (Assertiveness).
- Social Decision Making Skills.
- Community Service.

break down of assumptions that make up a rationale for group work....



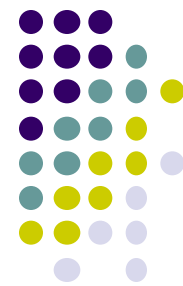
- Most problems are interpersonal.
- Family experiences are our primary source of interpersonal learning and the group reactivates this.
- Here-and-now relationships within the group can bring about change.
- To last, learning must be experiential.
- Change can happen relatively quickly.

Therapeutic factors in a group



- Instillation of hope
- “I’m not the only one”
- “I have something to offer”
- Group as a social experience of life that can be corrective of interpersonal style.
- Develop social skills
- Learning via imitative behaviour and interpersonal process
- The benefits of group cohesion
- Group as source of information

What makes a great group therapist:



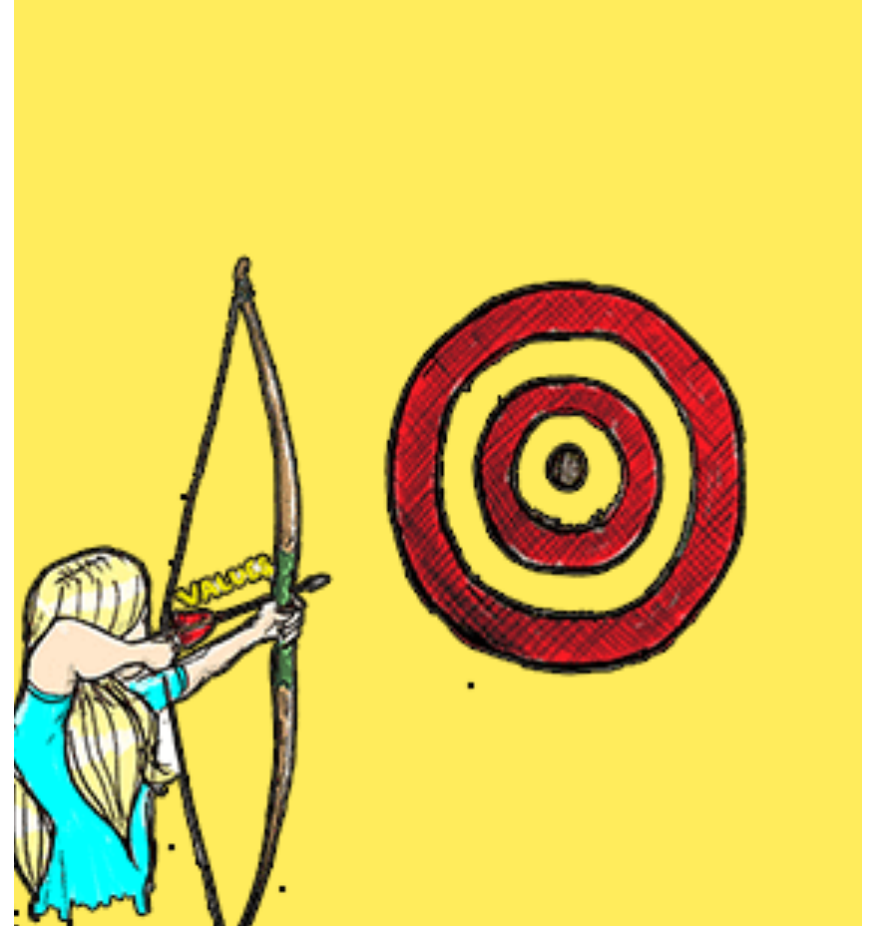
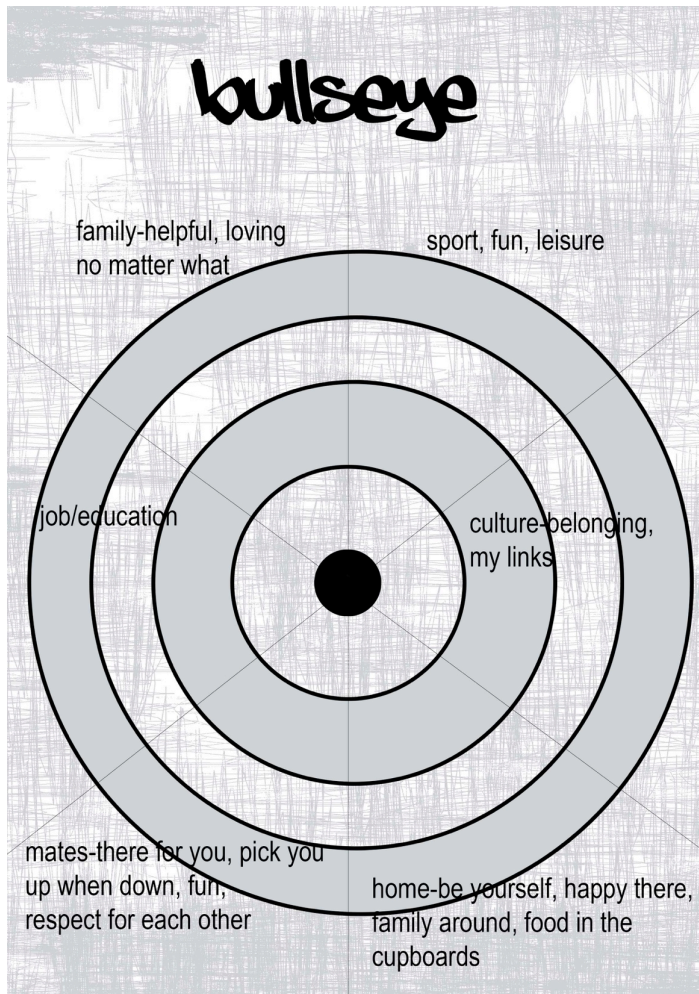
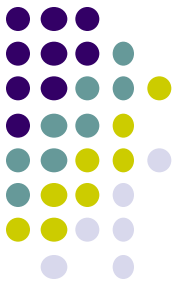
2014 training team said:

- Sets boundaries
- Knows the material
- Tolerates silence
- Considers culture
- Is flexible but focused
- Is engaging
- Displays openness and responsiveness
- Keeps people safe.

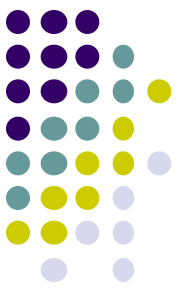
The books say:

- Conceptual and technical knowledge
- Self knowledge and balance
- Cultural Sensitivity
- Trustworthiness and Honesty
- Self compassion and compassion for Others
- Relaxed attitude (humour and flexibility)
- Intuition and discovery-oriented practice

Key component: What's really important?



Key component: Mindfulness is:



Sustained attention to a target neutral stimulus.
Traditionally, over thousands of years of eastern tradition via:

- Yoga
- Tai-Chi
- Breathing Meditation

More recently other similar techniques include:

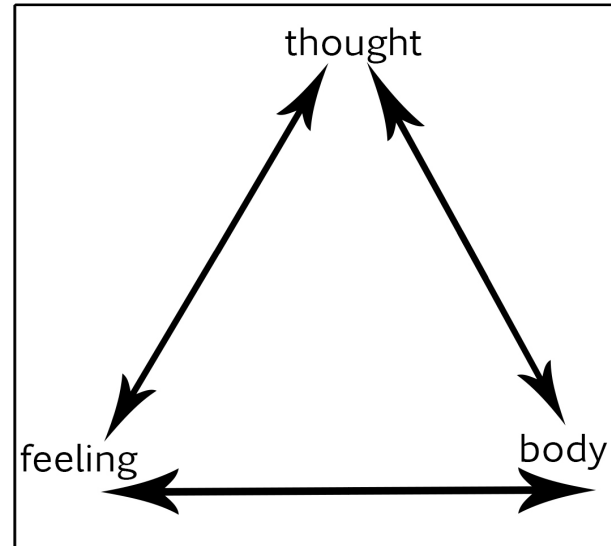
- Diaphragmatic breathing
- Progressive Muscle Relaxation
- Body Scan
- Technology assisted relaxation (and-biofeedback).



Key Component: Observing and Understanding My Behaviour

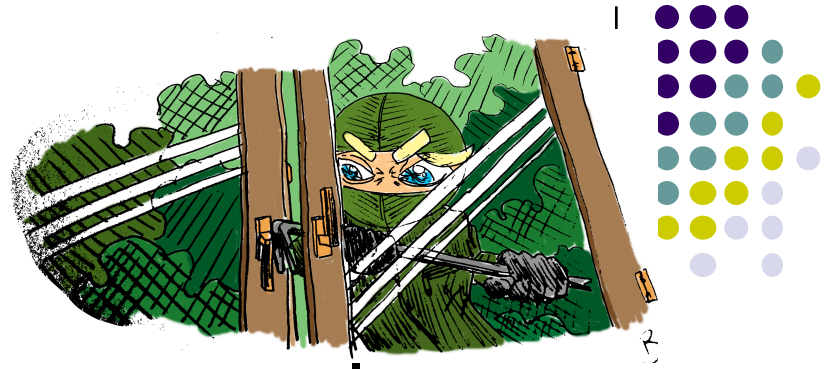


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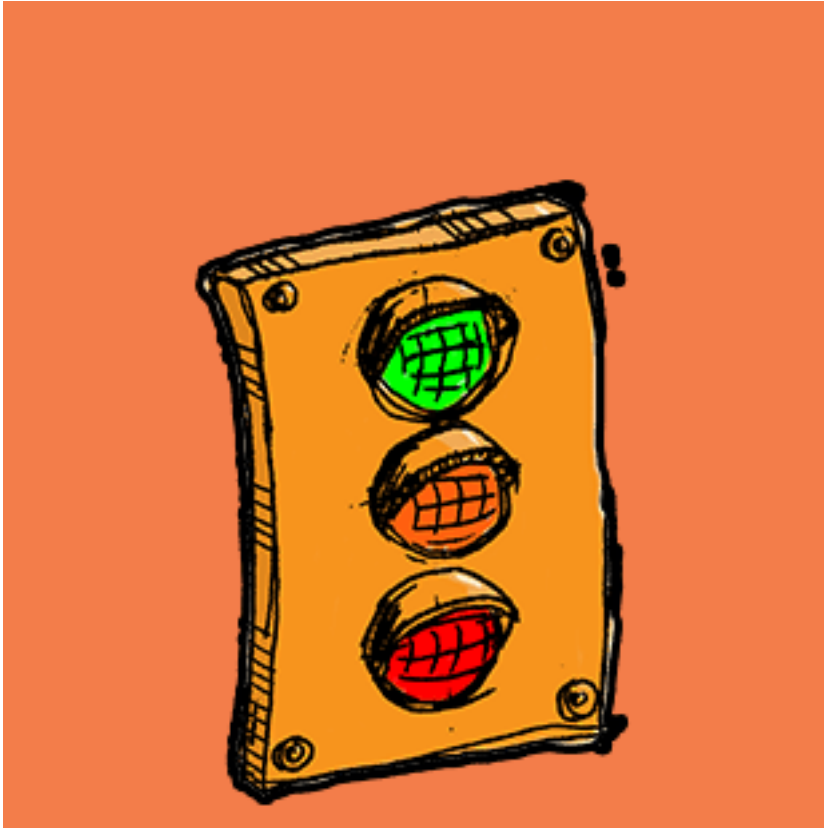
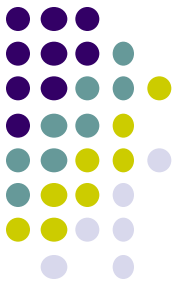
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Key Component: Offence mapping



- First we provide a role play example.
- Then one-by-one we help participants to tell the story of their offence (event map)
- Then we consider and evidence the risky stuff that sits in the event map (criminogenic needs) ..therefore creating an offence map.

Key Component: Relapse Prevention



- steps or possible pathways to offending
- a model for observing and managing these steps as they occur.
- how to anticipate and cope with the problem of relapse.