Choice in the Therapeutic Treatment of Juvenile Offenders

This paper is an introduction to a *clinical* (psychotherapeutic) process in which juvenile offenders are given the opportunity to choose self-governance; that is, to develop empathy for others and self-consciousness in making choices in their social worlds. I define such a process as *therapeutic* to distinguish it from the standard treatment of juvenile offenders that relies on punitive, *counter therapeutic* treatment and also from "mental health" approaches that do not confront the offender with his criminal behaviors in the community. These approaches do not deter offenders from continuing on their criminal careers.

Psychiatry has ignored delinquent children because they are non compliant. As a rule, seriously delinquent juvenile offenders will not sit in a psychiatrist's office and talk about their problems. At the same time, most psychiatrists will not choose to work with seriously delinquent children because they are hostile, rude, and manipulative. It's no wonder that delinquent children (diagnosed as "conduct disordered" children) are given a "poor prognosis".

As a consequence, children who cause trouble for others in Michigan are ignored by all public and private agencies until they become criminal. By then it may be too late for many to turnaround. Still, residential placements for juvenile offenders are a last chance for the community to help them to become self-governing.

It follows that the exploitive and violent choices of antisocial children lead them into arenas like jail and prison where their capabilities of exercising a range of choices is severely limited. It is in residential placements where offenders eventually sit down that they can be encouraged to talk rather than only communicating through action.

This is where I meet them. My purpose in working with juvenile offenders is to help them become more self-governing so that they can stay out of prison, if they choose to. Crucial to my psychotherapeutic work with them is to help the offender understand why he's made the specific choices that land him in lock-up. It has been my experience that juvenile offenders who know why they choose criminal behaviors are more likely to become responsible for themselves and others.

The current process of managing juvenile offenders in Michigan

In Michigan, the police and residential custodians dictate the treatment that delinquent children receive. For most juvenile offenders, the courts are largely irrelevant because judges only have two options for children who break the law. The first option is to return the offender to the streets and the second option is to place the offender in lock up. Although judges have enormous power, in practice they exercise little control over the quality or effectiveness of "community based" programs. And, in my experience, they exercise even less control over the quality and effectiveness of residential placements.

With respect to juvenile offenders, judges are not yet aware that residential placements for juvenile offenders in Michigan are not effective in rehabilitating them. Nor are they

aware that they could contribute to the therapeutic treatment of juvenile offenders by helping to rehabilitate ineffective placements. In one of my most troubling cases, for example, a referee prevented the ongoing abuse of an offender by moving him from an abusive subunit to one that was more therapeutic. This was unusual, but a clear demonstration of the power of the bench in the therapeutic treatment of offenders.

Thanks to "deinstitutionalization," the process in which hospitals were closed and patients who couldn't cope were dumped onto urban streets, there are few facilities for individuals with chronic need for custodial psychiatric care.[1] Jails and prisons were always the dumping ground for persons with mental illnesses who were also violent or who broke laws. With the demise of a psychiatric presence in the public arena, the only option for citizens with significant mental illness is behind bars. [2]

In 1980 the State of Michigan discovered that the same was true for residential placements for juvenile offenders. In a non-random sample of juvenile felony offenders in the State's two residential placements, the study found that 68% of the adolescents had psychiatric disorders that met criteria in the Mental Health Code for a significant mental illness other than conduct disorder.[3]

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[1]Rael Jean Isaac & Virginia C. Armat. Madness in the Streets; how psychiatry and the law abandoned the mentally ill (New York, Free Press, 1990).
[2] Pete Early, Early, Pete. Crazy: a father's search through America's mental health madness, New York, Penguin 2006. http://www.peteearley.com/home/
[3] State of Michigan. Report of the Task Force on the Mentally Ill Adolescent Offender to the Michigan Departments of Management & Budget, Mental Health and Social Services 1982.

The fact that residential placements for juvenile offenders ignore that the majority of their residents require psychiatric care that extends to throughout the placement explains why residential placements are ineffective in rehabilitating juvenile offenders. Lock-ups are not designed to address the needs of persons with chronic mental illnesses and guards are not expert in the delivery of psychotherapeutic treatments.

At the present time, a juvenile in Michigan who is "determined" (by the court) to be guilty of committing *offenses* (crimes) may be *committed* (sentenced) the State Department of Social Services (DSS).[4] It is this Department's mandate to "fix" juvenile offenders before they are returned to the community. After 1990 this mandate was no longer taken seriously and is not realized in both public and private residential facilities where administrators do yet have sufficient incentive to rehabilitate offenders.

This does not mean that rehabilitation cannot occur in residential placements for juvenile offenders. My experience as a consultant to 3 public residential placements proves that, with expert consultation, rehabilitation *can* occur behind locked doors.

For 13 years I consulted to the W. J. Maxey Boys Training School in Whitmore Lake, Michigan. Maxey was Michigan's primary facility for felony male juvenile offenders. During that time I provided a one-person psychiatric consultation program that reached over half of the 120 in residence at Olympic Center in 1995. On one subunit of 11 offenders, for example, we found that only 10% of our graduates had returned to crime

[4] ACT 150 of Michigan's Juvenile Code.

12 months post-release. This compared with Maxey's 77% around the same time.[5] As a result, of our accomplishments my contract with the Department was terminated in 1998.

The basic problem with the State's management of juvenile offenders is that juvenile offenders are put in boxes where therapeutic treatment is at odds with administrative whim and control. Behind locked doors, anything goes since there is no oversight of what goes on inside of those boxes.[6] Nor does the referring county court make use of experts who might know how to measure whether or not particular offenders were rehabilitated.

Fortunately I was at Maxey during a window of time when the local administration supported decentralized therapeutic work throughout Maxey. Before I arrived in 1984, front line staff had been trained in Positive Peer Culture (PPC), a therapeutic approach devised by Harry Vorath and Larry Brentro during the 1970's that was accepted in principle at many residential placements for juvenile offenders in Michigan.[7] Basically

[5] Michigan Office of the Inspector General. A study on the recidivism of graduates from Maxey from 1990 – 1993 found that 77% of them had police contact within 12 months post release. There's no data on the 23% that did not have police contact in 12 months.

[6] In The Gulag Archipelago 1918-1956 , Aleksandr I. Solzhenitsyn captures in detail the horrors that result from the dynamics of raw power in boxes (New York Harper & Row 1973). It is no surprise to me that the guards who tortured prisoners at Abu Ghraib worked in state prisons before they were shipped to Iraq.

[7] Positive Peer Culture. 1978. A second edition was published in 1985. Currently, PPC and "group" programs for juvenile offenders are being discarded because "research tells us" that programs using PPC and group-based treatments are ineffective. In my experience, programs that are not group-based cannot be therapeutic with juvenile offenders. The academic dismissal of PPC stems from scholars without front line experience. No program on paper works. At Maxey, from 1984-1996 subunits practicing some variant of PPC were highly therapeutic. This was because particular front line staff had become expert in helping juvenile offenders become more self-governing. At the same time, in my 22 years on the front lines, I witnessed the steady deterioration of competence on the front lines as inexperienced newcomers replaced experienced staff who were unavailable to help acculturate the newcomers to the difficult therapeutic work with groups of juvenile offenders. The "cost saving, buy outs" of experienced social workers and front line staff at placements like Maxey resulted in the elimination of staff who could train their replacements. Do we eliminate cardiac by-pass surgery because it's ineffective when its performed by carpenters?

this was an approach that leaned on the developmental fact that adolescents look to their peers for guidance, particularly when they've been deprived of parental love and guidance.

To be effective in PPC, front line staff must genuinely care about the kids and must be sufficiently experienced to create and to maintain a *positive* peer group culture. In addition, prior to 1984 some Maxey staff had been trained to provide group psychotherapy. Since there were 36 subunits of 10 youth each on the 3 centers of the medium secure program where I consulted, it is logical to assume that that "PPC" varied from subunit to subunit because line staff produced different versions of "PPC".

Still, in 1984 most subunits were reasonably therapeutic during the 1980's and early 1990's and I was able to adapt to some degree on each setting that invited me in. Thanks to Wilfred Bion and other scholars of group dynamics inside and outside of boxes, what happens in groups is predictable.[8]

I had two sets of experiences at Maxey and later on with Boysville, a private Catholic agency in southeastern Michigan run by the Brothers of the Holy Cross (Notre Dame). The first were subunits that were receptive to what I had to offer them (and the offenders). The second were subunits that were actively or passively threatened by the idea of self-governance and preferred either hierarchical dominance by the staff or a "chaos" that left the adolescents in charge. Naïve staff who are intimidated by juvenile

[8] See Robert M. Young, "Bion and Experiences in Groups" (human-nature.com/rmyoung/papers/pap148h.html)

offenders will befriend the offenders, an attitude that prohibits them from confronting the offenders for their noxious behaviors in the community and on the subunit.

In 22 years I've met hundreds of adolescents who were placed in a wide range of subunits with varying therapeutic and counter therapeutic milieus. Staff on the most therapeutic units made good use of my expertise and, as a consequence of our collaborations, became even more therapeutic. In retrospect, I found that the chief obstacle to therapeutic work in residential settings was the lack of administrative support beyond the front lines and poison from counter therapeutic staff who insisted on mistreating the offenders in their "care". By contrast I found most offenders to be remarkably motivated to get therapeutic help when it was offered it to them. In my experience, the expression that "You can lead a horse to water but you can't make him drink," has to be modified to appreciate that juvenile offenders, like horses, aren't nourished by polluted or poisoned water.

The lack of support for therapeutic work by administrators stems from numerous factors. A major problem is that most administrators of programs for juvenile offenders at all levels have insufficient *therapeutic* training and experience. This is particularly true of senior administrators in the State's bureaucracies and in private placements who've never worked the front lines and are disinterested in delivering therapeutic services to offenders. My successes were primarily due to those supervisors and front line staff who were closer to the front lines and who genuinely cared for the kids in their care.

Senior administrators are more concerned with or hobbled by the perceptions of their bosses. The bosses were at an even further administrative distance from the face-to-face work with the kids. For bosses, even if they had therapeutic experience with the treatment of offenders, it is next to impossible to tease apart what takes place on the front lines without actually being on the front lines when something happens. I once participated in the evaluation of rapes that had occurred on one of the sex offender units at Maxey. Two African-American perpetrators had serially raped two peers who happened to be white. I merely confirmed what was obvious to everyone on the subunit and at the center. In Lansing (the State capital) there was concern that the "investigation" smacked of "racism".

On counter therapeutic subunits, there is an impermeable boundary between the offenders and the staff. On one subunit for sex offenders I conducted a monthly psychotherapy group with offenders and front line staff for a couple of years. Even with staff present, it took me that long to "find out" specifically what I'd suspected was going on behind closed doors. And, my "discovery" only occurred when I culled the "victims" away from the perpetrators. At that time, administrators whom I appraised of this situation did not see anything amiss. Nor did the judge who'd sent primary perpetrator to placement. Instead he faulted me for not prescribing medication to him!

The motivations of offenders, staff, administrators, and judges for maintaining secrecy are similar. All manner of sins can be ignored in the darkness. Juvenile offenders in groups will resist disclosing what goes on in the darkness without the insistence of

disclosure by staff who will keep them safe. Perpetrators of abuse in the offender group have more opportunities in darkness and "victims" know they can't rely on staff for their protection. Otherwise there would be no abuse. The line between the offenders and the front line staff will be rigid under two conditions: when staff ignore peer-to-peer abuse or when staff actually set up a dominance hierarchy within the peer group, one that ensures peer-to-peer abuse.

Another reason why it is difficult to create and to maintain that therapeutic setting is resistance by individual offenders to becoming self-governing. Lock-up and prison are acceptable prices for most seriously delinquent adolescent males. The prospect of choosing to turnaround is not apparent to most offenders until an emotionally safe-enough milieu is created and maintained by the offenders themselves (in coordination with the front line staff). By the time that juvenile offenders reach placement, most of them are "hard-wired" to commit the offenses that earned them placement. Many do not see a future beyond age 20.

So if juvenile offenders in placement are going to approach self-governance, then something dramatic has to occur during the brief time they are in placement. In my view, that something dramatic is for those of us who exercise authority in their lives to respect the choices that offenders make and keep them safe when they are with us. We don't like the choices they made to get locked-up but we must recognize that if they are to become self-governing, *they* must learn to make choices that do not harm others even in placement.

Choice figures into the psychotherapeutic treatment of juvenile offenders in three separable ways

First is my understanding that delinquent adolescents in placement *chose* placement by committing the crime(s) that earned him residential placement. Every offender I've met knows that criminal acts invite public intervention.

Each of them did not choose to be conceived, nor did he choose to be raised in his particular family, but he did choose the crime(s) that led to lock-up.

Second, follows my first meeting with him. I confront him with the choice of continuing on his criminal path or with his continuing to work with his staff and me so that he can choose self-governance. In my experience, seriously delinquent adolescents will not turnaround without intensive soul searching. And they will not engage in reworking their pasts without the support of staff and others who are caring and expert in supporting them along the way. The best circumstance for the offender is when he hears the same message from his hall staff, from his teachers, and from me. The worst circumstances are when the offender gets mixed messages.

In the psychotherapeutic work that each offender accomplishes with me, my goal is for him to understand just why he made the choices that got him locked up. Once he learns

about why he chose criminal acts, he is then able to consider alternative choices that respect others.

Third is *my* choice to work with him or not. The standard medical response to human suffering is to take on all comers, no matter how abusive they can be. This applies to juvenile offenders as well. In order for the offender to get help from me, he has to play by my rules. Basically, this means that he will not become violent with me or anyone else in the room. Secondly, he must accept a contract in which self-governing behavior is the goal. If an offender chooses not to work respectfully with me, I respect his choice and "boot" him. It also goes that offenders always have the option of booting me.

The benefit of time in a residential placement is that if an offender chooses a criminal path in his relationship to me, he returns to a milieu where he is confronted with his choice. Some subunits have a stake in his becoming responsible. Others do not. I understand that my leverage with an offender who's not ready is less than zero.

While I will focus on face-to-face encounters with juvenile offenders, the efficacy of my work depends upon the overall milieu that either supports therapeutic work or does not.

A therapeutic *clinical* process (with the self-governance of each juvenile offender as the goal) has four components.

1. A written referral of a specific youth or a group by a member of the staff team for assessment and for treatment recommendations. This concretely connects me to the front line and gives me an entrée with the offender.

2. A face-to-face assessment of that youth followed by a written report identifying the (a) the referral question, (b) a review of material in the file, (c) my interview and observations of the youth, (d) a formulation of my clinical impressions, and (e) recommendations for treatment (with self-governance as the goal for the juvenile(s) referred).

Following this, I may subsequently work individually or in group with the youth(s) who've been referred.

3. Here there is an explicit or a tacit agreement by the staff team to involve me in psychotherapeutic work with the youth(s) and with the staff. I provide written reports to the staff team after every contact so that we remain on the same page vis-à-vis the specific offender(s) with whom I'm working.

4. My ongoing work with the youth or group referred, a process that will involve the treatment team.

Once an offender overtly assents to ongoing psychotherapeutic work, he's made a choice to get help from me. Explicitly he may decide to work with me or, as often, that decision is implicit by his willingness to work with me.

Terrance Tatum, for example, had been referred to me by his subunit because his staff team decided that he was unfit for "Positive Peer Culture". At the same time, the referral noted that he wanted to talk with me. In his first meeting he told me that he thought that there might be something wrong with him. He liked to hurt people, he said. Terrance told me that he and his "associates" (gang members) would find derelicts and chop off their fingers, for fun.

What was unusual about Terrance was that he had formulated his own referral question. No wonder he didn't fit in to a program that preferred delinquents who don't ask difficult questions. After working with me for a while, we learned that his strict grandmother had forced him to go to school with braids and pig tails to the amusement of his classmates. Eventually, Terrance was able to understand the rage from these experiences that he was passing on to others.

Most if not all violence in juvenile offender derives from unresolved anger. In psychotherapy offenders learn the circumstances that provoked the anger. Terrance was trapped because he had no choice vis-à-vis grandmother (whom he loved and hated at the same time). Since his mother and father had dumped him, challenging grandmother was unthinkable. Passing on his suffering to others became a relief to him given the

limitation of his emotional options. We talked about boys who wear braids and came to the conclusion that many older street toughs wear braids as if they are challenging others' amusement as a justification for flaming them (killing them).

Logically, if an offender can come to more fully appreciate that his impulse to assault his victim derives from earlier experiences in his childhood, then he can begin to separate his immediate homicidal impulses from their deeper origins. Terrance knowing that his pleasure at hurting others stemmed from his being hurt by the grandmother he loved allowed himself to escape from his emotional trap.

For juvenile offenders like Terrance, this is not an intellectual exercise since the road to an offender's soul involves his re-experiencing the *feelings* that relate to memories of times when he was vulnerable and being hurt. From my experience, I can't imagine that juvenile offenders can resolve early sufferings outside of an alliance with someone(s) who he trusts enough to reveal those awful early experiences. The combination of individual psychotherapy with therapeutic group psychotherapy is optimal.

One offender eventually disclosed to me that he'd spent the night with his mother's boyfriend when he was 4. He'd particularly looked forward to the overnight because his father had been missing from his life. The boyfriend raped him on the living room couch and then beat him because blood from the injury had dripped on the boyfriend's couch.

For this offender, such a memory might be the nidus that consolidates a persistent and perhaps unconscious rage that he carries forward into adolescence. In the case of the juvenile offenders I've come to know, memories like this are not suppressed. They persistently remind the offender of his worthlessness *because* he was so maliciously humiliated. This offender never told his mother or anyone else. He bore the humiliation by himself. In adolescence, such suppressed memories may spring to mind as a motive for assaulting others, the link being the memory and not the unrelated victim.

In my experience, the common thread in all of these stories is the central insult of betrayal, one from which children may never fully recover.[9] In Eric Erickson's eight stages of development, basic trust or mistrust is at the foundation of subsequent life.[10] John Bowlby posited that this is because an infant and young child's particular attachment to his caregiver(s) establishes how he will face his world.[11] The betrayal of this bond is something that children do not understand because children's very survival depends on the certainty that they are loved unconditionally (even if this is not so). In the case of juvenile offenders, few are able to squarely appreciate their caregivers in negative light. This is especially true in societies where mothers are culturally understood to be flawless and deserving of unconditional love *from* their children. I remember only one offender who at 15 was fully aware that his mother had tried to kill him a couple of times and that he wanted to kill her as well. Judges will often tell delinquents to do what their (homicidal) mothers tell them to do! And then there is the offender whose mother told him to kill his father. And he did.

[9] Jennifer J. Freyd, Betrayal Trauma; the logic of forgetting childhood abuse (Harvard 1996)
[10] Childhood and Society, 1950.
[11] John Bowlby, Attachment and Loss, 3 volumes (see bibliography)

Fathers as everyone in our culture knows are given short shrift. We are deadbeats and deserving of rebuke. And while the offender's anger at father for abandoning him (to mother in 90% of the offenders I've met) is healthier than repressing their anger at mother, the children I've met rarely come to appreciate that each of their parents are merely flawed humans like themselves. This requires resolution that takes years of soul searching to accomplish.

Still, it is when children become adolescent and they are living away from home that it becomes possible for them to resolve buried traumas and false beliefs. Unresolved, offenders will continue to project their hurts onto others whom they regard as responsible for their unresolved and persistent humiliations. In the case of their absent fathers and cruel stepfathers, a dose of reality in psychotherapy helps some offenders move on.

One very nasty sex offender remembered his stepfather as a brute who was always beating on his mom. This is also the way that the social history described the parental conflict. Over time he and I discovered that his mother treated him with the same anger and disrespect that he demonstrated to everyone in his present milieu. Upon learning that his father had gone down South, I speculated that his father might have left him because mom had mistreated him in the same way. A light bulb went off in his head. And, since his mother visited for monthly family meetings, I suggested that he take up with her the matter of parental combat between mom and stepfather. He later reported that his mother proudly told him, "I started all of those fights!"

I find solving such puzzles to be very rewarding when an offender is working to better understand himself. The skill seems to be in getting the offender to participate in the work. I approach the work at a pace that is tolerable for me. While my participation with the offender is critical, the more experienced I've become, the easier it has become for me to welcome what an offender wants to tell me.

Although some basic parameters can be established at a first meeting, it always takes a while for me to learn a set of stepping stones[12] of an offender's life story that help me understand his present antisocial attitude. I can often link his particular committing offense to a sequence of specific events in a specific context earlier in his early life. Echoes (my hearing the repetition of certain words or patterns) alert me to the links in my mind that form operational hypotheses. I then test out these hypotheses with the offender who listens to my link and tells me what he thinks about it. Since the evidence that allowed me to make the link comes from him, there's an even bet that he'll give my hypothesis some thought.

My eventual payoff is to observe that an offender who has the courage to learn about himself measurably matures during the time I see him. By contrast, juvenile offenders who choose to "do time" rather than learn about themselves remain stuck.

[12] In At a Journal Workshop: the basic text and guide for using the intensive journal process (New York, Dialogue House, 1975) Ira Progoff uses the term, stepping stones, as a way to outline a life's journey.

In working with juvenile offenders there are at least two sets of stories. The first are the offender's stories. The second are the "*official*" stories in which the offender is the object of police apprehension and a court's "determination" of guilt with respect to the offense(s) he's alleged to have committed. My goal is to help each offender flesh out a narrative understanding of himself from conception until our first contact. His first story begins with his crime. Over time in psychotherapy, he inevitably begins to appreciate that he wasn't born committing crimes. Somehow he had to learn to commit crimes. Most of the offenders I've come to know are aware of the expression that "God doesn't make c__p!" Although this doesn't correspond with his feeling about himself, he accepts the veracity of the idea.

Because children are egocentric, they internalize deprivation of love and their mistreatment as due to their inherent lack of self-worth. Thus, being abandoned by father or being beaten by mother confirms to offenders that *they* are bad no matter what God makes.

Terrence will never forget his experience at 4; however, when this experience is shared at 15 with those of us who will empathize with his awful experience, the sting of the experience will lessen as he appreciates that what happened to him had nothing to do with him, but with the evildoing of his perpetrator. It also helps for him to be reminded that he is no longer 4.

All of the offenders I've met have buried horror stories they may eventually share. My work, however, is not to just uncover such stories. Rather it is to focus on their *present* criminal attitudes and my insistence that self-governance is the expectation of our work together and not commiseration with their prior circumstance as an end of the psychotherapy.

We know that children who are physically abused are prone to use violence in their subsequent lives. Further, every sex offender I've known was sexually violated when he was young. So, in my work with offenders, I explicitly avoid asking about prior trauma. If sex offenders begin to prematurely disclose prior circumstances in which they were abused, I interrupt the disclosure and ask the offender if he wants to tell me about these experiences. Furthermore, will he tell me why he wants to tell me? And what does he expect from me by telling me? Finally, what does his telling me relate to *his* specific sexual offense(s)? In other words, his merely talking about the past without linking it to his perpetrations takes his focus from his crime(s) to what he may have internalized as a justification to continue his perpetrations.

The key in psychotherapy with offenders, however, is not to focus on what happened to the youth (even if this can be known to anyone who wasn't there at the time). Instead the focus in psychotherapy is for the offender *to remember how he experienced whatever happened.*

Gerald Chambers, a sex offender, told me that his mother sold him to dope dealers for sex when he was young. He was always raped in a particular room in the house, he told me. And getting there before his perpetrator got there gave him a sense of "control" he said. But, for over a year and a half Gerald never provided details, never talked about the suffering of his siblings (I presumed), nor did he consider the fact of his mother's betrayal. And, in placement, he was never interested in self-governance. In his last couple of months in placement he was still openly "hitting on" younger offenders without remorse.

Many juvenile offenders are just not ready for self-governance. While I never give up on any of them, the open question is whether some of them will ever be ready. My own position is that there is hope for every juvenile offender to change since I accept incremental changes. For an offender to change his tune requires his acceptance – at some level – of the wrongfulness of his criminal acts. Optimally, he must then commit to working psychotherapeutically to eventually appreciate at an affective (feeling) level the wrongfulness of his crimes. In my experience this always requires him to process an earlier experience when *he* was the victim. Gerald, the sex offender just described wasn't willing to change his tune. I learned a lot, but I can't say that he did. In this work I feel that more important than knowing why criminals offend is knowing *that* they offend and then that they can't be let out of the box until (and if) they can become self-governing.

Ted Bundy was a notorious serial rapist/killer who was executed in Florida in 1989. I would never have let Ted Bundy out of prison; however, his execution was a mistake. It

would have been important for us to have learned the process in which he became such a vicious predator. For example, he reportedly committed rape when he was 16. Unfortunately, like his later execution, this early record was reportedly "expunged". The process through which Bundy passed on his way from birth will remain a mystery since the answers went to the grave with him. And how would we every know about the process of making Bundy if Bundy, like Gerald, had no evident motivation to change?

My experience in assessing and in working with hundreds of juvenile offenders leaves me with questions.

After my lack of success with Gerald, it occurred to me that perhaps we'd started too late with him. Perhaps if we'd intervened more effectively much earlier in his life? We'll never have that chance; however, I subsequently had another opportunity with potential rapists, a couple of very young boys, 6 and 8, who'd been sexually abused by both of their parents and were now in foster care. Because their parents took no responsibility for what they'd done to their children, the court moved to terminate parental rights. Luckily they found a home with a family of saints who provided them with genuine love and limits (having sex with each other was prohibited to the extent possible). Whether this intervention will be sufficient in the long run is an open question dependent on what happens to them. One worry of mine is that the last time I saw them, they still missed their mother (with whom they'd had sex). Can they ever discriminate love without sex?

From a psychotherapeutic perspective, the answers to the community's problems with Gerald or Bundy are interesting in the process of our learning how to intervene early enough in the lives of children who won't become self-governing if we don't.

In contrast to Gerald are many more offenders who made the choice to become more self-governing by engaging in the difficult work of soul searching implicit in their learning how they came to make criminal decisions.

When I look back at my early work with juvenile offenders at Maxey, I am humbled by what I didn't know then, or what I didn't know five years ago.

Each offender I was referred came with a question from Maxey front line staff that demanded an answer. In answering staff, I puzzled how they came to commit violent crimes in the first place.

Here are a few examples of early referrals (invitations) that brought me into contact with offenders. (1) Andrew Dixon's group leader referred him because staff considered him to be "deeply disturbed" (i.e. he's crazy rather than bad and belongs in a mental hospital). Dixon demonstrated no remorse when he talked about the killing of his victim, another youth in the community. The staff wanted to know if Dixon required "individual work" (i.e. will you work with him?) or even whether he is "appropriate" for PPC (i.e. can you help get him off of our subunit because we don't have the skills to work with him?).

(2) Another referral concerned Adrian Wallace who was now 17 and had returned to his same placement for the 3rd time! Staff were stymied: can Wallace ever make it on the outs? (i.e. Why didn't he stay fixed? Or, what could we, or anyone, could have done differently?) And besides, he's "driving everyone up a wall"! (i.e. Can you find a way to let us get rid of him for good … so that we can feel better?).

(3) Andrew Edams was referred by a staff team that was concerned about his "severe mood swings. One moment he's on top of the group (acting like staff) and, at other moment, he's highly irritable with his peers and with staff (i.e. We like him when he's good and don't when he's bad. Please help us make him good all of the time).

These referral questions and my guesses about unspoken motivations for the referrals, underline the therapeutic difficulties that these offenders presented to the top-notch line staff with whom I worked. Any one of the offenders at Maxey would undermine the ability of an inpatient psychiatric ward to manage any of their patients. Juvenile offenders who wind up in residential placement are more complicated than children who used to wind up in psychiatric hospitals because, in addition to being as emotionally and psychologically disturbed, juvenile offenders are violent.

At Olympic Center, this kind of dialogue between staff and me gave me time to get to know what made each of hundreds of offenders tick. With my background in child psychiatry it was simple enough to take a history from the offender and combine this with what was happening on his subunit and with what information was in his file. Front line staff have enough trouble managing the behavior of 20 angry and assaultive adolescents

in a bunch. Learning about each of them in depth is out of the question for them. The skill to know how and when to intervene therapeutically before violence erupts on a subunit with offenders is substantial. It can only be learned experientially on therapeutic subunits.

Over time with these adolescents and with my exposure to developments in child psychiatry relative to trauma, I became increasingly more knowledgeable and skilled, thanks mostly to the staff who kept me safe and to the offenders themselves who also kept me safe and who told me their stories and allowed me to coax them into taking better care of themselves.

In practice, I begin the interview by asking the offender if he understands why I'm talking with him. Ninety nine percent of the time he'll say that he has "no idea", an answer that surprises his group leader who tells me that he'd told the offender why he was meeting with me the week before and while on the way over. To me it's obvious that he doesn't want to talk with me. I feign ignorance and make a big point of his knowing the answers to important questions like why he's meeting with me. This is because, I tell him, that what he does with me – and what he does throughout his life – has consequences. He can blow off his encounter with me and let me write a marvelous report that merely says he blew off an opportunity to get help. Or, he can use his meeting with me to get something for himself.

The way that this choice is worded depends on the offender's presentation and what comes to my mind to fit the circumstance. I appreciate that it's difficult for offenders to imagine that anyone "in the system" actually cares about them enough to actually pay attention to what they have to say. And I hold myself to a high standard in listening to the words he uses.

I treat the psychotherapeutic space as sacred ground and *expect* offenders to honor it similarly. I also anticipate violations of the space since offenders find themselves in foreign territory and will "impulsively" test limits. During every first meeting, I make sense of the encounter by advising the offender what I see so far. If he disagrees he has the opportunity of correcting me.

What has been gratifying to me has been the abundance of juvenile offenders who courageously take advantage of the opportunity to tell their painful stories to me.

during that first meeting.

Eventually, in psychotherapy, if a juvenile offender can begin to understand that what happened to him was due to the "bad luck" and not to their inherent worthlessness, he can begin to see himself as capable of being rehabilitated. My optimism and my willingness to go the distance with him is, for him, a testable proposition. What are his options?

One wild young offender came to placement with the intent to keep his subunit in turmoil forever. When I finally met him face-to-face he asserted that there was no God and that he was the Son of Satan. I was undeterred. After a year of monthly meetings with me, he still liked to tear up his milieu (when he was feeling badly), but he was no longer Satan's Son. There still was no God, he assured me, indicating that we still had a ways to go.

For me, the horror stories I've heard have humanized my understanding of why some children become seriously delinquent. I've been blessed to have always known that there were hidden souls beyond the façade of juvenile offenders who make it to placement. My work on the front lines on North Belknap II fifteen years earlier had given me proof of that.

Summary: My experience with juvenile offenders has taught me that it is possible to create and to maintain a highly therapeutic milieu for juvenile offenders, one that has self-governance as the goal of treatment. We accomplished that on two subunits at Maxey from 1985-1995 and were reasonably successful on another two subunits.

The fact that juvenile offenders can be turned around exposes the current "correctional system" (prisons) in Michigan and other states as an expensive house of cards that robs the public's coffers while ensuring a steady supply of "criminals". In an earlier paper[13] I

[13] Robert L. Sain, a first installment of this paper, "On the therapeutic treatment of juvenile offenders" published in the Michigan Child Welfare Journal (Michigan Child Welfare Law Resource Center, The University of Michigan Law School, 611 Church Street, Suite 4C, Ann Arbor, Michigan 48104-3000), Summer 2000, Volume IV, Issue 3, pages 23-38. The irony I point out in this paper is that many of the juvenile offenders I've met eagerly accept their roles as the meat.

referred to this cradle-to-prison enterprise as a meat market with an enormous number of public servants and professionals like me riding an expensive gravy train.

While prisons will always be necessary to contain dangerous individuals, the fact that children are not born bad leads logically to the conclusion that prison or early death are not inevitable ends for troubled children. Furthermore, merely waiting until juvenile delinquents commit serious crimes is bad public policy in a democracy. This is so for two reasons: it ensures that a significant number of children are unnecessarily being raised to become criminal and then processed as meat. Perhaps a worse threat to democracy has been the cultural propaganda that eliminated psychiatry from the public sector, turning the problems citizens have into citizens as the problem. The current emphasis on crime and criminals creates the false impression that police forces and prisons are all that's necessary to keep the streets safe. This, in turn, diminishes our understanding of the police as public servants and enhances our view of police forces as our jailers. Did we forget the message behind George Orwell's Animal Farm?

Since there is a long time line from conception to placement for juvenile offenders, children at risk for delinquency, for example, antisocial children in kindergarten, define *predictable* outcomes. This is sufficient time to design and implement *effective* interventions with them and their families.[14] As I've noted here, residential placements for juvenile offenders in Michigan are ineffective. Seventy-seven percent recidivism is not effective. But contrast this with the 10% we accomplished on an Olympic subunit.

[14] If an apple falls from a tree, it will hit Newton on the head unless Newton sees it coming and catches it.

Sound public policy recognizes that children who are mistreated are at risk of delinquency without effective intervention At this time, however, neither courts nor social service departments have sufficient expertise to provide effective early interventions. In my experience, the competence of social service caseworkers, like the front line staff on residential placements for juvenile offenders, is not an issue. The difficulties of managing the complicated cases they confront are overwhelming and line staff need therapeutic support.

Maxey, from 1984 until 1993, provided a good-enough platform to allow me to help create and maintain a therapeutic setting for juvenile offenders on Olympic Center. But, like a sandcastle before high tide, administrators who did not value the sacred space that the staff, the offenders, and I had created over a nine-year effort dismantled that effort in two years.

The challenge for the future is either to (1) continue to criminalize children and thereby increase the numbers of citizens who will become criminal, or to (2) create and maintain effective interventions that will keep children safe in their homes and in the community. Therapeutic placements for children who commit crimes will still be needed for those children who cannot be safely managed in the streets. Jails and prisons won't do.

Bibliography and Background

I was exposed to the theoretical background in the Federalist Papers and in Tocqueville's Democracy in America in seminars with Vincent Ostrom at Indiana University. I rely on his Meaning of democracy and the vulnerabilities of democracies (U Michigan Press

1997) as an anchor that ties my clinical work with young children at home to the politics of neighborhoods and nations.

In Cambridge, Massachusetts, I learned outpatient group work with Pequod, a ”mental health collective” formed by social workers from McLean Hospital. I became acquainted with milieu therapy and inpatient psychotherapy on North Belknap II at McLean in Belmont, Massachusetts. An innovative, encouraging, and patient teacher, Philip Kelleher, headed the ward, preparing me for work on another inpatient ward at Colorado General Hospital in Denver before I attended medical school. My long-term psychotherapy supervisor at the University of Michigan was Alexander Z. Guiora who taught me to focus on what my patients say and, using *their* words, slowly come to know with them what they mean. Also at Michigan I also had the benefit of numerous psychotherapy supervisors including Douglas Davies, Robert Hatcher, Humberto Nagera, Maria Paluszny, and Howard Shevrin.

Irvin D. Yalom is my standard for group psychotherapy. His Theory and practice of group psychotherapy is now in its 5th edition. More relevant to work with juvenile offenders is Inpatient Group Psychotherapy (New York, Basic Books, 1983) where the group leader works within an institutional culture where conflicting agendas influence the work. Maxwell Jones (The Therapeutic Community, New York, Free Press, 1953) is the best-known proponent of a therapeutic model that relies on the participation of everyone in a particular milieu. A good review of the theoretical background for creating and maintaining a therapeutic milieu is Sandra Bloom’s Creating sanctuary; toward an evolution of sane societies (New York, Routledge, 1997). The primary difference between Bloom’s hospital, The Sanctuary, and residential placements for juvenile offenders is tolerance for violence. Bloom’s model would exclude juvenile offenders from her milieu since they exercise intimidation and violence. Containing that violence is the primary work in residential treatment for juvenile offenders.

Early child psychiatrists, D. W. Winnicot and August Aichhorn, understood that psychotherapeutic work with antisocial children required hands-on supervision. This is explicit with D. W. Winnicot in Deprivation and Delinquency, edited by Clare Winnicot, Ray Shepherd and Madeleine Davis and in Aichhorn's Wayward Youth, London Putnam, 1936.

John Bowlby’s research and understanding of the child’s necessary attachment to caregivers is at the heart of my understanding of the optimal circumstances for child development. His 3-volume work, Attachment and Loss (New York, Basic Books, 1969-1980) begins with attachment and looks prospectively at children who suffer from traumatic separations and loss. Along with D. W. Winnicot, Bowlby supervised the exodus of children sent north from London during Hitler’s bombing. They found that children 5 and under suffered the most emotional damage. This finding is consistent with young children’s dependence on the comfort of their loving caregivers and their deficient understanding of “the reasons” for the separation. It is instructive to note that in 1950 Bowlby found that, among clinicians who studied newborns, infants, and young children

there was general agreement about optimal childcare. That agreement among clinicians and scholars of very young children obtains sixty years later.

By contrast, the early care given to "my" juvenile offenders is far from optimal. As young children, my offenders are raised in homes where they receive limited attention and, as a consequence, suffer from the effects of insufficient love and protection. Their lack of a protective social umbrella inevitably leads to traumatic experiences such as physical and sexual abuses and abandonments. These experiences mold their responses to their social worlds in complicated and in idiosyncratic ways. Willie Bosket came to the attention of the New York governor when he murdered at age 15. The simplistic attribution of racism by New York Times journalist Fox Butterfield to Willie's murderous actions ignores Willie's early experiences of abandonment by his mother, a racially neutral circumstance (All God's Children; the Bosket Family and the American Tradition of Violence, New York, Alfred A. Knopf, 1995).

More on point, explaining subsequent violence in children, is the work of psychoanalyst Alice Miller (For your own good; hidden cruelty in child-rearing and the roots of violence (New York, Farr-Straus-Giroux, 2002, 4th edition) and that of Jennifer Freyd (Betrayal trauma; the logic of forgetting childhood abuse, Harvard U Press 1996). The question of why children who are tortured at home don't kill, rape, and maim their torturers requires explanation. Both authors attribute this phenomenon to the neurological processes that protect very young children from emotionally and cognitively processing overwhelming trauma. Children must repress (or suppress) the possibility that their parents don't love them since these are life-threatening notions. Betrayal at the hands of ones caregivers is unfathomable for children. At the same time, it is impossible to completely "forget" the experience of trauma in very early life even though the sensate memory, detached from cognition, now explains the adolescent's violence towards others. Somewhere, Willie Bosket has the answers to the sources of his violence.

Lenore Terr's work on the impact of trauma in children and adults is my Bible on the subject. Too scared to cry; psychic trauma in childhood (Basic Books 1990) is a tours de force on the various indicators of early trauma in children and provides an extensive bibliography.

The psychotherapeutic work of "my" juvenile offenders affirms that their early experiences of deprivation and trauma at home motivate their uses of violence in the community. In psychotherapy, uncovering the origins of their early experiences with trauma and deprivation leads them to better understanding cause and effect in their lives, and understanding that empowers them to change.