



DJC Newsletter

August 2007

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This issue of the DJC Newsletter focuses on mental health and self abuse as it relates to youth within DJC.

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Model County Programs

DJC will reserve space in each newsletter to highlight county programs that are especially effective in promoting juvenile accountability, competence building and public safety. If you have a contribution for the next newsletter, please forward it to Janell Lathrop at janell.lathrop@wisconsin.gov no later than November 15, 2007. Thank you.

Mental Health Services Within DJC

Mental Health programming is ongoing within the Division of Juvenile Corrections. It is a seamless, process that integrates behavioral programming, social services, the school, clinical services and psychiatric services within the institutions. Most of the youth who come to DJC have significant emotional, behavioral and psychological problems.

The two most important goals related to mental health programming are to promote mental health by treating young men and women who exhibit significant mental health needs or mental disorders; and secondly to facilitate change within delinquent youth reducing the likelihood of further involvement in delinquency and crime upon release from the institution.

Individual therapy is shaped around needs and goals of youth referred to Clinical Services. Treating mental disorders and its symptoms are a key purpose of individual therapy. The varied disorders symptoms being treated by clinical staff within individual therapy include: conduct disorder and antisocial thinking/behavior, oppositional or defiant behaviors, attention-deficit/hyperactivity disorder, adjustment disorders, depressive disorders, bipolar disorders, substance abuse/dependency, psychosis, emerging personality disorders, post traumatic stress disorder, separation anxiety, grief and loss, relationship problems, physical and sexual abuse, parental neglect issues, and sleep disorders. Best practices indicate individual therapy should be a component of their treatment.

Group therapy is organized in response to identifiable needs of youth and the needs of residential cottages within DJC. Indeed, the forming of therapy groups is an interactional process within the institution and varied DJC treatment staff and social workers are involved in the implementation of group interventions.

Psychiatric services are provided by psychiatrists from the institution's health services units. A psychiatrist consults, assess' and prescribes psychotropic medication to youth. Many youth come to DJC with prescriptions for psychotropic medication.

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Dealing with Youth Mental Illness and Self-Mutilation

Submitted by Lincoln Hills Psychologist Dr Jeremy John

Self-mutilation, also called self-harm, self-injury, self-injurious behavior, etc., is sometimes confused with suicidal gestures. Self-mutilation can be defined as the deliberate, purposeful injury to one's own body. These injuries can include cutting and burning oneself, compulsive skin picking, hair pulling, bone-breaking, hitting or head-banging and slapping oneself, or stopping a wound from healing. Some would include excessive tattoos and body piercing. Although self-mutilation rarely indicates a suicidal gesture is immediately forthcoming, it is a strong predictor for future suicidal attempts. Therefore, self-mutilation and suicidal gestures (sometimes called self-harm) are considered separate phenomenon, even though they sometimes co-occur.

Self-mutilation can be an attention-seeking behavior, but many youth attempt to hide their behavior. Some statistics suggest that 1 out of 10 teenagers will hurt themselves. In contrast, only 1 out of 100 people in the general population exhibit these behaviors. Girls are twice as likely to engage in this behavior as boys, and this behavior is commonly linked to prior sexual and physical abuse. The greatest predictors for adolescent self-mutilation include alienation and social isolation from his or her peer group, depression, anxiety, Obsessive Compulsive Disorder, and low self-esteem.

Research appears to suggest that about five major correlates or factors are commonly related to self-mutilation:

1. The inability to deal with stress or other painful emotions - Physical pain becomes a coping strategy to mask or blot out emotional pain. This is a way to gain control over the emotional stress, and can facilitate dissociation, or separating the mind from the stressful feelings they are experiencing.
2. Feelings of numbness, boredom, and emptiness - Physical pain can be a relief from these feelings, give a feeling of control over one's body, and can result in endorphins being released. Endorphins are natural chemicals that increase positive emotions in the brain.
3. Attention-seeking - Youth may use this as a way to manipulate others, reveal their emotional distress, or to call for help, although many youth keep this behavior a secret and are embarrassed if others find out.
4. Family dynamics or interaction - Sexual and physical abuse, violent behavior between family members, substance abuse, psychopathic parents, and dysfunctional interactions can contribute to subsequent self-mutilation behaviors.
5. Self-mutilation - Some disorders that feature these behaviors include anxiety, substance use, Borderline Personality Disorder, mood disorders (Major Depression and Bipolar Disorder), eating disorders, Schizophrenia and Post Traumatic Stress Disorder (PTSD). Some researchers think that PTSD is especially important and often occurs in persons who exhibit self-mutilation behaviors, and that self-mutilation could be a significant symptom of PTSD.

Therefore, mental health disorders and self-mutilation can and do occur simultaneously and are treated together when they do. Youth having mental health issues, with or without self-mutilation symptoms, can receive a wide variety of treatment options at Lincoln Hills School. Some youth receive individual therapy from our psychologists, as well as some type of individualized attention from social workers and youth counselors. All youth receive group treatment on topics such as AODA, the Juvenile Cognitive Intervention Program, or Anger Replacement Therapy to process substance abuse, errors in thinking, and anger management, respectively. Some youth are also treated by our psychiatrist, Dr. Juan Fernandez, when psychotropic medication is indicated.

Methods for treating self-mutilation behaviors include educating the client about the disorder(s), and providing validation, respect, and control. Youth are educated about how these behaviors function or work, what the youth gains, what are the costs/consequences, and a safe and effective alternative response that gives the youth a great amount of control. Youth are taught validation strategies, emotional support, skills training, interpersonal skills, and emotion regulation skills. At LHS, youth concerns are addressed in a variety of ways, including validation of feelings and thoughts, empathic support, cognitive restructuring of erroneous thinking patterns, social skills training, processing of family dynamics and prior trauma, AODA treatment, anger management skills, education about psychological dysfunction and disorders, as well as how one can think, feel, and behave in more positive and constructive ways.

**A portion of the material above is based upon the seminar "Self-Mutilation Behavior in Youth and Adults: Causes, Treatment and Prevention", presented by Joseph Shannon, Ph.D.*

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Mental Health and Self-Abuse Issues among the Juvenile Female Population at Southern Oaks Girls School

Southern Oaks Girls School houses all juvenile females adjudicated delinquent and in need of secure

care within the State of Wisconsin. Within the first year of its opening in 1994, it became apparent that a large portion of the youth admitted to the facility evidenced significant mental health disorders, in addition to the behavioral disorders that brought them to the institution. This finding is consistent with national trends suggesting that increasing numbers of individuals with mental health diagnoses are finding their way into correctional settings. More specifically, the prevalence of mental health diagnoses are particularly common, and particularly complicated, among females in juvenile justice settings.

The pattern of mental health disorders seen among SOGS youth appears quite different from that seen in state mental health facilities or adult male prison settings. Unlike in the former, cases of severe mental illness (e.g., psychotic disorders) or mental retardation are rarely seen among SOGS youth—likely because youth with these disorders are diverted into mental health settings by the juvenile court system.

A particularly common and problematic mental health disorder symptom displayed by SOGS youth, is a pattern of repetitive self-harm behaviors, including suicidal behaviors (self-injurious behaviors intended to result in death) and parasuicidal behaviors (self-injurious behaviors motivated by a variety of factors other than lethal intent). The finding of high self-harm rates among SOGS youth is also consistent with national and international trends for females in juvenile justice settings.

Repetitive self-harm behaviors are commonly associated with a history of childhood sexual abuse, which, unfortunately, is also a particularly common characteristic of females in the juvenile justice system. Childhood abuse is also highly associated with the development of Borderline Personality Disorder traits and Post-traumatic Stress Disorder features - both of which have complicated clinical presentations and are difficult to treat (the former is particularly associated with repetitive self-harm behaviors, unstable emotions, and unpredictable behaviors).

Given the pronounced mental health needs of the population at SOGS, the institution has taken numerous steps to better meet these needs. Effective treatment and management of these severely disordered youth requires a delicate balancing of behavior disorder treatment considerations, emotional/psychiatric disorder treatment considerations, and safety/security concerns.

- SOGS has maintained an enhanced Clinical Services staffing pattern, which allows for enhanced screening and treatment of all youth at the facility.
- SOGS has developed an in-house intensive treatment unit (Stepping Up), specifically developed to address the needs of SOGS youth with the most pronounced mental health treatment needs.
- SOGS provides specialized treatment approaches, such as Dialectical Behavioral Therapy treatment groups, to address the unique treatment needs of this population.
- SOGS has taken steps to minimize the placement of mental health youth in the security unit, as much as possible.
- A variety of steps have been taken to assure youth safety, relative to self-harm and suicidal risk concerns. Numerous rooms within the institution are camera-monitored to assure physical safety; numerous physical plant modifications have been made to minimize suicide/self-harm risk; and an extensive system of self-harm prevention mechanisms are in place to minimize the potential for self-harm behaviors and to intervene to stop them when necessary.
- All institution staff receive regular training regarding mental health issues and self-harm/suicide prevention.

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Ethan Allen School Receives Re-Accreditation from the American Psychological Association

Submitted by Ethan Allen Psychologist Dr. Michael Hagan

This Spring, Ethan Allen School received word from the American Psychological Association (APA) that its internship in professional psychology had been re-accredited. The internship has maintained continual accreditation from APA since 1995. Seventy-three people have completed the internship since its inception in 1991, twenty-five of whom have worked in Wisconsin state service. Presently, the Wisconsin DOC employs eleven psychologists who completed their internship at EAS, including psychologists in DJC and DAI, both in juvenile and adult institutions for men and women. Others have worked in various settings including private practice, at university positions, for the federal government, school systems and other federal and state correctional systems.

The internship has enjoyed tremendous support from Superintendent Kyle Davidson, Deputy Superintendent Paul Ninnemann, DJC Assistant Administrator Dr. Silvia Jackson, and DJC Administrator Mr. Charles Tubbs. Support has always been strong from Ethan Allen School and the Division of Juvenile Corrections on up through the rest of the Department. Interns have been very successful in securing post doctoral fellowships. The staff psychologists at Ethan Allen School including Dr. Karyn Gust-Brey, Dr. Michael Fitzgerald, Dr. James Jensen and Dr. Teri Kaczmarek have all been instrumental in the continued success of the program. Southern Oaks Girls School has also been actively involved in the internships, with help from Ms. Pat Ogren, Dr. Rick Miller and Dr. Kenneth Heinrichs. In September we welcome five new interns from across the country.

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Services Provided at Mendota Juvenile Treatment Center

The Mendota Juvenile Treatment Center has been in operation since November of 1995. It is statutorily authorized and is administered by the Department of Health and Family Services (DHFS)/Division of Disability and Elder Services (DDES). The mission of the Mendota Juvenile Treatment Center (MJTC) is to provide psychological evaluations and specialized mental health treatment programs to youth who are transferred from LHS or EAS by DJC for intensive mental health services.

MJTC is a secure correctional facility that serves the DOC/DJC. MJTC has a bed capacity of 29 and is comprised of two units. Between 14 and 15 youth reside on each unit. Placement on any of the units is dependent on the individual security and treatment needs of the youth. The average length of stay is 6.6 months. The range of stay is four weeks to two years.

Treatment is provided through a multi-disciplinary team approach. All youth receive treatment each day. Three to eight treatment groups are offered each week day. Youth may also receive individual or family therapy in addition to scheduled treatment groups.

Behavioral programming is the foundation upon which the environment is based. Behavioral

treatment is provided seven days a week. Other treatment modalities offered are specific to individual need and may include medication management, individual therapy, family therapy and group therapy such as anger management, sex offender treatment, spiritually group, social skills training, AODA treatment, activity therapy, problem solving, emotional awareness and cognitive interventions.

Within MJTC, the Pioneer School provides for the educational needs of youth while they are in treatment. Pioneer School maintains both regular and special education programs. The school provides creative and unique approaches to meeting the educational needs of its students. Achievement testing, record reviews, student interviews, and an educational database are completed on each student at the time of admission. Education programs are then developed to meet the educational skills and needs of the student.

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Patricia Ogren Activity and Learning Center Dedication

DOC Secretary Matt Frank commemorated the formal opening of the Patricia Ogren Activity and Learning Center at SOGS. The facility provides gymnasium space on site for the first time in Southern Oaks' history, enhancing the school's already strong record of programming to turn young lives around and reduce recidivism.



During a ribbon-cutting ceremony, Secretary Frank and SOGS's new Superintendent, Jane Dier-Zimmel, also announced the center would be named after former Superintendent Patricia Ogren, who retired from state service earlier this year.

"I am pleased to join Southern Oaks in commemorating this new center, which will help the institution more effectively fulfill its mission to supervise and provide delinquent girls with education, treatment and an opportunity to be successful," Secretary Frank said. "The facility will provide a site for class instruction, physical exercise, meeting space and other purposes that all crucial components of the great work that is done at the institution."

The 10,115-square-foot Activity and Learning Center includes a gymnasium, three classrooms for math, English and social studies, as well as a visiting area. It provides staff and youths with access to a gymnasium on site for the first time since SOGS opened as a secured juvenile facility for delinquent girls in 1994.



"This wonderful resource will help provide innovative treatment and educational programs to the girls at Southern Oaks," Superintendent Dier-Zimmel said. "The new center will assist our talented staff in their efforts to make a real difference in the lives of the girls who are placed in our custody."

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SOGS Activities

Southern Oaks Girls School will host a "Wonders of Physics Traveling Show" as sponsored by the University of Wisconsin Madison's Physics Department on Wednesday, August 1, 2007. This educational project was created by UW Professor Clint Sprott with a goal of demonstrating the fun and accessible nature of science. Since 1988, there have been over 800 presentations of the traveling show involving a total audience of about 100,000 students at all levels. SOGS students will learn about motion, heat, sound, electricity, magnetism, and light through this exciting presentation!

Southern Oaks Girls School's Outback Adventure III will take place October 9-12, 2007. This experiential learning event involves students in four full days of on-grounds camping within the secure perimeter of the school. Students will be involved in all aspects of camp set-up and maintenance, meal preparation, ropes and challenge course initiatives, team-building activities, and learning community development.

Southern Oaks Girls School's 10th Annual Ethnic Festival is scheduled for October 30-31, 2007. Students and staff will spend two days actively learning about the traditions and customs of a wide variety of world cultures. Presenters this year will include a Latino Musician, a Traditional Native American Dancer, an African Drumming Group, a Polish Dance Troupe, an Israeli Dance Instructor, and a visitor from Arabian World Festival. Additionally, Southern Oaks Girls School staff will facilitate cultural arts workshops and cooking demonstrations throughout the two-day event. The ever-popular Ethnic Fest also complements October's Girl Scouts Badge - *A World of Understanding*.

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Announcements

Appointment of New SOGS Superintendent

Administrator Tubbs recently announced that Secretary Frank appointed Jane Dier-Zimmel to become the new Superintendent at Southern Oaks Girls School (SOGS) effective May 14, 2007.

Jane brings 33 years of experience in the corrections and human services professions to her new position. She began her career in 1974 as a correctional officer at Taycheedah Correctional Institution and progressed through the classification. In 1980, Jane began working as a social worker in the Dodge County Department of Social Services and returned to the Department in 1990 as a social worker at Waupun Correctional Institution.

Jane joined the management staff in 1991 as an institution social services director at Waupun Correctional Institution and began her work as a corrections unit supervisor in 2000 at Columbia Correctional Institution. She has served as the correctional center superintendent at Thompson Correctional Center since 2001 and simultaneously served as the superintendent at Oregon Correctional Center for two and a half years.

Jane has served on and chaired a number of DAI and DOC committees, including: DAI's Health Care Management Council, Policy Committee, and Strategic Re-entry Curriculum Committee; DCC Region 1 Re-entry Development Committee; and WCCS Health Advisory Panel and Procedure Committee.

The breadth of Jane's experience in all areas of facility operations will serve her, the Division, and the Department well as she assumes her new role as the Superintendent at Southern Oaks Girls School.

Please welcome Jane Dier-Zimmel to her new assignment!

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Announcements

Employment Programs Coordinator Announced

The Division of Juvenile Corrections is pleased to announce that Mary Ratz has taken the position of Employment Programs Coordinator with the Division of Juvenile Corrections, effective May 7, 2007. Mary will be based out of the Landmark Northwest Regional Office, work phone number 608-288-3351.

Mary comes to us from the Employment and Training Association, Inc. where she worked as a Workforce Investment Act Coordinator in Marquette County for the past 11 years. Prior to this she worked for 12 years at the South Central WI Private Industry Council in Portage as a Program and Operations Manager. Mary is also a member of the Wisconsin Employment and Training Association, National Association of Workforce Development Professionals and International Association of Workforce Professionals. Mary has extensive experience with job development, job search assistance and job placement, including retention.

Mary will be responsible for implementing a systematic process of connecting the youth supervised by the Division of Juvenile Corrections to employment opportunities in their community. She will work in cooperation with the UW Systems and Technical Schools, Division of Community Corrections (DCC) Department of Workforce Development (DWD), Division of Vocational Rehabilitation (DVR) and other local and states entities to develop a process that provides employment and training opportunities for juvenile offenders.

Mary will also work in cooperation with staff from each of the regional offices, including Southeast Regional Office (Milwaukee), Northwest Regional Office (Madison), Neenah, Wausau, Eau Claire, Sparta and Racine as well as each of the Juvenile Correctional Institutions which include Ethan Allen Boys School (Wales), Lincoln Hills School for Boys (Irma), and Southern Oaks Girls School (Union Grove).

Please welcome Mary to the Division of Juvenile Corrections.

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