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Treatment of moderately intellectually disabled delinquent youth in a Dutch juvenile justice facility with closed and open units

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ABSTRACT

This article will focus on a juvenile justice facility in the Netherlands, targeted at moderately intellectually disabled juveniles, who are sentenced because of serious crimes. All of the juveniles have a disruptive disorder (conduct disorder or oppositional defiant disorder) and 70% have comorbid psychiatric classifications. Treatment amounts to the activation of the following five protective mechanisms: risk reduction; breaking destructive interaction patterns; increasing capacity to solve own problems; creating new challenges; and making use of basic relations. Daily routine, feedback systems, specialist treatment, methodical procedures in everyday life and aftercare are discussed.

1. Introduction

Rentray is a juvenile facility for the treatment of youths with disruptive disorders. Rentray consists of an outpatient clinic and three residential sites in Eefde, Lelystad and Rekken, with a common vision of treatment established in the model of protective mechanisms (Lodewijks, 2003). This model will be clarified in more detail in this article. Furthermore, each site has its own target groups and specific methodologies appropriate to them. The Eefde site is targeted at youth with disruptive disorders, normal intelligence, and a civil law measure. The Lelystad site is targeted at youth sentenced to residential treatment because of serious crimes. This article will further focus on the Rekken site, targeted at intellectually disabled (ID) juveniles, who are sentenced because of serious crimes. Some of the youth admitted after a civil procedure would have been convicted under a criminal law measure in other countries like the United States of America and Australia (for instance for substance abuse or prostitution).

2. Rentray Rekken site

This site is intended for ID adolescent boys placed under criminal law measures. This site has at its disposal 44 highly secured places and 75 limited secured places. There are a number of specialized very intensive care (VIC) groups for the treatment of disruptive disorders and comorbid disorders, especially in the autistic spectrum. Rentray has four of these VIC groups, each of them consisting of six juveniles. Two VIC groups are reserved for juveniles who had committed sex offenses. The other juveniles live in very structured, supervised groups, each containing 10 juveniles. From 2010, these groups will comprise eight juveniles.

There are rooms affording the possibility of individual treatment and there is a special school for ID juveniles associated with the facility. Due to the secluded location of Rekken, this environment lacking in stimuli is pre-eminently suited to this target group. All facilities are located on the grounds. Staged participation in society is facilitated by arrangements with schools, internships and workplaces in the surrounding area.

3. Characteristics of the target group

Juveniles aged 12 to 23 years are treated at the Rekken site. The age of admission is below 18 years, because the youth criminal law in The Netherlands reaches from 12 till 18. Their problems are characterized by developmental disabilities due to lower intellectual functioning (IQ from 55 to 70), limited social coping mechanisms and a persistent need of support. Because of this they find it difficult (without aid) to hold their own in their families, schools/workplaces, peer groups and neighborhoods. The juveniles have committed one or more (violent) offenses and are a danger to their surroundings.

All of the juveniles have a DSM IV disruptive disorder (conduct disorder or oppositional defiant disorder) and 70% have comorbid psychiatric classifications (autism spectrum disorders, mood disorders, attachment disorders, substance dependence, ADHD and psychotic symptoms). All of the juveniles received a court-ordered involuntary admission, the so-called Placement In a juvenile Justice facility (PIJ). A two-year-long PIJ is imposed on juveniles who have committed a serious offense. The PIJ can be prolonged to four years if a

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serious violent offense or a sexual offense has been committed or to six years when diminished intellectual ability or psychiatric problems are also present. Most of the adolescents have a six-year-long PIJ.

An involuntary admission obviously has consequences for the dynamics between the staff members and the juveniles and their parents. Therefore, it cannot be assumed initially that they will be motivated to undergo treatment, but rather that they will have to become motivated during treatment. Still, they will have to undergo treatment anyway, even if they remain unmotivated. In this context, Rentray does not regard treatment motivation as a personal character trait or as a static concept. Motivation is regarded as a procedural characteristic during treatment and this vision appears to be supported in research (van Binsbergen, 2003). For ID juveniles, the procedural characteristics appears by taking into account the juvenile's poor ability to understand and conceptualize his problem, the juvenile's ego centered contact quality and ineptness causing communication failures between the juvenile and his therapist, the delicacy of timing of interventions, and the poor generalization by juveniles of what is learned to other situations (Day & Berney, 2003).

4. Treatment aims

Treatment is focused on four aims: reduction of delinquent behavior, a safe living situation, job retention, and the ability to establish and maintain social relations. The premise is that from the first day of placement focus is on post-release aftercare. The aims of the treatment plan are formulated so that they take into account the developmental potentials of the juvenile. Risk and protective factor assessment figures largely in the treatment plan. In the first treatment conference, the aim is to delineate a trajectory that suits the individual juvenile. The potential strong points of the juvenile and his social context form the basic principle. The juvenile should learn to take responsibility for his own behavior as soon and as much as possible, taking into account his intellectual limitations.

Juveniles are initially treated in a normally secured (closed) setting, but as soon as their progress permits it, treatment is continued in open and structured groups. It holds in particular for the ID group that newly learned skills are better generalized when they are practiced in different situations. A closed setting offers fewer practice situations and it has been demonstrated that after ten months juveniles usually reach their upper limits regarding their developmental potentials in one specific group. The next step in the treatment trajectory ensures that new learning situations are presented and relapse is prevented. Aims and final attainment levels are formulated so that it is clear when treatment in a juvenile justice facility can be ended and when the juvenile can transfer to a follow-up facility. However, practical experience has shown that ID juveniles have a persistent need of support.

5. Basic principles of treatment planning

The basic principle of treatment is Rutter (1979, 1990) finding that in groups of juveniles with comparable risk factors, the presence of protective mechanisms is important for the subsequent outcome. The presence of protective mechanisms affords a greater chance of a reasonable healthy development, even in the presence of a large number of risk factors. Treatment amounts to the activation of the following five protective mechanisms (Lodewijks, 2003):

- Risk reduction
  Risk factors are mapped out at the start of treatment. Next, risk situations are cut back by means of external management. The intention in a later stage of treatment is to internalize this management of risk factors. However, this is difficult to achieve in ID juveniles, therefore, risk reduction is at the forefront. For example, the juveniles' chance of relapse is greater when they regain contact with other juvenile delinquents. This is prevented by means of a specially adapted leave policy and good agreements and supervision during the juvenile's leave. It is sometimes necessary that the juvenile does not in any way return to his original situation. Furthermore, offense analysis, problem analysis and cognitive behavioral therapy contribute to learning to avoid or deal with risk situations, such as ceasing drug use or learning to react less impulsively to provocation.
- Breaking destructive interaction patterns
  It has been observed that treatment interventions are frequently only linked to interventions by therapists which take place at most two to three hours a week. Little attention is paid to group leaders and teachers who are dealing with these juveniles during the largest part of the treatment period. There is evidence to suggest that juveniles with disruptive disorders elicit predominantly negative or avoidance reactions from others (Hartup, 1986; Lavigneur, Tremblay, & Saucier, 1995; Wahler & Dumas, 1986). They are punished, reprimanded, avoided and disregarded. In turn, it is suspected these reactions motivate them to display maladjusted behavior. You often hear them saying: “Nobody likes me; I don't get any respect, so I won't give any either; they have it in for me”. Even in professional pedagogical situations these negative interactions form a pitfall for group leaders and teachers. In this respect, one can better speak of a problematic interactional situation than of a problematic juvenile.
  In this case we make use of an interactional method, called in Dutch *Interactiewijzer* [Interactionguide] (Verstegen & Lodewijks, 2009). Using this method, staff members can map out their preferred pedagogical styles and prepare themselves for possible pitfalls in dealing with particular juveniles. In this way it can be predicted that a strongly dominating group leader who does not tolerate contradiction will have problems with a strong-willed juvenile who wants to determine by himself what will go on. There is a high risk that escalating conflicts will often arise and that the problems will endure. On the other hand, a strongly dependent juvenile will learn little from a group leader who always tells him what to do and what not to do. The group leader's complementary behavior will in any case lead to the juvenile continuing to display dependent behavior. In this way suggestions are made to the group leader how to enhance missing social skills in the adolescent, that are important in normal functioning in a real situation.
- Increasing capacity to solve his own problems
  Juveniles cannot of course remain dependent on an external structure. Eventually they will have to be able to deal with their freedom by themselves and take their own responsibility for their choices. Programs that stimulate the juveniles' capacity to solve problems themselves increase the chances of successful reintegration more than programs that do not do this. This can come about by involving the juveniles in setting up the treatment plan, by participation in the youth council, and by allowing them to play a role in counseling and peer education.
  In Rentray, from the onset of a program juveniles are involved in their treatment. They are present during their own treatment and residence conferences, write reports of their own and make their own suggestions for action items. Furthermore, juveniles participate in the youth council where they learn to discuss and resolve problems on behalf of their peers. Of course the limited possibilities of the juveniles are taken into account and they are supported in these activities. In addition, the juveniles have responsibilities in their own group, such as simple organizational tasks, their role as senior group member and shopping, cooking, and cleaning assignments.
- Creating new challenges
  In general, the social reintegration of ID juveniles is not a matter of course. There is a very large risk that the juveniles will fail at school or in a work situation. Therefore, it is important for the staff members to be innovative and imaginative in creating new chances