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BEHAVIOR MODIFICATION UNIT STUDY

A Research Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by

Jo Ann Cotten

June 1993

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ABSTRACT

This is a positivist study. It is exploratory in nature. It identifies the characteristics of the minors served by the behavior modification unit at Riverside County Juvenile Hall. This is a pre-evaluation study that provides information necessary for future evaluation studies. It provides data to direct program changes. This study also provides some accountability to administration by documenting the number and characteristics of minors served by this program over a six month period.

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INTRODUCTION

Riverside County Juvenile Hall is a detention facility concerned with safety and security of the minors it serves. It is not a treatment facility. The function of this facility is to detain minors classified as "602s" of the welfare and institution codes in a safe and secure environment. A "602" includes any person under the age of eighteen that has violated any law of this state or of the United States or any ordinance of any city or county with the exception of curfew violation (Lew, 1983).

Most minors currently detained at Juvenile Hall are waiting for court, or placement. There are a few minors that are serving time at Juvenile Hall because they are unable to be placed at any other program. The length of detention at Juvenile Hall can vary. A minor may be detained a few days to several months. During this time they are not provided with treatment for mental health or behavioral problems. However, as length of stay and behavior problems have increased over the last two years a special program was developed to work with these problem minors. The minors were removed from an open group setting with dorms sleeping 30 to 40 minors to a very structured group providing individual rooms for 20 minors. This enabled the open groups to function more easily because severe problem minors were removed and provided with more

individualized programming.

PROBLEM STATEMENT

In July of 1989 a behavior modification unit was opened offering a treatment element within the institutional environment, where specific behavior problems could be identified and dealt with on an individual basis. The program includes behavior contracts and each minor is assigned a staff member as a case worker. The goal of the program is to modify the minors' behavior so that they may return to an open group setting. The program was developed to deal with the severe behavioral problems of male minors of all age groups within the institution. The criteria for entry into the program includes suicidal behavior, temper tantrums, excessive fear, crying or withdrawal. The criteria also includes those with brain damage/emotional disturbance, self mutilating behaviors, threats and use of violence, and minors at risk from peers.

The study identified the specific behavioral characteristic of the 200 minors that were served over a six month period by the behavior modification unit. The behavior modification unit is also used to house minors on security, medical isolation and protective custody status when other housing is not available. This study was also concerned with how many of these non-behavioral problem

minors are housed in this unit. Questions which were addressed include, what are the behavioral problems of the minors that are being served by the behavior modification unit. Information was collected on age, ethnicity, and specific behavior problems that are dominant among minors in the program. The findings of this study could provide information that could increase the focus on specific behavior problems that are most dominant among these minors.

The findings of this study could also clarify practice issues dealing with individuals and their specific behavior problems as well as possibly changing the view of the administration on the use of treatment within this or other detention facilities. The behavior modification unit is currently being reviewed for possible use in other facilities. This study may provide information useful in creating and implementing this type of program in other facilities.

PROBLEM FOCUS

The study used a positivist approach. It was exploratory in nature. The goal was to determine the age, ethnicity, status and behavior problems of the juvenile population being served by the behavior modification program. The research questions were: 1) Is the program serving the population it was originally designed to serve?

2) Is there a specific age group that seems to be served more frequently than others? 3) Does the program serve one ethnic group more than another? 4) Is there a large range of behavior problems or is the program serving minors that have a few shared problems? 5) How often is the unit used to house non-behavior problem minors?

The behavior modification program at this facility is relatively new. Before an evaluation of the success or failure of the program in changing behavior or providing for the needs of minors can be done, it was necessary to determine a means of efficiently evaluating such a program. The questions that were explored in this study will help determine how the program should be evaluated. The results of this study are also useful in reviewing the program in terms of how well it addresses the behavior problems of the minors that it is actually serving. Do factors exist that are not being dealt with including the need for more attention to some problem behaviors?

The introduction of any treatment program within a detention facility is a positive move. It addresses the needs of the minors and strengthens the institution by allowing other units to function more easily with their high populations. The success of minors who manage to change their behavior not only allows them to return to an open group setting but, may also help them to complete a

placement or leave the institution and not return. Many of the minors with severe problems return repeatedly because they are unable to follow the rules and remain in the structured environment provided by placements.

LITERATURE REVIEW

The literature available indicates that the use of behavior modification with juvenile offenders is not something new. During the last half of the 1960's and the early part of the 1970's behavioral approaches were used with delinquent youth in institutional settings (Morris and Braukmann, 1987). Behavior therapy or behavior modification is based on the assumption that behaviors are learned. Maladaptive behavior usually has to be modified through the development of new learning processes. Generally, behavior therapy assumes that behavior will change in direct proportion to the amount of rewards\positive reinforcers or negative reinforcers that are used to address certain behaviors (Trojanowicz, 1973).

The research indicates that the best way to gain information for a behavior program is to use observation (Morris and Braukmann, 1987). The information from this study relies on staff observation of minors in the program. Much of the research also indicated that to evaluate the success of a program, you must first determine the behaviors

you wish to target for increase or decrease (Ayllon and Milan, 1979). This study is a pre-evaluation study, but may help provide information useful in an a future evaluation of the success of the program because it involves the identification of several behaviors problems of the minors that are now in the program. Research that outlines types of behaviors that this type of treatment is successful with is important to identify (Hollin, 1989). In future studies these behaviors will need to be examined and expanded upon.

Unlike most of the institutional behavior modification programs cited in the research, the program studied does not focus attention on ending delinquency, but rather changing some problem behaviors that would allow the minor to function in an open group setting within the institution or in a placement. These changes may lead to a decrease in delinquent behavior, but that is not the immediate goal. The use of behavior modification has been evaluated in many studies in terms of success using recidivism rate as a measure. This might also be a way of evaluating the behavior modification program in a long term type of evaluation (Hollin 1989). The amount of change within each individual in the program and their ability to return to a open unit or stay in a placement may reflect a better short term evaluation of the success of the program. Most of the information on behavior modification programs

appears to have been drawn from data gathered over a short period of time. The research indicates the need for long term studies as well. There has been a noted decrease in maintaining changed behavior even over a short period of time (Ayllon and Milan, 1979).

Behavior modification is criticized in the literature for fostering a dependency on rewards. The token economy system is also criticized as a bribe rather than a reward system. The literature also identifies the problems of this type of treatment program within detention facilities where security is the main focus and treatment is not a priority or mandated by the California Youth Authority Standards (Dauwalder, Perrez, and Hobi, 1987). This information is important in understanding the need to provide the administration with data on who this program is dealing with and the benefits to the institution as a whole.

RESEARCH DESIGN AND METHOD:

Purpose of the study

The Behavior Modification unit at Riverside County Juvenile Hall is a new program and was the focus of this study. The program was created to serve a specific population within the institution. This population is made up of those minors who are unable to function in an open group setting. The goal of this program is to provide some

treatment for minors with severe behavior problems. Treatment for minors in a detention facility is unusual. The primary focus and function of the institution is to hold minors in a secure environment until they are placed or released by the juvenile justice system. The study sample includes the total population being served by this program over a six month period. Research questions include, Do the minors meet the criteria for this program and what are the specific characteristics or behaviors of the juvenile population being served by the behavior modification unit? This study provides some data for administrators by documenting the target population being served. It also provides information on the number of minors that are housed in this unit for better security, medical status or protective custody. This study was also useful in clarifying the number and types of behaviors, the ethnicity and age of the population being served. This information will be helpful in working to improve the program to better address the specific problems and needs of the minors in the unit.

RESEARCH QUESTION AND/OR HYPOTHESES

This is an exploratory study to gather information on topics which have not yet been studied. The behavior modification unit is new and not ready for an evaluation or

causal study. In order to progress to that point, it was necessary to first do this pre-evaluation study. The goal of this study is to describe the characteristics of the population being served by the behavior modification unit. This study also addresses the question, Is the program serving the population it was designed to serve? Is this unit housing minors with other problems or of other statuses and, if so, what are they. The study provides information on the ages of minors in the unit and their frequency. The ethnicity of the minors in the program is also presented as well as their behavior problems and which of these is seen more often.

SAMPLING

The sample included all the case records of the minors that were placed in the behavior modification unit from July 1, 1993 to January 1, 1993. In order to discover if the program is serving the population it was designed to serve and gather information on age ethnicity and dominant behaviors, it was necessary to sample the entire population and to discover specific recurring characteristics of minors in this program. Thus, the sample consists of 200 minors. This approach facilitated the collection of a sufficient sample size in order to facilitate accurate statistics in each area of interest.

DATA COLLECTION AND INSTRUMENTS

The data necessary for this study was obtained through the evaluation of case records, more specifically the assessment form requested before minors are placed into the behavior modification unit. This assessment form provided a checklist for quantitative information that includes information on temper tantrums, self-esteem, depression, social skills and school performance. The form also included qualitative data provided in comment sections. Including both quantitative and qualitative information on the assessment form provided a clearer picture of specific problems the minors might have. Some staff members may not have known how to classify certain behaviors when filling out the form, but they could add a description in the "comment" sections.

This combination of qualitative and quantitative data added to the validity of the problem definition of each minor in the study. Since the data collected was based on observations by various staff members, each staff member could have had a different perception of the problems or behaviors of various minors. The comments on the assessment forms enabled the study to use descriptions to create balance and some uniformity in defining the problems of these minors. The age and ethnicity of the minors are not included on the assessment form but, were obtained from

intake information. The assessment form contained a section for temper tantrums including description, frequency and severity. These tantrums could include acting out behavior that results from the minor not getting what he wants when he wants. These behaviors could also include verbal or physical threats, refusal to follow directives or head banging that the minor was unable or unwilling to control. Self-esteem was also identified on the form from "extremely low" to "above average, but not realistic". Depression was identified by signs including withdrawal, source if known and length. Social skills included peer relations and were identified as below average, unsatisfactory, age-appropriate, satisfactory or above average. Maturity level was based on a five point system; one being very low and three being age-appropriate. Staff relations was also noted on a five point scale, with three being average or satisfactory. School performance was based on frequency of problems, the type and reason, including attendance and response to the teacher. A general description was available in the comment sections relating to strengths, leadership abilities, weaknesses and known family problems and history (see Appendix A).

PROCEDURE

This exploratory study used case records for data

collection focusing on the assessment form. The data collection continued for a six month period including the total population in the sample. There was a single person collecting the data. Access to this information was based on employment at Juvenile Hall and assignment in the behavior modification unit. The information from the assessment forms was transferred, after evaluation, to a numbered document identifying age, ethnicity, status and behavior problems of each of 200 minors in the sample. The information was then coded and made ready for transfer into the computer for analysis.

The study used a number system for identification and the master list and original assessment forms remained at Juvenile Hall. Only an identification number on reproduced assessment forms left the institution. This insured that confidentiality and anonymity was protected. There was no direct contact with minors in obtaining this information. The Minors in the program were not subjected to anything that might disrupt the ordinary routine of the program while the study was conducted. As an employee of Riverside Juvenile Hall and the probation department the researcher was mandated by law to protect the rights of the minors in this facility including the behavior modification unit. These rights included confidentiality. The supervisor of the behavior modification unit provided authorization for

this study.

DATA ANALYSIS

This study provides univariate analysis on variables including:

Identification

Age

Ethnicity

Status

New

Returning

Returning graduate

Security

Protective Custody

medical Isolation

Behavior problems

Temper Tantrums

Self-esteem

Depression

Social Skills

Maturity

Staff Relations

Each variable was examined for frequency to determine the characteristics and behaviors of the sample. Behavior problems were examined for prevalence and then with some

variables "severity". The tables provided are an example of the information obtained through univariate analysis (see Appendix B). The data provided through this analysis will help answer the research question. They identify the minors being served by the behavior modification program over a six month period.

FINDINGS

In Table 1, Age is examined (see Appendix B). In the six month period of this study 43.5, the largest percent of the minors, were between the ages of 14 and 16. Another important factor is the number of minors in the age 10 to 12 category 6.5 percent. This seems to be a relatively small number, but is significant because in previous months this age group was not seen in the institution or the program. The age group between 12 and 14 also appears to be increasing.

Table 2 provides an ethnic breakdown of the population (see Appendix B). The two largest populations served are White and Hispanic. This breakdown is not meant to determine populations within the institution as they relate to the general population, but to identify the large groups in the program. This will be useful for the program to address the cultural diversity and needs of the population in the unit.

Table 3 addresses the status of the minors that are in the program (see Appendix B). It is important to note that 40 percent of the population in the six month period were non-behavior problem minors housed for security, protective custody and medical isolation. The largest of these classified as " security" which reflects the large and increasing numbers of security minors within the institution. The behavior modification unit is threatened with closure if the needs of the institution require housing of the serious offenders on security status. The large number of returning and new minors indicate the great need for this type of program. Minors with serious behavior problems continue to return to the institution because they can not function at home or in placement facilities and we continue to see more and more of these minors.

Table 4 provides data on the behavior problems identified for minors in the program (see Appendix B). It also includes the severity of these problems rating them from none to severe. The 40 percent identified in the none section is related to the non-behavior modification minors that are often housed in the unit. This leaves the largest number in the none section at 6.5 percent in withdrawal. In the mild category, depression and withdrawal are present in over 20 percent of the population. These are the only two behaviors in which the percentage does not increase with

severity.

In the moderate category, temper, self-esteem and staff relations are all over 30 percent of the population. In the severe category over 24 percent of the minors have temper problems. Self-esteem problems are severe in over 23 percent of the minors. The minors with problems in social skills is over 29 percent and maturity problems are highest with 35 percent. In school problems are present in 19.5 percent and severe school problems account for 19.5 percent. Depression and withdrawal percentages decreased as the severity increased.

DISCUSSION

The data provided in this study indicates that the minors that are placed in the program, with the exception of non-behavior modification minors, do have the negative behaviors outlined as requirements for entry into the program. The severity of these behaviors in the majority of the minors range from moderate to severe problems with temper, self-esteem, social skills, maturity, staff relations and school. A smaller number of minors present with Depression and withdrawal, but this group seems to be an increasing population. The nature and number of the self-destructive behaviors, as a result of depression, have also become increasingly serious. This increasing

population should be considered for a new group program that deals with the issues related to suicide and depression.

The program seems to be addressing the other problem behaviors adequately with the current program, but may be more effective with some adjustments. The largest number of minors with moderate to severe problems are found with maturity problems. This problem, representing 59 percent of the population at a moderate to severe level may require further study to provide more positive reinforcement for age appropriate behaviors. Social skills is the second most severe problem with 57 percent of the population represented. This may also be an area for increased focus in the behavior modification program. This data, when presented to the administration, should be useful in documenting not only the number of minors over a six month period (200), but also the severity of the problems seen in this population. The behavior modification program appears to serve the needs of the institution well by treating this many problem minors and allowing the open units to function more effectively.

The age and ethnicity of minors within the program should also be considered when reviewing the program and program needs. The data indicated the age range most represented was 14-16 year olds. These minors had a whole range of problems that related to their age and change from

child to young adult. These issues should also be addressed in future programming. The ethnicity and cultural diversity of the minors within the program are not currently being addressed directly. The data indicated that the largest numbers of minors in the program during this study were White (42.5%). The second largest was Hispanic population (38.5%). African American minors represented 16.5 percent of the minors in the program. The program does not identify ethnicity or cultural difference of minors in the program and this should be addressed.

As seen in Table 3 (see Appendix B), during the six month period of this study, 40 percent of the population were non-behavior problem minors. The program is serving the population identified for help, but it is also used to house many others. These minors also have programming needs and very often medical needs that must also be addressed by the unit staff. The needs of this second population of minors often interfere with the operation and attention given to behavior modification program. The lack of understanding of this by many staff members, including, administration allows the unit goals and focus to be jeopardized by the placement of non-behavior problem minors in the unit. The implications of this study for direct practice issues include addressing the need for changes in the program. These changes are necessary in order to better

address the major problem behaviors of these minors, but should include issues of age and ethnicity. The need for some intervention within a detention facility becomes obvious with the large numbers and increasing severity of minors with behavioral problems.

Implications for research include the need for further study of the program to determine how successful it is in treating these problem behaviors. This pre-evaluation study helped to identify some behaviors that the research indicated were important before an evaluation of the program can be done. This study is very limited, but provides a basis and need for future research. This program is not mandated and can be closed at any time. Future research may be necessary to demonstrate the programs success and justify the existence and need for this program.

APPENDIX A

BEHAVIOR ASSESSMENT FORM

Please use the check list below to describe the minor's overt behaviors. Add additional information if a specific behavior is not already noted. Submit this form to group one supervisor for review.

Minor's name _____

Group _____

Request made by _____

Times in the protection room _____

Number of isolations _____

Time in unit _____

TEMPER TANTRUMS: Frequency _____
Description _____
Severity _____
De-escalation time _____

SELF-ESTEEM: _____ extremely low
_____ low
_____ average
_____ above average
_____ above average but not realistic

DEPRESSION: usual length of time _____
describe signs _____
source (if known) _____

WITHDRAWAL:
frequency _____
usual length of time _____
type of withdrawal _____
(violence, acting out, other) _____

SOCIAL SKILLS: peer relations MATURITY LEVEL: 1 2 3 4 5
1. below average usually tends to
2. unsatisfactory associate with _____
3. age-appropriate
4. satisfactory
5. above average

STAFF RELATIONS: 1 2 3 4 5
usual type of response _____

SCHOOL PERFORMANCE: behavior reports frequency _____
type/reason _____
attendance _____
teacher _____

BRIEFLY DESCRIBE:
strengths _____
leadership abilities _____
weaknesses _____
known family problems/history _____

APPENDIX B

TABLE 1

AGE	PERCENT IN PROGRAM
10-12	6.5
12-14	23.5
14-16	43.5
16-18	26.0
19	.5

TABLE 2

ETHNICITY	PERCENT IN PROGRAM
HISPANIC	38.5
WHITE	42.5
AFRICAN AMERICAN	16.5
ASIAN	.0
OTHER	2.5

TABLE 3

STATUS	PERCENT IN PROGRAM
NEW	25.
RETURNING	33.
RETURNING GRADUATE	2.
SECURITY	29.5
PROTECTIVE CUSTODY	4.5
MEDICAL ISOLATION	6.0

TABLE 4

Behavior Problems	None	Mild	Moderate	Severe
Temper	40.0	4.5	31.0	24.5
Self-esteem	40.0	4.5	32.0	23.5
Depression	44.0	23.3	19.5	13.0
Withdrawal	46.5	26.0	16.5	11.0
Social Skills	40.0	2.5	28.0	29.5
Maturity	40.0	1.0	24.0	35.0
Staff Relations	40.0	10.	33.5	16.0
School	41.0	11.0	28.5	19.5

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