

ISSUE 04
2014

MatchBook

A Journal on the Prevention & Treatment of Youth Firesetting

Who's Taking The Wheel: Road Map to Youth-Guided Care

Poll Question:

How confident are you in your understanding of the differences between male and female youth who set fires?

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Program Spotlight:

The Australian Centre for Arson Research and Treatment (ACART)
Firesetter Treatment Program and its budding stateside applications



MatchBook is a professional journal developed with the goal of providing current practical and reliable information and resources to the diverse professional groups engaged in youth firesetting intervention.

Fire Services
+
Mental Health / Social Services
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Juvenile Justice
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Pediatric Burn Care
+
Schools
+
Caregivers

MatchBook

A Journal on the Prevention & Treatment of Youth Firesetting

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How confident are you in your understanding of the differences between male and female youth who set fires?

Welcome to the Fourth Printed Edition of MatchBook

Dear Fellow Professional:

For a second year, the theme of Matchbook parallels the theme of the Northeast Youth Firesetting Conference- a forum where professionals working in firesetting prevention and intervention gather annually to learn, network, and share resources. We feel that the concepts discussed are too important to be shared with only attendees and thereby extend and expand upon them for MatchBook readership. The best practice information, experts' insights, data, and tools outlined must make it into hands and practice of mental health, fire service, juvenile justice, burn care, and education professionals. National conversations and information-sharing unite us in our pursuits to better manage and significantly reduce youth firesetting.

The evidence is clear: people change their behavior when they are motivated. Professionals working with problem behaviors like firesetting must become adept at allying with youth they serve, helping them feel empowered, supported, and encouraged to begin the journey toward reaching their own goals. Key to this work is helping the individual understand her/his motivations to set fires and then working to disrupt and replace the satisfaction s/he derives from this dangerous and destructive behavior with more socially positive behaviors.

Agencies of all kinds are being required to integrate "youth-guided" and "youth-driven" approaches into their practices, but what does it mean and how do we do it in Youth Firesetting Intervention? Included in this 4th issue of MatchBook are tools, examples, and data shared by experts from Michigan to Australia. Concepts, including Charlie Appelstein's "strength-based approaches," program blueprints like that Karla Klas outlines in "The Million Dollar Cry for Help," and tools like "Motivational Interviewing" discussed in this issue by David Prescott improve our firesetting interventions and change our thinking about youth involved in firesetting.

I hope you find this issue of Matchbook valuable. Thank you for your continued work and collaboration.

Sincerely,



Timothy M. Callahan, Ed.D., Editor in Chief, MatchBook Journal

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is made up of
an Editorial Board
uniquely positioned to
speak to and represent
their disciplines.



MatchBook Journal Editorial Board

Editor In Chief

Timothy M. Callahan, Ed.D.

Executive Director of Brandon School



Dr. Callahan, Executive Director at Brandon School & Residential Treatment Center for the past 32 years, works to move youth from institutional hospital like settings, to less restrictive communities. Prior to Brandon, he spent nine years in public education running two separate special education schools. Tim earned his Ed.D. from Boston University, where his dissertation, "Students in Transition to a Less Restrictive Residential Treatment Setting," is devoted to serving youth in the most community based setting possible. Tim has served on several boards, including the Governor's Mental Health Commission and the Massachusetts "Stuck Kid" Committee. He is the immediate past President of the Natick Rotary and the current Board Chairman of the Massachusetts Children's League.

Mental Health

Robert Stadolnik, Ed.D.

*President of FirePsych, Inc. and Senior Director
of Treatment Services at Brandon School*



Dr. Robert Stadolnik, a licensed psychologist, is President of FirePsych, Inc., and author of the book *Drawn to the Flame: Assessment and Treatment of Juvenile Firesetting*. He recently completed research studies on specialized firesetting populations including adolescents in residential care and adolescent females. Dr. Stadolnik consults to fire safety programs, residential treatment centers, public school systems, and state child welfare agencies. Over the past fifteen years he has completed or supervised over 1,000 firesetting behavior assessments and provides training and workshops on a national level.

Pediatric Burn Care

Marion Doctor, LCSW

*Former Programs Manager, The Children's
Hospital Burn Program, Denver, CO*



Marion Doctor is currently on the Professional Advisory Board for the Zach Burn Foundation and is the First Vice President of the Board of Trustees for the Phoenix Society for Burn Survivors. Previously she served as a clinician and Programs Manager for The Children's Hospital Burn Program in Denver, Colorado. In this capacity she developed The Children's Hospital Burn Camps Program, The Juvenile Firesetters Assessment and Treatment Program and co-founded the International Association of Burn Camps. Marion also served as a member of the Editorial Board of the Journal of Burn Care and Rehabilitation.

Fire Services

Don Porth

President of SOS Fires



Don Porth, a youth firesetting interventions specialist, is a member of Portland Oregon Fire & Rescue and has been in the fire service since 1980, working directly with child firesetting behaviors since 1988. His implementation of the youth firesetting information database has made Portland's program one of the most noted in the nation. Don is a member of the National Fire Protection Association as a steering committee member for addressing the national youth firesetting problem, and past Chair of the Oregon Council Against Arson.

Juvenile Justice

Robert Haas

Police Commissioner, Cambridge, MA.



Commissioner Haas brings thirty years of law enforcement experience. Early in his career, he was actively interested in working with youth who set fires and distinguished himself during his time as Police Chief in Westwood, MA for his work with juveniles. As the Secretary of Public Safety for Massachusetts, he was responsible for the oversight of several criminal justice and public safety agencies such as the State Police, the Department of Corrections, the National Guard, and the Department of Fire Services.

Full biographies available online at – www.MatchBookJournal.org

Who's Taking The Wheel: Road Map to Youth-Guided Care

Responsive interventions are driven by input and participation by youth and families receiving services. “Youth-Guided Care” is a burgeoning concept driven by the belief that youth must be empowered, educated, and given a decision-making role in their own care. Youth-guided care validates youth and family voices and offers a platform for youth to shape intervention and treatment services. This edition of MatchBook, *Who's Taking the Wheel?: Road Map to Youth-Guided Care*, highlights opportunities within firesetting intervention to incorporate youth-focused programming and principles.

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Many of these kids loathe themselves and, in fact, misbehave with the deep intent of getting the help they so sorely need...

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New research on “zero tolerance” indicates that exclusively punitive responses to incidents in schools do not adequately address the problem behaviors, and may in fact increase them...

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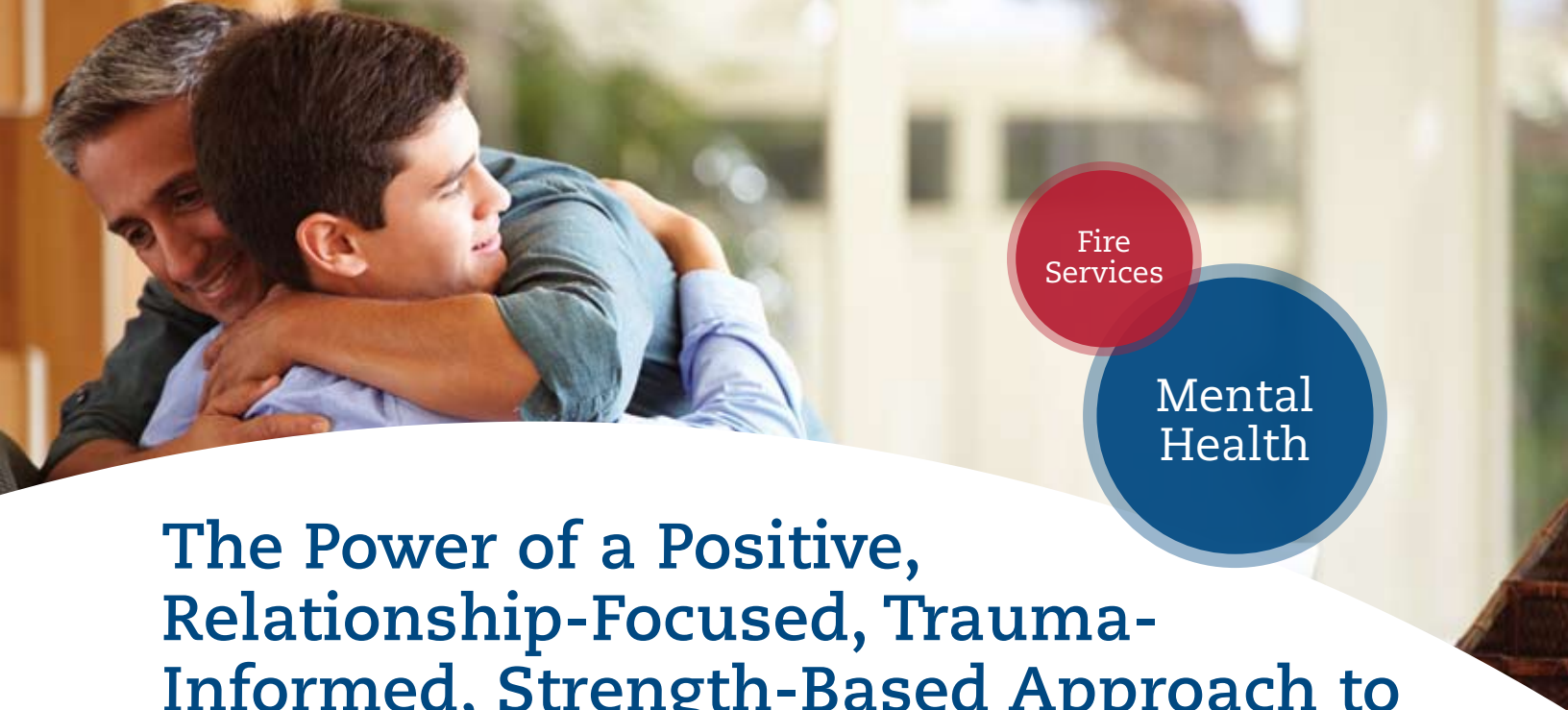
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Our program is unique in that it adopts the latest research on firesetting, offender rehabilitation and readiness to change, and is tailored to the individual needs of each client...

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Fire Services

Mental Health

The Power of a Positive, Relationship-Focused, Trauma-Informed, Strength-Based Approach to Guiding At-Risk Children and Youth

By Charlie Appelstein, MSW
President, Appelstein Training Resources, and author of There's No Such Thing As A Bad Kid

Behavior is a message (Appelstein, 1998). When children and youth misbehave, often in very serious ways, such as setting fires, committing violent acts of aggression, or cutting themselves - it's as if there is a neon light flashing over their heads, announcing: *I need help! I need help!* Fortunately, adults can respond to these calls for help with an effective, evidence-based strategy. Strength-based practice is a proven approach to guiding off-track lives that positively transforms our most vulnerable children.

First, before we delve into strength-based practice, let's take a look at the psychology of misbehavior and the evolution of interventions addressing it:

Young people do not like misbehaving. Sure, at the time of an incident, there might be satisfaction due to increased attention, avoidance of a problem area, revenge, and/or a release of anger that has been building within. Also, following a serious misbehavior, there could be gloating and a desire to repeat the offense.

However, if we could administer a truth serum to any kid who commits a serious offense and ask the following questions: "Do you like who you are? Do you like displaying these horrible behaviors? Or would you rather be that kid over there that has a loving family, many talents, lots of meaningful friendships, and a very bright future?" Not one young person in our universe would choose his or her life over this alternative. Many of these kids loathe themselves (they blame themselves for any abuse they incurred from their parents) and, in fact, misbehave with the

deep intent of getting the help they so sorely need and, in many cases, can't directly ask for.

As an old warhorse in the youth care arena, I have observed interesting changes in our field with respect to understanding and responding to at-risk children and youth and their troublesome behaviors. I recently conducted a series of trainings in Scotland. David Mackay (2013), a representative of the Falkirk Council of Educational Services, sent me a paper written by his staff members that traced the evolution of approaches employed by educators over the past 50-75 years. These changes mirror what has occurred in treatment cultures as well.

Date	Style	Interventions	Power
Pre 1980's	Discipline	Control and punishment (belt used)	Adults are in position of power
1980's	Behavior Management	Manage/reward (external locus of control)	Adults are in position of power
Currently	Relationships & Behavior	Encourage and enable	Moving toward working together – adults still deciding what is "best"

What this table illustrates, is the ongoing progression and evolution towards a *positive, empowering, relationship-focused approach* to guiding children who struggle with behavior issues.

Back in the '80s, when I first began conducting workshops, attendees would talk to me at the breaks. I would often hear: "I do what you suggest. I'm really positive with my kids, but my supervisor says I'm being too nice and that I've got to be more stern. She says they'll walk all over you if you're too good to them." Even today, when I conduct back-to-school trainings in August and September, without fail, new teachers approach me and state, "The older teachers are telling me not to smile until December! What do you think?" I reply, "Such advice makes me ill. It implies a warm, positive approach with your students will cause you to lose control of the class, and that you don't possess adequate limit setting skills. That's a crock! Treat your kids in a warm, engaging and positive manner – but set limits when you need to, and you'll move mountains."

Child care veterans have known through observation and intuitively for untold years that when you treat kids, and in particular, those who have suffered emotional, physical and/or sexual abuse (trauma) – with great respect and in a truly positive manner, the kids feel safer, become happier, make better choices, and often go on to lead more productive lives.

The Power of a Positive, Relationship-Focused... (continued)

What many of us didn't know at the time is that this positive and effective approach to guiding at-risk children has a name. It's called *strength-based practice*. Although professionals often refer to SB practice as a modality, in reality it's a conceptual framework; it's a way of understanding and responding to problem behavior, and those who commit such acts, that recognizes that behavior is a message ("I need help") being sent by inherently good people, and that when we respond to these calls for help in respectful, affirming, and empowering ways... problem behavior diminishes, self-esteem rises, and happiness abounds.

Here's a basic definition of strength-based practice as it applies to children and youth:

Strength-based practice is an emerging approach to guiding children and youth – and in particular, those experiencing ongoing emotional and behavioral challenges, that is exceptionally positive and inspiring. Its focus is on strength-building rather than flaw-fixing. It begins with the belief that all young people are resilient and have or can develop strengths and draw on past successes to make good decisions and enhance functioning and happiness.

In reality, strength-based practice is about two words: *attitude and actions*. It begins with the uplifting attitude a professional presents to an at-risk young person or group – from the moment they meet and then forever, that conveys the following message: *I believe in you. I know you will succeed here and after you leave. And I am absolutely thrilled to be part of your life.*

Subsequently, everything a professional says or does with an at-risk child or group needs to be an extension of this critical affirmation: *I am excited to be around you, I believe in you, and I know you will make it.*

According to Michael Durant's seminal work, *Residential Treatment* (1993), the goal of his residential setting is to have each youth leave *feeling better* about him or herself. The logic is simple: if they leave with a more positive self-concept, they're more likely to use and develop their strengths to make better choices in life.

When at-risk children and youth feel better about themselves due to the positive manner with which they are being treated, it makes them feel good. When children feel good they're more likely, from both a neurological and psychological perspective to make better decisions.

James Garbarino (2000), one of the world's foremost experts on at-risk youth, stood in front of a group of 1000 people in Las Vegas and stated: "We can now predict with almost 100% certainty whether a teenager who has committed acts of violence prior to

entering high school will commit more acts of violence while he is at the school. If that youth can wake up every day believing there is at least one adult at the school who 'thinks I'm terrific,' the odds of that student committing a serious offense goes down to about zero."

Shawn Achor, author of *The Happiness Advantage* (2010) and a major force in the strength-based world, writes:

"New research in psychology and neuroscience finds: 'We become more successful when we are happier and more positive. Students primed to feel happy before taking math achievement tests far outperform their neutral peers. It turns out our brains are literally hardwired to perform at their best not when they are negative or even neutral, but when they are positive.'"

Achor continues:

"Recent research shows that the broadening effect (how positive emotions broaden the amount of possibilities we process, making us more thoughtful, creative, and open to new ideas), is actually biological. Positive emotions flood our brains with dopamine and serotonin, chemicals that not only make us feel good, but dial up the learning centers of our brains to higher levels. Positive emotions help humans to organize new information, keep that information in the brain longer, and retrieve it faster later on. And they enable us to make and sustain more neural connections, which allows us to think more quickly and creatively, become more skilled at complex analysis and problem solving, and see and invent new ways of doing things.

Brain change, once thought impossible, is now a well-known fact, one that is supported by some of the most rigorous and cutting-edge research in neuroscience."

Achor's amazing neurological work validates and trumpets the need for all of us who influence young people's lives to employ a positive, strength-based approach.



> Many of these kids loathe themselves (they blame themselves for any abuse they incurred from their parents) and, in fact, misbehave with the deep intent of getting the help they so sorely need.

The Power of a Positive, Relationship-Focused... (continued)

Strength-based practitioners use a myriad of interventions that build on the powerful theory and research presented throughout this paper. You can too. Popular techniques include:

Reframing:

Taking a seemingly negative behavior and seeing the positive, protective value in it.



Example: (To a youth who won't talk about his family matters) "You're a very loyal daughter."

Solution-Focused Questions & Communication:

Using questions and comments to alter a negative perception.



Example: (To a youth who makes a hopeless comment, "I can't do this!") "You can't do it yet, Michael."

One-Line Rapping (Coping Thoughts):

The brain is designed to change in response to patterned, repetitive, stimulation. Create mantras for kids that help them to function better.



Examples: Let it go, Joe. Just stay cool. No need to blow... Here's some advice, talk real nice... If you lose hope, don't do dope.

Intentional Acting

Fake it until you make it.



Example: Start every interaction, every shift, with an attitude that says: *I'm thrilled to be here and excited to be working with you!* Doing so increases the probability for daily and long term success on the part of the kids you serve.

Humor:

Humor needs to be taken more seriously. It enhances relationship formation, and makes people feel good.



Important: Avoid sarcasm!

Creating and Modifying Activities to Ensure Success Opportunities:



Example: Changing the rules of a basketball game: No ball can be shot unless it is passed three times.

Positive Predicting:

Talking positively about the future.



Example: (To a child experiencing serious behavioral issues) "How should we celebrate in six weeks when you've had six of the best weeks you've ever had? Pizza or Chinese Food?" Or, "Will you come back and visit me, and perhaps treat me to a great meal - for always believing in you, when you're a successful businessman?"

Inspiring Metaphors:

Using symbols to explain and empower.



Example: (To a youth who is struggling big time) "All kids are like trains; they all have big engines and are going somewhere great. But, dude, you're a bit off track right now. You've got wheels spinning, smoke bellowing, oil seeping out! We've just got to get you back on track, brother. Back on track, Jack!"

Strategic Use of Incentives:

Celebrating incremental progress.



Example: Offer an enticing reward to a high school student for skipping school 3 times instead of 4 next week.

Although our world contains too many kids who have suffered abuse and are off-track, the good news is that a positive, strength-based approach offers caring parents and professionals a way of rejuvenating these kids. If the whole child-caring world would jump on board with this approach, untold lives would be transformed, billions of dollars would be saved in the criminal justice arena, and folks like me would be happily flipping pizzas instead of writing articles.

Remember, there is no such thing as a bad kid, just bad luck and bad choices. All who influence young lives must embrace this concept and do everything they can to help these message-senders reclaim their lives and find happiness. We do this by adopting a relationship-focused approach that identifies and builds upon the strengths all children possess and can develop.

If you would like a complimentary, comprehensive handout full of effective strength-based tools, visit [Facebook.com/charlietraining](https://www.facebook.com/charlietraining), email the author at charlieap@comcast.net, or visit www.charliea.com.

MB

Youth care specialist Charlie Appelstein, M.S.W., President of Appelstein Training Resources, LLC (ATR), provides expert strength-based training, consultation, publications, CDs, and DVDs for individuals and groups who work with children and youth experiencing serious emotional and behavioral issues.

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Are You Listening Now?: The Million Dollar Cry for Help

By Karla S. Klas, BSN, RN, CCRP
Managing Director, Injury Prevention and Community Outreach University of Michigan Trauma Burn Center

What would provoke a teen from a small Midwestern town to purposefully vandalize and set his high school on fire, causing nearly one million dollars in property and collateral damages? Why would a child do such a harmful act? What contributes to this type of destructive behavior? How could he not realize that his poor decision-making would result in incarceration, multiple felony convictions, financial liabilities, and a permanent criminal record that follows him throughout the rest of his life? Perhaps even more importantly, how can communities prevent this type of tragedy from happening in the future?

Although frequently overlooked and minimized by society, youth firesetting (YFS) represents a significant national problem.^{1,3,5} Latest National Fire Protection Association reports indicate on average there are 56,300 fires from child-“playing” that cause 110 deaths, 880 injuries, and \$286 million in property damage each year in the United States (U.S.).³ However, experts agree that these numbers grossly underestimate the true scope of the problem because a national database does not currently exist.¹ Sadly, it is often not until extensive losses, catastrophic costs, devastating injuries, or life-changing consequences occur before adults recognize that a child needs help. Nearly half

of all arson arrests in the U.S. involve youth, with an alarming trend of those youth being charged with domestic terrorism when YFS “pranks” and incidents occur on school property. Not commonly known, in many states children can be sentenced as adults for their firesetting/arson, imprinting them with a permanent criminal record. A poignant example of this is the story of Sean, a teenager who set fires in his high school and caused nearly one million dollars in damages, incarceration, and legal fees. Let’s not wait for these “Million Dollar Cries for Help” to happen before we act! How can we increase awareness and better prepare our communities to realize the

importance of addressing YFS behaviors before it’s “too late”?

The first step is simple: listen to youth.

Children often have difficulty verbalizing their feelings, especially when they are struggling to cope. True listening, which accounts for age/developmental levels and nonverbal communication, takes time. A multitude of motivating factors influence YFS behavior, such as environmental (e.g. domestic violence, abuse, chaotic home life), behavioral (e.g. impulsivity, curiosity), cognitive (e.g. conduct disorder, depression, cognitive impairments), social (e.g. bullying, peer pressure, lack of social skills), and developmental (e.g. learning disabilities, physical impairments). Firesetting, angry outbursts, hyperactivity, disobedience, and other disruptive behaviors can distract us from remembering to focus on the vulnerable child that is behind the chaotic behavior.

Sometimes children use firesetting as a coping mechanism (albeit a very dangerous one!) to self-calm, express feelings, or seek needed attention. It can be one of several early warning signs that a child is struggling to cope, which also include: changes in school performance, eating, or sleeping; withdrawal from social activities or friends; anger; irritability; disobedience; smoking cigarettes or marijuana; and use of alcohol or other substances. For a more comprehensive list, refer to: www.traumaburn.org/prevention/seanstory/pdf/SeansStoryMentalBehavHealth.pdf When we ask what can be done to prevent YFS, we absolutely must question whether we have



> New research on “zero tolerance” indicates that exclusively punitive responses to incidents in schools do not adequately address the problem behaviors, and may in fact increase them.

sufficiently prepared adult professionals, parents, coaches, teachers, and other custodial roles to be aware, attuned, and ready to listen to and help youth who might be at risk for fire misuse.

The second step is: building comprehensive community partnerships.

Community collaborations promote YFS prevention via primary prevention (i.e. proactive education that prevents a YFS incident from occurring) and to facilitate secondary prevention (i.e. early identification and appropriate intervention when a YFS incident does occur). Fostering community partnerships with schools, clubs, service societies, sports, and other youth-focused organizations are successful in YFS prevention because they utilize groups already closely engaged with youth.

Are You Listening Now?: The Million Dollar Cry for Help (continued)

Our community approach to YFS prevention and intervention education must include the following basic principles:

- 1 Emphasize that youth have individual responsibility and accountability for their behavior
- 2 Use positive educational messages
- 3 Individualize educational messages to appropriate age and developmental levels
- 4 Foster development of skills in good decision-making, effective problem-solving, impulse control, and social interactions
- 5 Discuss the short- and long-term legal, social, and financial consequences of fire misuse in simple language
- 6 Utilize a supportive, positive approach as the use of "scare tactics" is ineffective, does not teach a child about the correct uses of fire, and may be potentially harmful

Another critical component for successful community-based YFS prevention is collaboration with schools. A recent national report revealed that half of structure fires on educational (i.e. school) properties are intentionally set.² Yet pressures on schools to perform and receive “clean” report cards on safety can lead to internal processing of YFS, versus referring to an appropriate YFS intervention program. New research on “zero tolerance” indicates that exclusively punitive responses to incidents in schools do not adequately address the problem behaviors, and may in fact increase them.⁴ It is our responsibility to help educate school personnel on the importance of applying these new findings to YFS.

YFS is a widespread national issue that can be successfully prevented and addressed through collaborative community partnerships. Listening to the voices of youth can prevent future “Million Dollar Cries for Help.” To learn more, visit www.traumaburn.org/prevention/seanstory/about_sean.shtml

MB

Karla Klas received a Bachelor of Science in Nursing with a minor in Psychology from Purdue University. Her background includes more than 21 years of experience in caring for burn patients at three different regional burn centers, critical care nursing, clinical research, professional education and training, policy and process improvement, program development, clinical practice advancement, and Level 1 Trauma and Burn Center Verification management. Karla manages the Trauma Burn Center's family-centered prevention programs which focus on mitigating high-risk behaviors to reduce the occurrence of tragic burn and trauma injuries.

¹ Ahrens-Klas KS, Wahl WL, Hemmilla MR, Wang SC. Do burn centers provide juvenile firesetter intervention? J Burn Care Res 2012;33(2):272-8.

² Campbell R. Structure fires in educational properties. National Fire Protection Association, September 2013. Available online: www.nfpa.org/~media/Files/Research/NFPA%20reports/Occupancies/OSEducational.pdf

³ Evarts B. Children playing with fire. National Fire Protection Association, November 2011. Available online: www.nfpa.org/assets/files//PDF/OS.childplay.pdf

⁴ Matjasko JL. How effective are severe disciplinary policies? School policies and offending from adolescence into young adulthood. J Sch Psychol 2011;49(5):555-72.

⁵ Stadolnik RF. Drawn to the flame: assessment and treatment of juvenile firesetting behavior. Professional Resource Press, Sarasota, FL, 2000.



Helping Youth Change Course: How Motivational Interviewing Works

By David Prescott, LICSW
Director, Professional Development & Quality Improvement, Becket Family of Services

In what would become a highly influential essay back in 1974, criminologist Robert Martinson asked “Does nothing work?” His concern, during a time of political turmoil and change in the U.S., was that rehabilitation efforts in prisons weren’t working resulted in massive de-funding and elimination of services in the criminal justice world. His essay, which became the basis of the “nothing works” philosophy, was premature. Indeed, the following year, Martinson was part of a team whose findings were more optimistic. Martinson would subsequently recant his earlier arguments, but by then the stage was set for decades of belief that people who have broken don’t change and that treatment doesn’t work. Over the next decades, study after study would prove Martinson wrong, and yet many people still believe that ineffective “tough-on-crime” approaches actually work. They don’t; research is unambiguous on this point.

Today, beyond simply asking the question “does treatment work?”, science has shown that adhering to scientific principles for helping troubled kids and adults re-build their lives (i.e. those of risk, need, and responsivity) go the furthest in preventing further harm. Also known as the risk-need-responsivity model, these principles have explained the success and failure of numerous criminological interventions. Simply put, the *risk principle* holds that the majority of treatment resources should be allocated towards those

who pose the highest risk. The *need principle* holds that interventions should focus on treatment goals demonstrated to be related to criminal re-offense. The *responsivity principle* holds that interventions should be tailored to the individual characteristics of each client. Children and adolescents who have set fires very often have trouble connecting with those who are trying to help them and prevent further harm. If professionals are going to build the capacity of young people to respond

Helping Youth Change Course: How Motivational Interviewing Works (continued)

to them, they need a specialized approach to ensure the deepest impact. This is where motivational interviewing comes in handy.

There have been many definitions of motivational interviewing. *Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change.* Central to motivational interviewing (MI) is that:

- The overall style of motivational interviewing (MI) is one of guiding, which lies between and incorporates elements of directing and following styles
- Ambivalence is a normal part of preparing for change and a place where a person can remain stuck for some time
- When a helper uses a directing style and argues for change with a person who is ambivalent, it naturally brings out the person's opposite arguments
- People are typically better persuaded by the reasons to change that they have themselves come up with

> If professionals are going to build the capacity of young people to respond to them, they need a specialized approach to ensure the deepest impact. This is where motivational interviewing comes in handy.

There are many aspects of MI and it primarily includes four key processes: *engaging the client, focusing on a goal, evoking the client's internal reasons for change, and planning for change.* Particularly interesting for newcomers is the absence of any reference to "resistance." A primary concern has been that the term resistance can be made up of two separate components.

- 1 Sustain talk involves statements that favor the status quo (e.g., "No one was hurt"). It is about the target behavior or change.
- 2 Discord involves disagreement and not being on the same wavelength as your client ("It's none of your business"). It is about the relationship between the client and the professional with whom they are talking.

Putting sustain talk and discord together might appear as "I'm not gonna and you can't make me."

MI has been used in the criminal justice and substance-abuse treatment worlds for many years now, and with great success. Obviously, a single article cannot capture it completely.

MB

David Prescott is the Director of Professional Development and Quality Improvement for the Becket Family of Services, which provide treatment for youth, adults, and families across northern New England. He has worked in both inpatient settings and community service programs since 1984, and specifically with individuals who have sexually abused since 1987. He has a strong interest in sharing resources, networking, and training to increase knowledge in these fields. Specifically, his clinical and training interests focus on motivational enhancement, developing and maintaining therapeutic relationships, and assessing treatment progress.



Fire Services

IAFF Youth Firesetting Data Project

By Ed Comeau
Owner, Writer-Tech.com

Youth firesetting is a problem across the nation. Just how big of a problem is not clear because there is insufficient data collection on a national level. There are a number of programs collecting data locally, but developing a big-picture view is far more difficult.

The United States Fire Administration (USFA), through its National Fire Incident Reporting System (NFIRS) has been collecting some information on youth firesetting for a number of years, but it is well recognized that this data does not encompass the entire problem. In addition, NFIRS is an incident-driven data collection system, which means that an entry is only created when a fire department responds to an incident. Not all youth firesetting events receive a fire department response, and a child with these behaviors may not always come to the attention of a fire department. A social service agency or law enforcement may have the first encounter with a youth. Neither have access to the NFIRS system, so no entry would be made.

A number of organizations across the nation are developing intervention programs and working with youth in a variety of ways. Just as with the fire, social service and law enforcement agencies, there is no centralized, coordinated mechanism to collect information.

All of this creates barriers to understanding the scale of the problem and the nature of the offender. Without sharing information, or having a central repository of data, it is difficult to develop evidence-based solutions to the problem on a national level that can be deployed locally. In addition, without this type of information, resources are not being focused on solving the problem of youth firesetting simply because it is not necessarily being perceived

IAFF Youth Firesetting Data Project (continued)

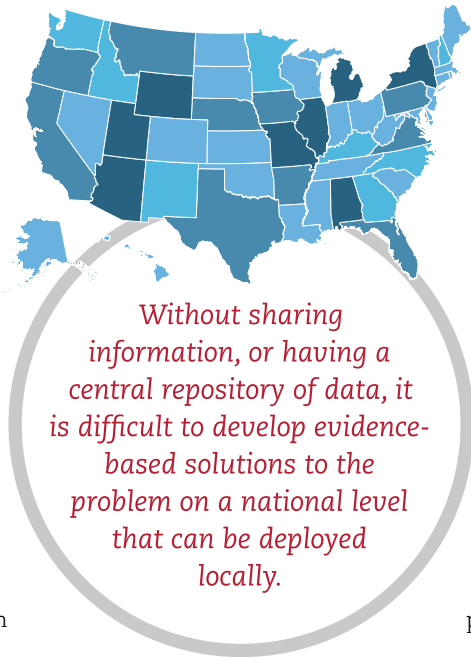
as a large problem. If the data does not point to a youth firesetting problem, communities are not going to dedicate dollars to try to fix it.

The International Association of Fire Fighters (IAFF) Charitable Burn Foundation was awarded a DHS Fire Prevention and Safety Grant to start addressing this problem and develop a framework for moving towards a solution. This represented one of the most comprehensive efforts to bring together to start looking at the issues and hurdles that would have to be overcome. All are in agreement that something needs to be done, and this grant project was the catalyst that started much of the discussion towards developing a means to collect consistent information in a standardized way.

The first and one of the biggest milestones is the discussion of youth firesetting is taking place. This has brought the problem into focus and provided an opportunity for people to share their ideas and thoughts based on the experiences of their programs. People have been working locally on the problem, though there hasn't been an opportunity or mechanism to bring them together nationally.

There are different views on youth firesetting. Some clinicians consider youth firesetting to be a symptom, rather than a diagnosis, and there isn't

a good system for tracking, in the mental health system, children showing these symptoms, according to some experts. There is also a concern over data quality being entered into the NFIRS system since the fire officers making the entry may not be trained to recognize the signs of a youth firesetter and NFIRS is not designed to fully capture the right information.



Without sharing information, or having a central repository of data, it is difficult to develop evidence-based solutions to the problem on a national level that can be deployed locally.

Since the focus of the DHS grant is to develop the framework leading towards the development of a national database for sharing information, a key issue is common terminology. A major undertaking was to develop a common language that could serve the needs of the different organizations and disciplines involved.

Another important issue was providing a mechanism wherein professionals from different disciplines can contribute into a centralized database. Right now, NFIRS is predominant, but it is only accessible by the fire service. Professionals from social service agencies or law enforcement may be the first to encounter a youth, but there is no mechanism to capture this information into a database unless there happens to be one on the local level. This disparity adds to the problem because we don't know the full scope and nature of youth firesetting; different disciplines are collecting different pieces of information.



This points to the need for such a data collection system to close this gap as well as a possible solution developed by the collaborative efforts of almost three-dozen stakeholders.

This leads to a third problem. There are a number of local databases created in the absence of a national one, capturing a variety of information. Without this type of information being widely shared, it is difficult to develop evidence-based intervention strategies that can work outside of a specific jurisdiction.

A review of databases was done to determine how they worked, what elements they captured, and to see if there was an opportunity to merge them together or share information. Because of the way they are structured, it would be difficult to merge the local ones together, and access into the national ones is problematic because they are limited to law enforcement or fire service personnel. In addition, systems such as NFIRS would require substantial changes and there is no funding available to make the type of changes that would be needed.

All of this work was done under Phase I of the project.

A subsequent grant for Phase II was awarded to expand upon it and develop concrete recommendations. A prototype database was developed in partnership with a database vendor, using the elements of the data dictionary, and it was pilot tested in several communities across the nation where local experts entered data from past youth firesetting incidents.

The initial results of this pilot test are very positive in testing the protocols and data dictionary as well as field-testing the concept. This points to the need for a central data collection system to close this gap, as well as a possible solution developed by the collaborative efforts of almost three-dozen stakeholders. Recognizing the importance of this work, the IAFF is going to continue working in this area, expanding upon the outstanding work accomplished.

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Program Spotlight

ACART Firesetter Treatment Program

By Rebekah Doley, BA (Hons), Grad Dip Psy Prac, MSc (Inv Psy), MPsy (Clin), Ph.D.

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Co-Directors, Australian Centre for Arson Research and Treatment (ACART) at Bond University, Australia

The Australian Centre for Arson Research and Treatment (ACART) is based at Bond University in Queensland, Australia. The centre has recently developed an intervention program for firesetters aged 14 years or older. The ACART Firesetter Treatment Program is offered in several locations across Australia and recently 19 specialist clinicians in Boston, Massachusetts were trained to deliver the program, including two clinicians from Brandon Residential Center. The training workshop covered case formulation, the theoretical basis for the program including the M-TTAF, the Multi-Factor Offender Readiness Model (Ward, Day, Howells, & Birgden, 2004), and the Good Lives Model (Ward & Stewart, 2003) and intervention techniques such as motivational interviewing and relapse prevention as applied to fire-specific issues. All clinicians must be fully registered psychologists or social workers. The next training program is scheduled for May 2014 and will take place in Singapore.

The ACART Firesetter Treatment Program (Fritzon, Doley, Davey & McEwan, 2013) is based on international research and clinical practice, and is founded on the Multi-Trajectory Theory of Adult Firesetting (M-TTAF) (Gannon, Ó Ciardha, Doley & Alleyne, 2011). The program is unique in that it adopts the latest research on firesetting, offender rehabilitation and readiness to change, and is tailored

to the individual needs of each client. The M-TTAF (Gannon, Ó Ciardha, Doley, & Alleyne, 2012) proposes differences in the motivations for firesetting behavior and posits five likely behavioral and psychological trajectories leading to firesetting: antisocial cognition, grievance, fire interest, emotionally expressive/need for recognition, and multifaceted.

In order to identify participants' likely trajectories and, therefore, formulate a treatment plan to address these motivations, a number of mental health assessment instruments are used including: Simple Rathus Assertiveness Schedule; Boredom Propensity Scale: Measures of Criminal Attitudes and Associates; Social Problem Solving Inventory – Revised; UCLA Loneliness Scale; and the Novaco Anger Scale and Provocation Inventory. In addition, pre-treatment assessment also involves the administration of a compilation of fire related measures including the Identification with Fire Scale, the Fire Related Social Desirability Scale, the Fire Attitude Scale, and the Fire Interest Rating Scale.

Once the specific M-TTAF trajectory is identified, treatment is tailored to suit the criminogenic needs of the individual. A unique treatment pathway has been identified for each of the M-TTAF trajectories, and clinicians are guided through the manual to select the most appropriate mix of sessions from program modules based on the client's needs. This ensures that the program maximizes the responsiveness of the individuals in treatment and addresses any particular emotional, behavioral or cognitive deficits that have contributed to the fire behavior.

Program Delivery

The program is conducted on an individual basis across seven modules, and these are:

- 1 Introduction and motivational interviewing;
- 2 Understanding my firesetting behavior;
- 3 Understanding my thinking;
- 4 Mood management;
- 5 Communication and relationships;
- 6 Finding solutions; and
- 7 Maintaining gains

The usual length of the program is between 14 to 18 sessions; however, in our experience some clients may require additional sessions to assist in the assimilation of material. The treatment process involves engaging the client in a range of activities designed to develop understanding of the role of firesetting for them and how alternative, more pro-social strategies could be used to achieve a similar purpose.

> The program is unique in that it adopts the latest research on firesetting, offender rehabilitation and readiness to change, and is tailored to the individual needs of each client.





Future Directions

ACART is currently redeveloping the program for group delivery within correctional centres and it is expected the program will be implemented widely across Australian jurisdictions during 2014. In addition, variations are underway to maximise the programs’ utility when working with clients with special needs and those from specific ethnic populations. In May 2014, clinician working groups from Brandon Residential Treatment Center and Riverside Community Care will be meeting jointly to develop group delivery program models appropriate for adolescents and adults with firesetting histories.

A number of clinician working groups have also been established to develop and contribute to treatment initiatives for specific types of firesetters, such as

sex offenders who light fires, juvenile firesetters, and female firesetters.

ACART considers the ACART Firesetter Treatment Program represents current best practice in the treatment of firesetting behavior, as it utilizes a comprehensive assessment battery in order to ensure that treatment is individualized and responsive to clients’ criminogenic needs.

For further details please contact Dr. Rebekah Doley or Dr. Katarina Fritzon, Co-Directors - Australian Centre for Arson Research and Treatment (ACART) at Bond University. Contact details can be found at <http://www.bond.edu.au/acart>.

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Dr. Rebekah Doley's initial training is in organizational psychology and human resource management. She has provided on-call critical incident stress debriefing following trauma for correctional staff and emergency services personnel as well as worked for the Australian Defense Force. She currently conducts a successful private practice in Northern NSW providing a range of clinical psychology services, working with individuals and couples as well as providing training to aged care facilities for staff, carers and residents in general mental health and well-being issues.



ACART’s Budding Applications in the U.S.

In May, two teams from Brandon Residential Treatment Center and Riverside Community Care began a joint planning project to implement the ACART treatment model into their respective programs beginning in September 2014.

Brandon is seeking to utilize the model through a structured group delivery in its adolescent (ages 14-18) Intensive Firesetting Treatment Program. Riverside is incorporating the model into its six-bed, MA Department of Mental Health–contracted Hopedale House. Hopedale is a residential setting for the treatment of mentally ill adults with firesetting histories transitioning from hospital placements into the community.

For more information on how you can implement the ACART treatment model into your program, please contact Dr. Rebekah Doley at rdoley@bond.edu.au

Poll Question:



How confident are you in your understanding of the differences between male and female youth who set fires?

- A Very Confident
- B Confident
- C Not Confident

Start the discussion by voting on our online poll. Go to our website - www.MatchBookJournal.org

Previous Poll Results

Q: Which of the following messages about youth set fires do you believe is the most important to communicate to community stakeholders and decision makers?

- 44% - Effective interventions require a team approach.
- 33% - Fires set by youth is a serious & persistent problem.
- 23% - Youth set fires is a community problem.

About Brandon School

Expert Firesetting Assessment Treatment & Training

Brandon School is a positive place where boys with complex emotional, behavioral, and learning needs succeed. As national leader in the assessment and treatment of firesetting behaviors, Brandon hosts the Northeast Youth Firesetting Conference, publishes MatchBook, a journal on firesetting prevention & intervention, and presents trainings across the country.



Visit www.BrandonSchool.org for more

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