



The Warby Behaviour Intervention Program

Version 0.4

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1 Document Control

1.1 References

This document references the following documents and other sources of information.

Title	Author	Date	Reference
Procedures for Juvenile Justice Centres Detainee Intervention Framework policy Child Protection and Wellbeing	Juvenile Justice	June 2011	
Theory and program design	Leah Vircoe	October 2011	See Section Twelve: Reference List

1.2 Document Authorisation

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TITLE	NAME	SIGNATURE	DATE
Manager	Michael Vita		
Regional Director	Denise Hanley Steve Miller		

1.3 Revision History

Date	Revision	Revision Details
June 2011	0.1	First Draft
Oct 2011	0.2	Second Draff
June 2013	0.3	Reviewed Routines
Sept 2014	0.4	Revised Document

2 Executive Summary

2.1 History of Reiby

Reiby Juvenile Justice Centre was originally opened in 1973 and underwent extensive rebuild in 2003 to incorporate four units. 2010 opened a pre-release unit increasing Reiby to five operating units and then back to 4 in 2012 when Macarthur unit closed. It is currently designated to house up to 55 male detainees ranging from 10 to 21 years of age of all classifications. CCTV was installed and surrounds the complex monitoring most areas of the centre including but not exclusive to residential units, reception, admissions, visiting area, all of Waratah unit and major traffic areas such as front and back compounds.

2.2 Background

In mid 1996, a review of the Behaviour Management Systems operating in Reiby occurred. The review focussed on analysing the effective aspects of the Robinson Program, the Kennedy Young Offenders program and the burgeoning areas of Casework and Programming and building these into new systems for the now defunct Matthews, Parry Units and Robinson units. A “Behaviour Management Committee” including representatives from Casework, Psychology, Unit Staff and Management was formed and report issued.

This Committee recognised the importance of linking the incentive scheme to casework and set up processes which form the foundation of the current system. In particular, the 1997 system utilised the “level review panel” modelled on the Robinson “weekly reviews” in conjunction with a “buy up” style purchase system for rewarding positive behaviour. The level review panel was made up of a caseworker, psychologist and unit staff members. This placed a great deal of importance on the contribution of the young person in making decisions about the young person’s progress. It recognised the importance of involving the young person in decision-making, helped to form a basis for more effective casework, and highlighted the importance of the unit incentive scheme in providing data for casework purposes. The introduction of this system coincided with a restructure of staffing within Juvenile Justice Centres which brought with it a range of problems which at the time inhibited the full effectiveness of the system.

In 1999, with 2 years of experience with the new staffing structure as a foundation, the system was revised. The fundamentals of a “panel” to review progress and “buy up” (changed to “unit purchase”) were maintained but now a more effective documentation system was introduced. The points system, by which rewards are inextricably linked was improved and for the first time, explicitly linked to the

detainees' case plan. The two new point's documentation forms would be called "case plan appraisal" and "case plan review" and case plan goals were to be written on these forms accentuating their importance. Points, for the first time, were given for achievement of case plan goals.

Risk assessment also was elevated in importance and the program risk levels of detainees were reflected in incentive scheme documentation for the first time.

The document itself received a new format and was now divided into 6 sections: Casework; Programs; Incentive Scheme; Safety and Security; Consequences for Misbehaviour and Routines. The language, tone and layout were all improved with the aim of providing easily digestible information for staff and detainees alike.

Over the next 4 years the program, whilst maintaining its essential thrust, was revised and updated in accordance with Agency's trends, changes in policy and a further staffing restructure. The last of these revisions built in the casework changes and reflected the move toward unit staff taking up casework responsibilities.

Juvenile Justice released a new incentive scheme in 2008; it was decided to bring all Juvenile Justice Centres in alignment with a common incentive scheme format. The idea of this is to have a uniform scoring and stage system, this will enable detainees to transfer between centres and keep their incentive progress and goals this will also allow staff to become more familiar with detainees and their behaviour management.

The Detainee Behaviour Intervention Framework was developed in 2009. The purpose of this policy is to provide staff working in custodial environments with a framework for the effective management of detainee behaviour. The procedures within this framework will allow staff to implement appropriate interventions to reduce a detainee's risk of re-offending. This manual has been updated in alignment of this policy.

2.3 About this Version

This manual is provided as a GUIDE to the basic operational requirements. It is the reader's responsibility to ensure that all organisational staff carry out their duties in accordance with not only this manual but more importantly with reference to **all Departmental Legislation, Policy and Guidelines available on the Organisation's Centres Procedures Manual which can be readily sourced on the Intranet.**

In accordance with the Agency's writing style guide this manual is presented in the following manner:

Supervision Data

Each area has a “supervision data” table similar to this.

Location	Entry/Exit Points
North Living Area	East Corridor Doorway West Corridor Doorway East Yard Exit West Yard Exit
Supervision Considerations and Watch Points	Very high-risk area when cutlery and other eating and serving implements are in use. Exercise very close supervision of detainees and equipment at all times. Cutlery must not be accessible until all detainees are seated and settled. Be aware of group dynamics and report any concerns to other team members and your Assistant Unit Manager or Duty Manager immediately.
Related Procedures	Found on the intranet under Juvenile Justice policy and procedures
Methods	Opening and Closing Room Doors

- Location refers to where in the unit the area is and its map reference. Active link to map in on-line version.
- Entry/Exit Points to the area requiring supervision
- Supervision Considerations and Watch Points: Pointers to staff regarding special considerations for the area.
- Related Procedures: Juvenile Justice Policy and Centre Procedures Manual.
- Methods: Juvenile Justice Policy and Procedures intranet providing information and training material on specific relevant techniques associated with carrying out the procedure.

Each specific activity within an area is documented in the following format fashion.

Restrictions	
Staffing Requirements	
Movements In	
Responsible	
Supervising Staff	

3 About the Warby Program

3.1 Agency Vision

A community in which young offenders participate without re-offending

3.2 Agency Purpose

Provide services to young offenders to decrease their re-offending and increase their capacity to successfully reintegrate into their communities.

3.3 Reiby's Values

We will uphold our values in our contract with young offenders, our partners, the community and each other.

Ethical and honest behaviour

- Working ethically and with honesty for young people and the community

Professional and responsibility

- Working with skill, integrity and accountability to produce quality results

Fairness and Equity

- Being fair minded and equitable in all our dealings with due regard for security and safety

Learning and Innovation

- Seeking to expand our knowledge and learn more effective ways of doing our job

Collaboration

- Working co-operatively with a shared understanding and commitment to achieve results under a multi disciplinary model

4 The Warby Program

The Warby Program provides early intervention for juvenile offenders. The program targets young males, under the age of 16 years and is intended to meet the needs of adolescents sentenced into custody on control orders, when community based intervention is not an immediate option. Furthermore, given the parallels existing between offending behaviours and behavioural disorders, the Warby Program has been specifically designed to provide intervention to those detainees who also meet diagnostic criteria for a disruptive behaviour disorder (most often Conduct Disorder). To further address these paralleling processes the Warby Program will aim to target problematic behaviours emerging within the custodial environment, so as to intervene in both the occurrence of disruptive behaviours and offending more generally.

The Warby Program utilises the Risk-Needs-Responsivity model, drawn from the general personality and social learning perspective in criminal conduct. As a result, the Warby Program aims to:

1. **Risk of Recidivism:** Target medium-high risk offenders – referral into the Warby Program will be assisted by the use of a brief screening questionnaire, which aims to succinctly capture the individual's level of risk. Once accepted into the Warby Program, the use of more comprehensive yet short term risk assessment tool will be utilised, as a means of conceptualising any changes in risk, occurring as a result of program implementation.
2. **Criminogenic Needs:** Provide intervention targeted towards criminogenic needs – the Warby Program will aim to target criminogenic needs and in particular anti-social attitudes, anti-social personality traits, substance abuse, poor social achievement and enhanced educational attainment.
3. **Responsively:** Incorporate factors related to responsively:
 - Acceptance into the Warby Program will require the absence of any acute /untreated mental health diagnosis (aside from a diagnosis of a disruptive behavioural disorder). Clients referred to the Warby Program will require comprehensive clinical psychological assessment, prior to being considered for the program.
 - As a means of fostering motivation and program commitment, motivational interviewing techniques will be utilised during the assessment phase of the Warby Program.

- The Warby Program will incorporate strength-based models as a means of client review. This will include the use of a weekly community meeting, which will aim to foster the client's self efficacy, by considering the individual strengths and reviewing the client's achievements.
- The Warby Program utilises evidence based cognitive and behavioural interventions. Furthermore, pre and post assessments are incorporated into the programs structure to ensure that regular program effectiveness reviews can be completed. The Warby Program has been designed to ensure that staff (i.e., both operational and counselling staff) are provided with regular supervision, as a means of ensuring that program delivery remains to a high and consistent standard. Lastly, the Warby Program has an emphasis on appropriate liaison with both the referring agent and community representatives (i.e., Juvenile Justice Officers and the client's family) to ensure that any gains made within the program are adequately supported post release.
- During the implementation of the Warby Program, careful consideration will be provided in relation to staff support and training and thus ensuring that best outcomes are achieved.
- All therapeutic and operational staff will be provided with training, which directly focuses on enhancing therapeutic alliance. Furthermore, ongoing supervision of staff will be provided to ensure that the therapeutic relationship is being actively considered throughout the program's implementation.

Given that the Warby Program is designed for high-risk young offenders, it is likely that the rates of childhood-onset conduct disorder and/or callous-unemotional traits are over-represented within this population. The presence of childhood-onset conduct disorder and callous-unemotional traits, have both been repeatedly shown to be associated with pervasive negative outcomes including delinquency, executive functioning difficulties and aggression. As a result the development of the Warby Program has carefully considered the impact of these factors and provides intervention which directly focuses on assisting the maturation of cognitive and executive functioning processes (including planning, flexibility, consequential thinking, working memory and emotional regulation) as a means of reducing problematic behaviour.

A review of the literature provides a wealth of support for the use of both cognitive and behavioural approaches in the treatment of both disruptive behaviour disorders and delinquent behaviours. Consequently, the Warby Program aims to integrate both CBT and behaviour management principles as a means of increasing outcomes.

The therapeutic rationale underpinning the Warby Program can thus be considered to be based on evidence based practice, which has led to the incorporation of the following five key intervention techniques:

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- Behaviour Management
 - Modelling
 - Collaborative Problem Solving
 - Cognitive restructuring (i.e., the Cognitive Self Change Program)
 - Community Meeting

5 Theoretical Rationale of the Program

5.1 The Need for Early Offence-Focused Intervention

Research pertaining to offence-focused rehabilitation has consistently advocated for early intervention as a means of reducing recidivism risk and chronic offending. This is argued to be particularly the case for male and/or indigenous clients (Chen, Matruglio, Weatherburn & Hua, 2005). Recent juvenile offending statistics obtained by NSW Juvenile Justice (i.e., 2009-2010) indicate an over-representation of offenders under the age 14 years. These records show that approximately 30% of all juvenile offenders who receive a control order are aged 16 years and under (NSW Juvenile Justice Annual Report 2009-2010). This is significant, as research pertaining to delinquency onset and continuity, has consistently found that males convicted of crimes at an early age tend to become the most persistent offenders (Farrington, Ttofi & Coid, 2009; Murray and Farrington, 2010). Moffitt (1993) distinguished between life course persistent offenders, who were characterised as having an early onset and a long criminal career and adolescence specific offenders who first commit criminal acts at an older age and have a generally limited criminal career. Furthermore, Van Der Put et al (2011) suggest that recidivism rates tend to be highest for adolescents who are aged approximately fourteen years of age. They argue that to influence this trend, a preference for early intervention is necessary. As a result of the above findings, the provision of early and intensive intervention efforts, which directly target these young offenders, is considered to be of critical importance. The Warby Program is in a unique position to offer early offence-focused intervention, given that it caters to young males, under the age of 16 years, who have been sentenced to a control order.

The Warby Program is a residential intervention program, which primarily aims to reduce recidivism risk. Although research often suggests that offender treatment is best delivered within community settings, in reality many adolescents are sentenced to custody at an early age and as a result community intervention is not an immediate option (Hoge, 2009). Engagement in a properly designed and implemented program within the custodial environment may assist these young people to reduce their risk of recidivism and assist with future community integration. Landberger and Lipsey's (2005) meta-analytic study of factors associated with effective treatment, found that offenders treated in prison showed decreases in Research pertaining to offence-focused rehabilitation has consistently advocated for early intervention as a means of reducing recidivism risk and chronic offending. This is argued to be particularly the case for male and/or indigenous clients (Chen, Matruglio, Weatherburn & Hua, 2005). Recent juvenile offending statistics

obtained by NSW Juvenile Justice (i.e., 2009-2010) indicate an over-representation of offenders under the age 14 years. These records show that approximately 30% of all juvenile offenders who receive a control order are aged 16 years and under NSW (Juvenile Justice Annual Report 2009-2010). This is significant, as research pertaining to delinquency onset and continuity, has consistently found that males convicted of crimes at an early age tend to become the most persistent offenders (Farrington, Ttofi & Coid, 2009; Murray and Farrington, 2010). Moffitt (1993) distinguished between life course persistent offenders, who were characterised as having an early onset and a long criminal career and adolescence specific offenders who first commit criminal acts at an older age and have a generally limited criminal career. Furthermore, Van Der Put et al (2011) suggest that recidivism rates tend to be highest for adolescents who are aged approximately fourteen years of age. They argue that to influence this trend, a preference for early intervention is necessary. As a result of the above findings, the provision of early and intensive intervention efforts, which directly target these young offenders, is considered to be of critical importance. The Warby Program is in a unique position to offer early offence-focused intervention, given that it caters to young males, under the age of 16 years, who have been sentenced to a control order.

Current research and theory support a child welfare / rehabilitation orientation model as the optimal means for addressing anti-social behaviours in youth. Furthermore, over the past thirty years, there has been a dramatic shift in offence-focused program development, towards the use of **evidenced based practice**, that being intervention strategies shown in evaluation research to be associated with positive outcomes. Consequently, the development of the Warby Program has been guided by these overarching principles.

Summary:

The Warby Program has been designed to provide early intervention for juvenile offenders. The program specifically targets young males, under the age of 16 years and provides intervention to those adolescents sentenced into custody, where community based intervention is not an immediate option.

5.2 Psychology of criminal conduct

Contemporary offender rehabilitation has been strongly influenced by Andrews and Bonta's Psychology of Criminal Conduct (Andrews, and Bonta, 2006). This model is concerned with individual differences in criminal behaviour and therefore allows for individualised assessment of recidivism risk and the development of structured and appropriate rehabilitation efforts. Social Learning Theory (Bandura, 1975) is also a primary theoretical foundation for this model (Andrews and Bonta, 2006, pg 469).

Social Learning Theory

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Social learning theory argues that people learn not only from direct experience but also through observational learning or modelling. Bandura (1975) posited that observational learning is related to the individual's capacity to predict the consequences of their own behaviour by recalling the outcomes observed for others.

Andrews and Bontas' approaches are cross-disciplinary in nature and encompass a broad perspective, whereby personal, interpersonal and social factors are all recognised as being involved in the acquisition and maintenance of criminal behaviour (Ogloff and Davis, 2004).

To assist in guiding assessment and treatment approaches, Andrews and Bonta's (2006) *Psychology of Criminal Conduct*, utilises principles of risk, need and responsivity (RNR), each of which will be explored in greater detail.

Risk:

The risk principle is concerned with who should be provided offence-focused intervention. Research has consistently demonstrated that the most advantageous outcomes are afforded when higher risk offenders are provided treatment (Landberger and Lipsey, 2005) In fact, some studies have shown that intensive treatment delivered to low-risk offenders can actually be harmful and may increase the likelihood of negative outcomes (Andrews and Dowden, 2006).

Research advocates that the management of risk should be based on a reliable and valid assessment of risk, using validated actuarial risk assessment tools. To meet this need, Andrews and Bonta developed the Level of Service Inventory, Revised (LSI-R) and the related Youth Level of Service / Case Management Inventory (YLS / CMI). The development of these risk assessment tools explicitly assists in providing an individualised profile of static (i.e., historical and unable to be changed) and dynamic (i.e., fluid and able to be modified) criminogenic needs, thereby allowing for both a determination of risk level and an understanding of individual treatment requirements (Andrews and Bonta, 2006, pp. 290-295). Juvenile Justice in NSW specifically utilises the YLSI Australian, YLS-CMI-AA (Youth Level of Service / Case Management Inventory – Australian Adaptation). Within Juvenile Justice, the YLS-CMI-AA is now routinely administered following the imposition of a control order. Also referral into the Warby Program can be assisted by the use of a brief screening questionnaire, which aims to quickly and succinctly capture the individual's level of risk. Weatherburn, Cush and Saunders (2007) argue that reliable predictors of re-offending can be used by determining the individual's patterns of school

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attendance/performance and past contact with the criminal justice system. Once accepted into the Warby Program, further risk assessment tools will also be used to ensure a comprehensive assessment is completed and to assist with measuring change, occurring as a result of program implementation.

Need:

The need principle is primarily related to *what* is treated. The need principle makes a distinction between criminogenic and non-criminogenic needs. Criminogenic needs are dynamic in nature and conceptualised as being directly related to the development and maintenance of offending. Consequently, these needs serve as the immediate targets of change in rehabilitation programming (Andrews and Bonta, 2006, p 281).

Criminogenic Needs	Non-criminogenic Needs
<ul style="list-style-type: none"> • Anti-social attitudes (thoughts, values and sentiments supportive if criminal behaviour) • Anti-social personality (low self-control, hostility, risk taking, callousness, disregard for others) • Criminal associates • Poor social achievement (education, employment) • Family factors (poor parenting skills, criminality in family) • Substance abuse • Lack of pro-social pursuits 	<ul style="list-style-type: none"> • Self esteem • Emotional discomfort • Major mental disorder • Lack of ambition • History of victimisation • Fear of official punishment • Lack of physical activity <p>Andrews and Bonta, 2006, p 282</p>

The seven criminogenic needs are based on a general personality and cognitive social learning perspective of criminal conduct (Andrews and Bonta, 2010). It is specifically suggested that when an individual's needs are met in an anti-social manner or through anti-social means, the person's criminality develops and becomes reinforced.

For example: "If an individual's need for acceptance is met by associating with peers who are anti-social, the person is more likely to conform to his peer group and endorse anti-social behaviours in order to increase his acceptance by his peers" (Ogloff and Davis, 2004, p. 232).

The impact of dynamic risk factors may decline over time, such that from the age of 14, dynamic risk factors do not contribute significantly to the prediction of recidivism

over static risk factors (Van Der Put et al, 2011). As a result, developmentally appropriate and early intervention may be of critical importance in terms of reducing recidivism risk. Van Der Put et al (2011) suggest that during early adolescence, the role of the family is central to the understanding of risk and effective treatment. However, as the adolescent gains autonomy, the role of family becomes less important and factors relating to peers and schooling gain greater salience. Furthermore, they argue that it is likely that individual risk factors including anti-social personality, substance abuse and anti-social personality are of increasing importance over time and thus during middle adolescence (i.e., 14-15 years of age) these individual and social contextual factors are viable treatment considerations.

In an effort to align intervention efforts with these findings, the Warby Program aims to specifically target criminogenic needs and in particular individual and social needs including anti-social attitudes, anti-social personality, substance abuse and poor social achievement. See Section Nine: Intervention Phase for a description of the intervention strategies that will be used to target these criminogenic needs.

Responsively:

The responsively principle is related to *how* the intervention is implemented. Responsively characteristics are often understood as being related to either internal or external factors (Andrews and Bonta, 2006, p.283).

Internal components: factors internal to the individual, including self esteem, intellectual functioning, learning style, reading skills, anxiety, verbal skills and motivation level etc.

Ogloff and Davis (2004) argue that some internal responsively characteristics (i.e., particularly acute mental health and low motivation) can inadvertently impede effective offender rehabilitation. Consequently, it is considered important that these responsively characteristics are addressed prior to involvement in treatment.

- **Mental Health:** It is common for detained juvenile offenders to meet diagnostic criteria for more than one mental health disorder (Collins, Vermeiren, Schuyten and Broekaer, 2009). As a result clinicians must be conscious of the unique assessment and treatment needs these clients pose and utilise sophisticated means to address the breadth of presenting problems. Collins et al (2009) argue that if these mental health problems remain untreated, standard intervention programs are likely to be insufficient and possibly ineffective, due to their failure to meet the client's individual and often complex needs. The YPICHS 2009 study also confirmed a high prevalence of mental health disorders within the NSW Juvenile Justice population.

In order to address these concerns, acceptance into the Warby Program will require the absence of any acute and untreated mental illness (aside from a diagnosis of a disruptive behavioural disorder). Whenever possible, clients

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referred to the Warby Program will require comprehensive clinical psychological assessment, prior to being considered for the program.

- **Motivation:** Research has consistently found that the use of motivational interviewing strategies increase the likelihood that individuals will “enter, continue and comply with active change strategies” (Miller and Rollnick, 2002).

As a means of fostering motivation and program commitment, motivational interviewing techniques will be utilised in the assessment phase of the Warby Program.

Ogloff and Davis (2004) also draw attention to other internal responsively characteristics, which if addressed are likely to affect recidivism risk by enhancing the individual’s psychological well-being. These include factors such as self-esteem, resilience and self-efficacy. Strength-based models and the positive psychology framework also emphasise the importance of enhancing well-being and happiness and enhancing the client’s own strengths and positive experiences (Gredecki and Turner, 2009). Therapy can therefore focus on the client’s strengths and achievements as a means of consolidating offence-focused intervention. By encouraging clients to recognise their own personal traits and strengths, clients can be assisted to cope effectively and to develop skills related in self management.

As a result, the Warby Program will incorporate strength-based models as a means of conducting any review of the client’s status. This will specifically include the use of a weekly community meeting, which aims to foster the client’s self efficacy, by considering individual strengths and reviewing the client’s personal achievements.

External components: external factors, such as staff characteristics, therapeutic relationships, environmental support, program content and delivery.

- **Program content and delivery:** Hoge (2009) developed a set of principles directly relating to program content and delivery.

Evidence Based Best Practice:

- ❖ Observation of the risk, need and responsivity principles.
- ❖ Treatments are multimodal. That is interventions attempt to address the entire range of interacting problems presented by the client.
- ❖ The use of structured programs with concrete behavioural and attitudinal goals. He specifically suggested that the most effective goals should entail social problem solving and decision skills and the development of pro-social attitudes, values and beliefs.
- ❖ After-care services should be provided following institutional treatment to ensure that any gains made in residential settings transfer to the community. This specifically entails release planning and communication.
- ❖ Program delivery and impact is carefully monitored. This includes the use of formal procedures for describing and evaluating service delivery and program impact.

Hoge, 2009

The Warby Program attempts to uphold these guidelines by incorporating a multimodal intervention approach, which utilises evidence based cognitive and behavioural interventions. Furthermore, the inclusion of pre and post assessment is incorporated into the program to ensure that program effectiveness can be regularly reviewed. The Warby Program has been designed to ensure that staff (i.e., both operational and counselling staff) are provided with regular supervision as a means of ensuring that program delivery remains to a high and consistent standard. Lastly, the Warby Program has an emphasis on appropriate liaison with both the referring agent and community representatives (i.e., Juvenile Justice Officers and the client's family) to ensure that any gains made within the program are adequately supported post release.

- **Staff characteristics and environmental support:** Birgden (2004) argues that in order to successfully engage offenders in rehabilitation, “correctional staff themselves need to embrace a culture shift towards rehabilitation” (p. 291). Consequently, staff motivation and organisational resistance should be addressed prior to the implementation of rehabilitation programs. According to Poporino (2001) the problem with organisational change management has traditionally been that it is concerned with changing staff behaviour (how to do things differently) rather than changing cognitive processes (how to think differently about how to do things). Birgden (2004) outlined several methods of addressing attitude change within organisations, including the use of “persuasive communication strategies and active participation techniques”

(p. 291). Active participation involves the use of personal contact and role plays, during staff training modules. Birgden (2004) argues that the use of role-plays allows staff to view situations from an alternative perspective and therefore increases their propensity to assess the new information as relevant.

Given that Juvenile Justice Agencies have often utilised punitive methods as a means of promoting behavioural change, an emphasis on alternative methods of rehabilitation is likely to be needed. As a result, during the implementation of the Warby Program, careful attention will be given in relation to staff training, particularly in relation to facilitating attitudinal change, if needed, and thus ensuring that best outcomes are achieved.

- **Therapeutic relationships:** The importance of the therapeutic alliance has long been considered to be of critical importance to treatment outcomes (Marshall and Serran, 2004). Lambert and Bergin (1994) found that at least 25% of variance in treatment outcomes is attributable to the influence of therapy process variables, including the therapist's style and the client-therapist alliance. The therapeutic relationship has also been found to be particularly important within correctional settings, wherein both distrust of service providers and oppositionality and hostility can often be features of clients. Marshall and Serran (2004) suggest that therapists and staff who are engaged in offender rehabilitation can increase their effectiveness in the following ways:
 1. modelling pro-social behaviours
 2. demonstrating flexibility, warmth and empathy
 3. asking open-ended questions and utilising principles of motivational interviewing
 4. rewarding the client for appropriate behaviour
 5. creating a positive, encouraging and supportive environment
 6. providing feedback that the client's opposition and hostility is understandable, yet inappropriate.

To promote these principles within the Warby Program, all therapeutic and operational staff will be provided training, which directly focuses on enhancing the therapeutic alliance. Furthermore, ongoing supervision provided to staff will also aim to ensure that the therapeutic relationship is being actively considered throughout the program's implementation.

5.3 Adolescent Cognitive Development

Recent research posits that the development of cognitive capacities occurs continue throughout the period of adolescence. Blakemore and Choudhury (2006) argue that both executive functioning (i.e., planning, decision making, response inhibition, flexibility, working memory and attention) and social cognition continually develop throughout this period (Blakemore and Choudhury, 2006). This developmental

trajectory of cognition appears to be directly related to the role of the pre-frontal cortex in the development of the adolescent brain (Johnson et al, 2009; Blakemore and Choudhury, 2006; Turkstra and Byom, 2010). Crone (2009) argues that as the pre-frontal cortex is not fully developed during adolescence, teenagers often experience difficulties in the consistent use of impulse control and decision making. Furthermore, Steinberg (2010) suggests that the period of middle adolescence (roughly 14-17) represents a period of heightened vulnerability to risky behaviour, due to the immaturity of self-regulation processes and other executive functioning processes.

Blakemore and Choudhury (2006) argue that adolescent brain development is variable and can be influenced by both environmental and biological processes. As a result, there are likely to be individual differences in the rate of development of brain functions. Furthermore, as the adolescent brain is still developing, it arguably retains much of its plasticity, thereby increasing the brain's sensitivity to experiential input and enhancing its malleability to intervention (Gogtay and Thompson, 2009). Intervention directed towards executive functioning and social cognition may be particularly advantageous during this period, given the developing role of the pre-frontal cortex during that time (Blakemore and Choudhury, 2006).

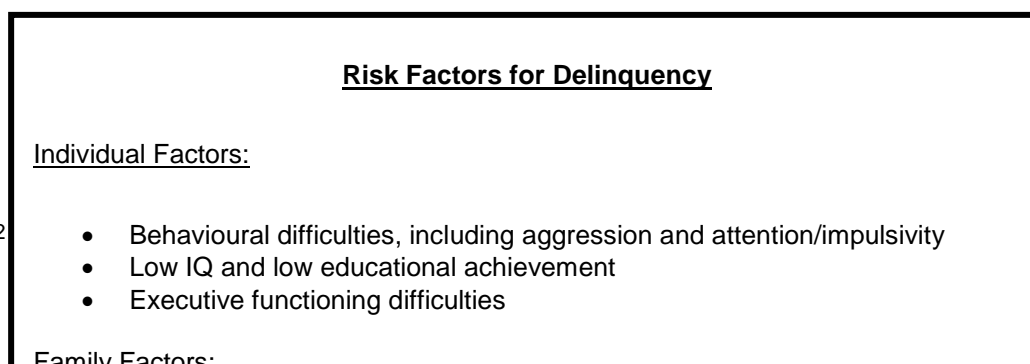
Summary:

The adolescent brain, and in particular functions associated with the pre-frontal cortex are viewed as being malleable to experiential input. Consequently, providing targeted intervention, which focuses on cognitive processes and executive functioning, is likely to result in the enhancement and more consistent use of these evolving developmental functions.

The Warby Program provides interventions which directly focus on assisting in the maturation of cognitive and executive functioning processes (including planning, flexibility, consequential thinking, working memory and emotional regulation skills) and thus incorporates research emerging from the neuropsychological field as part of its model of change.

5.4 Links between Disruptive Behaviour Disorders and Offending

The aetiology of delinquency is multi-faceted and a wide range of research has contributed to our understanding of individual offence pathways. Longitudinal studies which follow individuals over their lifetime have been especially valuable in understanding how risk factors operate. These have shown that characteristics such as low self control influence a range of outcomes including offending (Moffitt et al, 2011).



Other risk factors underlying adolescent anti-social behaviour include the presence of behavioural difficulties such as aggression and attention/impulsivity issues (Bor, McGee and Fagan, 2003). Not surprisingly, these behavioural difficulties are also common features in clients meeting diagnostic criteria for childhood and adolescent disruptive behaviour disorders (i.e., Conduct Disorder (CD), Oppositional Defiant Disorder (ODD) or Attention Deficit Hyperactivity Disorder (ADHD)).

The presence of a disruptive behaviour disorder and/or substance abuse disorder is strongly linked to juvenile offending, including both property and violent offences (Collins et al, 2009). Recent evidence for this association was found by the YPiCHS 2009 study, which confirmed the high prevalence of attention/behavioural disorders and AOD related disorders amongst Juvenile Justice Clients in detention centres.

YPiCHS 2009 Findings

70% of the sample was found to have an attention or disruptive behaviour disorder, using the DSM-IV-TR classification system. These comprised Conduct Disorder, ADHD and Oppositional Defiant Disorder. Furthermore, 64% of the sample was found to meet DSM-IV-TR diagnostic criteria for some form of Alcohol or Substance Abuse or Dependence Disorder.

The presence of a disruptive behaviour disorder has also been linked to instances of institutional misconduct within custodial settings. Toch and Adams (1986) similarly found that adult prisoners with conduct problems or anti-social personality disorders had high violation rates and a greater number of disciplinary infractions.

The presence of a disruptive behaviour disorder is thus related to a range of pervasive negative outcomes, including juvenile delinquency and institutional misconduct. The parallels existing between juvenile offending and more global behavioural problems, suggest that similar pathways may underlie the development and maintenance of these processes.

Recent research by Mooney and Daffern (2011) has highlighted the likelihood of consistency in the patterns of aggressive behaviour between community settings and prison. As a result, it is posited that the offence related behaviour exhibited by an individual prior to incarceration, also manifests both within the prison environment and following release. Mooney and Daffern (2011) argue that it follows that if these offence paralleling behaviours are targeted in custody, there should be a reduction in the individual's recidivism risk and also the severity and frequency of observed problematic behaviours. Consequently, a consideration of the parallels between the offending behaviour and the observed problematic behaviours in custody provides a valuable means of targeting the individual's criminogenic needs.

Offence paralleling behaviours:

Those behaviours, appraisals, expectations, beliefs, affects, goals and behavioural scripts that are functionally similar to behavioural sequences involved in previous criminal acts.

In conclusion, the provision of appropriate and evidence based intervention for juvenile offender populations, who have been diagnosed with a disruptive behaviour disorder, is likely to be beneficial both in reducing misbehaviour within the custodial setting as well as more generally decreasing problematic behaviours, including criminality, in the community.

Summary:

The Warby Program targets adolescents, sentenced to a control order, who also meet diagnostic criteria for a disruptive behaviour disorder (most often Conduct Disorder). The Warby Program will target problematic behaviours emerging within the custodial environment, as a means of addressing disruptive behaviour and also more generally their offending behaviours.

5.5 What are Disruptive Behaviour Disorders?

The term 'Disruptive Behaviour Disorder' describes a set of externalising behaviours, which often co-occur and are usually first identified during childhood and adolescence; and which are collectively referred to in the Diagnostic and Statistical Manual of Mental Disorders: Fourth Edition, Text Revised (DSM-IV-TR) as: "Attention-Deficit and Disruptive Behaviour Disorders". There are three subgroups of externalising behaviours (see Appendix 12.1 for DSM-IV-TR Criteria):

- Oppositional Defiant disorder (ODD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Conduct Disorder (CD)

When compared to both ODD and ADHD, Conduct Disorder has been consistently associated with the most pervasive negative outcomes. As a result, the focus of this manual will be primarily concerned with assessment and intervention of Conduct Disorder. Furthermore, priority referral into the Warby Program will be adolescents meeting the criteria for Conduct Disorder. However, as other behavioural disorders (i.e., ODD and ADHD) are also over-represented within the Juvenile Justice system and are similarly associated with negative outcomes, those with a diagnosis of either ODD or ADHD will form a secondary referral group into the Warby Program (for those also displaying problematic behaviours within custody).

Oppositional Defiant Disorder

The essential feature of Oppositional Defiant Disorder is a recurrent pattern of negativistic, defiant, disobedient and hostile behaviour toward authority figures (DSM-IV-TR, 2000). Negativistic and defiant behaviours are expressed by persistent stubbornness, resistance to directions, and unwillingness to compromise, give in, or negotiate with adults or peers. Defiance may also include deliberate or persistent testing of limits, usually by ignoring orders, arguing and failing to accept blame for misdeeds. Hostility can be directed at adults or peers and is shown by deliberately annoying others or by verbal aggression (DSM-IV-TR, 2000).

Attention Deficit Hyperactivity Disorder

The essential feature of Attention Deficit Hyperactivity Disorder is a persistent and pervasive pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than typically observed in individuals at a comparable level of development (DSM-IV-TR, 2000).

Conduct Disorder

Conduct Disorder (CD) is a persistent pattern of behaviour in which the rights of others are violated or in which major social rules are broken. Behaviours commonly associated with CD include bullying, vandalism, assault, shoplifting, running away, drug and alcohol use, fire setting, break and enter, manipulation and truancy (DSM-IV-TR, 2000).

Children and adolescents with CD are often associated with several social processing and cognitive deficits. Specifically, these adolescents tend to misinterpret threat and thus perceive social situations in a hostile manner. Furthermore, they tend to externalise blame to others for their misbehaviour and often have a negative view of themselves. Problems with impulsivity, temper outbursts, aggression, drug and alcohol use and early onset of sexual behaviour are also common (DSM-IV-TR, 2000).

CD is also associated with lower than average intelligence, learning difficulties and low academic achievement. Common co-morbid difficulties found in children and adolescents with CD include ADHD, learning disorders, substance abuse disorders, anxiety disorders and mood disorders (DSM-IV-TR, 2000).

Prevalence: It is approximated that between 6-16% of adolescent boys meet the diagnostic criteria for CD (Murray and Farrington, 2010). Within juvenile justice populations, the prevalence of CD appears to be even higher than that found within the general population. The YPICHS 2009 study, found that approximately 59% of the NSW juvenile justice population in custody met diagnostic criteria for CD.

Onset: The DSM-IV-TR classifies CD into childhood onset (i.e., present prior to the age of 10 years), and adolescent onset types. Childhood onset CD typically begins with the emergence of ODD and is characterised by argumentative, annoying, defiant and irritable behaviour. Fergusson, Horwood and Lysnkey (1996) report that the presence of childhood-onset CD is linked to pervasive and overwhelming negative outcomes, including delinquency, aggression, substance abuse and in mental health. Furthermore, Dandreaux and Frick (2008) report that childhood-onset conduct problems seem to be related to neuropsychological (e.g., deficits in executive functioning) and cognitive (e.g., low intelligence) deficits than do adolescent-onset conduct problems. In addition, childhood-onset conduct problems appear to be characterised by personality risk factors including impulsivity, attention deficits, problems in emotional regulation and higher levels of callous-unemotional traits (Dandreaux and Frick, 2008). The YPICHS 2009 study confirmed the presence of factors such as impulsivity and other antisocial personality traits amongst juvenile detainees.

Risk Factors: Factors underlying the development of conduct disorder are conceptually similar to those discussed for delinquent behaviour and involve a range of high risk components (Murray and Farrington, 2010).

Risk Factors of Conduct Disorder

Individual Factors:

- Impulsivity;
- Low IQ and low educational achievement;
- Executive functioning difficulties;
- Poor social information processing;
- Childhood temperament.

Family Factors:

- Attachment problems;
- Past histories of abuse;
- Problematic parenting practices;
- Disrupted families.

Societal Factors:

- Socio-economic factors;
- Peer influences.

Murray and Farrington (2010)

5.6 Callous-Unemotional (CU) Traits and Conduct Disorder

Recently, research has increasingly investigated the influence of callous-unemotional (CU) traits on both offending and disruptive behaviour disorders. These traits are included in the forthcoming DSM-V to designate a group of problems within the conduct disorder category.

Callous-unemotional (CU) traits: refer to a specific affective (absence of guilt, constricted display of emotion) and interpersonal (failure to show empathy, callous use of others for one's own gain) style.

CU traits appear to be important in predicting more severe levels of anti-social and aggressive behaviour among youth (Fanti, Frick & Georgiou, 2008). McMahon, Witkiewitz and Kotler (2010) found that the presence of callous-unemotional traits was highly predictive of anti-social behaviour, including general delinquency and juvenile and adult arrests.

Youth displaying high CU traits have also been shown to display a more severe and enduring pattern of aggressive behaviour, that is characteristic of both reactive and instrumental forms of violence (Frick et al. 2003; Fanti, Frick and Goergiou, 2008). In contrast, anti-social youth without CU traits have been found to show less aggression overall and, when they do show aggressive behaviour, it tends to be largely reactive in nature (Frick et al., 2003; Fanti, Frick and Goergiou, 2008).

Reactive Aggression is described as “a defensive reaction to a perceived threatening stimulus and is accompanied by some visible form of anger” (Price and Dodge 1989 p. 456) reactive aggressor is viewed as short tempered and volatile and may experience feelings of remorse and confusion following the aggressive acts (Barratt et.al. 1999; Dodge, 1991).

Instrumental Aggression is described as “unprovoked aversive means of influencing or coercing another person and is more goal-directed than reactive aggression” (Price and Dodge 1989, p. 456). Instrumental aggressors use aggression for social gain and dominance, think of aggression as a positive behaviour, and show fewer negative emotions when acting aggressively (Dodge, 1991; Barratt et.al. 1999).

Identification of children and adolescents with high CU traits thus appears to be important in terms of treatment considerations. Specifically, Scott and Dadds (2009) caution that for those with high callous-unemotional traits, traditional treatment intervention may be less effective and thus alternative treatment considerations need to be incorporated.

Summary:

Given that the Warby Program is designed for high-risk young offenders, it is likely that the rates of childhood-onset conduct disorder and/or callous-unemotional traits are likely to be over-represented within this population. As a result, during the development of appropriate intervention approaches for the Warby Program, due consideration has been given to the assessment of these factors amongst young people referred to the program.

5.7 Evidence Based Treatment Approaches for Conduct Disorder

What is Evidence Based Practice?

Evidence based practice refers to interventions for which systematic empirical research has provided evidence of statistically significant effectiveness as treatments for specific problems. In recent years, the use of evidence based practices has been widely stressed by professional organisations, including the Australian Psychological Society and the American Psychological Association. Evidence based treatment uses various methods (e.g., carefully summarising research, putting out accessible research summaries, educating professionals in how to understand and apply

research findings) to encourage professionals and other decision-makers to pay more attention to evidence that can inform their decision-making. Where evidence based treatment is applied, it encourages professionals to use the best evidence possible (i.e., the most appropriate information available).

Treatment of Conduct Disorder

As conduct disorder (CD) is known to be associated with both future mental health problems (Kim-Cohen et al., 2003) and increased rates of re-offending (Vermeiren, Schwab-Stone, Ruchkin, De Clippele, & Deboutte, 2002), the treatment of detained boys with CD is necessary as a means of decreasing the continuation of psychopathology and anti-social behaviour into adulthood.

As already noted, the link between behavioural disorders and offending suggests that similar pathways exist in the development of these behaviours (Loeber, Burke and Pardini, 2009). As such, similar types of interventions have been found to be effective in the treatment of both juvenile offending and disruptive behaviour disorders. The link between offending and behaviour disorders also suggests the presence of offence paralleling processes (Mooney and Daffern, 2011). It is therefore posited that the provision of targeted intervention to those detainees with high levels of disruptive behavioural disorder, with direct focus on inappropriate and anti-social behaviour displayed within custody, is likely to reduce both immediate behavioural difficulties, as well as more general offending recidivism risk (Mooney and Daffern, 2011).

A number of treatment interventions have recently been confirmed as effective in the treatment of conduct disorder. The rationale and critique of these programs are outlined below:

1. BEHAVIOURAL APPROACHES

Parent Training

Efficacy studies conducted in relation to conduct disordered adolescents have consistently demonstrated the effectiveness of parent training interventions (Scott and Dadds, 2009; Dretzke et al, 2009). These interventions primarily utilise behaviour management principles, which focus on teaching parents how to engage positively with their child through pro-social modelling and using consistently and fairly applied positive and negative consequences to reduce aggression and anti-social behaviour (Dadds and Rhodes, 2011).

However, Scott and Dadds (2009) caution that for a proportion of this population (i.e., those with high callous-unemotional traits), traditional treatment intervention may not be as effective. Scott and Dadds (2009) suggest that this finding is related to children and adolescents who have high callous-unemotional traits being generally reward dominant and punishment insensitive and thus less influenced by more traditional

parenting strategies. These children and adolescents tend to be insensitive to emotional stimuli and as such, less troubled by the use of timeout and other negatively based behavioural contingencies (Hawes and Dadds, 2005).

Theories of attachment have also contributed to our understanding of these patterns of behaviour. Attachment based research specifically emphasises the importance of positive attachment experiences in the development of pro-social behaviour in children. Secure attachment may operate as a protective factor in high-risk environments and that insecure attachment combined with family adversity may contribute to later behaviour problems and possibly psychopathy (Hill and Mauga, 2001). Consequently, Scott and Dadds (2009) argue that for children and adolescents with high callous-unemotional traits, greater emphasis needs to be placed on the quality of interpersonal attachments, rather than the management of inappropriate behaviours, in order to promote behavioural change.

As the presence of callous-unemotional traits has been found to be highly predictive of anti-social outcomes, including delinquency, juvenile and adult arrest rates and diagnosis of anti-social personality disorder, consideration of ways to enhance treatment effectiveness is of considerably importance (McMahon, Witkiewitz and Kotler, 2010). Scott and Dadds, 2009 argue that adjuncts to traditional behavioural management interventions can overcome some of the difficulties associated with ineffective intervention. These include maximising engagement and fostering problem solving skills.

Whilst the Warby Program is not able to incorporate Parent Training, given its context, the program does incorporate behavioural techniques, and also attempts to both enhance engagement with the young person, and to develop cognitive and problem solving skills.

Behavioural principles as applied to Juvenile Justice Settings

Intervention for young people 10-14 years needs to target systemic factors (Loeber & Farrington, 1998). As the Warby Program is a residential facility, attention to systemic factors existing within the centre are able to be utilised to improve outcomes. This specifically includes modelling of pro-social behaviours by staff and the use of appropriate behaviour management strategies.

Incentive scheme

At present, the NSW Juvenile Justice utilises incentive based schemes as a means of promoting behavioural change. While this strategy may prove effective for a proportion of the juvenile justice population, it is argued that those exhibiting high callous-unemotional traits may be less susceptible to behaviour change as a result of this type of system.

In addition, Mohr et al (2009) argue against the use of incentive systems on the basis of their lack of utility, efficacy, and long-term effectiveness in changing children's behaviour. Mohr et al (2009) consider the following as being potential flaws of incentive based systems:

- Incentive systems are often not consistently applied
- Incentive systems often delay reinforcement
- There is the possibility of unintentional reinforcement of covert inappropriate behaviour
- Incentive systems focus more on negative behaviours with clear consequences, however, positive behaviour is not reinforced as consistently
- Incentive systems often fail to appreciate or identify specific individual positive behaviours that are desired. As such, they are often more focused on group processes
- Incentive systems can cause conflict as they do not appreciate that some children lack the capacity to perform certain behaviours

Furthermore, Greene, Ablon and Martin (2006) suggest that the antecedents to most assaults on child inpatient units are related to some type of redirection or limit-setting by staff. As such, Mohr et al (2009) argue that the use of incentive systems can increase both aggressive acts as well as the use of seclusion and restraint.

As a result, the use of incentive schemes as the **sole agent** of behavioural change is likely to be ineffective. This is particularly the case when encountering clients who are high in callous-unemotional traits. In contrast, if attempts are made to incorporate an adapted reward based scheme into a larger framework of evidence based practice, it may be a more effective means of rewarding pro-social behaviours and enhancing positive outcomes, including participating in group.

It is anticipated, that with the inclusion of alternative and evidence based means of dealing with problem behaviour, the use of negative behavioural contingencies, such as confinement, will become increasingly redundant.

Pro-social modelling

In addition to behaviour contingency techniques, traditional behavioural approaches have similarly emphasised the use of pro-social modelling as a means of promoting pro-social behavioural change.

Staff behaviours associated with pro-social modelling

- Keeping appointments, being punctual and honest and reliable
- Respecting other people's feelings
- Expressing views about the negative effects of criminal behaviour
- Expressing views about the value of social pursuits such as non-criminal friends and good family relations.
- Interpreting people's motives positively e.g. "most police are people trying to do a job and have similar needs to most of us" rather than "all police are pigs".
- Being optimistic about the rewards which can be obtained by living within the law
- Demonstrating problem solving skills – the ability to create solutions and evaluate their costs and benefits
- Empathy for the client's problems, however, remaining a pro-social influence
- Utilisation of reflective listening skills

Trotter (2009)

Trotter (2009) suggests that the greatest strength of pro-social modelling is that the research evidence suggests that it works. However, despite the demonstrated efficacy of this technique, there is evidence that those who work with involuntary clients may not routinely use these skills, despite their belief to the contrary (Trotter, 2009). Consequently, efforts are needed to ensure that these techniques are being routinely and appropriately applied.

The Warby Program attempts to promote these principles by providing training that emphasises the use of appropriate modelling and assists Youth Officers to more effectively encourage pro-social behaviour within the custodial environment.

2. COGNITIVE BEHAVIOURAL APPROACHES

Recently there has been a move towards client-focused interventions and in particular cognitive behavioural approaches in the treatment of adolescent conduct disorder. Armellius and Andreassen (2007) analysed the results of twelve studies emerging from the USA, Canada and Great Britain and found that within residential settings cognitive behavioural therapy is more effective than standard treatment in

reducing adolescent criminal behaviours twelve months after release from the institution. Furthermore, a review by McCart, Priester, Davies and Azen (2006) found that cognitive behavioural therapy had similar effect sizes to parent management training in the treatment of aggressive behaviour problems. McCart et al (2006) argue that as youth enter more advanced levels of cognitive development, they receive increased benefits from CBT based interventions.

As outlined above, adolescents with conduct problems frequently experience executive functioning difficulties and thus encounter problems with decision making, problem solving and consequential thinking. This is analogous to research with offenders, which suggests that persistent offenders have reduced cognitive flexibility, are more impulsive and are less likely to consider the consequences of their actions (Ross and Fabiano, 1985).

Meta-analytic review of the components necessary for CBT in the treatment of juvenile offenders, suggest that the presence of interpersonal problem solving and anger control (for reactive aggression) are both associated with the strongest effects on recidivism (Landberger and Lipsey, 2005). Other studies, have similarly found extensive evidence to support the use of cognitive skills and cognitive restructuring as a means of reducing recidivism risk and anti-social behaviours (Hoge, 2009, Bogestad, Kettler and Hagan, 2010). Hoge (2009) concluded that the most effective treatment goals should entail social problem solving and decision making skills as well as the development of pro-social attitudes, values and beliefs.

Cognitive Restructuring

Cognitive processes refer to a broad class of constructs that pertain to how an individual perceives, codes and experiences the world. Individuals who engage in conduct related behaviours, and in particular aggression, have been consistently found to exhibit anti-social thinking styles (Kazdin, 1997).

As both delinquent and conduct disordered adolescents are conceptualised as utilising problematic and anti-social thinking, many treatment programs targeting these groups have directed intervention approaches at changing these maladaptive thought processes. The ultimate goal of these cognitive intervention programs is to reduce criminal recidivism by restructuring the thinking of offenders (Bogestad, Kettler and Hagan, 2010).

The Cognitive Self Change Program is a group based cognitive behavioural treatment program that is designed to change criminal behaviour by addressing the anti-social thinking which leads offenders to crime. This program has recently been adapted for Juvenile Justice NSW and is currently being piloted within the Violent Offender Program.

Henning and Frueh (1996) compared adult offenders who participated in the Cognitive Self Change Program to a comparison group who did not participate in this intervention and found significant differences in the level of recidivism between the two groups. Specifically, over a two-year period, while 50% of the offenders who participated in the Cognitive Self Change Program re-offended, more than 70% of the offenders who did not receive this intervention were found to have re-offended. Furthermore, Baro (1990) also demonstrated reduced levels of institutional violence and anti-social behaviour following completion of a Cognitive Self Change Program. In light of these favourable results and as a means of providing consistency across Juvenile Justice, an adapted version of the Cognitive Self Change Program will be implemented within the Warby Program.

Problem Solving

As noted, Scott and Dadds (2009) argue that adjuncts to traditional behavioural management interventions can often overcome some of the difficulties associated with ineffective intervention, including the presence of callous-unemotional traits. Their view is that these should include maximising engagement and fostering problem solving skills. Research has consistently demonstrated that conduct disordered children and adolescents demonstrate problem solving deficits in comparison to non-conduct disordered children and adolescents (Sanders, Dadds, Johnson and Cash, 1992). Specifically, the presence of conduct disorder is particularly associated with a tendency to produce less flexible, relevant and pro-social solutions and more overtly aggressive solutions to social situations (Joffe et al, 1990; Waschblusch et al, 2006). Interestingly Waschblusch et al (2006) did not find the same deficits for children high in CU traits, who were capable of generating appropriate solutions to social problems. Duke (2007) argues that although adolescents high in Callous-Unemotional traits have the capacity to utilise problem solving skills, their deficits in perspective taking and empathic understanding prevent them from using these skills in an adaptive and consistent fashion. Furthermore, as the aim of the Warby Program is to both increase problem solving abilities as well as provide reinforcement for choosing pro-social solutions, it is reasoned that those exhibiting high callous-unemotional traits should benefit from inclusion of these components in the program.

Collaborative Problem Solving (CPS) is an approach developed by Greene (2001) that places an emphasis on emotion regulation and the underlying cognitive skills necessary for problem solving. This model views noncompliant and aggressive behaviour as akin to a learning disability in the area of frustration tolerance or emotional regulation. The CPS is a transactional approach that considers both adult and child contributions to dysfunctional adult-child interactions and noncompliant behaviour in children. As a result, this model argues that effective treatment will require the active involvement of the child and adults as a means of addressing the incompatibility arising in adult and child interactions (Greene, Ablon and Goring, 2003). This model is consistent with Scott and Dadds (2009) work, in that it focuses directly on increasing engagement as well as fostering problem solving ability. Greene, Ablon and Marton (2006) argue that the adoption of the CPS model can lead to improvements in staff communication and significant enhancement of the role

of staff from behaviour managers to active participants in each resident's assessment and treatment.

Empirical Evidence Supporting the use of Collaborative Problem Solving (CPS)

- In a randomised study, Greene et al (2004) demonstrated that teaching parents CPS resulted in improvements on parent ratings of oppositional behaviour and parenting stress and superior improvements on the Clinical Global Impression at post-intervention and 4 month follow up, relative to a comparison group that received traditional parent training.
- In an inpatient child psychiatric unit, CPS was found to markedly reduce the episodes of restraint and staff and patient injuries (Greene, Ablon, Hassul, Regan and Martin, 2006).
- A five year prospective study revealed that when inpatient staff were trained in CPS, there was a 37.6 fold reduction (from 263 events to 7 events per year) in the use of restrains and a 3.2 fold reduction (from 432 events to 133 events per year) in the use of seclusion (Martin et al, 2008).
- Epstein and Saltzman-Benaiah (2010) adapted CPS for delivery in a group format to parents of children with disruptive behaviours. The preliminary treatment evidence suggests that this approach may be efficacious in reducing disruptive behaviour and parenting stress.

Despite the potential utility and empirical support existing for problem solving interventions, Clarke (1995) criticises these treatment approaches for their focus on deficits as opposed to strengths. Clarke (1995) argues that greater attention needs to be given to the client's strengths as a means of fostering their development of solutions to the problems they identify.

Blakemore and Choudhury (2006) emphasise executive functioning and social cognition as continually developing throughout adolescence and into early adulthood. There are likely to be individual differences in the rate of development as a result of both biological and environmental processes. Consequently, it can be argued that the presence of problem solving difficulties in conduct disordered children can be considered to be a delay rather than deficit. In particular, the CPS model conceptualises conduct disordered children as having "lagging skills" in the domains of flexibility/adaptability, frustration tolerance and problem solving. Greene and Ablon (2006) argue that non-compliance and conduct related problems, can therefore be understood as the by-product of developmental delay in key cognitive skills. Furthermore, the CPS model specifically allows for the client's strengths to be identified and for those identified strengths to be utilised in the problem solving process (Greene and Ablon, 2006).

3. Therapeutic Community Model

The Robinson Program (i.e., the predecessor of the Warby Program) utilised a 'Therapeutic Community model' to guide the assessment and treatment of program participants. Therapeutic communities are described as a "living learning situation", where everything that happens between members (staff and patients) is utilised as a learning opportunity (Day and Doyle, 2010 p. 382). The focus of therapeutic communities is largely centred on process variables and improving social functioning, rather than focussed on skills acquisition and/or cognitive processing, which underlie many recent rehabilitation efforts (Day and Doyle, 2010). Unfortunately, various methodological difficulties have resulted in ongoing difficulties establishing a reliable research base in regards to the treatment efficacy of therapeutic communities (Shuker, 2010). Consequently, Day and Doyle (2010) argue that although therapeutic community approaches may have value in enhancing the outcomes of cognitive behavioural approaches, at present their use as the primary or sole therapeutic intervention is not advisable. However, many of the theoretical underpinnings associated with therapeutic communities continue to be utilised within the Warby Program. For example, Collaborative Problem Solving is primarily concerned with attending to interpersonal relationships operating within the unit and consequently allows for the use of systemic factors (including staff and detainee interactions) to guide therapeutic response.

Summary:

Given the evidence based research supporting the use of both cognitive and behavioural approaches, the Warby Program aims to incorporate both CBT and behaviour management principles as a means of increasing outcomes. This specifically includes the use of behaviour management, pro-social modelling, cognitive restructuring (i.e., the Cognitive Self Change Program), Collaborative Problem Solving and strength focused intervention. Furthermore, the unit itself is utilised as an agent of change, through attention to systemic aspects and in particular interpersonal interactions occurring within the program.

6 Program Summary

The Warby Program provides early intervention to juvenile offenders, specifically targeting young males, under the age of 16 years (also older). It provides intervention to those adolescents sentenced into custody and when a community based intervention is not an immediate option. The Warby Program specifically aims to target problematic behaviours emerging within the custodial environment, as a means of intervening in both disruptive behaviour and more generally offending behaviour. The program has been developed in consideration of evidence based practice and as a result utilises a cognitive behavioural framework. The Warby Program comprises of a single 12-bed unit, within the Reiby Juvenile Detention Centre located at Campbelltown on Sydney's south western outskirts. Referrals to the program derive both from Reiby (itself a facility whose remit is state wide) and other Juvenile Detention Centres across NSW.

Expected outcomes of the program

The expected short-term outcomes of the Warby Program include a reduction in misbehaviours occurring within the custodial environment, as a result of, improved problem-solving ability and enhanced cognitive awareness. Furthermore, this program will emphasise participation in the Dorchester School program, with the explicit aim of fostering engagement in education.

The expected long-term outcomes of the Warby Program will include a reduction in recidivism risk and better community integration.

Program Objectives

The program has several objectives:

- Provides an alternative, caring environment that places an emphasis on problem solving and fostering cognitive awareness.
- Targets troubled and/or otherwise difficult to engage young offenders in a process that is potentially 'therapeutic'.
- Addresses and assesses the individual factors underlying serious offending and chronic problem behaviour, at the same time as promoting and creating the circumstances for the possibility of development and learning associated with and sustaining pro-social change.

- Provides support for transition (integration) back to the community.
- Provides quality casework services.
- Engages staff in the aims and processes of the unit whilst providing support for them in their roles, particularly in respect of their relations with detainees, each other and the wider Department

Program Numbers:

There are grounds for limiting the number of participants within correctional programs. Stewart, Usher and Allenby (2009) argue that for high needs groups, such as juvenile populations, there must be ongoing consideration provided in regards to group size, in order to promote both program integrity and achieve effective program delivery. The effective delivery of cognitive behavioural programs require the participants to be actively involved in practicing skills and receiving feedback from staff. This requirement is difficult to adhere to with larger group sizes, as staff struggle to meet individual needs and often find it hard to cope with the increased workload. Furthermore, Broome et al (2007) in their study of 94 drug treatment programs found that programs with smaller participant capacity tend to be more engaging environments for both clients and staff. They argue that barriers associated with interaction and increased staff workloads may outweigh any potential resource advantage associated with increased program size (Broome et al, 2007).

The Warby Program has been designed to service a maximum of 12 program participants at any given time. This is consistent with offending programs operating in Canada, Britain and the United States of America, where program developers limit group size to a maximum of 12 members (Stewart, Usher and Allenby, 2009) Limiting the number of group participants is essential in terms of ensuring that staff are able to manage their caseload effectively and to promote engagement.

Organisational Structure

The unit operates on the basis of co-management, with an Operations Manager and a Psychologist sharing joint responsibility for the running of the unit, and is staffed by Youth Officers who work together in teams under the supervision of an Assistant Unit Manager.

The unit has its own school, staffed by Teachers attached to the Centre's Dorchester ETU, which is run by the NSW Department of Education. Unit staff and Teachers work collaboratively and closely in conjunction with each other.

A steering committee external to the unit is employed to monitor and provides feedback with regard to the direction and functioning of the program, supervises clinical groups and contributes to staff development and training (currently not funded).

Program Staffing and Qualifications:

The following recommendations have been devised as a means of increasing program integrity:

- Youth Officers working within the Warby Program will need to have completed training in Collaborative Problem Solving and cognitive behavioural therapy
- Youth Officers who have good communication and pro-social modelling skills will be given preference for working within the Warby Program
- Psychologists involved in the Warby Program will need to be conversant in group work, cognitive behavioural therapy and Collaborative Problem Solving
- A minimum of two Psychologists should be attached to the Warby unit in order to assist with program delivery
- Staff teams that work within the Warby Program should be consistent in their approach in order to promote group cohesion and elicit positive benefits for program participants

Framework, Strategies and Interventions

The Unit's focus on therapeutic intervention reflects its aim of bringing change in the thinking of participants, which in turn is expected to critically influence their development, the way they behave and the choices they make.

Clinically the objectives of the unit reflect the application of several interconnected ideas.

1. **The Therapeutic Environment** –The Unit as a whole – the structure of its program and the interactions of unit members (both staff and detainees) are all considered to be key components, which provide a means of therapeutic intervention
2. **Pro Social Modelling** – Unit staff are able to assist with the behaviour change process by acting as suitable and pro-social role models to detainees.
3. **Collaborative Problem Solving (CPS)** – CPS provides unit staff with a framework for engaging with detainees. An emphasis will be placed on the staff's ability to empathise and negotiate problems in collaboration with the young person and to provide skills to adolescents, which they otherwise may lack. This process will be an ongoing process that will underline all staff and detainee interactions.
4. **Cognitive Self Change (CSC)** - A group based, cognitive-behavioural intervention, CSC is designed to reduce recidivism rates by changing patterns of anti-social behaviour and criminality. CSC changes criminal behaviour by addressing the anti-social thinking which leads offenders to

crime. The CSC Program will be implemented by a pPsychologist or cCounsellor and will run twice a week.

- 5. Community Meeting** - This group provides a format for understanding and highlighting the participants' strengths and achievements, and is a means of facilitating individual progress review. It will have an open group format and no set content for delivery.

Other core features of the Unit program include:

- **Weekly Collaborative Problem Solving Meetings**– These are scheduled for each detainee during the course of the week and are used to review the young person's progress on the program over the course of the preceding week. The review utilises a semi-formal, semi-structured interview format to capture and integrate key aspects of the young person's behaviour in the unit, progress at school, participation in groups and programs, relations with others, casework and other needs. Furthermore, this process involves the young person in negotiating case work and therapeutic goals and guides the incentive scheme system.
- **School** - All detainees are encouraged to attend and remain at school. The school and the Unit work in close conjunction with each other. The initial focus is on enrolment, risk assessment and the development of an Individual Education Plan (IEP). Through school, detainees gain access to supplementary programs that may be more or less academically focused (e.g., cooking, guitar, Homework Centre), recreational, cultural and social programs (e.g., Aboriginal language, gym, wheel-chair basketball) and accredited TAFE programs (e.g., bricklaying, shop fitting, hospitality) depending on availability, concordance with IEP and progress through the program. Awards for achievement, participation and social contribution provide ongoing incentive and encouragement. The school also utilises the Collaborative Problem Solving framework to address needs and as a means of behaviour management within the school setting.
- **Individual Counselling** – Individual counselling contact is initially provided as a means of determining the participants' adjustment to the Warby Program and when undertaking psychometric testing and obtaining consent. At other times, counselling may be provided at a time of perceived crisis (e.g., of loss in the family), in response to an instance of acute acting out (e.g., of serious self harm); or to provide additional therapy relevant to unique treatment needs (e.g., poor social skills, underdeveloped emotional regulation etc). Furthermore, upon the participant's release from the Warby Program, relapse prevention will be provided on an individual basis to assist in consolidating treatment gains and carrying these over to the community environment. Within the context of this overall framework, strategies and

interventions from a range of treatment approaches and behaviour management modalities will be utilised, notably CBT, Dialectical Behaviour Therapy, and Mindfulness approaches. Other interventions and consultations with individual detainees, for example, as carried out by Juvenile Justice Officers, Drug and Alcohol Counsellors or Sex Offender Counsellors for the purposes of assessment or engagement prior to release, are viewed as opportunities for collaboration and, when possible are incorporated into the Program.

Stages of the Program

- **Referral Phase:** This is the sole means of entry into the program. The referral is completed by staff external to the unit and each referral is then considered on an individual basis. This process is valuable as it establishes a collaborative relationship with the referring party and is the basis of the initial engagement with the young person referred.
- **Assessment Phase:** On admission to the unit, the participant commences an initial period of assessment, of two weeks duration, during which the focus is on induction, orientation, assessment of problematic behaviour, risk assessment, school admission and eligibility for programs.
- **Treatment Phase** – An Action Plan Meeting is held at the end of the assessment phase. This meeting is attended by the unit pPsychologist , unit manager and assistant principal and its core objective is to determine the individual's treatment plan. Following this meeting, the participant moves into the treatment phase, during which all aspects of the program are progressively employed and integrated. The minimum length of treatment is four months.
- **Review Phase** – This phase occurs two weeks prior to transfer or release. Here the focus moves to issues of treatment consolidation, relapse prevention and termination. A discharge case conference is held in preparation for return to the community, reconnecting with family, and the establishment of community supports. Note: for detainees residing outside of the greater Sydney area, there may be provision for transfer to an alternative centre prior to release, in order to meet casework goals.

Agency casework processes are ongoing through the whole of the young person's time on the program. This casework allows the detainee's progress towards overall rehabilitation goals to be monitored, and allows for the prospect of community integration to be maximised.



The Warby Program provides support to staff, both individually and as a group, to ensure that the program's objectives are maintained. Team and whole of unit meetings, staff supervision, Assistant Unit Manager and co- management meetings, unit review and staff development days, all therefore share a similar agenda of clarifying roles and co-ordinating responsibilities, establishing direction, making decisions, expressing concerns, debriefing after incidents, team building and ongoing learning and skills acquisition.

Custody and Community Integration

Although the Warby Program has been designed to target criminogenic needs in adolescent offenders (i.e., anti-social attitudes and behaviour, anti-social personality traits and engagement in education), due to the custodial nature of the program other criminogenic needs are largely outside the scope of this program (i.e., family factors, criminal associates and substance abuse). As already emphasised, liaison is therefore required with community representatives (i.e., Juvenile Justice Officers and the client's family) to ensure adequate integration of custodial and community case management.

Program Review

Regular program review of intervention and process outcomes will occur at 6 month intervals.

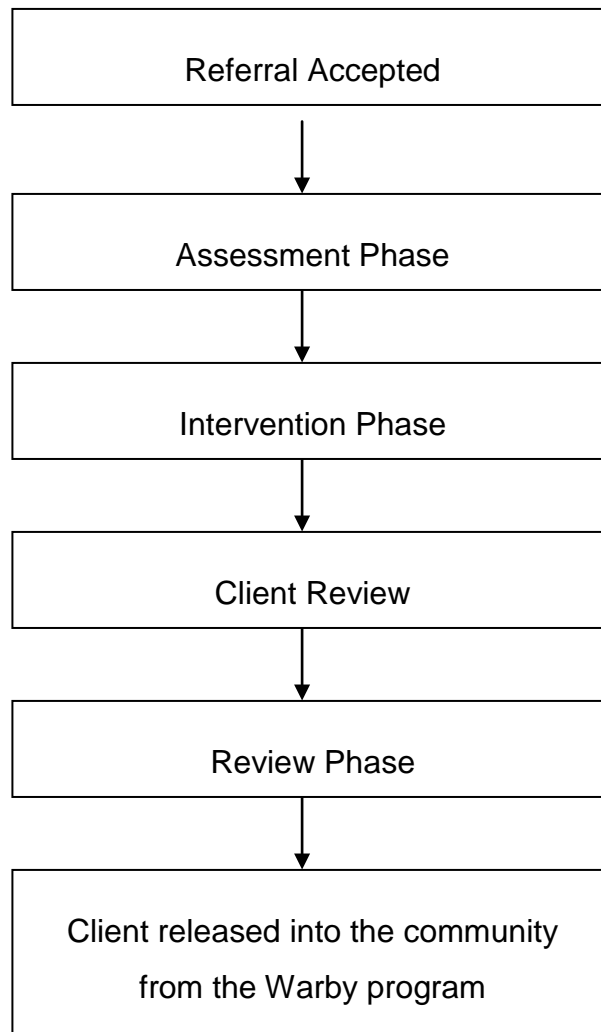
6.1 Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
8:45am	Morning meeting – Teachers and Youth Officers	Morning meeting – Teachers and Youth Officers	Morning meeting – Teachers and Youth Officers	Morning meeting – Teachers and Youth Officers	Morning meeting – Teachers and Youth Officers
9:00 – 10:30am	School Session 1 10am: Action Plan Meeting (UM, AP and Unit Psych)	School Session 1 CPS Supervision for Unit Staff	School Session 1 CPS Supervision for Unit Staff	School Session 1 CPS Supervision for Unit Staff	School Session 1 CPS Supervision for Unit Staff
10:30 – 11:00am	Morning Tea	Morning Tea	Morning Tea	Morning Tea	Morning Tea
11:00am – 12:40pm	School Session 2	School Session 2	School Session 2	School Session 2 12:00 CSM Meeting	School Session 2
12:40 – 1:30pm	Lunch and Lockdown	Lunch and Lockdown	Lunch and Lockdown	Lunch and Lockdown	12:30 – Strength Based Community Group and Team Lunch
1:30 – 2:50pm	CSC Group 1 (2:30 – 3:30) School Session 3	CSC Group 1 (2:30 – 3:30) School Session 3	Staff meeting (1:30 – 2:30) CPS Supervision for Unit Staff	CSC Group 2 (2:30-3:30) School Session 3	CSC Group 2 (2:30-3:30) School Session 3
2:50 – 3:30pm	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown
3:30 – 5:00pm	Programs	Programs	Programs	Programs	Programs

CAMS are to be completed by either the Key Worker or AUM on Monday or Tuesday.

See Appendix 12.2 for expanded timetable

6.2 Warby flow chart



7 Referral Information

7.1 Referral Criteria

The Warby Program targets young people who have been sentenced into custody, and who have a medium or high risk of re-offending. Furthermore, the Warby program aims to provide targeted intervention for offenders who meet the diagnostic criteria for a delinquent behaviour disorder.

Specific referral criteria:

- Male
- Aged between 13 and 16 years (on admission to the program)
- At least four months of their custodial sentence remaining OR the presence of a lengthy remand period
- YLS-CMI: AA score >13 OR if no YLSI-CMI: AA rating is available, a brief screening questionnaire will be used to help ascertain the individuals' level of risk (Weatherburn, Cush and Saunders, 2007)
- The absence of any acute (i.e., unstabilised) mental illness (psychosis, drug withdrawal etc)
- A confirmed diagnosis of a disruptive behaviour disorder:
 - Conduct Disorder
 - Oppositional Behavioural Disorder
 - Attention Deficit Hyperactivity Disorder

Prior to admission into the Warby Program, a comprehensive clinical assessment conducted by a pPsychologist or cCounsellor must be completed. In order to determine the presence of a disruptive behaviour disorder, the following assessments may be utilised:

- A diagnostic interview schedule, such as Kiddie-Schedule for Affective Disorders and Schizophrenia, Present and Lifetime Version (K-SADS-PL)
- Where possible the Conner's 3rd Edition – Teacher or Parent form should be completed (this assessment tool provides additional details regarding executive functioning and learning)
- Other information confirming the presence of a current diagnosis.

Furthermore, priority for entry to the Warby Program will be given when:

- The current order includes sentencing for offences against persons (e.g., assault, robbery, murder, manslaughter)
- A substance/alcohol abuse or dependence disorder is present
- There is confirmation of a significantly severe Conduct Disorder

Where possible, prior to admission into the Warby Program, consideration should be given to completing the Behaviour Rating Inventory of Executive Function (BRIEF) (organised by a Psychologist), in order to assist with the assessment of cognitive delays and lagging skills. Results can also provide valuable information to include in individual intervention plans.

The referral form is forwarded to the Client Services Manager, Reiby, who will then discuss the referral with the Warby Unit Manager and the Warby Unit pPsychologist. The referral should take place within two weeks of the young person receiving a control order. The Unit Manager and Psychologist will determine whether the referral is appropriate and will advise the CSM meeting and referring agent of their decision.

See Appendix 12.3 for the Warby Program Referral Form

7.2 Emergency Placement

Placement of a young person in the Warby Unit outside of the regular process of referral may stem from the immediate need of the agency to ensure the safety and security of a specific detainee under circumstances where placement elsewhere would be considered untenable. The decision for a detainee to be placed in the Warby Unit under emergency placement conditions can only be made by the Centre Manager. Emergency Placement is **the only other means** of entry into the Warby Unit.

A young person may remain in Warby, out of program and under emergency placement conditions for a maximum period of 7 days. At the end of this time a recommendation will be made, that the young person be placed in another unit within Reiby or returned to their originating centre. Should a detainee be placed in the Warby Unit as an emergency placement, they will not participate in any group program. The detainee's originating unit is responsible for creating a plan with the detainee, to ensure that he can later be re-integrated into that unit. As a result, it is expected that during an emergency placement, both the originating unit's Unit Manager and Unit Psychologist will consult regularly and devise a plan for reintegration.

8 Assessment Phase

8.1 Assessment Overview

Prior to the intervention phase of the Warby Program a two week assessment component will be completed. During the assessment phase the following will be covered:

Unit Staff

- Structure of the Warby program
- Liaison with the detainee's family and JJO
- Behaviour Management, including positive and negative consequences for behaviour
- Introduction to the Warby Program's rules
- Completion of the Functional behaviour assessment form's(ABC method)
- Completion of the Lagging Skills Inventory

Teachers

- Facilitation of School Enrolment
- Completion of Functional Behaviour Assessment Forms (ABC method)
- Completion of the Pathways Inventory

Psychologist

- Session One
 - Limits to confidentiality
 - Introduction to the Cognitive Self Change Program (including Cognitive Check Ins and Thinking Reports)
 - Completion of consent forms
 - Completion of pre-treatment assessments
- Session Two
 - Creation of an offence map
 - Discussion of antecedents and triggers associated with previous problematic behaviours
- Facilitate the assessment team meeting and the development of an action plan

See Appendix 12.4 for the Assessment Phase Checklist.

8.2 Assessment Phase: Youth Officer's Role during the Assessment Phase

- **Structure of the Program**

Youth Officers should briefly outline how the program works in language the participant readily understands. This will include:

- Provision of the unit timetable (see Appendix 12.2)
- Discussion of the Warby Program's intervention goals (i.e., reduced offending and a decrease in aggressive and anti-social behaviour in custody)
- Discussion of how the Warby Program differs from other units operating in Juvenile Justice (see Appendix 12.5)

- **Liaison with the Detainee's Juvenile Justice Community Officer and Family**

During the assessment phase, the Youth Officer makes contact with the young person's Juvenile Justice Officer, as well as their immediate family or designated carer. The primary function of this contact is to provide community members who are invested in the care of the detainee, with a brief description of the Warby Program (see Appendix 12.6). Furthermore, if the detainee usually resides outside the greater Sydney area, discussions regarding the facilitation of family visits should also be considered at this stage.

- **Behaviour Management**

Youth Officers should ensure that the participant understands the incentive scheme and should outline how daily points and weekly rewards (i.e., as a result of achieving their goals) are obtained (see Appendix 12.7 for a description of this process). Furthermore, the four categories associated with points allocation should also be described to the detainee, so he understands what he is required to do in order to achieve daily points.

In addition, staff should explain to the participant the process for negative consequences, including a brief outline of Collaborative Problem Solving and the strategy of choices model (see Appendix 12.7 for a description of this process).

- **Introduction to Warby Program Rules**

Youth Officers should ensure that the detainee understands the program rules.

- 1) Be respectful – respect is to be shown whether or not we agree or like a person or whether we perceive that person as respecting us
- 2) Participate constructively – this means engaging in group discussions and actively helping other group members learn and practice skills
- 3) Maintain an open channel of communication – being willing to learn and practice observation and reporting of one’s thoughts and feelings without censorship or distortion
- 4) Completing assigned tasks – a genuine effort to complete the tasks
- 5) Failure to attend group meetings or participate in other program requirements can result in negative consequences, including for example negative reports to the classification officer, Serious Young Offender Review Panel (SYORP) committee or Parole Board.

8.3 Assessment Phase: Unit Staff and Teacher’s Role during the Assessment Phase

Functional Behaviour Assessment (FBA)

FBA is a method of describing and understanding behaviour. It provides an understanding of the events which precede (antecedents) and follow (consequences) the behaviour (see Appendix 12.8 for FBA Worksheet). By understanding these factors, we are able to better understand the trigger for the behaviour and reasons the behaviour might be repeated. It is important that Functional Behaviour Assessment occurs immediately after the problematic behaviour occurs, in order to provide the details needed for a comprehensive understanding of the behaviour (this process is outlined below). The Collaborative Problem Solving framework helps to alter these preceding events so that the likelihood of the behaviour occurring again will be minimised.

FBA and Assessment

During the Assessment Phase, staff need to actively look for any problematic behaviour, however minor. An FBA will be completed after the occurrence of the problematic behaviour. The use of the FBA will help identify the presence of any patterns existing in relation to the client’s problematic behaviour.

The intervention section also outlines an ‘Emergency Plan B’ procedure, which is utilised by the Collaborative Problem Solving method. It is advisable that if possible, in addition to the use of FBA, an Emergency Plan B discussion is held. Although the FBA can be completed by any member of the treating team, it must be completed in collaboration with the detainee. This collaborative process is important both in terms of fostering engagement in the program and providing reassurance that their concerns are being considered and empathised with.

- For major problematic behaviours, FBA should be conducted as soon as the detainee has calmed down (i.e., during confinement).
- For minor problematic behaviours (e.g., swearing, disobedience) the young person should be removed from other participants and an FBA should occur straight away. If minor problematic behaviours occur during the Cognitive Self Change Group, please follow suggestions in the manual pertaining to dealing with problematic behaviours in this context (see page 14 of the CSC manual).

Pathways Inventory

Each team is required to complete a pathways inventory questionnaire at the end of the detainee's assessment phase. Each team is responsible for determining when their last shift falls in relation to the next Action Plan Meeting, as this is when all detainees on assessment will be reviewed. Note: the Action Plan Meeting always falls on a Monday. See Appendix 12.9 for a copy of the Pathways Inventory.

8.4 Assessment Phase: Psychologist's Role during the Assessment Phase

- **Limited Confidentiality**

The Warby Program is unable to offer full confidentiality. It is extremely important that therefore the Psychologist explains to the program participants that what that is said and done within the program may be shared with other staff. This will include the Psychologist, Unit Manager, Youth Officers, Teachers, group facilitators and community Juvenile Justice staff. Limited confidentiality is balanced by assurances that information within the program will not be used unfairly against them, as a means of punishment or restriction.

Key points:

- Confidentiality is limited.
- Information may be shared between members of staff who are directly involved in the Warby Program. There will be no gossiping or unnecessary disclosure of information.
- Greater confidentiality in regard to certain information will be provided by the Unit Psychologist. However, if a disclosure is made regarding risk of harm (to self or others), this may be reported to external agencies such as Community Services, to address ongoing safety issues.
- Program members will be actively discouraged from reporting incriminating details of offences and criminal behaviour for which they have not been convicted.
- The Cognitive Self Change Group requires participants to accept responsibility for crimes for which they have received a conviction.

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- As part of the Cognitive Self Change Group, participants will learn how to report their thinking. It is particularly important that they report thinking that might pose a risk of leading to violence or criminal behaviour.
- Disclosure of thinking that signifies a group member maybe at risk of violence or criminal behaviour will not automatically be interpreted as a sign that the offender is going to commit a delinquent act. Conversely, reporting high-risk thinking in the program is often an indication that the person is making a responsible effort to control his risk of delinquency. When a group member's thinking indicates that he poses a serious risk to an identifiable victim, both the participant and staff would act to protect the potential victim.
- Warby Program members will not be required to report criminal acts or rule violations performed by others.

The above points will be relayed to the young person both verbally and in written format. Specifically, the program consent form will incorporate the above points and participants will be asked to sign the form to indicate their understanding of program requirements, particularly those pertaining to confidentiality.

- **Introduction to the Cognitive Self Change Program**

The Psychologist will provide a description of the four steps involved in Cognitive Self Change (see Appendix 12.10), as well as brief psycho-education relating to Cognitive Behavioural Therapy (see Appendix 12.11). The Psychologist should also provide a brief overview of the Thinking Report in so that it is not totally unfamiliar when introduced in group (see Appendix 12.12).

- **Consent Forms:**

Once the participant understands the outline of the program, the Psychologist should explain the consent form and ask the participant to sign the form as a way of accepting their placement within the Warby Program (see Appendix 12.13).

In addition, consent must be provided in regards to participating in the programs research component. See Appendix 12.14 for a copy of the Consent for Programs Research Form. Note that if the Young Person is aged fourteen years or under written consent must be provided by the young person's parent or guardian.

- **Completion of pre treatment assessments**

Once the young person has completed the consent from, the Psychologist is responsible for ensuring the participant completes the following pre-assessment measures:

1. *The adolescent version of the Psychological Inventory of Criminal Thinking Style: (PICTS)*: The PICTS is an assessment instrument which is designed to measure criminal thinking styles. It is being used as a pre-post evaluation tool of CSC. A copy of the PICTS is at Appendix 12.15 of this manual. If the young person has troubles with literacy, you may assist them by reading or explaining the questions. The completed PICTS should be sent to the Program Manager SOP/VOP/OB (Richard Parker) for scoring.

2. *The Reactive-Proactive Aggression Questionnaire (RPQ)*: The RPQ is an assessment instrument which is designed to measure proactive and reactive aggression. Preliminary validity studies have confirmed that the RPQ is a reliable and valid self report instrument that can be used to assess aspects of aggression in child and adolescent samples (Raine et al, 2006). A copy of the RPQ as well as scoring information is found at Appendix 12.16 of this manual. If the young person has troubles with literacy, you may assist them by reading or explaining the questions.

3. *The Strengths and Difficulties Questionnaire (self report)*: The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire, which is useful for child and adolescent populations. All versions of the SDQ ask about 25 attributes, some positive and others negative. These 25 items are divided between 5 scales:
 - Emotional symptoms
 - Conduct problems
 - Hyperactivity/inattention
 - Peer relationship problems
 - Pro-social behaviours

A cumulative score is also provided, as a means of determining the severity of reported difficulties. The SDQ has a large Australian normative sample and has been found to be useful both as a screening measure for psychiatric disturbance and as a means of evaluating intervention effectiveness. Studies using the SDQ have shown that this measure is sensitive to treatment effects (Goodman et al, 2000; Mathai, Anderson and Bourne, 2003). A copy of the SDQ is at Appendix 12.17 of this manual. If the young person has troubles with literacy, you may assist them by reading or explaining the questions. The SDQ should be scored via the online scoring assistant (www.sdqscore.org) and results recorded on CIMS (Specialist Confidential Case Note).

4. *The Inventory of Callous-Unemotional Traits (ICU)*: The ICU was developed to provide an efficient, reliable, and valid assessment of CU traits in youth (Kimonis et al, 2008). A copy of the ICU as well as scoring information is found at Appendix 12.18 of this manual. If the young person has troubles with literacy, you may assist them by reading or explaining the questions.

The pre-assessment measures will be stored in the client's 'S file'.

- **Clinical Interview**

The clinical interview will involve the following:

- To gain a deeper understanding of the client's offending the Psychologist will assist the detainee to create an Offence Map. This will specifically involve a discussion of the antecedents and consequences related to their most recent offending. The purpose of exploring their offending behaviour is to identify any similarities that exist between the detainee's prior offending and their recent disruptive behaviour within custody. Identification of these offence parallels is important in terms of both prioritising client needs and assisting in generalising gains made in custody to their general offending behaviours. See Appendix 12.19 for Offence Map Worksheets.
- A discussion should also address triggers and situational factors associated with the problematic behaviours which occurred prior to the detainee's admission to the Warby Program. The Psychologist will also collect collateral information in regards to the detainee's previous behavioural difficulties, exhibited both in custody and in the community. This may involve liaising with the referring agent or the detainee's family in regards to antecedents and situational factors associated with the detainee's previous problematic behaviours. This exploration of past behaviours will aid the current assessment and future intervention.
- During the clinical interview a brief assessment of the adolescent's mental state and presentation should also be completed. This is important as a means of determining the adolescent's social skills, emotional regulation skills and executive functioning. Following the clinical interview, it may be necessary for further formal testing to be completed, as a means of canvassing any language or neuropsychological deficits.

- **Action Plan Meeting**

An Action Plan Meeting is essential in order to identify treatment goals and guide the intervention. The initial action plan meeting will occur at the conclusion of the assessment phase and involve input from the entire problem solving team (Psychologist, Unit Manager, Assistant Unit Manager and Assistant Principal). Although the assessment of triggers and pathways is a continuous and ongoing process during intervention, initial hypotheses in regards to the triggers and pathways leading to the problematic behaviour will assist in guiding the intervention provided. The Action Plan Meeting will allow for all the information gathered during the assessment phase to be analysed and will include:

- Discussion of key triggers underlying the problem behaviours
- Understanding of triggers associated with the detainees offending
- Completion of the Pathways Inventory (i.e., a tool used to generate hypotheses about cognitive delays; see Appendix 12.9)
- Conceptualisation and prioritisation of the participant's key lagging skills
- Development of intervention goals
- Identification of Plan B proactive discussions
- Discussion of skills training that may need to be provided to ensure that the young person is able to participate in Collaborative Problem Solving
- Identification of the key workers who will be responsible for working with the young person

The Action Plan Meeting will be facilitated by the Unit Psychologist and will occur on a Monday morning between 10:00 and 11:30am.

At the conclusion of this meeting, the key worker will write up the Action Plan onto CIMS (see Appendix 12.20).

A Review Action Plan Meeting will occur two months after admission into the Warby program. This review provides a means of ensuring that the intervention is meeting the client's needs as well as determining whether any further intervention goals or skills training is required.

9 Intervention Phase

9.1 Intervention Phase: Behaviour Intervention

The rationale behind behaviour intervention is to ensure that the detainee environment is safe, that the basic needs of the detainees are met, that detainees are treated with fairness and that links between behaviour and consequences are consistent and reasonable. Consequently, the environment must value the use of pro-social coping responses and work at reducing anti-social coping methods.

Positive and Negative Consequences

- Consequences may be either positive or negative
- Positive consequences are rewarding or reinforcing to the youth
- Negative consequences are unpleasant or undesirable to the youth (e.g., punishment)
- Positive consequences increase likelihood behaviour will reoccur
- Negative consequences, in some circumstances, will decrease the likelihood that a behaviour will occur
- It is the youth's own perception of whether a consequence is positive or negative that will ultimately determine whether a consequence is positive or negative.

Timing of Consequences

Behavioural consequences are most effective when implemented immediately after the problem behaviour. This may be problematic within juvenile justice, as it is often the case that a detainee did something wrong on an afternoon shift, but is not given confinement for a full 24 hours later. Further, as the staff member who 'wrote them up' is often not on shift at the time when the negative consequence is implemented there can sometimes be confusion as to whether the consequence is appropriate, which reduces the consequence's effects. As a result, within the Warby Program all efforts will be made to ensure that any positive or negative consequences happen immediately after the behaviour occurs. To make sure this happens, it is important that adequate handover is done between shifts and any confusion is clarified.

Nature of effective negative consequences

Consequences are most effective when they are fair and reasonable, implemented quickly and consistently and relatively short in duration. Due to the nature of the custodial setting, these principles, particularly for negative consequences are often not well implemented.

1. There may be inconsistency about what constitutes a negative behaviour and those behaviours that should receive negative consequences. Although one staff member may choose to 'write up' a detainee for swearing, another, who does not see swearing as being problematic, may choose to ignore this behaviour. This inconsistency in the understanding of appropriate vs. inappropriate behaviour and the use of negative consequences sends mixed messages to the detainees, creating an environment of confusion and uncertainty. To help counter these difficulties and ensure consistency, the Collaborative Problem Solving method will be implemented prior to the provision of any MB (minor-moderate behaviours). This will ensure that a process is in place for understanding the behaviour. Furthermore, greater emphasis will be placed on time-out and cautions rather than confinement.
2. Often the negative consequences are not well linked to the behaviour. Most negative consequences within juvenile justice are related to confinement and time out to one's room. If someone draws graffiti in their room, a better punishment would be the removal of this graffiti rather than spending more time in their room. Furthermore, as many detainees are largely punishment insensitive ("no effect"), simply increasing the amount of confinement often does not prove to be an effective way of decreasing future negative behaviour. Consequently, ongoing support will be provided to Warby staff members to ensure appropriate negative consequences are considered and that confinement does not become the only method of punishment.
3. Often in juvenile justice, length of confinement is predetermined (i.e., if you kick the ball over the fence you get three hours in your room). Often lengthy negative consequences for minor infringements can escalate the problematic behaviours "I'm already confined, what more can they do to me? I might as well muck up". As a result, within the Warby Program, there will be a reduced tendency to use predetermined punishments and alternatively the application of type and length of negative consequence will be dependent on the behaviour.

As explained in the theoretical section, although behaviour management principles work for most adolescents, there are a proportion of adolescents that this will not work well for:

1. Those high in callous-unemotional traits – young people may co-operate with

the punishment set but this punishment is not likely to change their behaviour.

2. Within the custodial environment, the main negative consequence for undesirable behaviour is confinement into their rooms. Although some detainees might find being locked in their cell to be problematic, conversely others may not perceive confinement as being overly negative. This perception of confinement not being a negative experience, removes the main aim of punishment, that being to reduce the unwanted behaviour.

9.1.1 Behaviour Intervention: The Detainee Behaviour Intervention Framework (DBIF)

The DBIF has three overarching areas and provides strategies and guidelines for staff to reduce the risks associated with detainee behaviour in custody.

1) Proactive Interventions (Green Zone)

Proactive strategies and interventions will assist staff to reduce the level of incidents involving detainees. Examples of proactive strategies include pro-social modelling, Collaborative Problem Solving, risk assessment, case management, unit routines, incentive scheme, classification etc. Within the Warby unit an emphasis has been placed on fostering proactive interventions and ensuring staff are utilising these strategies in an effective manner.

2) Active Interventions (Orange Zone)

This includes active strategies and interventions that are designed to de-escalate situations in order to prevent incidents from occurring. This may include: Emergency Collaborative Problem Solving, negotiation, time-out, strategy of choices, risk based decision making, MBs, diversionary tactics etc.

3) Reactive Interventions (Red Zone)

Reactive strategies are designed to assist staff manage and respond to situations when a safety risk based decision has been made or is deemed as necessary due to a risk of harm or safety and security being threatened or breached. These procedures are a last resort option. Reactive strategies may include: use of force, segregation, detainee management plans, emergency management etc.

9.1.2 Behaviour Intervention: The incentive scheme

The incentive scheme was introduced into Juvenile Justice NSW in 2009 and utilises behaviour management principles as a means of increasing pro-social behaviours and decreasing anti-social behaviours. The incentive scheme has been developed as



a means of enhancing the engagement of staff with detainees, by involving them in the change management process.

Although the incentive system is designed to reward positive behaviour, it currently works alongside the misbehaviour and confinement system, which acts to punish negative behaviour.

The concurrent use of reward and punishment systems has been criticised for various reasons and mainly as a result of inconsistent implementation and, over time, a reliance on punishment. Furthermore, concerns have been raised in regards to staff using threats of “loss of points” as a means of motivating pro-social behaviour.

In addition, within Juvenile Justice NSW, we frequently see detainees who struggle to progress from Stage 1 of the incentive scheme or who continually act in a negative manner and thus gain a management plan (further constraining their activity) due to their inability to appropriately manage their behaviours.

The Collaborative Problem Solving model indicates that these difficulties often arise due to skills deficits and therefore they cannot be expected to change by simply telling young people they need to do the right thing. An alternative is skills training to ensure that they can adaptively change their behaviour.

As a result, the Warby Program aims to de-emphasise the reward and punishment system by implementing proactive means of behaviour management including the Collaborative Problem Solving and cognitive self awareness programs. The integration of these models aims to reduce the need for punishment, as inappropriate behaviours are being proactively dealt with, before they become an issue within the unit.

Within the Incentive Scheme, ‘points’ are weighted in such a way that participation and engagement in the program requirements (including problem solving) will be sufficient to gain daily and weekly rewards. This process has been outlined below and will help ensure that consistency is achieved. The Client Assessment Meeting will be replaced by Collaborative Problem Solving Meeting as a means of simplifying unit procedures and maintaining the integrity of CPS. Consequently weekly client goals will involve the collaborative identification of solutions to a detainee’s issues within the custodial environment.

The language of the unit will become less about “points” and more about “problem solving”. The detainee’s ability to participate in Collaborative Problem Solving efforts should ensure that their points remain at a high level and that any problems they are having within the unit are identified and collaboratively solved with the assistance of unit staff. This limits use of threatening “loss of points” to encourage detainees to participate in appropriate behaviour. Staff should aim instead to convey to the detainee what it is they need to do to get their full points, and give the detainee

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verbal reinforcement when they have done something to gain the points.

The use of the incentive scheme in conjunction with Collaborative Problem Solving will be reviewed in the future, to consider what reliance should be placed on the Incentive Scheme in the Warby Program.

Incentive Scheme Framework

The Incentive Scheme links the detainee's individual case plan with his day-to-day actions and ensures that the detainee attains both custodial (case work and therapy) and community based goals. A fundamental aim for staff is to develop collaborative working relationships that provide positive reinforcement for socially desired behaviour.

To ensure the integrity and to reduce program drift the facilitation of the incentive scheme requires staff to be mindful of the following core principles (Incentive Scheme Policy 2008).

- Behavioural expectations are concrete and measurable.
- The scheme is **not used to punish misbehaviour or negative behaviour**. Positive or desirable behaviour is positively reinforced.
- **Expectations of behaviour are realistic and achievable for the detainee**, based on his capabilities and developmental stage.
- Detainees have an active role in the management of their own behaviour, including personal choice, decision-making and the opportunity to control their own behaviour.
- The scheme is easy to understand by detainees and staff.
- Rewards are valued and wanted by detainees. In this regard, consultation with detainees when developing schemes is imperative.
- There is an emphasis on rewards that contribute to social, educational and vocational skills development. This is where there is a significant link with case management.
- Detainees earn appropriate rewards by achieving agreed behavioural outcomes. They are not rewarded for behavioural outcomes that were not agreed upon, and they are not rewarded if they do not achieve the agreed behavioural outcomes.

- A **detainee cannot be “fined” (earnings cannot be taken away)**. A detainee may fail to earn a reward, or he may not have access to certain rewards or activities as a result of failing to earn the points necessary for receipt of the reward, or for continued participation in the activity.
- **It is possible to reward a detainee for one form of (positive / desirable) behaviour, while punishing him for another form of (negative / undesirable) behaviour.** But these interventions take place under two separate and independent schemes, one under the incentive scheme, and the other as part of managing difficult behaviour.
- Detainee rights and entitlements are not used to control behaviour (e.g., food portions, family visits). There may be an extension of such rights (e.g., extended family visits, longer phone calls) if appropriate behaviour (during the visit / phone call) is maintained, but the basic right cannot be the actual reward.

When communicating with detainees about the incentive scheme, remember to continually send encouraging messages about earning points and associated rewards. This is supported by staff using language that reinforces the strength base notion that detainees earn points rather than language that focuses on the negative of “losing points”. Points and rewards are earned and once earned cannot be taken away. Taking points away would be a punishment and defeats the idea of detainee’s working to earn points with an “Incentive Scheme”. Such actions may suggest to the detainee that it is the staff’s actions that have caused the loss of points. It is important to keep the ownership on the detainee and that the failure to earn points is because of their behaviour or actions.

During the week all detainees are assessed on a daily and weekly basis in two interrelated areas. This includes their daily participation effort in the Unit Rule and Responsibility areas (daily routine and activities) and weekly effort to meet their Client Intervention Plan goals.

Unit Rules and Responsibility Areas

The incentive scheme divides a 24 hour period into distinct sessions. The allocation

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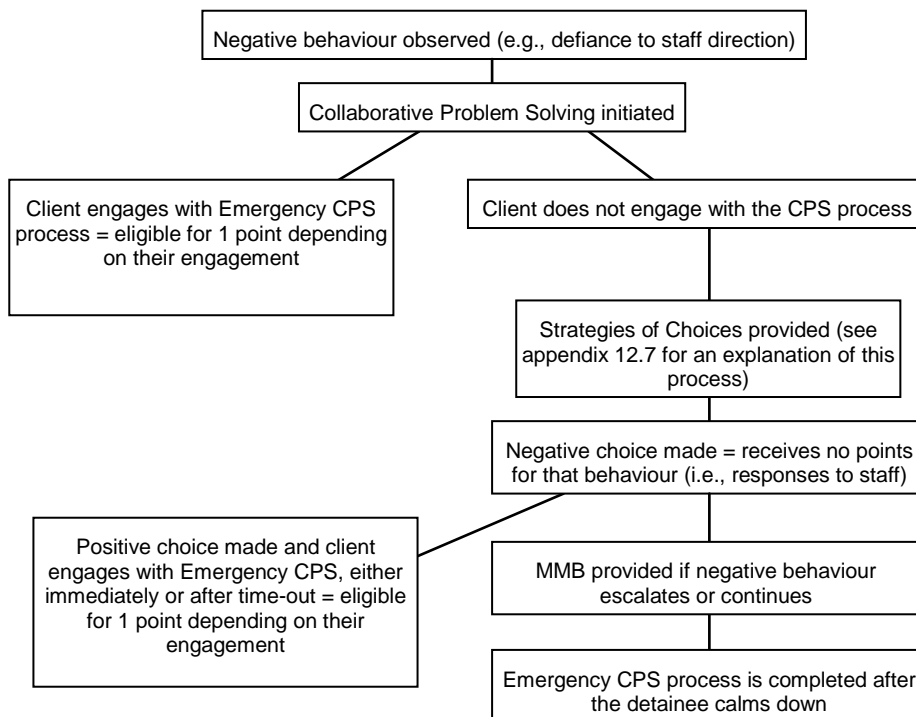
of points has been weighted to reflect the amount of effort required over the total day.

Throughout the day points are allocated according to the following Unit Rules and incentive responsibility areas. For the Unit Rules and responsibility area the task criteria outlines what a detainee will be assessed on. The task criterion is not a definitive list. It has been developed as a guideline to help staff differentiate the allocation of points between each Unit Rule and responsibility area.

Unit Rules and Responsibilities	Task Criteria
Centre Rules and Unit Rules	<ul style="list-style-type: none"> • All centres must have set routines for detainees to follow e.g. meal routines and unit routines. • Centre rules relate to detainee's expected behaviour e.g. during visits, movements and when accessing different areas. • Rules exist for centre's safety/security and to provide structure for detainees.
Behaviour and Participation in Programs	<ul style="list-style-type: none"> • Primary focus is on: <ul style="list-style-type: none"> ○ detainee's application/participation in a program ○ adherence to program/group's rules ○ attendance in agreed programs. • Types of programs accessed are recorded on detainee's Weekly target behaviours/tasks. • Programs are based on: <ul style="list-style-type: none"> ○ each centre's internal/external program schedule, ○ detainee case plan ○ progress requirements of Incentive Scheme.
Responses to others, detainees and staff	<ul style="list-style-type: none"> • Primary focus is on detainee's interactions with others, including: <ul style="list-style-type: none"> ○ listening to other people's point of view ○ speaking to and treating others with respect without threats/ violence ○ following all reasonable instructions from Centre/ETU staff ○ treating other people the way you'd expect to be treated, and ○ speaking to others without using offensive/ abusive language. • Detainees must be assessed as individuals and on their level of adjustment within centre. • A higher expectation of appropriate behaviour/compliance with unit rules and responsibilities exists for detainees in custody several months compared with detainees in custody a few days.
Personal Care and Care of Property	<ul style="list-style-type: none"> • Primary focus is on detainees' care of themselves and property around them. Examples include: <ul style="list-style-type: none"> • keeping room clean and tidy • showering and using personal hygiene products • looking after centre property or reporting any broken items/property • not damaging ETU/Centre property/resources • not damaging other detainees/staff property, and • respecting their property and those of others (detainees should only have approved property in their possession).

To ensure that both consistent positive behaviour and attempts to change behaviour are both rewarded:

- Positive behaviour is observed across the shift = full points allocated. Staff need to convey to the detainee when these positive behaviours occur and provide positive reinforcement “Well done, “Good movement” etc.
- Negative Behaviour observed (e.g., swearing at staff) – points will not be allocated only for that behaviour (i.e., communication and interaction with others) NOT for the whole session (e.g., programs and/or activities). If the participant engages in Collaborative Problem Solving efforts, they are still eligible to receive 1 point as they have engaged in the program’s requirements. The flow chart below outlines this process:



Incentive Scheme Progress & Points Form

Once a detainee is admitted to the unit, staff are required to activate an Incentive Scheme Progress & Points Form (see Appendix 12.21). This form provides space for the allocation and scoring of daily points.

Staff are encouraged to discuss the awarding of points as a team. A total of 82 points can be allocated during a 24 hour period. This is achieved by staff scoring points in each of the Unit Rule and Responsibility areas at the end of the shift. Points scored on one shift cannot be altered due to a detainee's poor behaviour on another shift. Furthermore, staff are required to provide both negative and positive feedback as to the detainees behaviour across the shift. This also involves commenting on whether the detainee has made an effort towards their weekly goals.

Dorchester ETU Incentive Points transfer

At the conclusion of each day the school staff will have completed a daily log of each detainee that has attended. This will include the points that he has earned that day, what lessons he attended and a short written description of his overall performance. This information will be used at CAMS. Where a detainee has failed to earn points, this is also noted - giving reasons. The Assistant Principal will be responsible for the transferral of this information to the Unit Staff at the end of the school day and retains a copy for the ETU records. Staff members enter this information within the CAMS folder. See Appendix 12.21 for the Dorchester ETU Incentive Points Form

Achievement Meter

When documenting behaviour observations and allocating points it is important that detainees are informed of the points they receive and any comments or feedback about their progress or achievements relating to their target behaviours or tasks. The achievement meter provides visual feedback to detainees on their progress towards achieving a daily incentive and the required points associated to their stage. The achievement meter is a powerful tool. Staff need to score the points on a daily basis and display achievement meter in a prominent place visibly accessible to staff and detainees. See Appendix 12.21 for the achievement meter.

Incentive Scheme Stages

There are four stages to the incentive scheme. A detainee can only move progressively one stage at a time and once a stage is achieved cannot revert to a previous stage. New detainees to the unit will undergo a Warby Program induction

within 4 days and the key worker will update their individual Client Intervention Plan to reflect their admission to the Warby Program.

Stage 1

All new detainees will commence on stage one unless they have been transferred from another unit (see “transferred detainees”). Stage One is the induction and initial assessment stage. New detainees will undergo centre induction within 4 days, negotiate an individual Client Intervention Plan within 7 days and be reviewed by the Client Services Meeting (CSM) within 10 days of admission.

A detainee must be inducted and introduced to the incentive scheme. A detainee must achieve stage one criteria before being considered for Stage Two. A detainee arriving any later than 4 days into the week appraisal period will not be able to make the required points and therefore will need to stay on Stage One for a further appraisal period (maybe up to 10 days.) It is **not possible** for a detainee to go back a stage. If a detainee is having trouble meeting the Stage Two criteria then a review is done at the weekly CAMS meeting to assess if the goals are too difficult to meet or if the detainee is not responsive to the scheme. This information is forwarded to the CSM where staff will discuss and apply the appropriate measures.

In **Stage 1** the following applies:

- Standard bedtime is 7:00pm
- Limited access to Centre programs and activities (pending risk assessment)
- Reiby issue clothing only
- Are permitted own shoes and hat (permit to retain 2 hats and 1 pair of own shoes in unit)
- Can access maximum of 5 undies, socks, singlets each (every 3 months from family or significant other).
- No access to the centralised games room
- No access to the Gym Program (pending risk assessment)
- Access to Unit Purchase Rewards
- Access to Incentive scheme after initial assessment period.

Detainees must achieve an aggregate of 42 points each day to be eligible for:

Latest bedtime 8:00pm

Stage 2

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For a detainee to progress to Stage Two they must show effort to complete the case plan goals outlined during their CAMS and achieve their daily rewards on an average of 5/7 days.

In Stage two the following applies:

- Standard bedtime is 7:00pm
- Access to all Centre programs and activities (pending risk assessment).
- Access to Homework Centre (pending risk assessment and have earned a minimum of 42 points on the day).
- Reiby issue clothing only
- Are permitted own shoes and hat (permit to retain 2 hats and 1 pair of own shoes in unit)
- Can access maximum of 5 undies, socks, singlets each (every 3 months from family or significant other).
- Access to the games room (before 5pm as per programs weekly planner)
- Access to gym program after school (priority give to stage 3 &4)
- Access to Unit Purchase Rewards

Detainees must achieve an aggregate of 44 points each day to be eligible for:

- Latest bedtime 8:00pm

Stage 3

For a detainee to progress to Stage Three they must show effort to complete the case plan goals outlined during their CAMS and achieve their daily rewards on an average of 5/7 days.

In Stage Three the following applies:

- Standard bedtime is 7:00pm
- Access to all Centre programs and activities (pending risk assessment).
- Access to Homework Centre (pending risk assessment and have earned minimum 42 points on the day)
- Are permitted own shoes and hat (permit to retain 2 hats and 1 pair of own shoes in unit)
- Can access maximum of 5 undies, socks, singlets each (every 3 months from family or significant other).
- Access to one set of their personal clothing (one piece of clothing to be worn after school hours anywhere in the centre).
- Access to the games room after 5pm as per Incentive.

- Access to Unit Purchase Rewards
- Access to outings and given first priority to attend (provided critical dates and classification are met.)
- Access to Banking
- Access to Gymnasium program.
- **Detainees must achieve an aggregate of 50 points each day to be eligible for:**
- Latest bedtime 8:30pm

Stage 4

For a detainee to progress to Stage Three they must show effort to complete the case plan goals outlined during their CAMS and achieve their daily rewards on an average of 5/7 days.

In Stage Four the following applies:

- Standard bedtime is 7:00pm
- Access to all Centre programs and activities.(pending risk assessment and Classification)
- Access to Homework Centre (pending risk assessment and have earned a minimum of 42 points on the day).
- Are permitted own shoes and hat (permit to retain 2 hats and 1 pair of own shoes in unit)
- Can access maximum of 5 undies, socks, singlets each (every 3 months from family or significant other).
- Access to two (2) sets of their personal clothing which can be worn anywhere and anytime in the centre.
- Access to the games room after 5pm as per Incentive Scheme
- Access to Unit Purchase Rewards
- Access to outings and given first priority to attend provided critical dates and Classification are met.
- Access to Banking
- Access to IPOD (Friday and Saturday nights only subject to Incentive conditions)
- Access to Gymnasium program pending risk assessment.

Detainees must achieve an aggregate of 54 points each day to be eligible for:

- Latest bedtime 9:00 pm

Incentive Rewards

There are two rewards categories that a detainee can earn rewards. (1) Daily rewards (late beds) and Weekly Incentive Rewards which enable the detainee to purchase a range of items.

Daily Rewards

In order to perform a daily assessment the Youth Officer is required to:

- Allocate daily points and comment on detainee's progress/achievements based on their individual target behaviours and/or tasks.
- Document this information on incentive scheme progress & points / observation form.
- Observe and record a detainee's pro-social behaviour and challenging behaviours. The latter tells us there is a risk, and the former tells us about the detainee's capacity to behave more safely.
- Assess the detainee against four areas listed above for participation in educational/vocational programs.
- Allocate detainees the following points for each criteria: 2 - Achieved 1 - Made Progress or Effort Towards 0 - Did Not Achieve or Contribute.
- Use scales to assess the detainee against his own progress/achievements.
- Never compare detainees.
- Carefully consider detainee's individual abilities/weekly focus areas when allocating points.
- Calculate the detainees points for the day
- Allow detainees an extended bedtime/access to evening programs if the required points are achieved.
- Direct any detainee who fails to achieve their daily points to go to bed at the centres standard bedtime.

To achieve a late bed a detainee must earn the following daily points:

Stage 1: 42 or more = Incentive bedtime 8:00pm

Stage 2: 44 or more = Incentive bedtime 8:00pm

Stage 3: 50 or more = Incentive bedtime 9:00pm

Stage 4: 54 or more = Incentive bedtime 9:00pm

Weekly Incentive Rewards

Detainees will have access to their rewards during Thursday PM shifts. When a detainee reaches Stage Three he will have the opportunity to save money to purchase other rewards. Such rewards may be negotiated with the Unit Manager to the maximum value of eighty dollars on stage three and one hundred dollars for detainees on stage four. Such negotiation will be recorded as part of the detainee CAMS meeting. While a detainee's savings and expenditure is recorded and signed for on the Tally Sheet (see Appendix 12.21).

In order to achieve weekly incentive rewards, the detainee is required to meet their weekly goals. These goals are developed during the CAMS meeting and are assessed by way of reviewing the comments found on the point's sheet. Within the Warby unit, these goals will include two case work goals and one therapeutic goal. The therapeutic goal will be determined by the outcome of Collaborative Problem Solving efforts. In addition, the detainee is also required to achieve his daily rewards on an average of 5/7 days. It is essential that all Unit Staff provide frequent comments regarding whether the detainee has made an effort towards their weekly goals.

Weekly rewards can be either:

- **Social reinforcers**: verbal praise or recognition (individually, in front of a group or family, awards, letters of recognition / achievement, graduation ceremonies, displayed artwork or homework, etc; written awards – resident of the week, student of the week, room of the day or week, certificate of achievement, record holder in a sport event, etc; appointments, staff helper, resident leader, added responsibility, selection for an activity, etc; and, nomination of a guest for dinner or another event.
- **Material Reinforcers**: Any tangible item given to a young person following the achievement of a target [expected] behaviour that you want to encourage or strengthen. They include any item that can be purchased or donated (noting that some items are not permitted in detention centres).

Examples include:

- clothes, shoes, hats, etc
- personal hygiene items – e.g., cologne
- food, treats, snacks, etc
- posters, books, radios, CD players, etc
- cards, models, stationery, envelopes, pens, etc
- recreation equipment – e.g., board games, arts and crafts supplies, etc

- **Activity Reinforcers**: Anything a young person likes to do.

For example:

- games – e.g. basketball, football, etc
- dinners, movie rentals, etc
- music shows, talent shows, plays, video games, etc
- cleaning, cooking, painting, arts and crafts, gardening, etc
- sleep-ins, selection as a leader, choice of music or television show, etc

The following tables give examples of what incentives a detainee is eligible at each incentive stage. Note that the availability of incentive rewards increase in their amount and overall value as the stages go up. It also reflects the availability to three different types of incentives, edible, material and activity items, which potentially increases incentive motivation and in turn reinforces pro social behaviour. Within the Warby unit, each item is given a monetary value. Assuming the detainee meets his weekly goals, he is provided a set sum of money (which is determined by their stage). The detainee is responsible for budgeting their money appropriately so that they can purchase required or wanted items.

STAGE 1	Access to:	Edible Items	Material Items	Activity Items
Bedtime: 8:00PM Access to TV till: 11:30PM	One (1) Edible Item or One (1) Material Item and One (1) Activity Item Access to Bingo Night <hr/> Access to personal shoes and hat only	Drinks Chocolate Lollies A Packet of Chips	Ankle Socks (plain) Loofah Soap Palmolive Air Freshener	Plain Cards Stress Ball Letter writing Puzzle Pack
STAGE 2	Access to:	Edible Items	Material Items	Activity Items
Bedtime: 8:00PM Access to TV till: 11:30PM	One (1) Edible Item PLUS One (1) Material Item PLUS One (1) Activity Item Access to Homework Centre (subject to risk assessment) Access to personal shoes and hat only Access to Gym (subject to risk assessment)	Drink Chocolate Lollies A Packet of Chips	Socks (plain) Wash Cloth/Loofah Palmolive soap Air Freshener Shampoo Pears Conditioner Natures O Colgate toothpaste Body wash Moisturiser	Plain Cards Stress Ball Letter writing Laminated photo Blank Pad Birthday Cards

STAGE 3	Access to:	Edible Items	Material Items	Activity Items
<p>Bedtime: 8:30PM</p> <p>Access to TV till: 11:30PM</p> <p>Stage 3 he has an option of BANKING points. Banking points allows a detainee to have points converted into a dollar value. A detainee can save their money and purchase an item from nominated store. Banking of the points is linked to weekly incentives, for example if a detainee achieves his weekly incentive they can bank \$10.00 for the week or choose from the incentive scheme list. The maximum amount the detainee can save is \$80.</p>	<p>Access to Bingo Night</p> <p>One (1) Edible Item PLUS</p> <p>One (1) Material Item PLUS</p> <p>One (1) Activity Item</p> <p>Access to Homework Centre (subject to risk assessment)</p> <p>Access to Gym (subject to risk assessment)</p> <p>Access to Bingo Night</p> <p>Access to personal property shoes and hat only</p> <p>Access to one set of personal clothing – one item of clothing can be worn anytime after school.</p> <p>Access to IPOD incentive Fri – Sun.</p> <p>Access to Games room after 6pm if applicable.</p>	<p>Drink</p> <p>Chocolate</p> <p>Lollies</p> <p>Chips</p> <p>Noodles (cup)</p> <p>Biscuits</p> <p>Up and Go breakfast drink.</p>	<p>Stage 1 & 2 items plus</p> <p>Total toothpaste</p> <p>Shampoo Sunsilk</p> <p>Conditioner Sunsilk</p> <p>Rubber Thongs</p> <p>Deodorant</p> <p>Singlets</p> <p>Gym gloves</p> <p>Gym Towel</p> <p>Body wash</p> <p>Personal Purchase From Rebels or JB Hi-f</p> <p>Save \$40 and purchase toiletries on stage 4</p>	
STAGE 4	Access to:	Edible Items	Material Items	Activity Items
<p>Bedtime: 9:00PM</p> <p>Access to TV till: 11:30PM</p> <p>Stage 4 Detainee has an option of BANKING points. Banking points allows a detainee to have points converted into a dollar value. A detainee can save their money and purchase an item from nominated store. Banking of the points is linked to weekly incentives, for example if a detainee achieves his weekly incentive they can bank 12.00 for the week or choose from the incentive scheme list. The maximum amount the detainee can save is \$100.</p>	<p>One (1) Edible Item PLUS</p> <p>One (1) Material Item PLUS</p> <p>One (1) Activity Item</p> <p>Access to Homework Centre (subject to risk assessment)</p> <p>Access to Gym (subject to risk assessment)</p> <p>Access to Bingo Night</p> <p>Access to personal property shoes and hat.</p> <p>Access to 2 sets of personal clothing – can be worn anytime.</p>	<p>Drink</p> <p>Chocolate</p> <p>Lollies</p> <p>Chips</p> <p>Noodles (cup)</p> <p>Biscuits</p> <p>Up & Go Breakfast Drink</p>	<p>Stage 1,2 & 3 items plus</p> <p>Palmolive Shampoo</p> <p>Palmolive Conditioner</p> <p>Personal Purchase from Rebels & JB Hifi</p> <p>Other toiletries available</p> <p>Shampoo Pantene</p> <p>Conditioner Pantene</p> <p>Toothpaste Extreme Clean</p> <p>Moisturiser Int Care Vaseline</p>	<p>Stage 1, 2, & 3 items plus</p> <p>Up to three extra phone calls (week to week not accumulate)</p>

Note: These incentives are subject to changes as a result of operational needs and centre directives.

Tally Sheet

The Tally sheet is used to keep track of incentive earnings and purchases. It must be completed to reflect what happened at each CAMS for detainees on Stage Three and Four. A record is kept of what detainees purchase and the balance of their saving. The detainee is to initial the outcome of each interaction. See Appendix 12.21 for a copy of the Tally Sheet.

Client Assessment Meeting (CAMS)

The purpose of the CAMS is to provide a structured situation for a detainee to reflect on behaviour and achieved case plan goals. The meeting is an important case management intervention. A review of all relevant information concerning the detainee is undertaken. This includes achievements and barriers identified in unit responsibility areas and efforts to meet their client intervention plan goals. The aim of the CAMS is to acknowledge the detainees strengths and challenges and negotiate and devise a plan for the future.

During the CAMS a proactive Plan B discussion will be held and a viable solution will be identified for the underlying issue. This solution will then become the client's therapeutic goal for the week. See CPS Section for further information. The client will also be expected to identify two casework goals for the week, which may include calling his JJO, contacting family etc. If the client has achieved these three goals and has made his daily rewards 5/7 times he is then eligible for his weekly reward.

CAMS will be held on either Monday or Tuesday's and will be conducted by no less than two staff. Where practical, one staff member will be the Key Worker who will be responsible for the overall co-ordination of all CAMS and pending the circumstances arrange for the relevant staff to participate e.g. Unit Manager, Assistant Unit Managers, Nurses, Psychologist , Teachers etc.

A key element in facilitating good CAMS is preparation. The Key Worker needs to be well informed about the detainee's situation and it is recommended that the following documents be reviewed prior to the meeting:

- YSLI/CMI-AA
- Case plan
- Action Plan
- Incentive Scheme Progress & Points Form

- Functional Behaviour Assessment Forms
- CIMS – Notes, Background report
- Misbehaviour Reports
- Comments and feedback from other relevant staff about progress, behavioural issues and program participation.

The outcome of the CAMS determines if the detainee will have access to their weekly rewards and if the detainee meets the requirements for moving to the next stage. All movement of stages are to be reviewed and approved at the CSM and signed off by the Assistant Manager Clients Services.

The outcomes of the CAMS should be recorded on the CAMS form, which detainees can access at the staff's convenience. The Unit Manager or a delegated staff member will record a summary of the weekly review in CIMS. See Appendix 12.22 for a copy of the CAMS Form. The detainee's CAMS goals should also be communicated to their key Teacher and to all other Unit Staff.

The Assistant Unit Manager is responsible for overseeing the CAMS process and thus provides a quality assurance role.

Client Intervention Plan

It is required that all detainees who have undertaken the initial assessment process outlined in stage one of the incentive will develop an individual client intervention plan. Please note that at each stage there is a different emphasis. This plan will be developed and reviewed by the Unit Manager and relevant staff at the weekly CAMS. The fundamental aim is for the participants to come to agreed actions on what needs to occur to sustain or increase appropriate behaviour and meet case plan goals before moving to the next stage in the incentive scheme. It is encouraged that staff who are working closely with the detainee and are unable to attend the weekly review are consulted about the detainees' progress and any target behaviours or tasks that he has achieved or possible work towards for the following week. See Appendix 12.21 for a copy of the Client Intervention Plan.

Homework Centre

The Homework centre is run by the centre Chaplaincy in conjunction with ETU and the Reiby JJC. The program runs each fortnight and is coordinated by the facilitators in conjunction with the unit staff. Detainees attending the Homework centre must have completed centre risk assessment, on Stage Two or above and have earned a minimum of 42 points on the day. A detainee who have earned the minimum points of 42 and has not earned points to receive his daily incentive bedtimes will be required to go straight to his room after the program. Attendance at Homework centre

must be included in the Client Intervention Plan.

In the event that there are concerns or adjudication is required about a detainee attending on the night, the adjudication will be undertaken by the facilitator, Assistant Unit Manager and the Duty Manager with the final approval by the Duty Manager.

Transferred Detainees

A detainee that has been transferred from another unit or centre must not be deprived of privileges already earned. To this effect it is important that a detainee maintains the same stage in the incentive scheme. The Unit Manager will ensure this by perusing the detainee's files and if required contact the unit/centre from which the detainee has come.

Leave from Client Intervention Plan

A detainee may request or be required to take leave from their individual client intervention plan under the following conditions.

1. Time-out

Time-out is granted to a detainee who has a reason that may be affecting his performance during his Individual Program e.g. an upcoming Court appearance, an upsetting phone call, difficulties reducing his emotions, a death in the family etc.

Time-out is seen as a positive process. By negotiating leave, the detainee is attempting to avoid a situation in which he may be removed and at the same time learn proactive modelling skills. Time-out can be negotiated during any stage of the day. When the participant asks for time-out he is able to negotiate the length of leave, however, after approximately 10 minutes a staff member should attempt to engage the detainee in CPS. When the participant chooses time-out after being prompted by staff, this time-out process should be for a maximum of 10 minutes, after which time the CPS process should be attempted.

In regards to point allocation, the ETU will allocate points for the session/s attended. Unit staff will allocate points according to effort in the unit for the period of negotiated leave only.



For example, if a detainee negotiates time-out for the period between morning tea and lunch, they will receive unit points for this period. If they do not return as negotiated, they will no longer receive points.

Individual Program Refusal

In the event that the detainee fails to negotiate leave from an agreed program the detainee is expected to attend work party and will not earn points for the time they are away (i.e., he is eligible for points for the time he was within the program, but not after the refusal). In the event of program refusal, Collaborative Problem Solving should be attempted with the detainee and if the detainee continues to refuse, the strategy of choices will be provided as per the flow-chart above. Should the detainee continue to refuse then the detainee is expected to attend work party and will not earn points for the time he is away

2. Sick Leave

When a detainee complains of illness and requests not to attend their individual program they must consult the registered nurse. Following this consultation the detainee will be given the option to attend their individual program. If the Registered Nurse determines that the detainee is sick the detainee will be released without loss of points for the duration of sick leave.

If the detainee is deemed well by the Registered Nurse and he opts to **not** attend his individual program then it will be explained to him that he will not receive points in the programs area for the time that he is away. Again, Collaborative Problem Solving should be attempted with the detainee and if the detainee continues to refuse, the strategy of choices will be provided as per the flow-chart above.

Leave Pending Case Management

A detainee is removed from ETU by Juvenile Justice Staff under adverse circumstances (incident, suspension etc). Prior to the detainee returning to his ETU program a case management meeting between the ETU and the Unit Manager must be undertaken to formulate a plan for returning, this must utilise the CPS model to facilitate this process. The detainee will lose ETU points for a maximum of three school days. If the issue is not resolved via a case management process within three school days, the detainee will be eligible to earn points by doing Unit chores.

9.1.3 Behaviour Intervention: Managing Difficult Behaviour

Within the Warby Program, major problematic behaviours will continue to be dealt with by standard operating procedures. This provision has been maintained to ensure continued safety of staff and detainees alike.

Minor-moderate problematic behaviours will be dealt with by way of Collaborative Problem Solving and in particular Emergency Plan B (as discussed below).

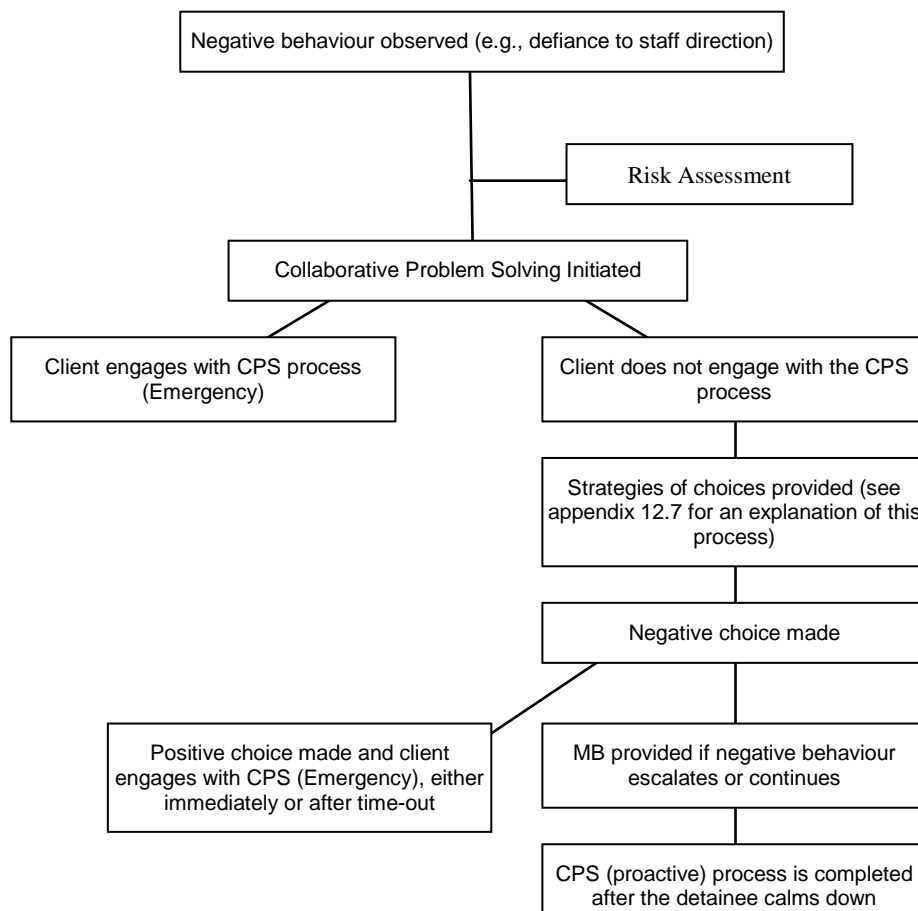
Prevention of difficult behaviour

Collaborative Problem Solving can be considered to be a preventive model in that it attempts to intervene with difficult behaviour prior to its occurrence. This process will involve the following:

- During the assessment phase, emphasis will be placed on determining the triggers related to problem behaviour and establishing knowledge of the instances in which the detainee is more likely to present difficult behaviour
- Completing functional behaviour assessments of problematic behaviours
- Engaging in Proactive Collaborative Problem Solving at the weekly Collaborative Problem Solving Meeting
- Providing the detainee with choices, so that he may take responsibility for his actions
- Utilising Emergency Collaborative Problem Solving when the detainees behaviour is escalating or when he is entering a situation that is known to provoke difficult behaviour
- Encouraging and rewarding detainees when they are behaving positively / pro-socially or engaging in program requirements
- Role modelling, in a range of situations, so detainees can observe alternative, more positive ways of behaving

9.1.4 Behaviour Intervention: Options for Managing Difficult Behaviour

The following chart outlines the options for managing difficult behaviour. **Refer to the operations procedures manual and the Detainee Behaviour Intervention Framework for more information.** Note: in some instances it may not be appropriate for the staff member involved to conduct CPS and as such an alternative staff member such as the Assistant Unit Manager is able to complete this process.



Strategy of Choices

In the case of negative behaviours, if the participant fails to engage in the Collaborative Problem Solving method, we use this opportunity to create a “crisis of choice” in which they are asked to make a fresh choice, here and now. Choices may include:

1. work with staff to come up with a solution to the problem they are facing
2. to have five minutes of personal time and then engage in CPS
3. to continue engaging in the negative behaviour and receive a misbehaviour

We present this by using the following steps:

We respect your right to choose. How you respond to the rules we lay down is up to you. Whichever way you choose we will respond to your choice, either by

working to support your success or by enforcing consequences (see CSC Manual, Page 16).

The rules underlying the Warby Program are those necessary for the program to function safely and be efficient.

This method ensures that participants are led to experience their negative behaviours and positive behaviours as their own conscious decision, not as a decision imposed by an external authority.

To ensure that this strategy is applied correctly the following must be kept in mind:

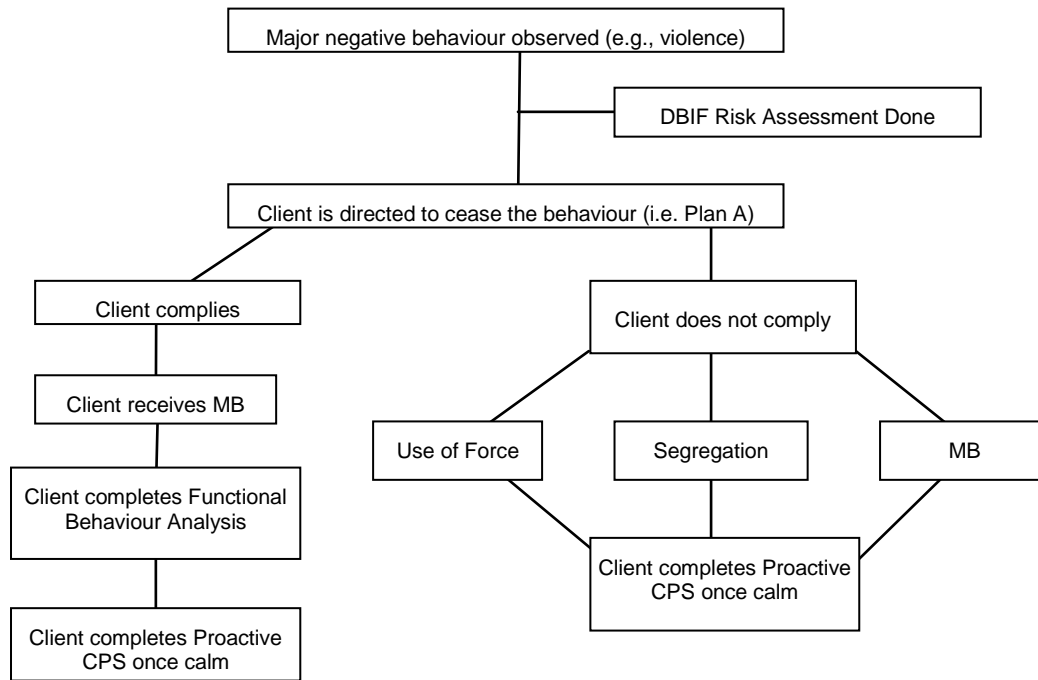
- The participant is clearly informed of the rule or standard – rules, requirements and standards are explained to the participant both on admission to the program and at any time that he breaks a rule. This is done without threats and without coercion
- Present real options (including working with staff to come up with a solution, having five minutes of personal time and receiving an MB). Make it clear that by choosing the positive option you will join with them to help them succeed in that option
- Challenge the participant to make a deliberate and conscious choice. Insist that they choose
- Respect their choice, and follow through with appropriate consequences. Support responsible choices and impose consequences for antisocial choices. Avoid condemnation and blame, “It’s nothing personal”

The basic consequence for deciding not to comply with the rules or standard is to receive a MB, but staff are required to present the strategy without threatening. As a result, the receipt of an MB is always tied to the participant’s deliberate decision. When the participant is informed of the decision that he will receive an MB, he is also informed of the new decision he will need to make to ensure that he does not get a similar MB in the future.

Example: A participant swears at a staff member in a threatening or violent manner and then fails to engage in a CPS discussion and continues to swear at the staff member. The participant needs to be reminded that showing respect for others is a condition of the program. The participant is then asked to choose: work with me to come up with a solution, have a time-out for five minutes or receive an MB.

Note: The above does not apply when reactive measures are deemed necessary (i.e., when use of force is required) to ensure safety and security.

Major Negative Behaviour



Note: For information relating to policy and procedures in regards to Separation, Segregation and Use of Force please refer to the Operations Manual, located on the Intranet.

9.2 Intervention Phase: Collaborative Problem Solving

Collaborative Problem Solving (CPS) has been adopted in the Warby Program as a means of providing a consistent and productive way of engaging with detainees. CPS aims to increase the compatibility between detainee and staff characteristics in order to decrease the occurrence of problematic behaviours. Although many of the strategies underlying the CPS model have been previously utilised by Youth Officers, the implementation of this model allows for the use of these strategies to be enhanced and consistently applied.

If an adolescent can do well s/he will do well

The model assumes that adolescents who display problematic behaviours experience developmental delays (i.e., 'lagging skills') in the global domains of flexibility, frustration tolerance and problem solving. CPS argues that it is these developmental delays which limit the adolescent's ability to behave in a pro-social and adaptive manner, since in most instances they do not possess the ability to do so. Consequently, CPS argues that conduct related difficulties should not be attributed to attention seeking, coercive behaviours, manipulation attempts or poor motivation, but rather to cognitive delays, which prevent the adolescent from engaging in appropriate behaviours. Moreover, in its emphasis on improving the 'fit' between adults and young people, this model places emphasis on the antecedent events rather than on consequences or maintaining factors in causing many conduct related problems.

Thus, the CPS model rejects the idea that kids act up because they are attention seeking, unmotivated, coercive or limit testing. Rather it argues that challenging behaviour is similar to a learning difficulty and reflects an underlying developmental delay. As a result, CPS suggests that adolescents act up when the cognitive demands being placed on them exceed their ability to behave in an adaptive way. CPS argues that the best way to intervene with challenging adolescents is to teach them cognitive skills and help them to solve problems.

9.2.1 Collaborative Problem Solving: Lagging Skills

The CPS model has identified the following five pathways associated with developmental delays (i.e., 'lagging skills'). CPS argues that the identification of these pathways is extremely important as once identified, explosive episodes are often highly predictable and therefore much easier to intervene with successfully.

Executive Functioning

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- *Working memory* – a system for temporarily storing and managing the information required to carry out complex tasks such as learning, reasoning, and comprehension. If a difficulty exists here the adolescent may experience problems reflecting upon the previous consequences of their behaviour (i.e., limited hindsight) and the future consequences of their problematic behaviours (i.e., limited forethought)
- *Separation of affect* – the inability to control one's emotions when required. If the difficulty exists here, the adolescent may be highly reactive (e.g., screaming, crying, swearing etc) during demands for compliance and thereby unable to engage in rational and reflective thinking.
- *Organisation and planning* – the ability to organise thoughts and stop impulses in order to engage in planning activities, such as problem solving (i.e., defining a problem, generating solutions and anticipating the likely outcome of each solution). If a difficulty exists here, the adolescent may experience problems reflecting upon the previous consequences of their behaviour (i.e., limited hindsight) and the future consequences of their problematic behaviours (i.e., limited forethought)
- *Shifting cognitive set* – refers to flexibility and the way an individual is able to quickly change from one set of rules and expectations to another. If a difficulty exists here the adolescent may experience difficulties rapidly compiling with adult directions, particularly when they are engaged in an activity, which is cognitive demanding (e.g., playing play station).

The presence of executive functioning delays is often also associated with inattention and poor impulse control. As such, an overlap often exists between disorders associated with executive deficits (e.g., ADHD) and conduct disorders.

The transactional model is a key aspect of CPS. This transactional focus suggests that if an adolescent with executive deficits is paired with an adult who frequently imposes demands for rapid shifting of cognitive set and exhibits little tolerance or understanding of slow or impulsive responding, we would predict a low level of compatibility and thus an increase in the intensity and/or frequency of problematic behaviours. Alternatively if the adolescent is paired with an adult who is aware of this incompatibility, aware of the situations where the incompatibility is likely to become problematic and interacts with the adolescent to reduce this incompatibility, the fit would likely improve.

1. Language-Processing Skills

Common deficits associated with aggression and conduct related problems:

- *Difficulties labelling emotions* – The young person may run the risk of being misinterpreted as being “hostile”, “scary” and “out-of control” when really they are

frustrated. Furthermore, the adolescent may not possess the language skills to correct this misinterpretation.

- *Problems communicating feelings and needs to others* - Difficulties in getting their needs met, solving problems and participating in compromise.
- *Pragmatic language skills* – difficulties staying on topic, taking turns in conversation, recognising boredom in an interaction partner, regulating pitch and volume, maintaining eye contact, orientating to the listener and poor vocabulary related to engaging in social interactions (starting a conversation, entering a group, sharing etc).

The CPS model argues that if a linguistically impaired adolescent is paired with an adult who does not understand how these language-processing difficulties impact the adolescent's ability for responding to simple requests, we would predict a low level of compatibility and an increase in the intensity and/or frequency of problematic behaviours.

2. Emotion Regulation Skills

Emotion regulation refers to an adolescent's general or usual affective state rather than the emerging emotional state which occurs once he/she is frustrated. What we are looking for here is the presence of a fairly chronic level of irritability, depression and/or anxiety, which may set the stage for responding to minor frustrations as if they were major incidents. The CPS model argues that these affective states arise as a result of unhelpful thinking patterns or cognitive distortions.

The CPS model argues that if an irritable or anxious adolescent is paired with an adult who responds to the adolescent in an impatient, inflexible, rigid manner, or misinterprets the adolescent's irritability as a "bad attitude", we would predict a low level of compatibility and an increase in the intensity and/or frequency of problematic behaviours.

3. Cognitive Flexibility Skills

Some adolescents are extremely concrete, literal, black and white thinkers. These adolescents tend to be rule orientated and often focus on details rather than the big picture or situational factors. Furthermore, these adolescents tend to have a preference for predictability and routine and may experience significant frustration in circumstances of unpredictability and novelty or when events move outside of the norm or the expected (e.g., a detainee who becomes agitated when the unit routines are changed or when they are moved into a different classroom).

These adolescents may obsess over an idea or plan, and standard logic or reasoning may not help the adolescent to shift mindset.

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Social impairments are also common with these adolescents. Specifically, their literal approach to the world can make it difficult to appreciate social cues, understand emotions in others and appreciate the rules relating to social communication. As a result poor cognitive flexibility skills are often associated with autism spectrum disorders.

The CPS model argues that if a literal thinking adolescent is paired with an adult who has a strong inclination towards sarcastic or highly nuanced communication, we would predict a low level of compatibility and thus an increase in the intensity and/or frequency of problematic behaviours.

4. Social Skills

Common deficits associated with social skill delays include poor social communication, lack of understanding of emotions in self and others, difficulty recognising the impact of one's behaviour on others and difficulty comprehending how one is coming across to others.

The CPS model argues that if a socially impaired adolescent is paired with an adult who is overanxious about how the adolescent is being perceived by others and over-concerned about the adolescent's poor social standing, we would predict a low level of compatibility and an increase in the intensity and/or frequency of problematic behaviours.

9.2.2 Collaborative Problem Solving: Assessment of Pathways and Triggers

The identification of pathways and triggers will primarily take place during the Assessment Phase. For more information regarding assessment considerations see Section Eight: Assessment Phase.

9.2.3 Collaborative Problem Solving: Implementation of Collative Problem Solving

CPS posits that there are three different ways of handling problematic behaviours. They suggest that although all three *can* be helpful, in the case of conduct disordered adolescents, greater consideration needs to be applied to collaborative means of managing behaviour rather than strategies which are exclusively adult need focused or adolescent need focused. Therefore, the emphasis for staff is in developing skills to adopt Plan B.

PLAN A = Adult imposes their will and insists that some expectation is met by the adolescent



In ordinary adolescents, the imposition of adult will may not be aversive, because the adolescent does not have an extreme reaction to the insistence and because the adolescent tends to meet the expectation. However, for conduct disordered adolescents, the use of Plan A or the imposition of adult will, often increases the probability of problematic behaviours occurring.

Unfortunately, the use of Plan A is very prevalent both within Juvenile Justice and for adults who work with conduct disordered adolescents. Use of Plan A can stem from the mistaken impression that Plan A is a faster or more efficient way to pursue expectations. After all why have a discussion with someone when you can just tell them what to do? Plan A is quicker on the front end (i.e., it is far easier to just say no than to try and collaborate on a solution), but when dealing with recurrent and ongoing problematic behaviours it tends to be time consuming and inefficient in the long run.

Common phrases associated with Plan A may include: “No”; “this is your final warning”; “Because I said so!”; “I will give you to the count of three”; “You must do this....” and “You can’t do”

PLAN A = Adult’s needs and concerns are the priority

PLAN B = Engaging the adolescent in a collaborative attempt at problem solving in order to resolve the concerns or factors that are interfering with expectations being met

This plan is an important basis of the Warby Program’s intervention and will be explained in greater detail below

PLAN B = Adult and Adolescents needs and concerns are both given priority

PLAN C = Reducing or removing expectations

Plan C is highly effective at reducing an adolescent’s level of frustration as the adult drops the demand or ‘allows the adolescent to do what they like’. Adults who use Plan C are likely enduring fewer explosive episodes, but having eliminated their expectations, they may feel guilty and powerless.

PLAN C = Adolescent's needs and concerns are the priority

9.2.4 Collaborative Problem Solving: Goals of Intervention

Three goals of intervention:

1. To dramatically reduce the frequency, intensity and duration of inappropriate behaviours
2. Help adults pursue expectations
3. Teach cognitive skills that are lacking

Goals achieved by each plan			
	Reduce outbursts	Pursue expectations	Teach skills
Plan A		<input checked="" type="checkbox"/>	
Plan B	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Plan C	<input checked="" type="checkbox"/>		

9.2.5 Collaborative Problem Solving: Implementation of Plan B

When introducing Plan B, Youth Officer's are effectively taking on the role of a 'surrogate brain' – that is by using Plan B, the Youth Officer is going to be doing the thinking for which at this time the adolescent is unable to do for himself. As a result, the Youth Officer is responsible for modelling and teaching the crucial skills of flexibility, frustration tolerance and problem solving. The Assistant Unit Manager, Unit Manager, Psychologist and Assistant Principal all hold responsibility for ensuring that Youth Officer's are implementing Plan B on a frequent basis.

Two types of Plan B:

1. **Emergency Plan B (Crisis Management) = Reactive** - Waiting until the problem occurs before implementing the Collaborative Problem Solving method. Due to the heightened emotions often characteristic of these moments, this is the least opportune time to attempt to solve a problem. However, as a crisis intervention, the use of Plan B can be productive, but it is considered to be less efficient than if a Proactive Plan B is used.

Emergency Plan B discussions will be held during the emergence of problematic behaviours, and can serve to increase familiarity with the CPS model.

2. **Proactive Plan B (Crisis Prevention) = Utilising Collaborative Problem Solving** well in advance of problematic behaviours. That is as the triggers for conduct related problems tend to be predictable, it is recommended that problem solving discussions occur before the behaviour occurs again.

Proactive Plan B discussions will be held in conjunction with weekly CAMS meetings. These discussions will be written up on CIMS. See Appendix 12.21 for the CAMS template

STEPS INVOLVED IN PLAN B

Step 1: Empathy

Acknowledging that the adolescent has a legitimate concern and defining that concern

Step 2: Define the Problem

Adults enter their concerns into consideration.

Step 3: The Invitation

Inviting the adolescent to collaboratively brainstorm ideas for solving the problem in a way that is mutually satisfactory

Step 1: Empathy

Empathy involves acknowledging that the adolescent has a legitimate concern and defining that concern. Skills involved in this step include:

- **Reflective listening** = paraphrasing the other person's words in order to increase your understanding of their concerns and communicate that you are genuinely interested in their concerns.
- Identifying the adolescent's concern by asking appropriate questions. Statements that may help include: "I've noticed that ..." and "What's up?"
- **Neutral observation** – using non-judgemental language
- **Drilling for information** – The aim of this step is to get kids concerns on the table. The unsolved problem or concern is not the problem behaviour (e.g., hitting), it is thing that came before – what set it off. This is what we need to explore during the empathy step. We can do this by using empathy skills and finding out the what, where, which, when and who in regards to the kids concerns.

Example Proactive Plan B:

Detainee does not want to go to school for the morning session.

Youth Officer: "I have noticed that you don't want to go to school in the morning"

Detainee: "I don't have to go, you can't make me"

Youth Officer: "I can't make you go to school, why don't you tell me what's up" (empathising)

Detainee: "I feel too tired to go to school"

Youth Officer: "you feel too tired to go to school, so you stay in your room" (re-empathising)

- **Dealing with pronouncements:**

Many adolescents make their concerns known by making a pronouncement rather than by defining a specific problem. For example: "I'm not taking my medication" or "I am going to punch person X"

These statements qualify as solutions rather than concerns.

As a result, it is necessary for the adults to assist the adolescent to be more specific about their concerns. After empathising with these statements (“You’re not taking your medication” or “you’re going to punch person X”), the clarification process begins by asking “What’s up?” In the case of the first statement, answers might include “it tastes bad” or “it makes me dizzy” or “I can’t swallow the pill”. Note: these have now become concerns to which we can attempt to apply problem solving.

In regards to the second pronouncement “I am going to punch person X”, responses to “What’s up?” might include “He said something about my mother”, “He keeps picking on me”, “He keeps me up all night by talking” etc. Again, these clarifications move us closer to solving actual problems than did the original pronouncement.

- **Preconceived notions of the adolescents concerns**

Often adults will have **preconceived notions** about an adolescent’s concerns i.e. “He doesn’t want to go to school because he is lazy and wants to stay in bed all day”. There is nothing wrong with having preconceived notions, but adults must be open to the possibility that they are wrong! For example: the adolescent might not want to go to school today because he is tired and wants more sleep, but he may also be having difficulty with the school work or interpersonal issues with the Teacher or students or many other unidentified concerns that need to be clarified before CPS is progressed.

Things NOT to do when implementing Step 1: Empathy

- **Stating that you have had a similar experience**

Detainee: “I am not going to school”

Youth Officer: (empathy, using emergency B) “I didn’t like going to school when I was your age either”

Here the adult is assuming that by letting the adolescent know that you feel the same way or have had similar experiences, they are being empathetic. In fact by using this strategy, the adult may actually minimise the adolescent’s concern and thus miss an opportunity to use the CPS process.

- **Telling the adolescent what their concern is:**

Detainee: “I want a drink”

Youth Officer: “You must be very thirsty”

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While there is some chance the adult is correct, in some adolescents there can be a big price for being wrong (i.e., an explosive episode). If the adolescent can't define the concern, the adult can make educated guesses, but as questions rather than as definitive statements. For example:

Detainee: "I'm not taking my meds"

Youth Officer: "You're not taking your meds. What's up?" (Empathy using Emergency B)

Detainee: "I don't know"

Youth Officer: "Should we try and figure it out?"

Detainee: "Fine!"

Youth Officer: "Well, is it that you have difficulties swallowing the pills? Is that it?"

Detainee: "No!"

Youth Officer: "Is it that they are making you feel different?"

Detainee: "Yes! They make me feel like a zombie, like I can't concentrate and am tired all the time".

Youth Officer: "You don't like that your meds make you feel like a zombie, and make it hard for you to concentrate and you get tired all the time". (Re-empathising)

- **Starting off using Plan B but ending up using Plan A:**

Youth Officer: "I've noticed that sometimes you get out of your chair to get your dinner before your name has been called (Proactive B)But you're going to have to wait or I will have to write you up" (Plan A).

This may have the result of: precipitating an outburst, does not prompt use of needed skills, any may delay a longer-term solution being found.



Step 2: Define the Problem

Once the adolescent's concern has been acknowledged and defined, it is time for the second step of Plan B: Define the Problem. This is the step in which adults enter their concerns into consideration.

This is a crucial step, as if there aren't two concerns on the table there is little likelihood that the two interaction partners are actually in a position to solve a problem collaboratively. In other words, if there is only the adult concern identified, then you are using Plan A, and if only the adolescent's concern is identified, then you are using Plan C.

Adults, like adolescents, often announce their concerns through **pronouncements** (solutions): "You're not making a phone call because it is lock down" or "I am writing you up for constantly buzzing me on the intercom" etc.

These pronouncements are sometimes signs that

- The adult's concerns take precedence over the adolescents concerns; or
- The adult fears that the adolescent won't care about their concerns; or
- The adult is not sure what their concern is.

It is then up to the Youth Officer, to identify what the concern actually is. This process can occur either independently or with the assistance of a team member (e.g., the Assistant Unit Manager or the Psychologist). For example "What's your concern with X buzzing you up on the intercom?" the answer might be "Because I don't get any work done when he constantly buzzes me" or "I have a terrible headache and the buzzing is making my head hurt worse".

Example: Proactive Plan B:

Detainee does not want to go to school for the morning session.

Youth Officer: "I have noticed that you don't want to go to school in the morning"

Detainee: "I don't have to go you can't make me"

Youth Officer: "I can't make you go to school, why don't you tell me what's up"
(empathising)

Detainee: "I feel too tired to go to school"

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Youth Officer: “you feel too tired to go to school so you stay in your room” (re-empathising)

Detainee: “Right”

Youth Officer: “I’m not saying you have to go to school first thing in the morning and I definitely don’t want to keep having a fight about it. But I am concerned that if you don’t go to school in the morning you are not going to meet your buy-ups and you will also start falling behind with your class-work”.

Common Adult Concerns:

- Safety and health
- Learning
- How the behaviour is affecting one’s self or others.

Step 3: The Invitation

The third step of Plan B involves inviting the adolescent to collaboratively brainstorm ideas for solving the problem in a way that is **mutually satisfactory** to both concerns that have been entered into the discussion.

For example “Let’s think about how we can solve that problem” or “Lets’ see if we can figure this out” or “Lets’ see what we can do about that”.

It is typically recommended that the adolescent be given the first crack at generating solutions: For example: “Do you have any ideas?” However, that does not mean that the burden is on the adolescent to solve the problem, the burden is on both the members (detainee and Youth Officer) to solve the problem. What matters is that the solution is **feasible, do-able and mutually satisfactory**.

If the adolescent can’t generate any solutions:

You may say something like: “Well I have a few ideas... would you like to hear them?”

If the adolescent comes up with a solution that would not be mutually satisfiable: “Well that solution would probably make you very happy but it would not make me very happy. Let’s try to think of a solution that would make us both happy”

Example: Proactive Plan B:

Detainee does not want to go to school for the morning session.

Youth Officer: “I have noticed that you don’t want to go to school in the morning”

Detainee: “I don’t have to go you can’t make me”

Youth Officer: "I can't make you go to school, why don't you tell me what's up" (empathising)

Detainee: "I feel too tired to go to school"

Youth Officer: "you feel too tired to go to school so you stay in your room" (re-empathising)

Detainee: "Right"

Youth Officer: "I'm not saying you have to go to school first thing in the morning and I definitely don't want to keep having a fight about it. But I am concerned that if you don't go to school in the morning you are not going to meet your buy-ups and you will also start falling behind with your class-work. Let's think about how we can solve that problem, have any ideas?"

Detainee: "The Teacher could give me my work to do in my room"

Youth Officer: "Well that might work, except you still aren't going to make your points"

Detainee: "You could fix the blind in my room so that the light isn't shining in my eyes when I am trying to sleep?"

Youth Officer: "If we fixed your blind do you think that you would be less tired in the morning and willing to go to school?"

Detainee: "I think so"

Youth Officer: "Well let's try that, if it doesn't work, we can try something else"

For a brief overview of the three steps of CPS see Appendix 12.23

9.2.6 Collaborative Problem Solving: The Roll of the Psychologist during CPS

The Psychologist's role during the implementation of CPS may involve many of the following skills / tasks:

1. **Therapeutic alliance** – CPS frequently requires a shift in mind set and always requires hard work, as such things often get worse before they get better. Consequently, the Psychologist needs to encourage optimism regarding the model's aims and troubleshoot any difficulties the Youth Officers are encountering. This means that the Psychologist needs to be available for consultation and empathetic with the needs and issues the Youth Officers may face.
2. **Maintain neutrality** – it is counterproductive for the Psychologist to take sides. The role of the Psychologist is to accurately represent both the staff and the detainees and make sure that both concerns are discussed. The ultimate goal is to help adolescents and adults work towards a mutually satisfactory outcome.
3. **Staying on track** – adolescents and adults often have difficulties focusing on one problem at a time, or may attempt to mix concerns into the same Plan B

discussion. Under both circumstances, the discussion may collapse under the weight of manifold concerns. It is the Psychologist's role to make sure the discussions stay on track and are only focused on one concern at a time.

4. **Working with staff skills deficits** – it is the Psychologist's role to point out when a staff member might be struggling with some of the pathways themselves. Like any other adult or parent, there are some Youth Officers who have executive deficits, and therefore may have difficulty anticipating problems before they occur, defining the problem, generating alternative solutions etc. Others may have language processing issues and, as such, may have difficulty engaging in verbal negotiations. Still others may have difficulties corresponding with the emotion regulation pathway (chronic irritability, anxiety, obsessiveness etc). Yet others may be very concrete, black and white, literal thinkers who are unable to revise their original vision of how a problem is to be solved. Identified skill deficits need to be addressed in supervision in order to ensure that the model is appropriately implemented.
5. **Individual Counselling** - There may be factors that prevent the adolescent from participating in Plan B Discussions, including low language skills, extremely low frustration tolerance and/or inattention. The Psychologist will be required to determine the best means of overcoming these factors. These may include:
 - Referral for psychiatric assistance, including pharmacological intervention
 - Liaison with the Youth Officer to develop a plan of action to address skill deficits during Plan B discussions
 - Provision of individual counselling with a Psychologist or Counsellor (e.g., distress tolerance or social skills training)
 - Discussion with the Department of Education in order to implement specific learning plans that aim to modify skills deficits

9.2.7 Collaborative Problem Solving: Skills training: Plan B

While CPS is effective at training many cognitive skills, others may require slight modifications to Plan B or some augmentative form of training. The Cognitive Self Change Program has been specifically implemented to supplement Collaborative Problem Solving, by increasing awareness of cognitive thought processes and identifying unhelpful thinking that underlie maladaptive behaviours. Furthermore, a provision for individual therapy (including social skills and distress tolerance counselling) is available, should it be required.

Problem 1: Difficulties identifying and articulating concerns.

Many conduct disordered adolescents, have difficulties stemming from the language-processing pathway (i.e., they have difficulty verbalising what it is they are frustrated

about). Consequently, many adolescents tend to swear and yell, rather than verbalise what the problem is.

Tips for increasing the detainee's ability to articulate their concerns:

- The Youth Officer should encourage the adolescent to verbalise their frustration by using an agreed upon wording. The use of the functional analysis can be helpful here as it allows for the identification of situations and triggers that are routinely frustrating the adolescent and helps us to be highly specific in training vocabulary.
- The Youth Officer and adolescent come up with agreed upon expressions to use for common frustration inducing situations. This could be "I need help"; "I don't know what to do"; "I feel uncomfortable" or more specific phrases that are targeted to particular triggers, for example "I had a bad phone call"; "The work at school is hard" etc.
- Rather than explicitly telling the adolescent to use these expressions, for example "Don't forget about what we agreed on yesterday" and "Can you think of a better way to say that" it is up to the adult to use the new expression in a sentence in order to model the new vocabulary:

Example:

Detainee: "Fucking phone! I hate this place!"

Youth Officer: "Looks like you had a bad phone call"

- In cases where the adolescent is having difficulty communicating concerns, it may be helpful to utilise the Psychologist to assist with generating a list of common concerns.

Common concerns might include changes in plans, thinking people were mad at him, feeling misunderstood, not being listened to, being told what to do, being bored and being annoyed.

If the adolescent is really struggling to come up with their concerns when they are feeling agitated / frustrated, the Youth Officer can remind him of these concerns by reading them out and asking if any apply to him.

Problem 2: Difficulties considering solutions

When adolescents are unable to generate any solutions we encourage the Youth Officer to assist with the generation of solutions. This should always be done in a suggestive rather than definitive manner for example "well here is a possibility" or "let me know what you think of this idea".

If the Youth Officer is also struggling to come up with solutions to the problem, it would then be appropriate to ask the Psychologist for assistance.

In most cases modelling the process of generating solutions will train the skill in both adults and detainees. For other clients, this may not be the case. The Collaborative Problem Solving method suggests the following three solutions as being potentially viable options for a range of different solutions:

1. Ask for help
2. Meet halfway / give a little
3. Do it a different way

This framework can be helpful for adolescents with language delays as it simplifies the language of problem solving. The use of pictures rather than words can also further simplify this process.

This framework can also be helpful to black and white thinkers who have difficulties envisioning solutions that differ from their original solution, as well as for adults and detainees who are impulsive thinkers or have poor working memory.

Problem 3: Difficulties reflecting on the likely outcomes of solutions and the degree to which they are feasible and mutually satisfactory.

Many adolescents have difficulty projecting into the future to consider likely outcomes; other adolescents may also experience difficulties determining whether potential solutions are feasible and mutually satisfactory.

This is when the use of a Cost-Benefit Analysis may be helpful (see Appendix 12.24). This allows for the expected positive and negative outcomes for both parties to be explored, in order to determine the best solution.

When an adolescent has difficulties with perspective taking, it is important for the Youth Officer to engage in the process of Cost-Benefit Analysis, so that the adolescent can view how each option would impact upon the other person (i.e., the Youth Officer).

9.2.8 Collaborative Problem Solving: Skills training: Lagging Skills

1. Executive Functioning

Improving many executive skills can be achieved through the use of a basic Plan B discussion. For example, when a Youth Officer helps an adolescent define a problem, use hindsight to reflect on past solutions and their outcomes and use forethought to predict likely outcomes of potential solutions, they are training more organised and planful (i.e., less impulsive) thinking.

Specific strategies which may be utilised to enhance executive functioning:

- Improving Separation of Affect – ensure that empathetic responses are utilised and provide reassurance that a viable solution can be found.
- Shifting cognitive set – If demanding that the detainee shifts set precipitates explosive episodes (moving from class to class, waking up, turning off the TV), then an alternative way of approaching this problem needs to be considered:

Using Proactive Plan B: “Matt, I have noticed that it’s really hard for you to settle into the school routine when you come back from lunch. But when you have difficulty settling down it makes it hard for the other kids to concentrate and then I have to get on your case. Can we think about how we can help you

settle down, without me having to get on your case?

Adolescents and adults who have difficulty shifting cognitive set often have a limited capacity for anticipating environmental changes and thus experience a lot of surprises. Proactive Plan B assists these adolescents and adults to anticipate shifts in routines and to prepare in advance.

2. Language Processing Skills

Many skills related to the language pathway were discussed earlier; however, it is worth noting that language processing skills can be greatly enhanced by the use of proactive Plan B. For example, when a Youth Officer assists the adolescent verbalise their concerns and generate solutions, they are training a more expansive vocabulary.

Specific strategies which may be utilised to enhance language processing:

Swearing: Teaching an adolescent a more adaptive vocabulary for expressing their emotions. It is important to keep it simple and start with a rudimentary feeling vocabulary such as happy, sad, frustrated, nervous or worried.

Example:

Youth Officer: "I've noticed that sometimes you get very upset about things around here. I'm not mad about it, but I would like to see if we could give you words to use that tell us you're upset besides the ones you have been using"

Detainee: "Ok"

Youth Officer: "I wonder if we could think of something you could say when you're frustrated besides "Screw you?"

Detainee: "Not really"

Youth Officer: "I have some ideas Would you like to hear them?"

Detainee: "OK"

Youth Officer: "How about I'm frustrated?"

There will probably need to be some in the moment reminders of this new vocabulary at times when the adolescent is at a loss for appropriate words:

Detainee: "Screw you"

Youth Officer: "You sound frustrated!"

Again it is important that the Youth Officer models the new vocabulary rather than tells the detainee to say something else. It is noted that most adults find it extremely

difficult to resist the temptation to remind the adolescent that they are not supposed to talk that way, however, it is important to remember that the adolescent already knows that profanity is inappropriate (having been told this many times before). Providing a more adaptive vocabulary (“you’re frustrated”) sends the message that the words the adolescent used were less adaptive but without running the risk of using Plan A.

It can also be useful to provide the adolescent with opportunities to practice his new feeling vocabulary, once it has been introduced. For instance, this might take the form of brief (daily) discussions about the new vocabulary outside of the heat of the moment. To assist with this process, a feeling chart and feeling barometer will be displayed in the unit to help detainees label their feelings and monitor the intensity of these feelings (see Appendix 12.25).

Example:

Youth Officer: “Remember yesterday afternoon, when Detainee X wouldn’t let you have a turn on the play station? How did that make you feel?”

Adolescent: “I don’t know”

Youth Officer: “I think you were probably frustrated, your face looked frustrated.”

Likewise, adults can help adolescents observe and label the emotional states of others throughout the day.

Example

Youth Officer: “Look at Sammy’s face? How do you think he is feeling at the moment?”

Detainee: “I don’t know really pissed off”

Youth Officer: “Hmm maybe, I think he might be annoyed, he doesn’t seem like he is ready to explode, but you’re right I don’t think he is too happy”.

3. Emotion Regulation Skills

A diagnosis of severe depression or anxiety may need adjunct psychiatric intervention (e.g., medication). However, looking at distress tolerance can also be helpful. This specifically includes pointing out the adolescent's behaviour when they are angry, sad, nervous or irritable in order to increase their familiarity with their experience of different emotions.

Example:

Youth Officer: "Ben, I've noticed that you've been in a very bad mood lately whenever you call your mother"

Detainee: "How can you tell?"

Youth Officer: "Well, you're usually a pretty happy kid, but when you get off the phone you're cranky and grumpy. Your face gets really red and you start screaming at other kids for no real reason".

The Cognitive Self Change Program will allow detainees to recognise unhelpful thinking that is related to their emotional regulation. It will be up to the Youth Officer to assist with this process by asking about their thinking before / after inappropriate behaviour and attempting to provide disconfirming evidence.

Example:

Detainee: "I hate everyone here, everybody sucks!"

Youth Officer: "You're having a bad day, what's up?"

Detainee: "They all cheat when we play football"

Youth Officer: "The other kids were all cheating this afternoon during football"

Detainee: "Yeah and no body would listen to me when I said to play by the rules. I hate them all!"

Youth Officer: "I know it feels like you hate them all now, but I wonder if that means that you will hate them later?"

Detainee: "Yes it does. I'm in a crap mood now, and it's all their fault!"

Youth Officer: "Well I know that you may end up being in a crap mood all day, but I know that you were pretty angry at the others for cheating yesterday, and you ended

up having a great time down at the pool later and getting on well with everyone. I wonder if that the same thing might happen today?”

Detainee: “It won’t”

Youth Officer: “Maybe. Let’s see. How about I check in with you later today?”

Later when the detainee is playing play station with some other detainees, the staff member provides additional disconfirming evidence

Youth Officer: “Remember when you said that you hate everyone here and that you would be in a crap mood all day because the boys cheated during football? Well it looks like you’re a lot happier now and enjoying yourself with Fred? I guess those feelings resolved pretty quickly, we should try to remember that next time something doesn’t go the way you hoped it should”.

4. Cognitive Flexibility Skills

Research suggests that cognitively inflexible adolescents have quite rigid concerns that can seem unreasonable to others. As a result, these adolescents have grown accustomed to adults instantaneously rejecting their ideas. Consequently, it is vitally important that staff remain empathetic to the adolescent’s concern.

The second step (Problem Definition) provides the adolescent with a mechanism for considering another person’s concern. Sometimes, helping an inflexible adolescent simply hear someone else’s concern is a major therapeutic achievement. This can be assisted by stating the adults concern in a more tentative fashion than might ordinarily be the case, using “might” or “could” rather than “is” etc.

Furthermore, as these adolescents tend to experience difficulties considering alternative solutions, a great deal of time needs to be given to this step. It may be useful to remind adolescents about how they have adaptively solved similar problems in the past, so that they might readily see the connection between past solutions and current problems.

5. Social Skills

Some social skills may be trained simply by using Plan B (e.g., taking another person’s perspective into account), others may need to be trained more directly by social skills training with a Psychologist . Although these skills may be taught in individual counselling sessions, it is important that skills learnt within counselling are practiced by the detainee and Youth Officer within the unit.

9.2.9 Collaborative Problem Solving: Summary

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Traditionally, problem behaviours have been thought to:

1. Arise as a result of motivation (i.e., the adolescent acts out in order to avoid something negative, e.g., homework or to gain something positive, e.g., attention).
2. Be learnt as a result of bad parenting practices

This sort of model underlies reward and punishment programs such as the incentive scheme.

The CPS model is different because it suggests that problem behaviours arise due to:

1. Delayed developmental skills relating to flexibility (i.e., the ability to quickly switch between behaviours when required); problem solving (i.e., the process of working through details of a problem to reach a solution) and frustration tolerance (i.e., the extent to which a person can withstand frustration without developing inadequate responses, such as “going to pieces” emotionally or aggressive behaviours) which prevent the adolescent from acting in a positive and pro-social way when it is asked of them.
2. Poor fit between the adolescent and the adult responsible for their care (i.e., the adult responds to these delayed skills with hostility and demands the adolescent act better, which unfortunately the adolescent is either unable to do at that time or doesn't know how to do).

As a result, the CPS model is concerned with teaching adolescents the skills in which they are delayed and assisting them to solve problems that they face.

Three options for solving problems:

- PLAN A: Demanding that the adolescent acts in a certain way. “Go to your room now!” “If you don't get into line I will write you up”.
- PLAN B: Working with the adolescent to come up with a solution that addresses their concern and the concern of the adult = **COLLABORATIVE PROBLEM SOLVING**
- PLAN C: Letting the adolescent do what they want.

Plan B: Collaborative Problem Solving.

Plan B will constitute the primary way of engaging with the detainees. This involves three steps:

Step 1: Empathy = Gathering information from the adolescent so that you can understand what the problem is from their point of view. This involves using neutral words such as “I’ve noticed that” and “what’s up?” and trying not to be judgemental.

Step 2: Define the Problem = this may include telling the adolescent the issue that you have with their problem behaviour. For example “the thing is”; “my concern is”. An adult’s concern usually comes down to either fears of safety, wanting to improve learning or health and issues with how the adolescent’s behaviour is affecting themselves or others.

Step 3: The Invitation = Brainstorming solutions that will solve both problems (i.e., the adult’s and the adolescent’s concerns). That is finding a win-win solution.

Sometimes the adolescent will require slight modifications to Plan B or some additional form of training to support their skill development. The need for skills training will be decided by the Psychologist, who will support the Youth Officer in implementing any additional material.

Implementation of CPS into the Warby Unit:

1. Begin a detailed comprehensive assessment of the detainee’s difficulties, emphasising behaviour triggers and lagging cognitive skills that contribute to these difficulties (see Section Eight: Assessment Phase for more information).
2. Once a detainee’s lagging skills and behavioural triggers are identified, develop an Action Plan, including details about which situations are to be addressed first, which adults will be primarily responsible for CPS implementation and what skills training will be incorporated (see Section Eight: Assessment Phase for more information).
3. Proactive Plan B Discussions are held between the Youth Officer and Detainee (and if available the Psychologist) during the weekly CAMS meetings. Proactive Plan B Discussions will be written up on CIMS by the Youth Officer (see Appendix 12.22).
4. Emergency Plan B Discussions will be utilised for any minor-moderate misbehaviours, which occur on the unit. This will specifically involve removing the detainee from the group and completing the Plan B steps. Emergency Plan B Discussions will also be recorded on CIMS as well as the Incentive Scheme Comments Form.
5. For high risk behaviours (i.e., when safety and/or security is compromised) Plan A will be utilised and normal operational procedures will be followed. Once safety has been addressed, a Plan B discussion should take place.
6. Youth Officers and Teachers will complete ongoing supervision with the Unit Psychologist and Unit Manager. This will take place on a weekly basis to

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ensure that CPS is implemented

consistently and appropriately and in order to monitor skills training.

7. After the detainee has completed two months of the Warby Program, the problem-solving team will meet again to discuss the detainee's progress in response to the initial action plan and formulate adjustments to action plans in response to new information.

9.3 Intervention Phase: The Therapeutic Environment

The Robinson Program (which was the predecessor to the Warby Program) utilised a 'Therapeutic Community model' to guide the assessment and treatment of juvenile offenders. Therapeutic communities are described as a 'living learning situation', where interactions occurring between members (staff and patients) are utilised as a learning opportunity (Day and Doyle, 2010 p. 382). The focus of therapeutic communities is largely centred on process variables and improving social functioning, rather than on skills acquisition and/or cognitive processing, which underlies many recent rehabilitation efforts (Day and Doyle, 2010). Methodological difficulties have been an obstacle in ongoing difficulties establishing a reliable research base in regards to the treatment efficacy of therapeutic communities (Shuker, 2010). Consequently, Day and Doyle (2010) argue that although therapeutic community approaches may have some value in enhancing the outcomes of cognitive behavioural approaches, at present their use as the primary or sole therapeutic intervention is not supported. Much of the theoretical underpinnings associated with therapeutic communities continue to be utilised within the Warby Program. For example, Collaborative Problem Solving is primarily concerned with attending to interpersonal relationships operating within the unit and consequently allows for the use of systemic factors (specifically staff and detainee interactions) to guide therapeutic response.

9.4 Intervention Phase: Pro-Social Modelling

Modelling occurs when we learn by observing others. Adolescents can learn both positive and negative behaviours by observing others. This process does not need to be a conscious one.

Modelling occurs best when an individual demonstrates the struggle with a problem and the process of figuring out a solution. The process of making the struggle observable to the youth makes it easier for him to identify with the model and therefore more likely for him to adopt this behaviour.

Peer Modelling

Peer modelling involves highlighting the pro-social behaviour of a peer in order to teach another young person. This technique requires skill and sensitivity, so that the modelling peer does not feel embarrassed and the observing peer does not feel inadequate compared to his friend.

For example in the community meeting a group of detainees might be discussing what went well for them during the week. The therapist might say “Mark, I noticed that you got through your chores this week really quickly and efficiently, even the ones I know you don’t like. What made this week different from last week?”

Adult Modelling

Within the Warby Program, this refers to making our own internal problem solving visible and observable as a way of teaching reasoned thinking

- 1) Think aloud – self talk that helps us organise our thoughts and problem solve.

Example: “I have to organise your case conference but I can’t get hold of your mother, I could try calling your JJO and see if he has a new number or maybe I could try calling your aunt and see if she has the number. I think I will start with your JJO as he has most likely spoken to your mum recently.”

- 2) Role play (only in therapy) – a method for structuring and orchestrating modelling opportunities. It also provides a safe way to try on a newly learned approach.
- 3) Be aware of your own limitations and/or negative emotions and ensure that you have dealt with your own feelings prior to assisting others.

Application of Modelling within the Warby Program

The following steps may assist in increasing modelling skills:

- Identify skills (cognitive, e.g., problem solving; and behavioural, e.g., deep breathing) that need to be modelled.
- Identify any modelling of the skill that is already occurring:
 - scan environment for peers and adults who already use the desired skills
 - determine who of these models would have the most impact (e.g., admired, liked etc)
 - determine how to expose the client to the modelling and highlight it in a natural way
- Create situations where you can use “modelling”
 - highlighting behaviours and situations
 - demonstrating a skill yourself
 - introducing role playing
 - engaging a youth as a model for the desired skill / behaviour for another youth
- Identify any modelling in the unit that may be influencing the detainee’s negative behaviour:
 - minimise impact of this negative modelling by changing the model’s behaviour, buffering exposure to the model or changing the young person’s response to the model

Note: This process may not seem natural at first. However, practice will make it easier for staff to model their problem-solving ability.

Example One:

Luke is experiencing difficulties coming up with viable solutions to a problem that he is facing:

1. Identify skills that need to be modelled = generating solutions to problems
2. Identify any modelling of the skill that is already occurring:

The Youth Officer notes that Matt is experiencing a similar problem, but has been able to generate several solutions to combat this dilemma. Also, the Youth Officer is aware that the Assistant Unit Manager often “thinks aloud” solutions to problems he is facing.

The Youth Officer decides that Matt will probably have more of an impact as he is friends with Luke. Also, Luke and the Assistant Unit Manager tend not to get along.

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The Youth Officer decides that the community meeting would be a good time to ask Matt how he solved the problem and to list the solutions he had considered.

3. Create situations where you can use “modelling”

In the community meeting the Youth Officer asks Matt about how he solved the problem. Also during the week he made efforts to 'think aloud' and generate solutions to his own difficulties so that Luke could see the skill in practice.

4. Identify any modelling in the unit that may be influencing the detainees negative behaviour

The Youth Officer notices that Luke has difficulties generating solutions when he is around Robert, which he thinks is due to the negative influence Robert has on Luke. As a result, he asks Luke to engage in problem solving only when Robert is not around.

Example Two:

Rowan constantly swears when he is re-directed to do work at school.

1. Identify skills that need to be modelled = using appropriate words when frustrated.
2. Identify any modelling of the skill that is already occurring:

The Teacher has previously noticed that when a particular Youth Officer is in the classroom he has a positive impact on Rowan. The Teacher has noticed that the Youth Officer has a tendency to model appropriate wording when Rowan becomes frustrated. For example when Rowan swears the Youth Officer remarks “you sound really frustrated” which causes Rowan to apologise for swearing and agree that he is frustrated.

3. Create situations where you can use 'modelling'

The Teacher invites the Youth Officer to attend his class at times when Rowan is likely to become frustrated. The Teacher also decides to use this strategy whenever Rowan uses inappropriate language.

4. Identify any modelling in the unit that may be influencing the detainees negative behaviour

The Teacher has noticed that Rowan is more likely to swear when he has an audience of peers. As a result, he decides to re-direct Rowan to his work only when he has the opportunity to talk to him one-on-one.



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9.5 Intervention Phase: Cognitive Self Change

Background

The Cognitive Self-Change Program (CSC) is a group based, cognitive-behavioural intervention, which is designed to reduce recidivism rates in offenders with a pattern of anti-social behaviour and criminality. The program was originally developed by Dr. Jack Bush and has been implemented within the Vermont State Correctional Service since 1989. Adaptations of this program have been developed in the UK, Northern Ireland, Australia, and across the United States of America. CSC has been used for adult and juvenile offenders, both within custody and in the community.

Richard Parker (Program Manager SOP/VOP/OB) has updated the CSC Program for use within Juvenile Justice NSW and at present it is being trialled within the Violent Offender Program. In order to provide consistency across the department, the CSC Program also will be provided as part of the Warby Program. It is not anticipated that all participants in Warby will complete the full CSC Program. Their progress will differ between individuals but most participants will at least complete Steps 1 and 2. Where available, the participant can continue with CSC after release into the community.

Please note that a referral to CSC should be made by the Unit Psychologist on CIMS.

Cognitive Self-Change Program

The Cognitive Self-Change Program aims to change criminal behaviour by addressing the anti-social thinking which leads offenders to crime.

Four Steps of Cognitive Self Change

Step 1: Learn to pay attention to your thoughts and feelings, underlying rules and principles

Step 2: Learn to recognise how your thoughts and feelings, underlying rules and principles, lead to crime and/or violence

Step 3: Find new ways of thinking that don't lead you to do crime or violence – and that also provide you with a sense of self worth.

Step 4: Practice your new thinking until you can use it when it counts, in real-life situations

T
week); and Here-and-Now (the thinking and behaviour they are experiencing at the

time of the group). CSC investigates the links between the participants' current thinking and the thinking underpinning their offending. Within Warby, the emphasis is on links with problematic behaviours.

Group Facilitation

The CSC Program will be implemented by a Psychologist or Counsellor who has been trained in CSC. Facilitators must also have prior experience in group work and cognitive behavioural therapy.

Youth Officers are encouraged to attend the group program and provide assistance during program delivery. By gaining greater familiarity with Warby program components, Youth Officers will be able to take a more active role in program implementation.

Group Logistics

The CSC Program will be run twice a week and will have a maximum of 7 and a minimum of 4 group participants. Consequently the CSC Program may need to be run on two separate occasions in order to provide targeted intervention to all Warby clients. Detainees are expected to attend the CSC Program for a minimum of 12 weeks to ensure an adequate 'dose' of intervention.

	Monday	Tuesday	Wednesday	Thursday
CSC Group 1	X (2:30 – 3:30)		X (2:30 – 3:30)	
CSC Group 2		X (2:30 – 3:30)		X (2:30 – 3:30)

The CSC Program utilises an open group format and therefore clients can join the group at any stage of program delivery.

At the conclusion of each group a brief debriefing session will be held between the group facilitators. This debriefing will involve a discussion regarding participants' engagement in group and allow for the program facilitator feedback form to be completed (see Appendix 12.26). Group facilitators are responsible for completing CIMS notes for each group participant, following the completion of each session (see Appendix 12.27).

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**For further information regarding CSC see
the Cognitive Self Change Facilitator Manual.**



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9.6 Intervention Phase: Community Meeting

The aim of this group is to provide a format for understanding and highlighting the Warby program member's strengths and achievements, in order to complete an individual progress review. It will have an open group format and no set content for delivery.

The following components are recommended for successful delivery:

- All Warby Program staff (including teaching staff) and detainees are welcome to attend the group, which will take place in the Group Room.
- Detainees are encouraged to take the role of the chairperson. This will be randomly assigned and a consideration of the detainee's needs and strengths will be completed to ensure that they are successful in this role (this may include providing an explanation or an opportunity to practice skills prior to the group).
- The Chairperson takes responsibility for individually greeting and acknowledging each participant.
- The focus of the group is to discuss personal strengths and accomplishments as a means of increasing self-efficacy and resilience.
- The chairperson will ask each member of the group (including staff) any achievements they have had over the past week. This may include program goals such as controlling my anger, or other achievements such as gaining a certificate from school or scoring a try during football.
- Strength-based cards may be used to identify key areas of strengths pertaining to both self and others (this may be personal attributes, e.g., understanding, helpful or more general abilities, e.g., football, reading etc).
- Each week a different strength will be randomly assigned to the group and everyone will actively look out for people who have demonstrated this strength. This will be discussed at the next meeting.
- At the conclusion of the group a lunch (e.g., a BBQ) will be provided to all unit staff, teaching staff and detainees as a means of increasing group cohesion and rewarding the efforts of the group during the week.

9.7 Intervention Phase: Functional Behavioural Assessment

FBA will continue to be implemented during the intervention phase, however, will only be applied when the detainee receives an MB.

When Collaborative Problem Solving is applied in a consistent fashion, the number of major problematic behaviours will reduce. The utilisation of either proactive or emergency (i.e., when the participant is beginning to become frustrated) discussions will assist in providing the detainee with viable options that if implemented correctly will help prevent him from engaging in problematic behaviours.

9.8 Intervention Phase: Supervision Guidelines

Staff involved in the implementation of Collaborative Problem Solving are provided weekly supervision by the Unit Psychologist or Unit Manager. Supervision is important in order to maintain program integrity and ensure that any issues or problems encountered during the implementation of CPS, is dealt with proactively.

This supervision can take place in either a group or individual setting and will require a minimum of 15 minutes of structured supervision time, provided to each staff member per week.

Teachers are also encouraged to attend this supervision.

Supervision will involve:

- Discussion of any Proactive or Emergency Plan B discussions held over the past week
- Identification of any problems faced when completing this process
- Supervision provided regarding whether Plan B was utilised appropriately and whether the detainee's skills deficits were considered
- At three monthly intervals the EssenCES measure of social climate will be administered to all staff and unit participants (see Appendix 12.28).

The Unit Psychologist will be provided ongoing and frequent clinical supervision by either the Chief Psychologist and/or a Professional Developmental Officer, in order to maintain program integrity and ensure that CPS is being implemented correctly.

10 Review Phase

Following the completion of the intervention phase and approximately two weeks prior to release from the Warby Program, participants will participate in a program review component. During the Review Phase the following will be covered:

Youth Officers:

- Organisation of a Case Conference, as a means of reviewing the detainee's progress and conveying relevant information to community representatives. Include feedback to participant of progress made, examples of better problem solving and improved behaviour.

Psychologist:

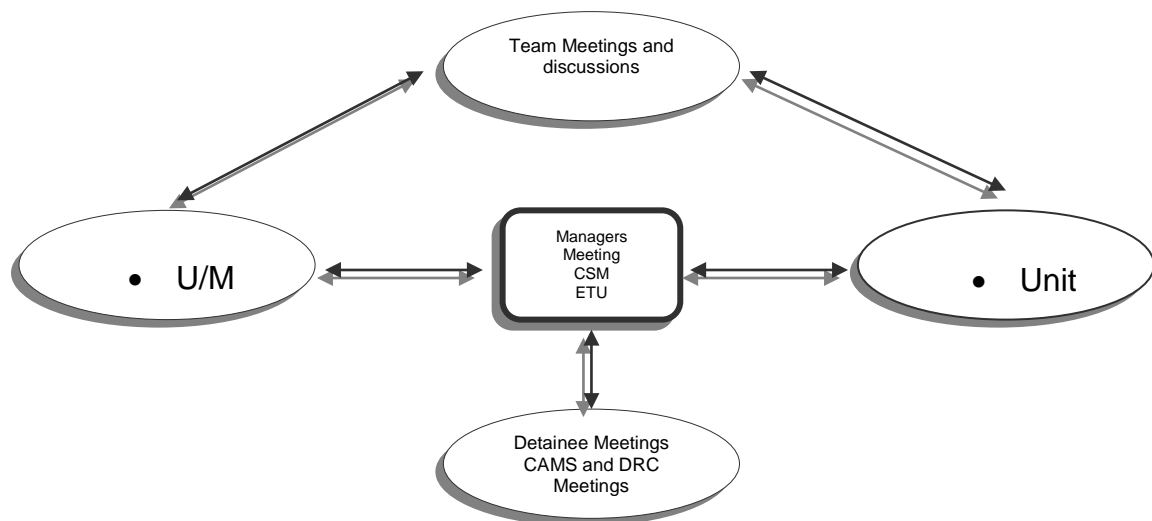
- Participation in the case conference
- Discussion of issues related to relapse prevention
- Creation of a discharge summary, which conveys the progress the detainee has made, identifies lagging skills that exist and relays any problems which are yet to be solved (see Appendix 12.29).
- Provision of a participation certificate (see Appendix 12.30)
- Provision of assistance to the detainee in order to complete the post-assessment measures and program feedback questionnaires (see Appendix 12.31). Post assessment measures will include:
 - PICTS (Youth Version)
 - Reactive-Proactive Aggression Scale
 - Strengths and Difficulties Questionnaire
 - Inventory of Callous-Unemotional Traits

11 Operational Considerations

11.1 Operational Considerations: Safety and Security

Staff are to follow the Centres Procedures Manual, Emergency Manual and local directions relating to Safety and Security. Following are some examples.

11.2 Operational Considerations: Communication



Use Of Force

Use of force will be applied when necessary and in strict accordance with agency's procedures and policies. This is reflected in the operation procedures manual in the section entitled detainee behaviour intervention / use of force. See snap shot below:

NOTE use of force should be the last option canvassed (where practical) and where negotiation is either in-practical or unsuccessful.

Reasonable + Necessary = Justification

Force must be avoided until it is the only remaining method available to manage a dangerous or threatening situation. On every occasion the amount of force is to

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be the minimum force necessary to restrain or move a client, and the application of force is to cease immediately when the need to restrain or involuntarily move them has passed.

Use of force must be carried out in accordance with Agency's policies and procedures. Force is categorised in three (3) stages.

1. Reactive

Reactive force results from a situation where immediate intervention is necessary for the protection of a detainee, visitor or staff member. This type of incident does not allow a passage of time to resort to negotiation or mediation and is spontaneous in nature.

2. Situational

Situational force arises from incidents that are treated on their individual merits and may, depending on the circumstances, allow for reason, mediation and negotiation to take place prior to force being used. Situational force refers to any incident or situation where force does not require a spontaneous response.

3. Pre planned

Pre planned force must include the video taping of the incident and all staff who are engaged to take part in a pre planned use of force must be equipped with the necessary protective equipment.

Pre planned force refers to a situation whereby immediate intervention is either unnecessary or unpractical. This type of incident allows for staff to be briefed on the situation, attire themselves in protective equipment and plan the intended response. Types of incidents which reflect pre-planned force include but are not limited to room extractions, barricade and so forth.

Note: Notwithstanding the above, it is possible that a situation or a scenario that initially required situational or reactive force could evolve to a degree where a portion of that response may require a pre planned approach. For example, an initial fight between two detainees requiring a reactive use of force by staff could escalate to other detainees in the same area requiring staff to retreat and engage in a pre planned emergency response which requires emergency equipment.

11.3 Operational Considerations: Communications (cont)

Log Book

The log book is a legal document and can be subpoenaed to court. It is essential that staff complete the log book accurately. The Warby unit log book is preformatted with page numbering and separated into shifts. The inside cover contains information on how to complete the log book. Staff must follow this information when completing the log book.

Unit Communication Book

The unit communication book is less formal than the log book and is used for staff to staff communication. Whilst this is the case, the communication book, like any other unit document, may be subpoenaed to court. It is therefore essential that staff use this book in a professional manner. Derogatory language, inappropriate comments and/or innuendo is not to be used.

Whilst the communication book is helpful in passing on information to on coming shifts, it is not a substitute for a thorough handover and is not to be used as such. Information that pertains to the safety and security of the unit must be written in the unit log book as the communication book is not an official security record.

Handover

The unit handover is an integral and extremely important mechanism. It is essential that this period is used efficiently and professionally to ensure effective and consistent communication flow.

ALL DETAINEES MUST BE DISCUSSED DURING THIS TIME

Nearing the completion of the shift, the Team will complete all necessary paperwork and begin communicating any relevant information to their Assistant Unit Manager and or Unit Manager.

The following information must be conveyed to the arriving Team:

- Movements
- Locations of detainees
- Safety issues

- Security issues
- Behavioural issues
- Detainees progress toward case plan goals
- Incentive Scheme issues
- Head count conducted by relieving Staff
- Detainees room doors checked to ensure there locked by relieving Staff
- Casework issues/follow up
- Programming issues

This information must be documented appropriately, via log books, detainee case notes, electronic communication etc. This period is also seen as a Team Meeting where staff and the Assistant Unit Manager have the opportunity to discuss other issues relevant to the unit. Where this occurs, the Assistant Unit Manager will pass on any relevant information to the Unit Manager.

At the commencement of the new shift, the Assistant Unit Manager will pass any additional information on to the new shift. The team will also read the logbook, communication book, violence risk instrument and alerts for any new detainees. Key workers will read the case notes of the detainee/s they are working with.

Radio

Two-way radios provided by the department are used by staff to give current information about the centres situation and movements of detainee's. Reiby has two channels available: Ch 1 being primary communications and Ch 2 as secondary response channel. All radios are equipped with a DURESS button which will send a unique number to admissions (this is crossed matched to the radio register that staff sign at the start of their shift).

Duress buttons

Duress buttons are located in all areas of the centre that detainees congregate. The button must be held for at least three seconds to activate and will send a unique location to admissions. Duress buttons should be checked at the start of each morning shift.

Email



Emails are used to relay information between staff members and other departments.

Telephone system

Reiby has phones in all key areas of the complex. This enables private communication amongst staff. Legal authorities may conduct calls to detainees within each unit

AVL (audio video link)

Conducts court appearances with detainees without moving them outside the Centre. Within the Warby Program, the AVL facilities may also be used to facilitate family contact, in cases where visits are impractical or difficult (e.g., for detainees' families who are located in rural areas).

Department issued mobile phones

Mobile phones will be provided to staff who are involved with detainee's movements outside the Centre. Managers have been provided with mobile phones so they may be contactable at any time. Management staff have been approved to take their department issued mobile phones into the centre in case of an emergency.

Closed Circuit Television (CCTV)

Closed Circuit Television (C.C.TV) is used to assist staff to maintain security in a centre. Juvenile Justice Centres have surveillance cameras and monitor systems. The number and placement of cameras vary between centres, and are generally based on the level of security of the centre. Camera surveillance equipment is provided to assist staff to maintain security in the supervision of detainees, other staff, visitors and the centre environment.

Benelec Radio Duress Alarm display

Located in Admissions to display radio duress unique number.

Access monitoring area

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Located in Admissions, this equipment allows the remote operation of opening key entries / exits with-in the centre. This area also communicates with the intercoms within the detainees' rooms throughout the centre.

Benelec two-way radio override

Located in Admissions and the Response Room to allow staff to monitor and override any other two-way radio transmission in case of an emergency.

Transport two-way radio

Located in Admissions, this is used to liaison with Transport staff about movements of detainees outside the Centre.

Facsimiles (Fax)

Located in all Units, Admissions and Administration. Used for sending and receiving documentation.

Unit Meeting

Warby Unit meetings are to occur every Wednesday between 1:30pm and 2:30pm (Time in lieu will be supported by Unit Manager). The aim of this meeting is to promote communication within the unit and assist staff to understand and or resolve issues. This meeting will focus on the young people within the unit, allowing staff to gain an insight into presenting behaviours, responding to situations and as a group to develop an integrated plan to minimise any problems. This meeting will take place in the unit.

Skills Maintenance Training

Skill Maintenance Training (self learning) is to be held on the weekend morning AM shift between 6:00am and 9:00am. The purpose of this structured training will be specifically for reinforcement of all local procedures and routines, including basic security related skills and familiarization with Emergency Procedures. A record of this training will be kept centrally; Unit Managers and Assistant Unit Manager will be the main instructors of this training. The Centre's Training Office will be able to assist in the planning and delivering of information in relation to training. However Unit Managers and Assistant Unit Manager will deliver the predominant training necessary.

Team Meetings

Team meetings are to be held on the weekend morning AM shift between 6:00am and 9:00am. The aim of this meeting is to allow a forum for team grievances to be aired and to facilitate a discussion of any issues or concerns. The meeting will also focus on the young person within the unit. The meeting will be minuted any concerns will be brought to the Unit Meeting. This meeting will take place in the unit.

Detainee Representative Committee (DRC)

The DRC is to be held the last Wednesday of each month. This Forum is open for all detainees and staff present on shift. The DRC will be PM shifts responsibility to ensure that the DRC Meeting is facilitated with all of its content recorded and minuted in the DRC log book. Contents of the DRC meeting should include:

- Names of staff and detainees attending
- Incentive Scheme
- OH&S issues
- Minor misbehaviours
- Complaints
- Casework
- Programmes
- Other Business

11.4 Operational Considerations: Reporting

The following are links to the JJ Operations Manual for the types of reports necessary in carrying out duties within the Warby Unit.

11.4.1 Occupational Health and Safety

As employees of the Juvenile Justice NSW, all Warby Unit staff has the responsibility (in cooperation with Management) of ensuring the health and safety of other staff, clients and visitors to the unit. In doing this, it is essential that staffs are vigilant of the environment and report/take action on any potential health or safety hazards in the workplace. Staff are encouraged to stay in contact with the Occupational Health and Safety committee by reading the minutes of each meeting and communicating with OH&S representatives regarding OH&S issues.

Safe Work Method Statements

The OH&S Committee has developed Safe Work Method Statements for some areas of the centre and will continue to develop more. Notwithstanding the purpose and spirit of a Safe Work Method Statement is to ensure Safety and Security. As such all circulars, memos, directions and other forms of written communication and

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procedures are in affect Safe Work Method

Statements. These records also include the Centre's Procedures Manual.

Safety Equipment

Warby Unit staff are provided with 8 items of safety equipment that **MUST BE WORN AT ALL TIMES** whilst on duty. They are a belt, lanyard, keys, two-way radio, ear piece, infection control pouch, radio pouch and key clip. No staff member will be permitted to commence duty without these items.

Two-way radio

Radios are a security item and **MUST** be accounted for at all times by following this procedure.

Procedure	
Youth Officer	<p>At the commencement of shift obtain a two-way radio from designated location and sign the Two-way radio register. Radios are to remain with the staff member at all times until signed back in.</p> <p>The staff member who signs out the equipment is responsible for that equipment and is to ensure it is signed in on completion of shift. Any faulty radio is to be reported immediately to the Assistant Unit Manager.</p>
Assistant Unit Manager	<p>Ensure all equipment is accounted for (i.e., radio, battery, aerial, clip, ear-piece connector)</p> <p>Ensure the register is completed correctly.</p> <p>Ensure that any faulty radio is forwarded to Unit Manager (with written explanation of fault) and noted in comments section of register.</p> <p>Sign register to verify above.</p>
Unit Manager	<p>Liaise with Assistant Manager (Generalist) for replacements of any faulty radios whilst radios are being repaired.</p> <p>Details of any such replacement radio/s are to be noted in two-way radio register.</p>
Assistant Manager Generalist	<p>Arrange for repair of any faulty equipment.</p>

11.4.2 Emergency Evacuation Procedures

Follow the Emergency Procedures Folder and exit maps located in the Unit.

See Appendix 12.32 for Emergency exit floor plan.

- Staff are to familiarize themselves with the above mentioned procedures which are located electronically in the centres G drive and strategically placed hard copies available in 13 locations throughout the centre.
- All staff have been issued with pocket sized aid memoir which provide a basic flip chart procedural instructions.
- In the event of an emergency the Assistant Unit Manager or in their absence the Duty Manager will in the first instance take charge. Assess the situation and if necessary escalate the original assistance call so as to invoke a larger response from the centre.
- Supervisors are to ensure that staff who are required to respond to an emergency situation including an incident where pre planned force is to be used, are attired in the appropriate protective equipment supplied by the centre.

11.4.3 Fire Alarm Procedure

Location of Fire Panel is located on the wall in the night office.

Fire Panel Instructions

The Fire Panel has 2 operation modes:

Automatic Mode: In automatic mode the Fire Department will be notified within 30 seconds of an alarm and the alarm cannot be reset.

Manual Mode: In manual mode the alarm can be reset and the Fire Department will be notified within 5 minutes if alarm is not reset.

Manual Fire Alarm Procedures

- When the alarm is triggered a loud audio sound is heard, locate the key on the panel and turn to the MANUAL MODE position.
- On the display read the location of the alarm. (e.g., room 8)
- Press the black “Audible Alarm Mute Button” located above the key within 30 seconds of alarm sounding.
- Investigate the source of the alarm.
- If the alarm is GENUINE switch the key back to AUTOMATIC MODE and commence appropriate departmental and local procedures.
- If the alarm is false follow the prompts on the display while in MANUAL MODE.
 - Press ‘acknowledge’ then ‘reset’ within 5 minutes.

- If the alarm is not reset within 5 minutes the Fire Department will be notified when set in 'MANUAL MODE'.

Operational Considerations: Segregation

When to use this procedure (see Intranet, Juvenile Justice NSW, Operations, Operational Manual for full procedure).

Use this procedure in response to a situation when a detainee poses an immediate risk of danger to them self or others

Operational Considerations: Separation

When to use this procedure (see Intranet, Juvenile Justice NSW, Operations, Operational Manual for full procedure).

This procedure is used when an individual detainee or a group of detainees need to be separated from the detainee population for the safety, security and good order of centre.

It is considered separation when detainees are:

- placed in a room/area/unit away from the main population; and/is
- subject to a routine different from centre's approved and published routine. When a detainee poses an immediate risk of danger to themselves and/or others then the *Segregation* procedure is to be followed.

SEPARATION ROUTINE TEMPLATE – REIBY JJC

AII DETAINEE CLASSIFICATIONS

Note: 1) Detainees cannot be denied access to visits, legal or medical appointments which may be scheduled anytime through out the day.

2) If 'suggested times' are not applicable on any given day, due to exceptional circumstances, then the reason/s **must be documented in the daily log book**.



Suggested Times	ACTION	STAFF INSTRUCTION
7.30 AM	Wake up Tidy Room	<ul style="list-style-type: none"> start new record of checks provide items for showering provide access to shower facilities (if not in room) record of checks must include all interactions with detainee
8.00 AM	Breakfast / Exercise in Courtyard Breakfast In open Dining Area Reading Spin Bikes Chin up bars	<ul style="list-style-type: none"> provide breakfast instructions for provision of cutlery and crockery (see below) ask if detainee wants access to JHRN, psychologist, counsellor, legal aid, employees (as per local routines) room search requirements instruction for room cleaning equipment record of checks must include all interactions with detainee
9:00 AM 9:30 AM 10.00AM	Personal time in room Out of room Personal Time in Room	<ul style="list-style-type: none"> access to TV instructions for approval of provision of items provide items/activities instruction regarding morning tea all interactions with detainee and items/activities provided must be recorded in record of checks Facilitate specialist services access if necessary access to TV instructions for approval of provision of items provide items/activities instruction regarding morning tea all interactions with detainee and items/activities provided must be recorded in record of checks
11.00AM – 12.30 PM	Access to outdoor area/s for exercise / activity out of room Unit Games Room Spin Bikes and Chin up Bars in Courtyard Only	<ul style="list-style-type: none"> supervision requirements Instructions regarding the use of handcuffs. specify access to area / activity / program / equipment access to phone access to services (staff, JHRN, Psychologist, counsellor, legal aid/ALS) instruction about morning tea/lunch records of checks must show time out of room, list activities & show time returned to room
12.30PM	Personal time in room Lunch in Room	<ul style="list-style-type: none"> access to TV instructions for approval of provision of items provide items/activities items/activities must be recorded in record of checks Standard lunch (must be provided between 12:30pm-1:00 pm)

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1.30PM – 3.00 PM	<p>Access to outdoor area/s for exercise / activity out of room</p> <p>Unit Games Room Spin Bikes and Chin up Bars in Courtyard</p>	<ul style="list-style-type: none"> • supervision requirements • instruction to check any dangerous items are not removed from room by detainee • activity / programming in unit courtyard • access to phone • access to services (staff, JHRN, Psychologist, counsellor, legal aid/ALS) • instruction about afternoon tea • records of checks must show time out of room, list activities & show time returned to room • time out of room/items/activities/interactions with staff/time returned to room must be recorded in record of checks
3.00PM	<p>Personal time in room.</p> <p>Magazines Cards</p>	<ul style="list-style-type: none"> • access to TV • instructions for approval of provision of items • provide items/activities • items/activities/room checks/interactions with staff must be recorded in record of checks
5.30PM-6.00 PM	<p>Dinner routine</p> <p>In Room</p>	<ul style="list-style-type: none"> • access to TV • instructions for approval of provision of items • provide items/activities • instruction for provision of meals • items/activities/meals/interactions with staff must be recorded in record of checks
6.00 PM	<p>After dinner</p> <p>Cutlery Register Room Search as per Unit Routines</p>	<ul style="list-style-type: none"> • instructions for removal of meal items and other items before allowing detainee out of room • instruction for room search • items/activities/meals/interactions with staff must be recorded in record of check
6.05 PM	<p>Out of room time</p> <p>Supervision as listed below</p>	<ul style="list-style-type: none"> • supervision requirements • instruction to check any dangerous items are not removed from room by detainee • specify access to area / activity / program / equipment • access to phone • instruction about supper • time out of room/items/activities/interactions with staff/time returned to room must be recorded in record of checks
6.30 PM Standard Bed Time 8.00PM	<p>Bed time routine</p> <p>Supper</p>	<ul style="list-style-type: none"> • access to TV • instructions for approval of provision of items • provide approved items/activities • instruction for supper (if provided in room) • instruction for removal of all additional items in room before bedtime • instruction about TV viewing access • items/interactions with staff must be recorded in record of checks



	Sleep / overnight	<ul style="list-style-type: none">record of checks must be continued until all of unit are placed in own rooms and electronic attendance verification system or night time log book is used overnight
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Note: All supervision of detainees ,both in room and when out exercising, searching and use of handcuffs will be carried out in accordance with the **Centre Operations Manual** and/or in conjunction with relevant information available locally for **special circumstances and authorized by the Duty Manager and/or Unit psychologist.**

No Room cleaning whilst in Separation for up to **24 hours**

Approved items and/or activities will vary depending on alerts, behaviour and/or specialist opinion/risk assessment. **Magazines and cards** will be the minimum standard subject to the above. All rooms have television access.

Provision of items including **cutlery, toiletries and cleaning materials**(after 24hrs) will be carried out in accordance with current procedures and risk assessment on each occasion taking into account alerts, behaviour, medical/specialist advice and individual circumstances. Dangerous items registers are to be maintained. **There is not to be a one size fits all approach as each separation circumstance and/or Risk may vary.**

Any detainee on separation for **medical purposes** eg infectious disease will have their routines advised by Justice Health in conjunction with Centre Management. These routines cannot be prescribed as they will also vary from one individual to another.

Operational Considerations: Staff Positioning

Whilst carrying out these routines staff should always ensure that they position themselves within the unit or area in such a way that they are able, at all times, to exit or receive assistance readily. For example, do not place yourself in a position in a detainee's room where a detainee standing at the doorway can hinder your access out of the room. This same principle applies in interview rooms, staff office areas etc.

All detainees must be in sight of and/or be able to readily communicate with a Supervisory Staff Member at ALL TIMES.

Conducting Unit Activities

There are only to be two activities happening at any one given time within the unit itself. For example: the games room and the courtyard. It is not permissible to conduct activities in the TV room whilst these two activities are occurring.

If there is an extra staff member associated with an external program, then it is possible to send detainees to this program and still conduct two activities in the unit. For example, if the Gym program takes four detainees with an instructor and one staff member, it is still possible to conduct activities in the games room and courtyard.

Under no circumstances are there to be three activities being conducted within the unit itself, this includes the TV area.

Note: The program planner set by the programs team must be followed on a daily basis.

Dining area

Supervision Data

Location Map Ref: E - 10	Entry/Exit Points Dining room Door
Supervision Considerations and Watch Points	<p>Very high-risk area when cutlery and other eating and serving implements are in use.</p> <p>Exercise very close supervision of detainees and equipment at all times.</p> <p>Cutlery is counted out to correspond to four (4) settings per table and placed in the four (4) white plastic containers ready to be placed on dining tables prior to detainees being seated. A second Staff member is to check the cutlery count. Plastic cups are placed on tables according to the number of detainees at that table.</p> <p>Cutlery must not be accessible until all detainees are seated and settled then staff place cutlery containers on dining tables.</p> <p>Each detainee removes their individual cutlery needs from the white plastic container and returns cutlery back into the container when finished eating.</p> <p>Be aware of group dynamics and report any concerns to other team members and your Assistant Unit Manager or in their absence Duty Manager immediately.</p> <p>After dining staff are to count cutlery at the detainee's table and account for all cutlery prior to returning the counted container to the kitchen area where a staff member is situated. (To ensure no detainees have access to the counted cutlery). When all four (4) containers have been counted then all the cutlery is counted a second time by Assistant Unit Manager and disposed of in the garbage bag then tied off to secure. The garbage is then taken out to the rear compound ready for disposal at next lock down.</p> <p>When all cutlery is accounted for, plastic cups returned and counted and garbage is removed from the dining room, detainees are permitted to continue with finishing dining routine.</p>
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures / Supervision
Methods	Opening and Closing Cabin Doors

Meals

Staffing Requirements	<p>All staff rostered on duty must attend the Dining Area for the duration of the meal routine.</p> <p>The Assistant Unit Manager or the Unit Manager has the authority to overrule this (i.e., by either leaving the room themselves or delegating an officer to do so), but would generally only do this in the case of emergency or a situation where security and safety issues are prevalent.</p>
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Movements In	
Responsible	Action Required
Supervising Staff	<p>Ensure that every detainee has visited the toilet and has washed their hands prior to entering the Dining Area.</p> <p>Ensure all detainees are dressed appropriately in shirts/shorts and shoes (no thongs, hats or singlets).</p> <p>Direct detainees to move into the Dining Area in an orderly fashion and take their seats.</p>
Movements Out	
Supervising Staff	<p>Inform detainees of the after meal activities and the locations before leaving the area.</p> <p>Direct detainees to leave the dining area and proceed to the mentioned area in an orderly fashion.</p> <p>Ensure the area is clean and safe at the conclusion of the meal routine.</p>
Supervision of Entry/Exit Points	
Supervising Staff	<p>Ensure all entry/exit points are locked during the routine with the exception of the East Corridor Doorway which must be closed but unlocked.</p>
General Supervision	
All staff rostered on duty unless otherwise delegated.	<p><u>Staff must position themselves in the Dining Area in a manner that will allow supervision of the entire detainee group.</u></p> <p>It is at the discretion of the individual staff member as to whether they eat with the detainees or eat prior to the detainees.</p> <p>Staff must not group together in one area of the Dining Area.</p> <p>Staff must remain positioned at different points of the area.</p>
Routine	
Assistant Unit Manager	<p>Delegate a Youth Officer to take charge of the routine.</p>
Supervising Staff	<p>Count Cutlery</p> <p>Complete Dangerous Items Register.</p> <p>Ensure detainees ask to get up from the table and that there is no more than one detainee up from the table at a time.</p> <p>Serve meals to detainees ensuring only one detainee is up from their table at a time.</p>
Detainee Rules	
	<ul style="list-style-type: none"> • Walk into the Dining Area in an orderly fashion. • No TV during meals. • No toilet calls whilst in dining area - Go to the toilet and wash your hands before entering the Dining Area.

	<ul style="list-style-type: none"> • Dress appropriately shirts, shorts and shoes (no thongs or singlets). • No hats to be worn during meal routine. • Talk only with people at your table • Talk quietly. • Wait Your Turn • Be Patient. • Listen to Staff • Sit in your designated seat. • A staff member will direct Dining Area routines • Raise your arm (don't call out) if you want to get out of your seat. • No moving around the Dining Area with cutlery. • No toast after 8.30am (ETU days). • Clean up after yourself. • Cutlery will be counted before you leave the Dining Area. • Chairs to be stacked quietly before you leave the Dining Area. • Leave area neat and tidy. • During dining routines East Wing is allocated the first four tables and West Wing is allocated the last four tables
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Toilet area

Supervision Data

Location	Entry/Exit Points
Dinning area Map Ref: D-10	Toilet Door West Wing door East Wing door Dinning Room doors (x2)
Supervision Considerations and Watch Points	Maintain visual contact with other supervisory staff. Check toilet area after use – report any issues. Ensure only 1 detainee at a time in toilet area. Ensure you are in line of sight of another staff member.
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures / Supervision

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Toilet Routine

Restrictions	None
Staffing Requirements	One staff member in full view of at least one other staff member. During school and when using the front compound, detainees are able to use the toilet located next to the games room.
Movements In	
Responsible	Action Required
Supervising Staff	Unlock courtyard door or Unlock hallway door (middle landing) Direct the detainee to enter the toilet. Supervise the toilet door in sight of another officer in the recreation or courtyard area.
Movements Out	
Supervising Staff	Direct detainee to return to group. Once detainee has returned to group, inspect the toilet area for damage and contraband.
Supervision of Entry/Exit Points	
Supervising Staff	When detainees are present in Living and/or yard areas, ensure the toilet door is open and the west corridor door is locked. When the North corridor door is open, (e.g., for movements into rooms etc) ensure the toilet door is locked.
Detainee Rules	
	One at a time in toilet area Keep area clean

Detainee rooms

Supervision Data

Location	Entry/Exit Points
Detainee Rooms Map Ref: B-10, I-10	Detainee Room Door entrance from hallway.
Supervision Considerations and Watch Points	<p>Monitor the behaviour of each detainee prior to entering their room and raise any concerns with the Assistant Unit Manager or in their absence Duty Manager Check that observation window is not covered</p> <p>Ensure there are a minimum of 2 staff members present, in full sight of each other, if a detainee's room is to be entered by staff. The observing staff member must remain at the detainee's door (or inside the room) at all times whilst the other staff member is in the room. It is not acceptable for the observing staff member to assist in other routines whilst attempting to observe the staff member in the room.</p> <p>If there are any concerns regarding the detainee's safe use of a razor, do not give access to the razor and consult with the Assistant Unit Manager.</p>
Related Procedures	<ul style="list-style-type: none"> • Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Opening and Closing Cabin Doors

Shaving / Nail Clipping Routine for detainees with specific alerts or staff concerns.

Shaving routine is to be conducted before breakfast routine commences. If there are any concerns regarding the detainee's safe use of a razor or nail clippers, do not give access to the items and consult with the Assistant Unit Manager and or Duty Manager.

If detainees have alerts or staff have concerns with detainees current state of mental health follow these procedures.

<p>Assistant Unit Manager and Staff</p>	<p>Monitor the behaviour of each detainee prior to entering their room and raise any concerns with the Assistant Unit Manager or in their absence the Unit Manager or Duty Manager.</p> <p>Ensure there are a minimum of 2 staff members present, in full sight of each other, if a detainee's room is to be entered by staff. The observing staff member must position themselves at the detainee's door (or inside the room) at all times whilst the other staff member is in the room. It is not acceptable for the observing staff member to assist in other routines whilst attempting to observe the staff member in the room.</p> <p>Staff are to hand clippers or razor handle to detainee with (safety cover attached) and explain to detainee that is how he is to give it back to staff when finished. Staff ensures detainee shaves/clips in an appropriate and safe manner. When detainee has finished they are to hand the razor handle first (with safety cover attached) or clippers back to staff. Staff inspects to ensure razor blades/clippers are intact.</p> <p>Detainees that are on high alerts can be asked to shave in the common toilet. Ensure there are a minimum of 2 staff members present, in full sight of each other. The observing staff member must remain at the toilet door at all times. It is not acceptable for the observing staff member to assist in other routines whilst attempting to observe the staff member in the room. If the detainee is considered a threat to themselves or others, he will not be provided a razor.</p> <p>Staff are to hand clippers or razor handle to detainee with (safety cover attached) and explain to detainee that is how he is to give it back to staff when finished. Staff ensure detainee shaves/clips in an appropriate and safe manner. When detainee has finished they are to hand the razor handle first (with safety cover attached) or clippers back to staff. Staff inspect to ensure razor blades/clippers are intact. Detainee returned to room as per Unit procedures.</p> <p>Razors must be returned and blades to be checked before placement in sharps container.</p> <p>Nail Clippers are placed in detainees plastic bag located in the night office.</p> <p>Dangerous Items Register filled out</p>
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Shaving / Nail Clipping Routine for detainees with NO specific alerts or staff concerns.

Shaving routine is to be conducted before breakfast routine commences. If there are any concerns regarding the detainee's safe use of a razor or nail clippers, do not give access to the razor/nail clippers and consult with the Assistant Unit Manager.

<p>Assistant Unit Manager and Staff</p>	<p>Monitor the behaviour of each detainee prior to entering their room and raise any concerns with the Assistant Unit Manager or in their absence Unit Manager or Duty Manager.</p>
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	<p>Check that observation window is not covered</p> <p>Ensure there are a minimum of 2 staff members present in full sight of each other. Open detainee's door as per Unit procedures, Staff are to hand clippers or razor handle to detainee with (safety cover attached) and explain to detainee that is how he is to give it back to staff when finished. Detainee's door is closed as per Unit procedures.</p> <p>Before the morning/breakfast routine, staffs are to retrieve razors/clippers from detainee's rooms by ensuring there are a minimum of 2 staff members present in full sight of each other. Open detainee's door as per Unit procedures, detainee is to hand the razor handle first (with safety cover attached) or clippers back to staff. Staffs inspect to ensure razor blades/clippers are intact. Detainee secured in room as per Unit procedures.</p> <p>Razors must be returned and blades to be checked before placement in sharps container.</p> <p>Nail Clippers are placed in detainees plastic bag located in the night office.</p> <p>Dangerous Items Register filled out</p>
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Movements in and out of rooms

Restrictions	None
Staffing Requirements	<p>A minimum of 2 supervising staff present to conduct this routine.</p> <p>A minimum of 2 staff to be present in the wing when opening and closing doors for detainees to enter or exit their room.</p> <p>One staff member can conduct visual checks when doors are locked but cannot unlock a door or enter a room alone.</p>

Movements In and Wake Up	
Responsible	Action Required

Supervising Staff	<p>Am Shift (Wake Up)</p> <p>Wake detainee by knocking on door.</p> <p>Open the room door and conduct brief visual inspection of room and ensure the safety and well-being of detainee. Report any concerns immediately.</p> <p>Direct the detainee to commence the shower routine.</p> <p>Conduct visual check of room at a maximum of 20 minute intervals.</p> <p>Check if detainee has cleaned room after shower.</p> <p>Pm Shift</p> <p>Ensure detainee has removed shoes and leaves them outside of the room.</p> <p>Monitor the detainee's behaviour and report any concerns to other team members and supervisor.</p> <p>Conduct visual check of room at a maximum of 20 minute intervals.</p>
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Movements Out	
Supervising Staff	<p>Am Shift</p> <p>In full sight of another officer (within the wing) open the detainees door *(see opening and closing cabin doors method)</p> <p>Ensure detainee has cleaned room and has placed clothes in wash bag.</p> <p>Direct detainee to leave the room and stand outside of the door with wash bag and towel.</p> <p>Ensure the detainee has towels and that these are not placed in wash bag.</p> <p>Conduct visual check of room for damage, graffiti and apparent dangerous items.</p>

Supervision of Entry/Exit Points	
Supervising Staff	<p>Ensure room door is locked once detainee is placed in room.</p> <p>Ensure second officer to check door once locked by other officer</p> <p>When entering a detainee's room, ensure that there is a minimum of 2 officers present in full sight of each other.</p> <p>Conduct visual check of room at a maximum of 20-minute intervals.</p>

Detainee Rules	
	<p>Detainees shave in morning in their rooms (detainee observed at all times and razor must be returned and blades to be checked before placement in sharps container).</p>

	<p>Shoes are to be left outside of the door of own rooms</p> <p>Observation window must be uncovered at all times.</p>
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Detainee Requests for Personal Time

A detainee may request time in their room for a specific purpose, e.g. completing homework. The Departmental Procedure must be followed for all requests.

Rooms with Television

Detainee rooms are fitted with televisions that detainees may access.

Location	Procedures
Detainee Rooms	<p>TV's will be switched off by night staff at 10:30 pm</p> <p>TV's remain on Friday and Saturday.</p> <p>Detainees will have access to remote control. If the remote is damaged a minor misbehaviour is issued. If a remote is destroyed and cannot be repaired, the responsible detainee will not have another for two weeks. (Staff will change the channel at their convenience and not the detainees)</p> <p>Channel changes by staff will be no later than 9:30 pm.</p> <p>If detainee is given a Minor Misbehaviour Confinement he will be placed in his room with TV privileges.</p> <p>If a detainee deliberately damages their TV, he will not be allowed a TV until the damaged TV is fixed. (this will take a minimum of three weeks to repair) Minor misbehaviour processes or police charges will ensue depending on the damage.</p> <p>If a detainee is sick and wishes to go to his room with TV privileges.</p> <p>Detainees receiving a standard bed will retain the privilege of TV.</p> <p>Detainees may retire early (from 8:00pm) to watch TV. Once a detainee has retired he must stay in his room.</p>

Camera Rooms

Used for assessment, transit and behaviour management. Wherever numbers allow, both camera rooms will be left vacant and empty for use for segregation and confinement if needed. It is the responsibility of the respective unit staff that have used the Main holding rooms to ensure that the holding rooms are left in a suitable condition so as to allow any future immediate use. Wherever practical a detainee must be encouraged to clean up the room prior to leaving it.

Each shower area is fitted with a special viewing window accessible from the services closet. Strict procedures apply to the use of these windows, they must only be used in extreme circumstances, and where the safety of staff is deemed to be at risk if the detainee's room is entered.

The following procedure must be followed at all times:

Amenities viewing windows	
Supervising Staff	Inform Assistant Unit Manager of the situation and ask them to attend the area.
Assistant Unit Manager	<p>Direct the young person to leave the shower area.</p> <p>Inform the young person that the amenities viewing window will be used if the young person refuses to leave the shower area.</p> <p>Ensure that a minimum of 2 staff are present.</p> <p>Open the services closet and the amenities viewing window cover.</p> <p>One staff member (same sex as client) to view the young person and assess the situation.</p> <ul style="list-style-type: none"> ○ Safety of Young Person ○ Demeanour of Young Person ○ Are there weapons present ○ Is it safe for staff to enter? <p>Inform the Duty Manager of action taken.</p> <p>Ensure the use of the window is logged in the log book.</p>

Searching

For the safety of all detainees and staff, room searches are conducted randomly and at least once per each set. Routine checks on a needs basis must be approved by the Assistant Unit Manager or in their absence the Unit or Duty Manager. Searches may also be conducted during Cottage clean conducted on a Sunday morning. All of which must be in conjunction with the departmental search procedures. These procedures include searching of rooms and common areas, searching of detainees, wand and pat down searches, routines and strip searches. It is imperative that all searches are recorded in the appropriate unit log/ records and that any incident or suspicion which results in a strip search being conducted is clearly reflected in the units log book. **IT IS NOT APPROPRIATE FOR THE SEARCH TO BE RECORDED AS "SUSPICIOUS"**. The suspicion needs to be explained within the report

Basic items allowed in room

Following is a list of standard items allowed in a detainee's room. The Unit Manager through the risk assessment process must approve items not appearing on this list. Approved items in detainees rooms are to be documented on the unit whiteboard. No drink bottles are to be kept in detainees rooms.

Books/Magazines/– paperback only Limit of 5 items in room	Toiletries – (one of each item) 1 roll on deodorant” 1 toothpaste 1 comb 1 tooth brush 1 shampoo / conditioner. 1 body wash 1 moisturiser 3 air freshener 2 hats maximum	1 set of bedding only	
Two sets of Reiby clothing only Stage 3 (one set of personal clothing). Stage 4 (two sets of personal clothing) 1x pair of personal shoes	Posters/Photographs (unframed) on the near side wall, Poster content as per guidelines	Towels – 2 maximum	
Munchies / balls	1 drink 1 chips 1 chocolate only 1 lollies 1 biscuits	Only one tennis ball (approved by AUM)	

General Cleaning

Detainees are responsible for keeping their own rooms clean and tidy. Staff will provide cleaning equipment to detainees during unit clean so that they can sweep and mop their room and shower area and clean their toilet and sink. If cleaning equipment is required on other days, detainees can negotiate with staff. Detainees' rooms must have their benches and mattress covers wiped down regularly, especially after detainee vacates the room or prior to new intake into room.

Posters / photographs

Detainees may display posters in their rooms under the following guidelines:

- Detainees may only affix posters and photographs to the room wall adjacent to doorway
- Detainees must **not use toothpaste** to affix posters or photographs to wall
- Detainees must not display posters or photographs promoting the use of alcohol and/or other drugs
- All poster models are to be appropriately dressed

Vacated Room

When a detainee is discharged, a room search must be conducted, all bed linen removed, a safety check completed and the room prepared for the next new admission. Mattress washed down with appropriate cleaning fluid found in each unit such as (True Blue).

Room Inspections

Room inspections are to be conducted on first and last AM shift. Any damage or Graffiti is to be logged in the Room Inspection Book and dealt with appropriately.

Living Area

The dining area, TV area and lounge area will be referred to as the living area.

Supervision Data

Location	Entry/Exit Points
Map Ref: F-11	Courtyard entry (x 2) East Hallway door West Hallway door Staff Office door
Supervision Considerations and Watch Points	One staff member should play a 'roving role', minimising interaction and observing detainees and other staff. All other staff must maintain a high level of interaction with detainees. Do not get so involved in activities as to forget your supervisory responsibilities. Do not become absorbed in the movie or television program and forget your supervisory responsibilities. Avoid sitting with your back to a detainee or group of detainees; always position yourself so that all detainees are in view. Never allow detainees to sit on or jump over walls.
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision

Viewing Television and Video/DVD

The use of the video equipment should be in accordance to the unit activities program. Video/DVD use should be kept to a minimum throughout the week with greater emphasis placed on educational and recreational group programs, conducted by unit staff and other staff at the centre. Warby detainees are allowed access to **PG or G** rated videos or DVD's. It is acknowledged that violence, offensive language and criminal activity are often portrayed in movies. Considering the nature of the young people we work with, extreme caution should be taken in the selection of viewing material. By law, no R rated videos are to be shown under any circumstances.

Restrictions	All detainees have access to the Television and DVD unless restricted due to minor misbehaviour outcomes.
Staffing Requirements	1 staff member may supervise a small group of detainees in the TV area in full sight of another officer if group is settled. 2 staff members must be present in the living area when there are larger groups of detainees in the TV area.

Supervision of Entry/Exit Points	
Supervising Staff	<p>Exits to yard must be locked when yard is not in use.</p> <p>Corridor doors must be locked.</p> <p>One staff member located in close proximity to the East Corridor and only allows one detainee access for phone calls (one at a time).</p> <p>One Staff member located in close proximity to the West corridor to supervise toilet calls.</p> <p>One staff member located in the dining area (if detainees present) in a position to view entire living area.</p>
General Supervision	
Assistant Unit Manager	Delegate staff responsibilities where necessary.
Supervising Staff	<p>Ensure detainees are seated appropriately and do not climb over dividing walls.</p> <p>Maintain the sight of at least one other officer.</p> <p>Staff are to position themselves at different points for effective supervision of entire area.</p> <p>Ensure detainees do not enter corridor areas without permission.</p> <p>Ensure detainees obtain permission to use the toilet and only one detainee at a time.</p> <p>Ensure detainees do not touch electronic equipment.</p> <p>If programs are being conducted in the unit (by unit, casework/centre support team staff or community workers) and the television is affecting the program, it must be turned off by staff.</p> <p>Report any damage to electronic equipment to Assistant Unit Manager and complete a Staff report.</p>
Detainee Rules	
	<p>Detainees are not permitted in corridors without permission.</p> <p>Lights to be on at all times after dark</p> <p>Respect others right to listen.</p> <p>No bedding in Recreation Room</p>

Unit Perimeter Checks

A perimeter check of the Warby Unit must be completed at a minimum of once per each AM and PM shift following departmental procedures. Perimeter checks will be recorded both in the log book and the search register.

Yard and Hard Court Areas

Location	Entry/Exit Points
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Yard Area Hard court Map Ref: F- 6	Yard Gate (front compound) Dinning area exit (x2) Games room exit
Supervision Considerations and Watch Points	The Hard Court area is a catchment area for flood water. After heavy rain, monitor this area and ensure detainees are kept away whilst water is present. Ensure detainees do not attempt to climb on surrounding walls of hard court area. Close supervision of the entire yard area must be maintained at all times. Staff to position themselves at different points of the area.
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision
Restrictions	All detainees have access to the yard and hard court area unless restricted due to minor misbehaviour outcomes.
Staffing Requirements	One staff member in full sight of at least one other officer.
Supervision of Entry/Exit Points	
Supervising Staff	Yard gate to be monitored by staff. Gate to be locked at all times when not in use. One staff member to be in close proximity of gate when opened.
General Supervision	
Assistant Unit Manager	Delegate staff responsibilities where necessary.
Supervising Staff	Ensure adequate supervision for number of detainees present and the type of activities being conducted. Ensure all equipment used in the area is accounted for before and after use. Shoes and shirts must be worn by all detainees playing outdoor sports. Ensure sun safety for all detainees and staff. Ensure staff are distributed around area, not grouped together.
Detainee Rules	
	Show respect to other detainees and staff using the area. Do not throw objects at others or out of the compound. Keep area clean

Rear Compound

Supervision Data

Location	Entry/Exit Points
Rear Compound	Gate located in the walkway leading to Warby from front compound.

Supervision Considerations and Watch Points	<p>A security check of the rear compound needs to be carried out before detainees enter the area.</p> <p>Staff should be fully aware of the location of all detainees in the compound area conducting constant head counts.</p> <p>If detainees are participating in activities in more than one area staffing levels must be adequate.</p> <p>The Assistant Unit Manager must be advised of the activities occurring, the staffing level and the number of detainees involved.</p> <p>Detainees should not be in the rear compound area without a staff member on the fence side of the compound.</p>
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision

Activities in rear compound

Restrictions	
Staffing Requirements	<p>A minimum of 2 staff members must be present at all times.</p> <p>If more than one activity is being conducted a minimum of 3 staff must be present.</p>

Supervision of Entry/Exit Points	
Supervising Staff	Ensure exit point is secured after detainee's movements

General Supervision	
Assistant Unit Manager	<p>Delegate staff responsibilities where necessary.</p> <p>Direct staffing levels based on risk assessment of activities and the number of participants.</p> <p>Ensure a security and inside perimeter check as been conducted.</p>
Supervising Staff	<p>Inform Assistant Unit Manager of the activity's and number of participants.</p> <p>Conduct security and inside perimeter check of rear compound before entering the area with detainees.</p> <p>Conduct head count of detainees before entering the rear compound area.</p> <p>Conduct regular head counts during activities.</p> <p>Ensure one staff member is positioned on the fence side of the compound.</p> <p>Ensure that all staff position themselves at different points of compound, a minimum of one staff member maintains an observer role and does not get involved in activities.</p>

	<p>Monitor the dynamics of the group and report any concerns to the Assistant Unit Manager.</p> <p>Ensure detainees are participating in designated activities. If detainees are not participating they are to be returned to the unit.</p> <p>Monitor any movements of the public outside of the fence, report any issues and return detainees to the unit if problems arise.</p>
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Detainee Rules	
	<p>Participate in designated activities</p> <p>Stay with the group</p> <p>Do not attempt to communicate with the public outside of the fence.</p> <p>Do not wander near perimeter fence or tennis court without permission.</p> <p>Do not throw objects.</p> <p>Follow staff directions.</p>

11.6.10 IPod Incentive (Stages 3 and 4 only)

The IPod will replace PSP and DS consoles in the unit. IPODS will be an additional Incentive for stages 3 and 4.

Procedure

1. 5 IPODS will be allocated to stage 3 detainees across the centre with the highest Incentive score (weekly). This is calculated during CAMS and each Unit Manager will be responsible to notify programs Sam and Sandra of their top 5 tops scorers, which programs will then pick out the 5 (detainees) tops scores across the centre.

2. Once the 5 (detainees) top scorers have been identified by programs, each unit will be advised and programs will allocated and distribute IPODS to relevant unit which staff and detainee will sign that they received IPOD and charger for unit staff to charge IPOD as required throughout the weekend until returned back to programs, sighted and signed by programs staff (to confirm no damage and all equipment returned).

3. Same process will apply for stage 4 detainees. Stage 4 detainees will have extra

apps on their allocated IPODS as an added

Incentive.

4. All detainees who qualify for the IPOD incentive will be issued an IPOD Friday evening. It will again be collected by program officer Monday morning or in the absence of programs officer it can be returned to AMCS. During the weekend, unit staff can use to charger (wire) to re-charge IPOD for detainee as required within a suitable time.

5. Programs staff is responsible for maintaining a Register to account for signing out and signing in of IPODS before and after use and to report and damages as identified.

6. Detainees who intentionally damage or breach the IPOD/IPAD policy attached will forfeit their privilege to access this Incentive until further review.

Monitoring of IPOD use in Unit

1. Staff must account for IPOD daily during room inspections and note if there are any damages to IPOD and report it immediately to AUM or UM.

2. Staff must ensure that detainees' use IPOD in room only and IPOD must not leave the room for any reason other than to be charged.

3. When IPOD is issued, each detainee will also be issued with their own ear phone which must be returned with the IPOD on Monday. Ear phone will then be placed in clear plastic bag with young person's name on it which will be there dedicated ear phone.

4. Staff should refer to IPOD local policy for use and misuse for further information.

IPOD TECHNOLOGY POLICY

This policy recognizes the importance of using Ipods/Ipads, and other similar devices as an educational tool to improve learning and social outcomes for detainees within Reiby Centre.

“iPad inspires creativity and hands-on learning with features you won’t find in any other educational tool — on a device that students really want to use. Powerful apps from the App Store like iTunes U and iBooks let students engage with content in interactive ways.”

Apple Technology

Inappropriate usage by detainees may result in consequences being given.

Ipod safety

The safety of staff and detainees in using Ipods and other similar devices is critical within a Juvenile Justice setting for a number of reasons.

- Detainee Privacy
- Staff Privacy
- Misuse of technology
- Ability to access the wider community by gaining internet access.
- Misuse of item as a weapon or other inappropriate use

Internet Access

At no stage will detainees be able to access the internet using Ipods. Dorchester school (who is assisting in the implementation of this incentive) has implemented the following strategies / procedures to prevent detainee access. However, all staff need to be constantly proactive in monitoring detainee Ipod/Ipad usage within the unit.

School Restrictions

Dorchester school has placed restrictions on internet access, (surface, mail, camera, face time, blue tooth, iTunes, installing Apps, deleting Apps). These areas are protected by a security pass code number. Any changes to these restrictions need to be requested in writing to the AMCS with a clear explanation on how the changes will improve learning and social outcomes.

All wireless access on the Ipods will be disabled and access to the configuration settings secured.

Downloading of Apps, if a member of the staff wishes to download a new App they must get approval first from AMCS which will then be facilitated by the Dorchester IT co-ordinator or Ipad supervising teacher. They are the only individuals within the school community with permission to download Apps onto centre Ipods The download of Apps can only occur within two locations.

Location One: Administration Office during the hours of 8:00 – 9:00 am or 2:50pm to 3:30 pm (Mon, Tues, Thursday, Fri) 12:30pm to 3:30pm (on Wed).

Two types of IPods (Ipods will be issued as per stage)

Stage 3 - will access different Apps to that on stage 4

Stage 4 - will access Apps on stage 3 Ipods and other Apps to create more incentive.

Consequences for Inappropriate Behaviour

If a detainee misuses the Ipod or intentionally damages it, they will be dealt with under Misbehaviour report and will forfeit their privilege to access Ipod until further review.

In the implementation of this policy courtesy, consideration and respect of others are paramount at all times.

Centralised Games room

The centralised games room will provide a program that can be accessed by detainees based on their stage within the organisations Incentive scheme. The centralised games room offers various gaming activities which include system-link, kinect games, car wheel games, individual x-box games and more. This program will be facilitated by program staff.

Timetable

3pm to 5pm (as scheduled in weekly programs timetable)

- Access for detainees on stages 2, 3 and 4 (stage 1 detainees will have no access to games room)
- Detainees will only access individual games as per current games room.
- Shorter sessions
- No access to wheel car games

7pm – 8.30pm (as scheduled in weekly program planner)

- Stages 3 and 4 only
 - Access to system link

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- Longer session
- Access to all games available in games room
- Access to this session stage 3& 4 detainees who achieve incentive bedtime.

Use of Unit games room

The games room is available weekdays (school days) PM shift and all day on weekends as per program planner where there are sufficient supervisory staff (Programs and Unit staff). School holidays (as per program planner).

It may also be used during periods of inclement weather or where other avenues of recreation are unavailable. This must be approved by PROGRAMS in consultation with Duty Manager.

All games have rating of PG, G or M (approved by Centre Manager).



Program rules & Responsibilities	Task Criteria
Centre and Unit Rules	<ul style="list-style-type: none"> • Detainees at the right place at the right time • Equipment and property respected • Active participation in Games room activities at all times • Internal movements i.e. to and from games room
Responses to staff	<ul style="list-style-type: none"> • Attitude • Willingness • Appropriate manner • Co-operation
Communication and interaction with others	<ul style="list-style-type: none"> • Explaining self and personal needs • Listening • Taking on new information • Asking for explanations • Withdrawing from confrontation • Willingness to participate in mediation and negotiation
Care of Property	<ul style="list-style-type: none"> • Detainees are to line up outside games room entrance until they have been allocated a station to sit at. • Detainees are to ensure that they sign in and out for equipment used and allocation station area. • Games room is left clean and tidy at all times after use • Detainee should only have items that they are allowed to have in their possession. • Not to damage centre and program property. Any identified damage to property can result in loss of access to games room program.
No Contraband	<ul style="list-style-type: none"> • Contraband is any item that may affect the safety and security of the centre. • Ref: Juvenile Justice Policy and Procedures for more detail
Movements	<ul style="list-style-type: none"> • Detainees are expected to move to and from Macarthur unit in an orderly fashion and timely manner. Detainees are not to move away from group in any movement to and from Macarthur unit. • Detainees are expected to follow staff directions at all times during movements to and from Macarthur Unit. • Movements after 6pm – maximum 4 detainees per unit to be escorted by min 2 staff. Duty Manager notified. • Movements back to the unit to be conducted one unit at a time. Minimum 2 staff (unit to be contacted if necessary to assist with movements if extra staff required).
Settled Behaviour	<ul style="list-style-type: none"> • Behaviour in Program • Productive and co-operative manner towards programs and activities • Settled during games room activity • Movements conducted in an orderly fashion and timely manner.
Managing inappropriate behaviour	<ul style="list-style-type: none"> • Inappropriate behaviour – any behaviour that can cause harm, risk or threaten the safety of self and others. Any behaviour that may also lead to damage of program or government property. • All inappropriate behaviour will be dealt with by Misbehaviour report and consequences. • All serious inappropriate behaviour may lead to loss of access to games room for an indefinite period if behaviour warrants it.

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Supervision Data

Location	Entry/Exit Points
<p>Middle Landing exit entry points</p> <p>Low Level Entry exit points</p>	<p>All entry and exit points up in middle landing must be securely closed and locked prior to commencement of program.</p> <p>All entry and exit points in Lower level of Macarthur unit must be closed and securely locked including Toilet area.</p> <p>One staff member must supervise entry/exit point into games room at all times. All other exits in games room must be locked at all times unless approved for program use or in case of an emergency.</p>
<p>Supervision Considerations and Watch Points</p>	<p>Electrical Equipment and Electrical cords must be maintained and kept tidy and out of the way.</p> <p>All equipment must be accounted for before and after use.</p> <p>Games room leads into yard area. Detainees are not allowed access into yard area with basketball courts. Emergency access only.</p> <p>Very close supervision of detainees must be maintained within and moving to and from games room after dark.</p> <p>Staff are to be mindful of not getting involved in games and neglecting supervisory responsibilities.</p>
<p>Related Procedures</p>	<p>Ref: to the intranet under Juvenile Justice Policy and Procedures / Supervision</p>
<p>Methods</p>	<p>Interactive Supervision</p>

<p>Restrictions</p>	<p>Stage one detainees cannot access games room. Other activities will be made available to them in the unit.</p>
<p>Staffing Requirements</p>	<p>A minimum of 4 staff supervising games room.</p> <p>All staff must be located in games room within sight of each other actively supervising.</p> <p>A minimum of 2 supervisory staff present for movements after dark if moving one detainee.</p> <p>A minimum of 3 supervisory staff present for movements after dark if moving all detainees to and from unit (4 detainees at a time, unit by unit).</p> <p>Duty Manager or AUM must be notified for all movements after 5pm.</p>

<p>Supervision of Entry/Exit Points</p>	
<p>Supervising Staff</p>	<p>Ensure all entry/exit points (except for games room entrance) are securely locked at all times.</p> <p>One staff member to be located in close proximity to the door at all times.</p>

<p>General Supervision</p>	
<p>Program Coordinator</p>	<p>Delegate staff responsibilities where necessary.</p>
<p>Supervising Staff</p>	<p>Inform Assistant Unit Manager and duty manager of numbers and staffing levels before moving to games room.</p> <p>Ensure adequate staffing before commencing movements.</p> <p>Ensure all detainees are given equal access to equipment.</p> <p>Monitor the dynamics of the group and report any concerns immediately.</p> <p>Ensure equipment is in safe working order.</p>



	<p>Ensure all equipment is accounted for prior to commencing activity and document.</p> <p>Ensure all equipment is accounted for before leaving the games room. Contact the Assistant Unit Manager or in their absence Duty Manager if anything is missing or damaged. Detainees are not to leave the room until a determination is made by the Assistant Unit Manager or in their absence Duty Manager.</p> <p>Check every gaming stations (under tables, desks etc) prior to detainees leaving games room</p> <p>Program Coordinator to ensure all areas are locked and secured. Turn off all un-used power.</p>
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Detainee Rules	<p>Sign in/out all equipment used.</p> <p>Look After Equipment.</p> <p>Wait Your Turn</p> <p>Equipment must be turned off 5 minutes before end of program.</p> <p>Games to be returned and checked off before leaving</p> <p>No graffiti</p> <p>Area kept clean and neat.</p>
Procedure	
Programs	<p>Order first aid requirements every second Monday with unit stores order if required.</p> <p>Arrange for items to be picked up and stored in first aid box.</p> <p>Ensure first aid box is secure at all times</p>
	<p>Pick up first aid items and place in first aid box located in Macarthur staff room.</p> <p>Ensure first aid box is secure at all times</p>

Toilet area

Supervision Data

Location	Entry/Exit Points
Dinning Room Map Ref: G-13	<p>Toilet Door</p> <p>Middle landing Door x 2</p> <p>North Corridor Secure Entry</p>
Supervision Considerations and Watch Points	<p>Maintain visual contact with other supervisory staff.</p> <p>Check toilet area after use – report any issues.</p> <p>Ensure only 1 detainee at a time in toilet area.</p> <p>Ensure you are in line of sight of another staff member.</p>
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures

Toilet Routine

Restrictions	None
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Staffing Requirements	One staff member in full view of at least one other staff member.
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Movements In	
Responsible	Action Required
Supervising Staff	Direct the detainee to enter the toilet. Supervise the toilet door in sight of another officer in the Games room.

Movements Out	
Supervising Staff	Action Required
	Direct detainee to return to group. Once detainee has returned to group, inspect the toilet area for damage and contraband.

Supervision of Entry/Exit Points	
Supervising Staff	Action Required
	When detainees are present in Games room, ensure the toilet door is always locked, only open on request from a detainee.

Detainee Rules	
Supervising Staff	Action Required
	One at a time in toilet area Keep area clean

Emergency Evacuation/ Response Procedures

Follow the Emergency Procedures Folder and exit maps located in the Unit.

See Appendix 22.1 for Emergency exit floor plan

- Staff are to familiarize themselves with the above mentioned procedures which are located electronically in the centres G drive and strategically placed hard copies available in 13 locations throughout the centre.
- All staff have been issued with pocket sized aid memoir which provide a basic flip chart procedural instructions.
- In the event of an emergency the Assistant Unit Manager or in their absence Duty Manager will in the first instance take charge. Assess the situation and if necessary escalate the original assistance call so as to invoke a larger response from the centre.

Fire Alarm Procedure

Location of Fire Panel is located on the wall in the night office.

Fire Panel Instructions

The Fire Panel has 2 operation modes:

Automatic Mode: In automatic mode the Fire Department will be notified within 30 seconds of an alarm and the alarm cannot be reset.

Manual Mode: In manual mode the alarm can be reset and the Fire Department will be notified within 5 minutes if alarm is not reset.

Games room

Supervision Data

Location	Entry/Exit Points
Map Ref: G-2	Games Room Door
Supervision Considerations and Watch Points	<p>Electrical Equipment and Electrical cords must be maintained and kept tidy and out of the way.</p> <p>All equipment must be accounted for before and after use.</p> <p>Games room leads into yard area, very close supervision of detainees must be maintained within and moving to and from games room after dark.</p> <p>Staff are to be mindful of not getting involved in games and neglecting supervisory responsibilities.</p>
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision

Use of Unit games room

The games room is available weekdays PM shift and all day on weekends where there are sufficient supervisory staff in the unit. It may also be used during periods of inclement weather or where other avenues of recreation are unavailable. This must be approved by Assistant Unit Manager or in their absence Duty or Unit Manager.

All games are to be non violent and have no association with criminal behaviour e.g. car racing games. All games have rating of PG or G.

Restrictions	Stage 1,2,3 and 4 can access game rooms.
Staffing Requirements	<p>A minimum of 2 staff supervising games room.</p> <p>One staff member must be located in games room. Within sight of another officer.</p> <p>Second staff member may be located in the yard area within full sight of staff member in games room.</p> <p>A minimum of 2 supervisory staff present for movements after dark.</p>

Supervision of Entry/Exit Points

Supervising Staff	<p>Ensure games room door is closed after dark.</p> <p>One staff member to be located in close proximity to the door at all times.</p>
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General Supervision

Assistant Unit Manager	Delegate staff responsibilities where necessary.
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Supervising Staff	<p>Inform Assistant Unit Manager of numbers and staffing levels before moving to games room.</p> <p>Ensure adequate staffing before commencing movements.</p> <p>Ensure all detainees are given equal access to equipment.</p> <p>Monitor the dynamics of the group and report any concerns immediately.</p> <p>Ensure equipment is in safe working order.</p> <p>Ensure all equipment is accounted for prior to commencing activity and document.</p> <p>Ensure all equipment is accounted for before leaving the games room. Contact the Assistant Unit Manager or in their absence the Duty Manager if anything is missing or damaged. Detainees are not to leave the room until a determination is made by the Assistant Unit Manager or Duty Manager.</p>
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Detainee Rules	
	<p>Look After Equipment.</p> <p>Wait Your Turn</p> <p>Equipment must be turned off 5 minutes before bedtime.</p> <p>Games to be returned before leaving</p> <p>No graffiti</p> <p>No food or drink in the games room.</p> <p>Area kept clean and neat.</p>

11.5 Operational Considerations: Detainee movements around the centre

General Supervision	
Assistant Unit Manager	Delegate staff responsibilities where necessary.
Supervising Staff	<p>Ensure that all detainees are dressed appropriately in shirt/shorts and shoes - no thongs or scuffs (except with medical approval).</p> <p>Detainees are not permitted to move around the centre unsupervised.</p> <p>Staff can exchange detainees between them, from one point in the compound to another. The movement is communicated via the two-way radio and the detainee must be in full sight of a staff member at all times.</p> <p>When moving groups of detainees there must always be a staff member at the head, side and rear of the group. Where there are not enough staff members for this to occur staff should be positioned at the side and rear of the group.</p> <p>Staff should position themselves at a reasonable distance from the moving group to enable them to intercept any detainee who may attempt to leave the group without permission.</p>

11.5.1 Detainee movements to clinic

General Supervision	
Assistant Unit Manager	Delegate staff responsibilities where necessary.
Supervising Staff	<p>Ensure that all detainees are dressed appropriately in shirt/shorts and shoes - no thongs or scuffs (except with medical approval).</p> <p>Detainees are not permitted to move to the clinic unsupervised.</p> <p>Detainees must be supervised by custodial staff at all times in the clinic area.</p> <p>If more than one detainee is present in the clinic area 2 staff members are required.</p> <p>Be aware of detainee's classification and the needs required for movement.</p> <p>See Internal Classification Circular Apx 12.21</p>

11.5.2 Visits

Location	Entry/Exit Points
Times	<p>Wednesday 3.30pm to 5.00pm</p> <p>Saturday 10.00am to 11.30am</p> <p>12.00pm to 1.30pm</p> <p>2.30pm to 4.00pm</p>
Unit going to visits	<p>Detainee is only to wear shorts socks and shoes with visits overalls. No hat and will carry Units shirt to visits.</p> <p>Detainee taken to toilet prior to visits.</p> <p>Ensure detainee has the visit overalls on and is secured with a cable tie through the overalls brass rings and zipper.</p> <p>Detainee to be escorted by appropriate staff depending on classification and alerts.</p> <p>Staff call the movement prior to leaving Unit</p> <p>Detainee is to leave Units shirt in visits search area upon entering visits.</p>
Visits going to Unit	<p>No food items are to be taken back to Unit.</p> <p>Detainee searched as per Departmental procedures and Email by M Vita 17/07/2008 i.e. strip searched, wanded and patted down.</p> <p>Visits overalls returned to Unit and detainees Unit shirt put on</p> <p>Staff call the movement prior to leaving visits</p>
Non contact visits	No overalls needed but detainee must be in Units clothing

Within the Warby Program, attempts will be made to facilitate extra visits with family members. This process has been incorporated into the program as a means of assisting with community re-integration.

Daily unit chores

Location	Entry/Exit Points
Unit	All unit doors and gate
Supervision Considerations and Watch Points	Account for all equipment before and after use. Ensure all equipment is in good working order. Be aware of the movement of equipment during its use Be aware of OH&S issues such as wet floors, use of chemicals. Cleaning equipment can be used as weapons, close supervision is required.
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision

General Supervision	
Supervising Staff	Ensure Detainees who are not attending their individual programs conduct morning unit chores between 9:00am and 10:30am. When all detainees are attending their individual program, ensure that unit chores are allocated and completed during the shift. Detainee's waiting to enrol into their individual program may receive points for participation in completing chores. Detainees who have been removed or refuse to attend their individual program do not obtain points for completing chores. During PM shifts and weekends, allocate chores in accordance with the unit chores list. Detainees are to complete that chore for a week. Ensure a new Chores List is completed every Saturday, AM shift. Place the chores list on the whiteboard in the Staff office.

Chores List

• Sweep Dining Area	• Vacuum East Corridor
• Mop Dining Area	• Vacuum West Corridor
• Sweep Toilet	• Vacuum East Living area

• Mop Toilet	• Vacuum West Living area
• Empty rubbish bins	• Outside/Garbage (wash and change bags)
• Put cleaning gear away	• Clean up courtyard
• Wash down window sills	

Laundry

Location	Entry/Exit Points
Map Ref: C-10	Laundry Door Unit courtyard entry door (x2) West Hallway door to dining West Hallway door to back compound
Supervision Considerations and Watch Points	Dangerous items Ensure door is closed when detainees are in area Ensure all dangerous items are secure Area kept in clean and orderly fashion
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
General Supervision	
Supervising Staff	Ensure door is closed when detainees are in area Ensure all dangerous items are secure Area kept in clean and orderly fashion Washing up to date

11.6 Operational Considerations: Work party

- Work party will be conducted between the hours of 11am and 12:30pm each week day.
- Detainees who are not attending their individual program will participate in work party.
- These projects will involve activities such as scrubbing graffiti, mopping and vacuuming floors and general cleaning in the unit and centre.

- Detainee's waiting to enrol into their individual program may receive points for participation in this activity.
- Detainees who have been removed from their individual program do not receive points for participation in work party for 1 ETU days. If they remain out of school they are eligible for points, however this will be a maximum of half of what they would receive should they be at school.
- Detainees who refuse to attend their individual program do not obtain points for participation in work party.

Observation areas

Location	Entry/Exit Points
Unit	All unit doors and gate
Supervision Considerations and Watch Points	Account for all equipment before and after use. Ensure all equipment is in good working order. Be aware of the movement of equipment during its use Be aware of OH&S issues such as wet floors, use of chemicals. Cleaning equipment can be used as weapons, close supervision is required.
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision
General Supervision	
Supervising Staff	Ensure there are adequate staffs to supervise work party groups. Inform the Assistant Unit Manager of work to be undertaken and the locations. Follow OH&S procedures. Allocate task equitably across group.

Unit clean

The Unit Clean is conducted on Sunday mornings following the breakfast routine. Detainees are expected to thoroughly clean the unit during this routine. Particular attention must be paid to detainee rooms including shower and toilet areas.

Location	Entry/Exit Points
Unit	All unit doors and gate

Supervision Considerations and Watch Points	<p>Account for all equipment before and after use.</p> <p>Ensure all equipment is in good working order.</p> <p>Be aware of the movement of equipment during its use</p> <p>Be aware of OH&S issues such as wet floors, use of chemicals.</p> <p>Cleaning equipment can be used as weapons, close supervision is required.</p>
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures
Methods	Interactive Supervision
General Supervision	
Supervising Staff	<p>Ensure detainees clean their own rooms in groups of four.</p> <p>Allocate specific unit clean chores to detainees.</p> <p>Supervise one detainee at a time in completing unit clean chores.</p> <p>Supervise remaining detainees in the living area or courtyard.</p> <p>Ensure there are adequate staffs to supervise unit clean groups.</p> <p>Inform the Assistant Unit Manager of work to be undertaken and the locations.</p> <p>Follow OH&S procedures.</p>
Assistant Unit Manager	Inform the Unit Manager the two detainees who have made the greatest effort in unit clean and rewards will be allocated.
Unit Manager	Allocate rewards to the four detainees who made the greatest effort.

Operational Considerations: Outings

- detainees must be outing eligible
- not be confined or removed from their individual program for three days prior to the outing
- must maintain a daily average of at least 53 points for 3 days prior to the outing.
- detainees need to be on stage 3 or 4
- not have an escape alert
- not have a control order for a serious indictable crime that requires Manager's or Serious Young Offenders Review Panel approval.
- detainees' critical dates and Classification (B2 for outings and B3 for day leave and overnight leave) needs to be checked for eligibility.



Approved Venues

Staff are to take outings ONLY to approved venues. Other outing venues can be approved through the Managers meeting on Tuesday mornings. (Alternative venues need to be proposed through the Unit Manager/Assistant Manager (General)) well in advance of the outing date – minimum 7 days.

Staff to Detainee Ratios

The ratio for staffing on outings is as follows:

2 - Staff: 1 - 4 detainees.

Not more than four (4) detainees are permitted on an outing at one time.

Detainee Briefing

The Duty Manager or their delegate (Unit Manager / Assistant Unit Manager), must brief the detainees and supervising staff about rules, expectations and procedures for the outing prior to leaving.

Staff Responsibilities

It is the responsibility of the staff to ensure that a mobile phone is available for the outing. The phone can only be used for departmental purposes. Staff are to ensure that they take the most direct route to and from any outing and do not deviate from this route under any circumstance. Staff are NOT to change the outing venue without approval of a Unit Manager or above. Staff are to position themselves in the vehicle with detainees in a manner that provides for maximum supervision at all times, e.g. a staff member must always be at the rear of the vehicle, and in the case of a sedan, the child locks should always be engaged on the rear doors. Seat belts must be worn at all times. Staff are to ensure that detainees DO NOT enter service stations, fast food outlets, shops etc unless this has been specifically approved as part of the outing. Once at the outing location, staff are to ensure that there is no doubt about the security of the venue. If there are any factors which may affect security, such as workmen or machinery, staff are required to contact the Duty Manager to discuss their concerns and receive further instructions. This may mean that the outing is terminated, and the staff and detainees return to the centre.

Staff ARE NOT to smoke in the presence of detainees, thus there will be NO smoking for the duration of the outing.

Supervision of Detainees

Staff are to maintain close supervision of all detainees at all times on the outing. Staff are not to engage in activities during the outing if it compromises their ability to supervise detainees at any time. The escorting staff are solely responsible for the detainees on the outing. Detainees must remain in sight of supervising staff at all times. This is paramount in relation to staff duty of care. Detainees must be supervised at all times when using the toilet. Supervising staff must inspect the toilets for entry / exit points before use, and must ensure a visual on entry / exit points whilst detainees are using the toilets. Detainees are to use the toilet just prior to going on the outing to help prevent the need for toilet stops whilst in transit.

Detainee incident or misbehaviour

Staff are encouraged to be proactive in their discussion to terminate an outing. In the event that a staff member is feeling concerned about a 'possible' incident occurring they are to contact the Duty Manager to request the outing be terminated.

In the event of an incident or serious misbehaviour of one or more detainees, the Duty Manager in the first instance needs to be contacted. The staff member is required to explain their concerns, provide recommendations and devise a plan of action under the direction of the Duty Manager. In the event of the escape of a detainee, all other detainees are to be secured in the vehicle and removed immediately from the venue. The Duty Manager is to be notified immediately of the escape and the remaining detainees returned to the centre. Staff **ARE NOT** to conduct a search on a detainee whilst they have other detainees in their care.

Operational Consideration: Bed times

Standard Beds

The bed time for all Warby detainees is 7.00pm. A later bed time may be earned as a reward as per the Incentive Scheme. Assistant Unit Managers are to ensure all staff are aware of which detainees have achieved reward bed times prior to releasing detainees from their rooms at the start of reward bed times.

Routine

After dinner routine Unit chores are completed and all detainees are escorted to their rooms by two (2) Youth Officer's who place them in their rooms and ensure the door is locked (as per unit procedures). The detainees who have gained reward beds are released from their rooms. Note stage 3 detainees must make Stage 4 points in order to receive a 9:00pm bedtime.

Detainee bedtimes

Stage	Standard Bedtime	Reward Bedtime
1	7.00pm	8.00pm
2	7.00pm	8.00pm
3	7.00pm	8:30pm
4	7:00pm	9:00pm

No Warby detainee is permitted to stay up later than 9.00pm

Operational Considerations: Daily room inspection

Daily Room Inspection	
Unit Manager	Check log book to ensure daily inspections are occurring.
Assistant Unit Manager	Delegate staff responsibilities where necessary. Report any issues or damage to Unit Manager.
Supervising Staff	Conduct inspection with one detainee. Ensure detainee does not enter room but can observe you at all times. Check for: <ul style="list-style-type: none"> ○ Damage to ceiling and walls ○ That plumbing is working ○ Damage to bed or furniture ○ Lights and light switches are functioning and not damaged ○ Unsafe Items ○ Graffiti. Record check in room inspection book. Report any issues to the Assistant Unit Manager. Record any damage on an incident report.

Operational Consideration: Telephone calls

The Arunta Controlled Telephone System (ACTS) is a computer based telephone system. The purpose of the system is to enable detainees to make approved pre-programmed external telephone calls without the need for a staff member to supervise the call.

The telephone is active between the hours 8:30am to 8:30pm system makes a detainee wait 5 minutes between successful calls. However there is a minimum call time (60 seconds) and if detainees make a call of less than 60 seconds, they can make another call immediately. Extra phone calls can be purchased as part of the

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incentive scheme system. The Unit Manager is also able to provide extra calls as necessary.

Location	Entry/Exit Points
Map Ref: G-10	Court yard doors East wing door West wing door

Supervision Considerations and Watch Points	<p>Monitor the mood of the detainee on returning to the group after making a phone call.</p> <p>Staff to position themselves to be in line of sight of another staff and also to be able to effectively supervise detainee on the phone.</p> <p>Report any concerns immediately to your team and the Assistant Unit Manager</p> <p>Ensure only one detainee is in the East Corridor at a time.</p> <p>Ensure detainee do not use telephone during meal times and unit programs.</p> <p>Ensure detainees do not use the telephone a minimum of 5 minutes before a movement is to take place.</p>
Related Procedures	Ref: to the intranet under Juvenile Justice Policy and Procedures

Detainee Access

Procedure	
Youth Officer	<p>Complete Detainee Telephone Request Form JJ-A073</p> <p>Forward to detainees JJO to approve, when the approval from JJO is returned give to Unit Manager to sign off.</p> <p>Check with Admissions if detainees Arunta is active.</p>
Assistant Unit Manager	<p>If a detainee forgets their PIN the Assistant Unit Manager is to provide detainee with his personal ID number (CIMS number) and a Pin number (the last four digits of their CIMS)</p> <p>Any person that the young person requests to phone (who is not defined as an automatic approval) must be assessed as suitable by JJO and then approved by the Unit Manger.</p> <p>Submit completed form JJ-A073 to the Unit Manager for approval.</p>
Unit Manager	<p>Ensure detainees adhere to the Arunta Procedure.</p> <p>Detainee's Pins are deactivated upon release.</p>

Detainee Rules	
	Do not damage the phone Do not disturb others when they are using the phone If the phone is broken, no phone calls will be made until it is repaired!! No abusive or threatening language

Operational Consideration: Detainee mail

Related Procedures and Policy	Ref: to the intranet under Juvenile Justice Policy and Procedures
Procedure	
Youth Officer	Supervise detainees opening mail. Check mail for contraband and inappropriate material. Record detainee mail in the mail register, located in the detainee's assessment folder. Ensure no detainee information is written on the back of outgoing envelopes. Place detainee mail in the administration tray in the admissions building (ECHO) at the end of the shift. If mail is to another detention centre or prisons follow <input type="checkbox"/> <i>Letters and Parcels</i> procedure.
Assistant Unit Manager	Ensure <input type="checkbox"/> <i>Letters and Parcels</i> procedure is adhered to.
Unit Manager	Ensure <input type="checkbox"/> <i>Letters and Parcels</i> procedure is adhered to. Place the mail register on the detainee's 'D' file when the detainee is discharged.

Operational Consideration: Store room

Staff have a responsibility to ensure that the Store Room is kept clean and stocked. Assistant Unit Manager is to ensure that regular maintenance and cleaning of the store room occurs. The Assistant Unit Manager must ensure the Unit Stores Requestion Form is completed, signed and submitted to stores person on the designated day.

Stores orders

Procedure	
Assistant Unit Manager	Complete stores request form every second Monday. Submit request form/s to Unit Manager for approval. Place approved form in stores tray.

Unit Manager	Approve stores request.
Youth Officer	Pick up stores when directed and place in store room. Ensure the correct items and quantity is unpacked on appropriate shelves. Provide feedback to Assistant Unit Manager regarding stores requirements.

Operational Consideration: First aid box

Procedure	
Assistant Unit Manager	Order first aid requirements every second Monday with unit stores order Arrange for items to be picked up and stored in first aid box. Ensure first aid box is secure at all times
Youth Officer	Pick up first aid items and place in first aid box. Ensure first aid box is secure at all times

Operational Consideration: Hairdresser

Procedure	
Youth Officer	Hair cutting to take place in west wing area. Ensure area is ready for hairdresser. List detainees in hairdresser's book. Ensure that only one detainee is in the hairdressing area at a time. Supervise detainees having hair cut at all times. Escort hairdresser to and from unit as directed. Conduct security check of area after haircuts. Ensure the area is clean and tidy
Assistant Unit Manager	Ensure procedure is adhered to. Delegate staff responsibilities as necessary. Ensure the Dangerous Items Register is completed.
Hairdresser	Ensure appropriate hygiene practices are maintained. Ensure all equipment is secured on person or in a secure container at all times. Personal attire to meet dress standard of centre. Number 2 haircut the shortest cut permitted Existing haircut may be maintained. Undercuts permitted Arrive at centre at 6:45pm Account for all equipment before commencing and leaving unit. Supply container (not glass) for sterilising equipment. Clean up on completion

Operational Consideration: Staff Office

Location	Entry/Exit Points
Map Ref: G - 11	Staff Office Door
Supervision Considerations and Watch Points	<p>Detainees must not be allowed to enter the staff office at any time.</p> <p>Do not allow detainees to stand or congregate near the office door.</p>
Supervision of Entry/Exit Points	
Supervising Staff	Ensure entry/exit point are locked at all times.
Detainee Rules	
	<p>Do not enter staff office.</p> <p>Do not stand around staff doorway.</p>

Operational Consideration: Detainee visits to other Units

- Detainees may only visit detainees from other units if the other detainee is directly related to them.
- These visits occur during visiting hours in the usual visitor's area (visits outside these times must be supported at Centre Support meetings).
- Duty Officers or Unit Manager give the final approval for the visit on the day.

Operational Considerations: Staffing

The following are extracts from the DJJ position descriptions.

Unit Manager

Purpose of the Position

The Unit Manager supervises and directs the Warby team comprising Assistant Unit Managers and Youth Officers.

Organisational Relationships

The Unit Manager reports directly to the Assistant Manager (Client Services) and is part of the Centre Management team which comprises the Manager, Assistant Managers and Unit Managers. Assistant Unit Managers report to this position with up to three Youth Officers in turn reporting to the Assistant Unit Managers or in their absence to the Unit Manager or Duty Manager on any one shift. The position holder's key contact within the organisation is the Assistant Unit Manager for the purposes of providing advice, decision-making and management as well as formal and informal

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reviews of the work performance of the Assistant Unit Managers and Youth Officers.

The position holder liaises with other centre staff in seeking advice and information on security issues, psychological, educational and specialist programs, nursing/health services, occupational health and safety, training and equity, and daily support services. Outside of the Department, the Unit Manager liaises with clients' families or other significant persons for the purposes of informing and approving visits. Significant contact is also maintained with and Official Visitors.

Work Performed

- Supervises and directs the work of the Assistant Unit Managers and Youth Officers to ensure the appropriate care and custody of young persons and the safety of staff in accordance with relevant legislation and departmental policies and procedures.
- Overall responsibility for shift planning, resource allocation, security within the Unit and for briefing/debriefing staff on incoming shifts about incidents and/or issues.
- Provides advice to staff on the management of young persons and also provides direct client supervision of, and support to young person's as required. This is particularly the case in managing challenging and difficult client behaviours.
- Works closely with the Psychologist, Assistant Unit Managers and Youth Officers to ensure that the client service delivery plan processes and timelines are adhered to and that the plan's outcomes are achieved.
- Ensures that the young persons have the opportunity to engage in services and programs appropriate to goals of their service delivery plans.
- Ensures the young person's casework records are maintained and updated and facilitates reviews and chairs certain case conferences.
- Ensures the co-ordination of the daily routines, including casework and program attendance, and ensures that the Assistant Unit Managers completes all paperwork for these activities.
- Contributes to the department's staff supervision scheme through self-assessment and feedback to the Assistant Manager and peers.
- Supports the Assistant Unit Managers and Youth Officers with the staff supervision scheme and provides them with constructive feedback on their self-assessment.

- Identifies and co-ordinates training requirements within the Unit, liaising with the Assistant Unit Managers to allow for attendance at these programs.
- Reviews investigation reports of client misbehaviour and makes determinations when client appeals are lodged in relation to action to be taken. The occupant must ensure that the action taken is procedurally correct, fair and equitable.
- On a rotating basis, a Unit Manager (and Assistant Managers) will assume the responsibilities of Duty Manager which involves supporting staff primarily by making decisions, referrals and communications at a managerial level.
- ensures the existence of an environment sensitive to issues of confidentiality, gender, race, cultural background, disability, age and sexuality in dealing with young persons, their families, and significant others.
- Manages and coordinates the compilation of effective quality reports from CIMS, ensures deadlines are met and appropriate forms are used from CIMS, ensures the diary is updated, and enters case notes on CIMS.
- Implements and monitors ethical work practices, Occupational Health and Safety policies and practices, Equal Employment Opportunity practices and the principles of the Ethnic Affairs Priorities Statement.
- Attends the Action Plan Meeting and provides information to the relevant parties, including Youth Officers and Assistant Unit Managers.

Assistant Unit Manager

Purpose of the Position

The Assistant Unit Manager supervises and directs the work of a team of Youth Officers on each shift to ensure the appropriate care and custody of clients and safety of staff in accordance with relevant legislation, departmental policies, procedures and directives.

Organisational Relationships

The Assistant Unit Manager reports directly to the Unit Manager. A number of Youth Officers report to this position. The position holder's key contact within the organisation is the Unit Manager for the purposes of advice, decision-making and management as well as formal and informal reviews of the position holder's performance. The Assistant Unit Manager provides close supervision of the Youth Officers in the unit, providing support and guidance, information on decisions, directions and notices from centre management, and formal and informal feedback on their performance. The position holder facilitates shift handover with the oncoming Assistant Unit Manager and/ or Duty Manager to ensure information in relation to detainee behaviour and our progress against service delivery plan objectives, incident management and any security issues

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are handed over. This aspect of the role is critical to the smooth running of the unit.

The position holder liaises with other centre staff in seeking advice and information on security issues, psychological, educational and specialist programs, nursing/health services, occupational health and safety, training and equity, and daily support services.

Work Performed

The Assistant Unit Manager supervises and directs the work of a team of Youth Officers on each shift to ensure the appropriate care and custody of detainees and the safety of staff in accordance with relevant legislation and departmental policies and procedures. The position holder provides advice to staff on the management of detainees and also provides direct supervision of, and support to, detainees as required. This is particularly the case in managing challenging and difficult detainee behaviours.

The position holder reports to the Duty Manager on a shift by shift basis in relation to safety and security, and the management of unit based staff to ensure the centre's program and routines are implemented in accordance with departmental policies and procedures.

The Assistant Unit Manager works closely with Youth Officers to ensure that detainee service delivery plan processes and timelines are adhered to and that plan outcomes are achieved. The position holder monitors that detainees have the opportunity to engage in services and programs appropriate to goals of their service delivery plans. The Assistant Unit Manager coordinates and manages the critical data entered into the departments Detainee Information Management System (CIMS), ensuring quality and integrity of the data is maintained, and complies with procedures determined by the CIMS group. The position holder coordinates daily routines, including casework and program attendance, incentive scheme and ensures that all manual records for these activities are completed. The position holder coordinates and allocates service delivery plan responsibilities to Youth Officers in line with roster arrangements and planned daily program. The position holder monitors the relationships between Youth Officers and detainees and may need to mediate between detainees and Youth Officers when disharmony arises.

The Assistant Unit Manager contributes to Youth Officer supervision through informal daily supervision and providing feedback to relevant supervisor. The position holder also supports Youth Officers and provides constructive feedback through daily supervision and interaction.

The Assistant Unit Manager contributes to in-service development opportunities and training for staff by liaising with the Unit Manager/Assistant Manager.



The position holder facilitates shift handover with the incoming shift to ensure information in relation to detainee behaviour and progress against service delivery plan goals is updated.

In supervising a residential unit, the Assistant Unit Manager provides an environment sensitive to issues of confidentiality, gender, race, cultural background, disability, age and sexuality in dealing with staff and detainees, their families, and significant others.

The general responsibilities of an Assistant Unit Manager are reflected in Section 14 of the *Children (Detention Centre) Act 1987*. These responsibilities are:

- maintain the physical, psychological and emotional wellbeing of detainees
- promote the social, cultural and educational development of detainees
- maintain discipline and good order among detainees

The position holder implements and monitors ethical work practices, Occupational Health and Safety and Injury Management policies and practices, Equal Employment Opportunity practices and the principles of the Ethnic Affairs Priorities Statement.

The Occupational Health, Safety and Injury Management of staff is of paramount importance to the department and as such is an integral part of all department activities. Whilst the ultimate responsibility for these areas rests with the Director General, both management and staff play an important role in maintaining Occupational Health, Safety and Injury Management in the workplace. The responsibilities and accountabilities for each level of the department have been defined and are located in the Introduction of the OHS and Injury Management System found on the DJJ Intranet.

The position holder abides by the department's information security policy so that the availability, integrity and confidentiality of information essential to the department's services, management systems, business functions and operations are not put at risk.

Major Accountabilities

- Supervise, direct and coordinate the work of Youth Officers on each shift, supervising daily routines, including security, casework, incentive scheme and program attendance, to ensure the appropriate care and custody of detainees, safety of staff, consistent application of the unit and centre program, and adherence to centre and departmental policies, procedures and legislation.
- Ensures that daily rostering/shift allocations and unit placement are equitable and provides strong staff supervision across all units to ensure security is maintained.
- Contribute to the design, delivery, monitoring of the unit and centre program, promoting a team approach where unit staff are the key decision makers about

program features.

- Provide advice to staff and facilitate team discussions on the management of detainees, ensuring staff refer to case management documentation and consult with other staff when making decisions.
- Provide direct detainee supervision and support.
- Manage and coordinate data entered into CIMS, ensuring the quality and integrity of the data is maintained, and complies with procedures determined by the CIMS group.
- Coordinate and assist Youth Officers to complete allocated casework responsibilities, ensuring adequate shift time is available to achieve case plan processes, tasks, timelines, and goals, and provide feedback to the Unit Manager in relation to case plan review sessions.
- Promote and monitor opportunities for detainees to engage in services and programs appropriate to case plan goals.
- Conduct inquiries into reports of misbehaviour and other issues of concern for staff or detainees, ensuring a range of information is considered in making a final recommendation that includes consultation with the staff and detainees.
- Prepare, maintain and submit regular and ad-hoc reports and records on security, unit issues, behaviour management, incidents, case management, programming, staffing issues, and any other matters, ensuring all records are submitted within time-frames.
- Provide advice to and seek direction from the Duty Manager in relation to the safety, security of the centre and in the implementation of policy and procedures.
- Mediate between detainees and Youth Officers where necessary.
- Contribute to the overall supervision of Youth Officers through providing feedback to the Unit Manager responsible for undertaking supervision sessions with Youth Officers.
- Facilitate shift handover with the outgoing and incoming Assistant Unit Manager and /or Duty Manager ensuring to exchange information about unit/s and centre security, staffing issues, detainee behaviour, and that all security and casework documentation is maintained.
- Understand, implement and monitor ethical work practices, Occupational Health and Safety policies and practices, Equal Employment Opportunity practices and the principles of the Ethnic Affairs Priorities Statement, in all aspects of their work, modelling ethical workplace behaviour in all decisions and actions taken.
- Act in accordance with all relevant legislation and departmental policies, including Code of Conduct and Information Security.

Youth Officers

Purpose of the Position

As part of a team, the Youth Officer provides care and supervision to young persons in secure residential facilities in accordance with relevant legislation and departmental policies, procedures and directives.

Organisational Relationships

The Youth Officer is one of a number of positions that report directly to the Assistant Unit Manager or in their absence the Duty Manager. The position holder's key contacts within the organisation are fellow team members as they work cooperatively to manage the daily routine of the unit. The Youth Officer also communicates with the Assistant Unit Manager or in their absence the Duty Manager for the purposes of advice, decision-making and management as well as formal and informal reviews of the position holder's performance.

The position holder liaises with other centre staff in seeking advice and information on security issues, psychological, educational and specialist programs, nursing/health services, occupational health and safety, training and equity, and daily support services. The position holder liaises with Juvenile Justice Officers in relation to casework.

Outside of the organisation, the Youth Officer liaises with parents, carers and significant others of young person's through case conferences as part of the service delivery plans for the young person.

Work Performed

- Provides care and supervision for young persons in secure residential facilities in accordance with relevant legislation and departmental policies and procedures within the context of a team based approach.
- Implements the Warby Program's treatment modules.
- Complies with the restrictions placed on the young person in terms of the risk assessment evaluation and informs the Assistant Unit Manager or in their absence the Duty Manager of any potential risk of the young person self-harming or harming others.
- Supports the development of daily routines for young persons, implements routines and monitors compliance.

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- Identifies the need for clothes for young persons, arranges their issue and ensures the young person maintains unit standards of dress and complies with agreed unit rules.
- Supervises client meal times ensuring that security is not breached and hygiene standards are met.
- Assists in the development, implementation and review of young persons' case plans, including structured programs and informal interactions to support the young persons in their physical, intellectual, emotional, social development and to reduce the likelihood of re-offending.
- Records in case notes, the detainee's progress towards achieving case plan goals and records the information in CIMS.
- As part of the unit team, the Youth Officer participates in the development of the unit program, which includes unit specific incentive schemes, ensures compliance with the agreed program and scheme, recommends rewards, and resolves complaints in regard to the unit program and the incentive scheme in line with policy.
- Actively encourages the integration of clients to the community and, in conjunction with the Assistant Unit Manager and in line with the case plan, can arrange contact on their behalf with health and educational services, other agencies, potential employers and the general community.
- Encourages and facilitates positive contact between young persons and their families, carers, friends, significant others and the general community.
- Assists with security checks of visitors and is either responsible for the transfer of the young person to the visitor area or for supervision of the visit.
- Maintains a secure environment for the benefit of young persons, staff and the community. Records client movements, conducts security checks and monitors alarms.
- Seeks approval for the internal movement of young persons and supervises those movements ensuring that security is not breached.
- Should an incident occur, the Youth Officer is responsible, in conjunction with other team members: for the initial management of the situation and to protect the integrity of the scene while ensuring the safety and security of young persons, officers and visitor's.
- Requires the approval of the Assistant Unit Manager or in their absence Duty Manager prior to the use of any restraints when dealing with an incident. In the case of minor misbehaviour, the Youth Officer determines whether to warn the young person and discuss alternative, more acceptable behaviour, or to

formally report and log the behaviour for the Assistant Unit Manager or in their absence Duty Manager to conduct an inquiry. The position holder recommends to the Assistant Unit Manager or Duty Manager an appropriate punishment for the misbehaviour, based on the position holder's interactions with and knowledge of the young person.

- Supervises routine matters such as client haircuts, laundry, garbage removal and the issue of stores, ensuring equitable distribution of these duties amongst the team of Youth Officers.
- Identifies the need for centre maintenance and reports these issues to the Assistant Unit Manager and or Unit Manager for action.
- Is responsible for the security of keys, radios, pouches and duress alarms under their control, and for immediately reporting problems with that equipment to the Assistant Unit Manager and Duty Manager.
- Maintains logs, registers, dangerous goods and other records of information regarding security maintenance and client movements.
- Contributes to the information exchange at the start and end of each shift to ensure continuity of client care and consistency in approaches to management and support of young persons.
- The general responsibilities of a Youth Officer are reflected in Section 14 of the *Children (Detention Centre) Act 1987*. These responsibilities are:
 - a. Maintain the physical, psychological and emotional wellbeing of detainees
 - b. Promote the social, cultural and educational development of detainees
 - c. Maintain discipline and good order among detainees
- The Youth Officer contributes to the department's self-assessment through, feedback, peer discussions and participation in supervision sessions with the Assistant Unit Manager.
- Implements and monitors the principles of equity, Occupational Health and Safety and the Ethnic Affairs Priorities Statement in all aspects of their work, modelling ethical workplace behaviour in all decisions and actions taken.

Operational Consideration: Timetable of General Operational Routines

Weekday AM Shift

6:00	<ul style="list-style-type: none"> • Pick up belt, lanyard, keys, key clip, radio, radio pouch, ear piece and infection control pouch. These must be worn at all times whilst on duty. Sign the Attendance Book and Radio Register Book corresponding with the radio number you have taken. • Discuss night shift and previous PM issues with Night Staff officer • Conduct a physical head count of detainees (before Night Staff officer leaves) • Read Log Book and sign • Read handover • Read detainee case notes - review alerts, previous notes and any reports provided. • Discuss and plan the day • Read Circulars and memos on the first shift of a set of six • Check email. • Conduct duress check, note in log book • Conduct perimeter check, note in log book and Search Register • Check Dangerous Items Register and complete • Complete Set Up • Conduct case management processes/preparations for the day • Conduct visual checks via tour point checks every 20 minutes
7:30	<ul style="list-style-type: none"> • All detainees to be woken up • Toiletries and towels given • Conduct breakfast routine • Detainees in East Wing to be given their cutlery, cereal, milk, juice, butter, spreads and toasts. • Detainees in West Wing to be given their cutlery, cereal, milk, juice, butter, spreads and toasts. • No toast after 8.30am (ETU days) • Transit detainees given white plastic bags to clean up rooms • Doors locked • Detainees to shower and rooms cleaned • Visual room inspection to be carried out by 2 unit staff members if detainee is present or 1 staff member if no detainee present. • Conduct visual checks via tour point checks every 20 minutes



7:55	<ul style="list-style-type: none">• Collect all razors or nail clippers handed out to detainees.• Complete Dangerous items Register• All court/AVL movements between 8am to 9.00 am to be Co-ordinated by Duty Manager using available resources (staff).
8.00	<ul style="list-style-type: none">• Complete daily movement sheet noting: casework issues, medical issues, Unit Manager etc.• Complete lunch orders.
8:30	<ul style="list-style-type: none">• Conclude Breakfast routine• Detainees residing in East Corridor to hand over cutlery rubbish and left over food (no food items to remain in room).• Detainees residing in West Corridor to hand over cutlery rubbish and left over food (no food items to remain in room).• Complete Lunch orders and movement sheets• Ensure Cutlery count is correct complete Dangerous Items Register. (Inform Duty Manager if cutlery is missing).
8:45	<ul style="list-style-type: none">• ETU staff, unit staff and Unit Manager to complete a Handover

<p>9:00</p>	<ul style="list-style-type: none"> • ETU Detainees in East Corridor to be let out of their rooms and stand outside own rooms with their towels and toiletries • Visual check of each room conducted. • Transit detainees will also remove bed linen from their rooms • Lock rooms, second Youth Officer to check doors • Conduct head count • Place towels in laundry and toiletries into container provided • Move to dining area, close wing door. • ETU Detainees in West Corridor to be let out of their rooms and stand outside own rooms with their towels and toiletries. • Visual check of each room conducted. • Transit detainees will also remove bed linen from their rooms • Lock rooms, second Youth Officer to check doors • Conduct head count • Place towel in laundry and toiletries into container provided • Move to dining area, close wing door. • Close Laundry and Wing door once all detainees have moved to dining area • Detainees briefed for the day. • Detainees wanded before leaving to school and escorted to school by 2 staff. <p>Note: Ensure that all movements are communicated and acknowledge before leaving to and from ETU.</p> <ul style="list-style-type: none"> • A minimum of one staff member to be allocated to the ETU area. • Place towel in laundry and move to dining area. • Commence Unit Laundry/towels to be washed • Collect Morning Tea at 10:15am • Note: TV's are to be turned off during school hours including all TV's in detainee rooms. No games room or music. • Supervision when required – as coordinated by UM or Psychologist
<p>10:30</p>	<ul style="list-style-type: none"> • ETU returns to Unit • Detainees on work party to be let out of rooms • Staff are to position themselves in different areas of front compound (for and in line of sight of each other. • MORNING TEA
<p>11:00</p>	<ul style="list-style-type: none"> • ETU Detainees to return to school • Detainees to be wanded before returning to ETU.



	<ul style="list-style-type: none">• 11: 05 Detainees on work to commence work party• NOTE: Note: TV's in detainee rooms to be turned off (unless approved). No use of games room, music or sports in the unit during this session.• Supervision when required – as coordinated by UM or Psychologist
12.20	<ul style="list-style-type: none">• Staff pickup lunch
12:40	<ul style="list-style-type: none">• Staff to pick up ETU detainees• All detainees to dinning room for lunch• On Friday's all detainees and staff to participate in Friday Community Meeting
13:00	<ul style="list-style-type: none">• All detainees to own rooms, with the exception of Friday where they will be involved in the Community Meeting.
13:30	<ul style="list-style-type: none">• Detainees returning to ETU or CSC Group to be let out of Rooms and wanded• Nominated staff attend ETU or CSC Group• Detainees. not attending ETU remain in rooms• NOTE: No use of Games Room, Sport etc.

Weekday PM Shift

14:00	<ul style="list-style-type: none">• Pick up belt, lanyard, keys, key clip, radio, radio pouch, ear piece and infection control pouch. These must be worn at all times whilst on duty. Sign the Attendance Book and Radio Register Book corresponding with the radio number you have taken.• One PM staff member directed by the Assistant Unit Manager to relieve the AM staff member at the ETU.• AM staff member (or programs staff if available) to handover with PM staff member at the ETU. This staff member is to collect the Individual Program points from the ETU• Team unit handover meeting conducted with PM shift
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<p>Handover Tasks to be done</p>	<ul style="list-style-type: none"> • Handover from AM Officer • Conduct a physical head count of detainees (before AM shift leaves) check if all shoes are outside detainees' doors. All additional shoes to storage • Read Log Book (on all days/shifts the team was absent from the Unit) and sign • Read handover. • Read Circulars and sign • Read Memos and sign • Read Minor Misbehaviour Book • Read and sign Alert Register • Organise and find out about activities for afternoon and night - refer to program schedule • Do a security safety and graffiti check - note in Log Book • Nominate staff allocations for evening
<p>14:10</p>	<ul style="list-style-type: none"> • Supervision when required – as coordinated by UM or Psychologist • Management development e.g. BMP, Plan day, BM strategies as coordinated and required by UM. • Case Management: case reviews, case conferences and external agencies appointments as coordinated by AUM or U/M <p>Note: Majority of detainees will be required to attend Individual Program. Detainee not attending Individual program are to remain in own rooms while staff undertake Supervision, management development and case management requirements as part of structured day. Visual checks must be conducted via tour point checks every 15 to 20 minutes.</p>
<p>14:50</p>	<ul style="list-style-type: none"> • Staff at the ETU escorts detainees from the ETU to unit • All detainees to own room • ETU points delivered • Staff to complete points and paper work • Team handover is completed with the staff member who was attending the ETU • Transcribe the ETU points onto the case plan review forms • Staff member from ETU must be fully briefed on any issues arising from case notes
<p>15.30</p>	<ul style="list-style-type: none"> • All detainees out of rooms (except for Wednesday, when the detainees are let out of their rooms at 3:00pm). • Recreation activities and programs • Continuation of Vocational programs
<p>15:30 Wednesdays</p>	<ul style="list-style-type: none"> • Visits commence see visiting procedures

only	<ul style="list-style-type: none"> • 17:00 Visits Cease
17:00 approx.	<ul style="list-style-type: none"> • All detainees to own room. • Staff prepare for dinner - set up Dining Area. • Staff pick up Bain Marie. • Distribute washing bags, toiletries and towels • Showers
17:20	<ul style="list-style-type: none"> • All Detainees out of rooms for DINNER • 17.55 (ensure all cutlery is accounted for and dining room cleared).
18.00	<ul style="list-style-type: none"> • All detainees to rooms (shower routine) • Security check of each room to be conducted prior to any detainee entering the room • Shoes to be left outside detainee's room • Showers • HOMEWORK centre detainees to program (pending incentive bedtime) Monday only • Visual checks to be conducted on detainees in the unit, max up to 20 minutes via tour points checks and logged in log book
18:30	<ul style="list-style-type: none"> • Standard BED TIME • Unit programs (conducted by Unit staff) • Evening Vocational Programs • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
19:50	<ul style="list-style-type: none"> • SUPPER • Supper to be given in the dining Area • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
20:00	<ul style="list-style-type: none"> • DAILY REWARD BED TIME – Stage 1 & 2 to rooms • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)

20:30	<ul style="list-style-type: none"> • All stage 3 (all nights) and stage 4 detainees to own rooms (On weekdays) • Security check of each room to be conducted prior to any detainee entering the room • A body search (pat down) may be conducted if there is suspicion of contraband. • Ensure that nothing obstructs vision through observation window (detainees' rooms) • Shoes to be left outside detainee's room • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
21:00	<ul style="list-style-type: none"> • Stage 3 and 4 own rooms on Friday and Saturday only. • Ensure that nothing obstructs vision through observation window (detainees' rooms) • Shoes to be left outside detainee's room • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
21:30	<p>Staff</p> <ul style="list-style-type: none"> • 20 minute checks to be conducted on all detainees and logged. • Check that detainees' shoes are placed outside their doors • Ensure that nothing obstructs a visual through observation windows (detainees' rooms) • Check that items/equipment is organised for Night and AM shift staff • Complete Log Book • Youth Officer 1 to complete written detailed handover in Log Book • Ensure that all maintenance needed is communicated and emailed to Maintenance Officer - Centre Incident Report submitted if required. • Update Daily Assessment Sheets • Prepare for change over with Night staff • Check that washing has been taken to the laundry • Log all incident reports and minor misbehaviours • Log all detainee mail and deliver to admissions • Night Shift Supervisor or Duty Manager to be notified if there is an unsettled Unit • Complete paperwork, case notes, update communications, discuss shift • Do a safety and graffiti check of Unit • Tidy office • Organise activities for your next shift



22:00	<ul style="list-style-type: none">• Staff handover• Conduct head count with Night Shift Youth Officer• Security check of the Unit• Report all relevant information to Night Staff officer, before leaving the Unit• PM Youth Officer 1 to complete handover with Night Shift Supervisor
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Weekend Saturday

6:00	<ul style="list-style-type: none">• Pick up belt, lanyard, keys, key clip, radio, radio pouch, ear piece and infection control pouch. These must be worn at all times whilst on duty. Sign the Attendance Book and Radio Register Book corresponding with the radio number you have taken.• HANDOVER – as per Monday to Friday
7.30	<ul style="list-style-type: none">• Saturday: Staff team meeting
8:15	<ul style="list-style-type: none">• Visual Check of each room• Doors locked• Detainees to shower and rooms cleaned
8:40	<ul style="list-style-type: none">• Collect all razors and nail clippers (if handed out)• Complete Dangerous Items Register
8.45	<ul style="list-style-type: none">• All detainees to be woken up for showers• Conduct breakfast routine• Detainees in East Wing to be given their cutlery, cereal, milk, juice, butter, spreads and toasts.• Detainees in West Wing to be given their cutlery, cereal, milk, juice, butter, spreads and toasts.• No toast after 9.30am
9.30	<ul style="list-style-type: none">• Conclude Breakfast routine• Detainees residing in East Corridor to hand over cutlery rubbish and left over food (no food items to remain in room).• Detainees residing in West Corridor to hand over cutlery rubbish and left over food (no food items to remain in room).• Ensure Cutlery count is correct complete Dangerous Items Register. (Inform Duty Manager if cutlery is missing).
10.00	<ul style="list-style-type: none">• Detainees to be let out of their rooms one wing at a time (see weekday routines)• Room inspection conducted• Visits commence (first session)

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10:30	<ul style="list-style-type: none"> • Vocational programs commence • Unit activities • 11:30 am Visit Cease (first session)
12:00	<ul style="list-style-type: none"> • Visits commence (second session)
1.00	<ul style="list-style-type: none"> • LUNCH (as per Dining Area Procedure)
13:30	<ul style="list-style-type: none"> • Visitors recommence (second session)
13:30	<ul style="list-style-type: none"> • All detainees to own rooms for lockdown (Handover) • Handover preparation and processes commences (see weekday routine) • Visits cease (second session) • Lunch provided for detainees who attended visits • Handover conducted with PM Staff
14:30	<ul style="list-style-type: none"> • Detainees to be let out of their rooms as per procedure
14:35	<ul style="list-style-type: none"> • Recreation activities and programs – Unit Staff • Continuation of Vocational programs • 14:30 Visits commence (third session)
16:00	<ul style="list-style-type: none"> • VISITS COMPLETE
17:00	<ul style="list-style-type: none"> • All detainees to room to prepare for dinner when Kitchen contacts unit to pick up dinner. • Staff prepare for dinner - set up Dining Area. • Staff picks up Bain Marie. • Distribute washing bags, toiletries and towels • Showers
17:20	<ul style="list-style-type: none"> • Retrieve all toiletries and towels from rooms. • DINNER (once dinner routine is completed and cutlery accounted for then)
18:00	<ul style="list-style-type: none"> • All detainees to rooms • Shoes to be left outside detainee's room • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
18:30	<ul style="list-style-type: none"> • Standard BED TIME (all detainee's who achieved incentive bedtime to be let out of rooms) • Unit programs (conducted by Unit staff) • Evening Vocational Programs



	<ul style="list-style-type: none">• Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
19:50	<ul style="list-style-type: none">• SUPPER• Supper to be given in the Living Area• Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
20:00	<ul style="list-style-type: none">• Stage 1 and 2 detainees to rooms.• Detainees who have earned later beds remain in activities.• Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
20:30	<ul style="list-style-type: none">• Security check of each room to be conducted prior to any detainee entering the room• A body search (pat down) may be conducted if there is suspicion of contraband.• Ensure that nothing obstructs vision through observation window (detainees' rooms)• Shoes to be left outside detainee's room• Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged)
21:00	<ul style="list-style-type: none">• Detainees on Stage 3 and 4 to own rooms for bed (All detainees in own rooms for bed)• Security check of each room to be conducted prior to any detainee entering the room• A body search (pat down) may be conducted if there is suspicion of contraband.• Ensure that nothing obstructs vision through observation window (detainees' rooms)• Shoes to be left outside detainee's room• Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged via tour point checks and log book)

21:30	<ul style="list-style-type: none"> • 20 minute checks to be conducted on all detainees and logged via tour point checks and log book. • Check that detainees' shoes are placed outside their doors • Ensure that nothing obstructs a visual through observation windows (detainees' rooms) • Check that items/equipment is organised for Night and AM shift staff • Complete Log Book • Youth Officer 1 to complete written detailed handover in Log Book • Ensure that all maintenance needed is communicated and emailed to Maintenance Officer - Centre Incident Report submitted if required. • Update Daily Assessment Sheets • Prepare for change over with Night staff • Check that washing has been taken to the laundry • Log all incident reports and minor misbehaviours • Log all detainee mail and deliver to admissions • Night Shift Supervisor to be notified if there is an unsettled Unit • Complete paperwork, case notes, update communications, discuss shift • Complete Internal and external perimeter check of Unit and log in search register and log book. • Clean office • Organise activities for your next shift
22:00	<ul style="list-style-type: none"> • Staff handover (as per weekday routine) • Conduct head count with Night shift Youth Officer • Unit staff to complete handover with Night Shift Supervisor.

Weekend Sunday

6:00	<ul style="list-style-type: none"> • Pick up belt, lanyard, keys, key clip, radio, radio pouch, ear piece and infection control pouch. These must be worn at all times whilst on duty. Sign the Attendance Book and Radio Register Book corresponding with the radio number you have taken. • HANDOVER – as per Monday to Friday
7.30	Sunday: Staff SMS meeting and Team Meeting
8:15	<ul style="list-style-type: none"> • Visual Check of each room • Doors locked • Set up for breakfast

8:40	<ul style="list-style-type: none"> Collect all razors and nail clippers (if handed out) Complete Dangerous Items Register
8.45	<ul style="list-style-type: none"> All detainees to be woken up for showers Conduct breakfast routine Detainees in East Wing to be given their cutlery, cereal, milk, juice, butter, spreads and toasts. Detainees in West Wing to be given their cutlery, cereal, milk, juice, butter, spreads and toasts. No toast after 9.30am
9.30	<ul style="list-style-type: none"> Conclude Breakfast routine Detainees residing in East Corridor to hand over cutlery rubbish and left over food (no food items to remain in room). Detainees residing in West Corridor to hand over cutlery rubbish and left over food (no food items to remain in room). Ensure Cutlery count is correct complete Dangerous Items Register. (Inform Duty Manager if cutlery is missing).
9:40	<p>COTTAGE CLEAN Commences</p> <p>Detainees to be let out of their rooms, 4 detainees at a time to complete cottage clean (rooms).</p> <p>.All other detainees to remain in rooms until full cottage clean (rooms) are complete (detainees with booked visits as per list to start first)</p> <ul style="list-style-type: none"> Linen change Room inspection/ searches conducted Duty Manager to ensure each unit has minimal 3 staff to complete cottage clean. <p>Room inspection/ searches conducted</p> <p>Linen change</p> <ul style="list-style-type: none"> 11:00 All detainees to be let out of their room as per procedure Unit chores Church group fortnightly
11:00 (approx)	<ul style="list-style-type: none"> COTTAGE CLEAN COMPLETE Programs commence
1.00	<ul style="list-style-type: none"> LUNCH (as per Dining Area Procedure)
13:30	<ul style="list-style-type: none"> All detainees to own rooms Collect all pencils and return to staff office STAFF HAND-OVER as per weekday routine

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14:30	<ul style="list-style-type: none"> • Detainees to be let out of their rooms as per procedure • Recreation activities and programs – Unit/Program staff
17:00	<ul style="list-style-type: none"> • All detainees to room to prepare for dinner. • Staff prepare for dinner - set up Dining Area. • Staff picks up Bain Marie. • Distribute washing bags, toiletries and towels • Showers
17:30	<ul style="list-style-type: none"> • Retrieve all toiletries and towels from rooms. • DINNER (once dinner is completed and cutlery accounted for then) • All detainees in Recreation Room • Unit chores from the Recreation Room
18:30	<ul style="list-style-type: none"> • All detainees to rooms • Shoes to be left outside detainee's room • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged via tour point checks and log book
19:00	<ul style="list-style-type: none"> • STANDARD BED TIME • Detainees who have earned daily incentive bedtime released from their rooms. • Unit programs (conducted by Unit staff) • Evening Vocational Programs • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged via tour point checks and log book
19:50	<ul style="list-style-type: none"> • SUPPER • Supper to be given in the Dining Area • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged via tour point checks and log book
20:00	<ul style="list-style-type: none"> • Stage 1 & 2 to own rooms for bed • Detainees who have earned later beds return to recreation room (stage 3&4) • Supper given to detainees on Standard bed • Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged via tour point checks and log book
20:30	<ul style="list-style-type: none"> • Detainees who have earned later beds remain in recreation room. (stage 4) • Conduct Routines (as per procedure and visual check of each room -



	every 15 to 20 minutes and logged via tour point checks and log book
21:00	<ul style="list-style-type: none">• Stage 3 and 4 detainees to own rooms for bed (all detainees in own rooms for bed)• Security check of each room to be conducted prior to any detainee entering the room• A body search (pat down) may be conducted if there is suspicion of contraband.• Ensure that nothing obstructs vision through observation window (detainees' rooms)• Shoes to be left outside detainee's room• Conduct Routines (as per procedure and visual check of each room - every 15 to 20 minutes and logged via tour point checks and log book
21:20	<ul style="list-style-type: none">• 20 minute checks to be conducted on all detainees and logged via tour point checks and log book.• Check that detainees' shoes are placed outside their doors• Ensure that nothing obstructs a visual through observation windows (detainees' rooms)• Check that items/equipment is organised for Night and AM shift staff• Complete Log Book• Youth Officer 1 to complete a written detailed handover in log book• Ensure that all maintenance needed is communicated and emailed to Maintenance Officer - Centre Incident Report submitted if required.• Update Daily Assessment Sheets• Prepare for change over with Night staff• Check that washing has been taken to the laundry• Log all incident reports and minor misbehaviours• Log all detainee mail and deliver to admissions• Night Shift Supervisor to be notified if there is an unsettled Unit• Complete paperwork, case notes, update communications, discuss shift• Complete Internal and external perimeter check of Unit and log in search register and log book.• Clean office• Organise activities for your next shift
22:00	<ul style="list-style-type: none">• Staff handover (as per weekday routine)• Conduct head count with Night shift Youth Officer• Unit staff to complete handover with Night Shift Supervisor.

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Night Shift



22:00	<ul style="list-style-type: none"> • Pick up belt, lanyard, keys, key clip, radio, radio pouch, ear piece and infection control pouch. These must be worn at all times whilst on duty. Sign the Attendance Book and Radio Register Book corresponding with the radio number you have taken. • Ensure all detainees are present and accounted for. • Conduct Head Count and ensure that each detainee is visible. • Ensure the unit is secure, conduct physical check of unit including all doors before PM shift leave.
	<p>The following night shift duties must be completed throughout the shift</p> <ul style="list-style-type: none"> • Conduct head counts of detainees at a maximum of 20-minute intervals. • Record Checks in Log Book. • Record visits of any staff in the logbook, note time of arrival and departure. • Ensure staff office is clean and tidy. • Complete Filing • Complete Night Shift Points • Fill Out Achievement Meters • Calculate points at end of fortnight (Tuesday). Remove old sheets for CAM and replace them with new observation and points sheets. • Complete other night shift duties as required by the unit. • Complete Log Book • Night Shift Youth Officer to complete a written detailed handover in log book including details of police charges admitted into unit overnight and location (unit or main) • Complete washing • Put towels out
6:00	<ul style="list-style-type: none"> • Conduct handover with AM shift.

For further information regarding policies and procedures see the Operations Manual located on the Intranet

12 Appendices

12.1 DSM-IV-TR Diagnostic Criteria for Disruptive Behaviour Disorders

Conduct Disorder

- A) A repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months:

Aggression to people and animals

1. often bullies, threatens, or intimidates others
2. often initiates physical fights
3. has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun)
4. has been physically cruel to people
5. has been physically cruel to animals
6. has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery)
7. has forced someone into sexual activity

Destruction of property

8. has deliberately engaged in fire setting with the intention of causing serious damage
9. has deliberately destroyed others' property (other than by fire setting)

Deceitfulness or theft

10. has broken into someone else's house, building, or car
11. often lies to obtain goods or favours or to avoid obligations (i.e., "cons" others)
12. has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery)

Serious violations of rules

13. often stays out at night despite parental prohibitions, beginning before age 13 years
14. has run away from home overnight at least twice while living in parental or

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parental surrogate home (or once
without returning for a lengthy period)

15. is often truant from school, beginning before age 13 years

- B) The disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning.
- C) If the individual is age 18 years or older, criteria are not met for [Antisocial Personality Disorder](#).

Specify type based on age at onset:

Childhood-Onset Type: onset of at least one criterion characteristic of Conduct Disorder prior to age 10 years

Adolescent-Onset Type: absence of any criteria characteristic of Conduct Disorder prior to age 10 years

Oppositional Defiant Disorder

- A) A pattern of negativistic, hostile, and defiant behaviour lasting at least 6 months, during which four (or more) of the following are present:
1. often loses temper
 2. often argues with adults
 3. often actively defies or refuses to comply with adults' requests or rules
 4. often deliberately annoys people
 5. often blames others for his or her mistakes or misbehaviour
 6. is often touchy or easily annoyed by others
 7. is often angry and resentful
 8. is often spiteful or vindictive

Note: Consider a criterion met only if the behaviour occurs more frequently than is typically observed in individuals of comparable age and developmental level.

- B) The disturbance in behaviour causes clinically significant impairment in social, academic, or occupational functioning.
- C) The behaviours do not occur exclusively during the course of a Psychotic or [Mood](#) Disorder.

Criteria are not met for [Conduct Disorder](#), and, if the individual is age 18 years or older, criteria are not met for [Antisocial Personality Disorder](#)

A) Either (1) or (2):

1. Inattention: six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:
 - a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
 - b) often has difficulty sustaining attention in tasks or play activities
 - c) often does not seem to listen when spoken to directly
 - d) often does not follow through on instructions and fails to finish school work, chores, or duties in the workplace (not due to oppositional behaviour or failure to understand instructions)
 - e) often has difficulty organizing tasks and activities
 - f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
 - g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
 - h) is often easily distracted by extraneous stimuli
 - i) is often forgetful in daily activities
2. hyperactivity-impulsivity: six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- a) often fidgets with hands or feet or squirms in seat
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d) often has difficulty playing or engaging in leisure activities quietly
- e) is often "on the go" or often acts as if "driven by a motor"
- f) often talks excessively

Impulsivity

- g) often blurts out answers before questions have been completed
- h) often has difficulty awaiting turn
- i) often interrupts or intrudes on others (e.g., butts into conversations or games)

- B) Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C) Some impairment from the symptoms is present in two or more settings (e.g., at school [or work] and at home).
- D) There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E) The symptoms do not occur exclusively during the course of a [Pervasive Developmental Disorder](#), [Schizophrenia](#), or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., [Mood Disorder](#), [Anxiety Disorder](#), [Dissociative Disorders](#), or a [Personality Disorder](#)).

Code based on type:

314.01 Attention-Deficit/Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months

314.00 Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months

314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified

12.2 Warby Timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
8:45am	Morning meeting – Teachers and Staff	Morning meeting – Teachers and Staff	Morning meeting – Teachers and Staff	Morning meeting – Teachers and Staff	Morning meeting – Teachers and Staff
9:00 – 10:30am	School Session 1 10am Action Plan (UM, AP and Unit Psych)	School Session 1 CPS Supervision for Staff	School Session 1 CPS Supervision for Staff	School Session 1 CPS Supervision for Staff	School Session 1 CPS Supervision for Staff
10:30 – 11:00am	Morning Tea	Morning Tea	Teaching Staff CPS Supervision (1 st Wed of the month)	Morning Tea	Morning Tea
11:00 – 12:40pm	School Session 2	School Session 2	School Session 2	School Session 2 12:00pm CSM Meeting	School Session 2
12:40 – 1:30pm	Lunch and Lockdown	Lunch and Lockdown	Lunch and Lockdown	Lunch and Lockdown	Lunch and Lockdown
1:30 – 2:50pm	CSC Group 1 (2:30 – 3:30) School Session 3	CSC Group 1 (2:30 – 3:30) School Session 3	Staff Meeting (1:30 – 2:30) CPS Supervision for Unit Staff	CSC Group 1 (2:30 – 3:30) School Session 3	CSC Group 1 (2:30 – 3:30) School Session 3
2:50 – 3:30pm	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown	Individual Counselling if required and lockdown
3:30 – 5:00pm	Programs	Programs	Programs	Programs	Programs

CAMS meetings will be held on Monday and Tuesday by either the Key Worker or AUM



12.3 Warby Behaviour Intervention Program Referral Form

Detainees Details:

Name: _____ CIMS Number: _____
 Date of Birth: _____ Current Location: _____
 Classification: _____
 Is the Detainee currently on control or remand? _____
 Date of Earliest Release / Next Court Date? _____
 Most Serious Current Offence: _____
 YLSI score: _____

Referring Agent's Details:

1. Date of Referral: _____

2. Referral made by:

Client Service Manager _____
 Unit Manager _____
 Assistant Unit Manager _____
 Centre Psychologist _____
 Juvenile Justice Officer _____

3. Location of Referring Agent: _____

4. Brief outline of the reasons for referral:

Referral Criteria (To be completed by the Centre Psychologist)

1. Has an Initial Psychological Risk Assessment been completed:

Yes

No

2. Is the detainee currently considered psychologically unstable?

Yes

No

3. Is the detainee being treated for any form of mental illness?

Yes

No

If yes, please provide further details of the diagnosis and current treatment

4. Is there a confirmed diagnosis of a Behavioural Disorder (i.e., Conduct Disorder, Oppositional Defiance Disorder or ADHD)

Yes

No

If YES:

Please specify the type of behavioural disorder:

If Conduct Disorder is present please specify whether childhood onset or adolescent onset:

How was the Behavioural Disorder diagnosis made?

- I. Conner's Inventory Teacher Form
- II. Conner's Inventory Parent Form
- III. K-SADS-PL
- IV. Existing Diagnosis (made prior to entering Custody)
- V. Other: _____

5. Does the detainee meet diagnostic criteria for drug/alcohol abuse or dependence?

Yes

No

6. Has the Behaviour Rating Inventory of Executive Function been completed?

Yes

No

7. At the time of the offence was the Detainee engaged in regular schooling?



- | Yes | No |
|---|----|
| 8. Has the detainee ever been suspended or expelled from school? | |
| Yes | No |
| 9. Number of prior contacts with the criminal justice system? _____ | |
| 10. Less than 14 years of age at the time of first offence? | |
| Yes | No |
| 11. Does the detainee currently reside in an out of home placement? | |
| Yes | No |

12.4 Assessment Phase Checklist

Detainee's Name: _____

1. Unit Staff

Task	Completed	Date	Initials
1. Provision of the Unit Timetable			
2. Discussion of the Warby Programs Intervention Goals			
3. Detainee Induction Completed (Therapy)			
4. Detainee Induction (operational)			
5. Liaison with JJO and Family – Explanation of the Program			
6. Discussion with Detainee in Regards to Behaviour Management			
7. Introduction to the Program Rules			
8. FBA Forms Completed			
9. Pathways Inventory Completed			



2. Psychologist

Task	Completed	Date	Initials
1. Limited Confidentiality Discussed			
2. Introduction to CSC			
3. Consent Forms Completed			
4. Completion of Pre-Assessment Batteries			
5. Clinical Interview Completed			
7. Action Plan finalised			

3. Teacher

Task	Completed	Date	Initials
1. School Induction Completed			
2. FBA Forms Completed			
3. Pathways Inventory Completed			

12.5 Warby Behaviour Intervention Program – Information for Detainees

This form is to be read out or explained to all detainees on admission to the unit:

What is the Warby Program?

The Warby Program is a specialised unit for adolescents aged between 13 and 15 years of age. The program aims to help young people better manage their risky behaviours (including offending, defiance and aggression) so that they can live productive lives once released from custody. During the program you will learn a range of different skills that will help you with these risky behaviours.

What does the Warby Program Involve?

Once accepted into the Warby Program you will remain in the program for four months. This time frame has been put in place to ensure that you gain the most that you can out of the program. You will attend two Cognitive Self Change Groups a week during which time you are asked to participate to the best of your ability. This involves participating in group discussion, following the group rules and being willing to talk about your behaviour within the group. The Cognitive Self Change Group tries to give you a better understanding of the thoughts in your head and how they might lead to risky behaviours.

If you are from outside the Sydney area, the Warby Program will try to assist you with visits with your family.

How is the Warby Program different from other units?

During your time in the Warby Program you will notice several differences from other unit's within Juvenile Justice. This may include the following:

- Staff try not to tell you what to do!! Instead problems that you are experiencing will try to be worked out with the staff. This means that you are involved in coming up with solutions to the problems you may face in custody.
- Staff show greater understanding for your problems and will work hard with you to come up with solutions that will work for you and for them.
- You don't automatically get confinement; instead punishments are linked to the behaviour you engage in. For example if you kick a ball over the fence, you cannot participate in recreational programs that afternoon OR if you graffiti in your room you are given extra chores which focus on cleaning up the unit.
- Your accomplishments and strengths are acknowledged both by unit staff members and other detainees.

12.6 Warby Behaviour Intervention Program

The Warby Program provides early intervention to juvenile offenders, specifically targeting young males, under the age of 16 years. It provides intervention to those adolescents sentenced into custody and when a community based intervention is not an immediate option. The Warby Program will aim to target problematic behaviours emerging within the custodial environment, as a means of intervening in both disruptive behaviour and (more generally) offending behaviours. Detainees who are accepted into the Warby Program are expected to complete four months of intervention. Note: those accepted into the Warby do not have to be the most “naughty” detainees rather they simply need to have met the criteria for a behaviour disorder including Oppositional Defiant Disorder, Conduct Disorder or Attention Deficit Disorder. For example, a detainee who does not get into a lot of trouble in custody, but, has a long history of rule breaking in the community is eligible for the Warby Program provided he meets the criteria for a behaviour disorder.

The expected short term outcomes of the Warby Program include a reduction in problematic behaviours (e.g., aggression, defiance, oppositionality, impulsivity etc) as a result of improved problem-solving ability and enhanced cognitive awareness. Furthermore, an emphasis of this residential program will involve participation in the Dorchester School program, with the explicit aim of fostering engagement in education. Anticipated longer term outcomes associated with participation in the Warby Program will include a reduction in recidivism and better community integration.

The Warby Program utilises Collaborative Problem Solving (CPS) as a means of assisting Youth Officers engage with young people and addressing their needs. CPS is a model for understanding and helping kids with social, emotional and behavioural challenges. The model was first described in the book, *The Explosive Child*, by Dr. Ross Greene, which was originally published in 1998 and is now in its fourth edition (2010).

The CPS model posits that challenging behaviour can be best understood as the result of delayed cognitive skills in the general domains of flexibility, frustration tolerance and problem solving. It argues that the best way to reduce challenging behaviour is by collaboratively solving problems rather than by relying on imposing adult will or using intensive reward and punishment procedures.

CPS is comprised of three basic steps:

- 1) The Empathy Step: involves gathering information from the adolescent so as to achieve the clearest understanding of his or her concern or perspective on a given unsolved problem.
- 2) Define the Problem Step: entering into consideration the adult concern or perspective in the same unsolved problem
- 3) The Invitation Step: involves both the adult and adolescent brainstorming

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solutions so as arrive at a plan of action that is both realistic and mutually satisfactory.

The CPS model has previously been applied in schools, inpatient psychiatry units, group homes, residential facilities and juvenile detention facilities. It has demonstrated utility in reducing conflict and teaching adolescents skills they need to function adaptively in the real world.

The Warby program also uses the Cognitive Self Change Program as a means of enhancing skills development. Cognitive Self Change is a group based program which aims to change criminal behaviour by addressing the anti-social thinking which leads offenders to crime.

Although it has been designed to target criminogenic needs in adolescent offenders (i.e., anti-social attitudes and behaviour, anti-social personality and engagement in education), due to the custodial nature of the program many other criminogenic needs are largely outside the scope of the Warby Program (i.e., family factors, community integration, criminal associates and substance abuse). As a result, a case management perspective needs to be utilised, which includes extensive collaboration with community representatives (including Juvenile Justice Officers and the client's family) to ensure that the best outcomes are achieved.

12.7 Positive and Negative Behaviour Consequences

The Incentive Scheme is used to reward positive behaviour and Misbehaviour and Incident Reports are used to punish negative behaviours.

- When positive behaviour occurs across the shift = full points allocated.
- When minor negative Behaviour is observed (e.g., swearing at staff) – the detainee will fail to meet the full point allocation. BUT, if the detainee problem solves with the staff member they are able to receive 1 point as they have engaged in the program's requirements.
- When major negative behaviours occur or when the detainee refuses to engage in problem solving efforts, they will receive a Misbehaviour Report.

Daily Rewards

- Daily points are received when the detainee demonstrates pro-social behaviours in the following four areas:
- The detainee is allocated the following points for each criteria: 2 - Achieved 1 - Made Progress or Effort Towards 0 - Did Not Achieve or Contribute.
- The detainee is able to access an extended bedtime/access to evening programs if the required points are achieved.
- Any detainee who fails to achieve their daily points is to go to bed at the centres standard bedtime.

To achieve a late bed a detainee must earn the following daily points:

Stage 1:	42 or more = Incentive bedtime	8:00pm
Stage 2:	44 or more = Incentive bedtime	8:00pm
Stage 3	50 or more = Incentive bedtime	9:00pm
Stage 4:	4 or more = Incentive bedtime	9:00pm

Weekly Incentive Rewards

Unit Rules and Responsibilities	Task Criteria
Centre Rules and Unit Rules	<ul style="list-style-type: none"> • All centres must have set routines for detainees to follow e.g. meal routines and unit routines. • Centre rules relate to detainee's expected behaviour e.g. during visits, movements and when accessing different areas. • Rules exist for centre's safety/security and to provide structure for detainees.
Behaviour and Participation in Programs	<ul style="list-style-type: none"> • Primary focus is on: <ul style="list-style-type: none"> ○ detainee's application/participation in a program ○ adherence to program/group's rules ○ attendance in agreed programs. • Types of programs accessed are recorded on detainee's Weekly target behaviours/tasks. • Programs are based on: <ul style="list-style-type: none"> ○ each centre's internal/external program schedule, ○ detainee case plan ○ progress requirements of Incentive Scheme.
Responses to others, detainees and staff	<ul style="list-style-type: none"> • Primary focus is on detainee's interactions with others, including: <ul style="list-style-type: none"> ○ listening to other people's point of view ○ speaking to and treating others with respect without threats/violence ○ following all reasonable instructions from Centre/ETU staff ○ treating other people the way you'd expect to be treated, and ○ speaking to others without using offensive/ abusive language. • A higher expectation of appropriate behaviour/compliance with unit rules and responsibilities exists for detainees in custody several months compared with detainees in custody a few days.
Personal Care and Care of Property	<ol style="list-style-type: none"> 2. Primary focus is on detainees' care of themselves and property around them. Examples include: <ol style="list-style-type: none"> a. keeping room clean and tidy b. showering and using personal hygiene products c. looking after centre or reporting any broken items/property d. not damaging ETU/Centre property/resources e. not damaging other detainees/staff property, and f. respecting their property and those of others (detainees should only have approved property in their possession).

Detainees will have access to their rewards during Thursday PM shifts. When a detainee reaches Stage three he will have the opportunity to save money to purchase other rewards. Such rewards may be negotiated with the Unit Manager to the maximum value of eighty dollars on stage three and one hundred dollars for detainees on stage four. Such negotiation will be recorded as part of the detainees CAMS meeting.



In order to achieve weekly incentive rewards, the detainee is required to meet their weekly goals. These goals are developed during the CAMS meeting. Within the Warby unit, these goals will include two case work goals and one therapeutic goal. The therapeutic goal will be determined by the outcome of Problem Solving efforts. In addition, the detainee is also required to achieve his daily rewards on an average of 5/7 days.

Strategy of choices

In the case of negative behaviours, if the participant fails to engage in the Collaborative Problem Solving method, staff will then use the strategy of choices method. This method enables the detainee to make a deliberate choice between:

1. work with staff to come up with a solution to the problem they are facing
2. to have five minutes of personal time and then engage in CPS
3. to continue engaging in the negative behaviour and receive a misbehaviour

12.8 Functional Behaviour Analysis Form

EXAMPLE

Detainee Name: X		Observation Date: 20/1/2011
Staff Member: Y		Time: 5pm
Setting: Movement from football field to lockdown		
Antecedent (i.e., the event that comes before the behaviour)	Behaviour	Consequences (i.e., the event that occur after the behaviour)
Staff were being unfair and finished programs early	Kicked the ball over the fence and started yelling at the unit staff	Positive Taught the staff a lesson for telling us boys what to do Felt better
		Negative Got confinement

Plan B Tracking Sheet and ABC Form

Child's Name _____ Date _____
Adult(s) Taking Lead _____

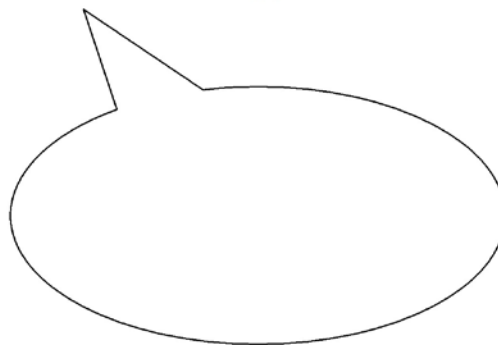
ABC FORM		
(Use this part of the form for all problematic behaviours occurring for detainees in the assessment phase and when an MB is issued to detainees in the treatment phase)		
Antecedents (i.e. the event that comes before the behaviour)	Behaviour	Consequences (i.e. the event that occur after the behaviour)
		Positive
		Negative

PLAN B FORM

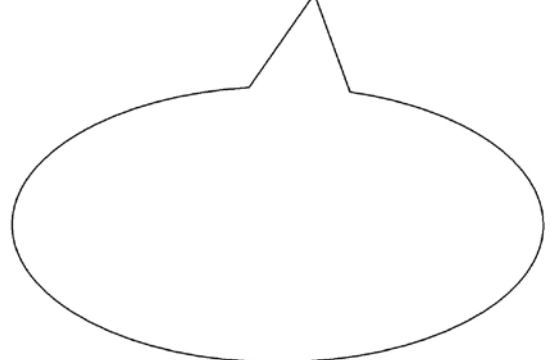
Use this form for any problematic behaviours occurring during the treatment phase, please also write up the Plan B discussion onto CIMS.

Problem being addressed:

Child's Concern(s)



Adult's Concern(s)



Potential Solutions

1. _____ 2. _____ 3. _____ (Circle solution being attempted)	Problem Solved? YES / NO Why? _____ Next Steps (revisiting problem or working on next problem to be solved):
---	--

12.9 Pathways Inventory

Detainee's Name _____ Date _____

Team Name _____

Instructions: Please rate the detainee against the following criteria. Circle 0 if the detainee does not exhibit any difficulties in this area; circle 1 if the difficulty has been observed, but on an infrequent basis; circle 2 if the difficulty has been observed on a frequent basis and circle 3 if the detainee has extensive difficulties in this area, such that it is always present. If the skill being described has not been adequately tested during your shift or you are unable to comment then please circle N/A.

LAGGING SKILLS

<u>Executive Functioning</u>	Never	Sometimes	Often	Always	Not Applicable
Difficulty handling transitions, shifting from one mindset or task to another. For example, difficulties shifting from school routine to the unit. Example:	0	1	2	3	N/A
Difficulty sticking with tasks, which require you to pay attention over a long time frame Example:	0	1	2	3	N/A
Difficulty doing things in a logical sequence or in order. Example:	0	1	2	3	N/A
Difficulties with planning – thinking or working independently and	0	1	2	3	N/A



organising activities / day Example:					
Difficulties coping with multiple tasks at one time Example:	0	1	2	3	N/A
Short attention span Example:	0	1	2	3	N/A
Difficulties generating ideas or solutions Example:	0	1	2	3	N/A
Difficulties thinking before acting (i.e., impulsive) Example:	0	1	2	3	N/A
<u>Language Processing</u>	Never	Sometimes	Often	Always	Not Applicable
Difficulty expressing concerns, needs, or thoughts in words Example:	0	1	2	3	N/A

Difficulties expressing what is bothering them Example:	0	1	2	3	N/A
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Difficulties understanding what is being said Example:	0	1	2	3	N/A
<u>Emotional Regulation</u>	Never	Sometimes	Often	Always	Not Applicable
Difficulties managing emotional responses to frustration Example:	0	1	2	3	N/A
Difficulties managing irritability or anxiety Example:	0	1	2	3	N/A
<u>Cognitive Flexibility</u>	Never	Sometimes	Often	Always	Not Applicable
Difficulties being flexible (i.e., he uses black and white thinking) Example:	0	1	2	3	N/A
Difficulties imagining likely outcomes Example:	0	1	2	3	N/A
Difficulties handling change from rules, routines or original plans Example:	0	1	2	3	N/A



Difficulties handling unpredictability or uncertainty Example:	0	1	2	3	N/A
Difficulties adjusting to different situations that would suggest the need to adjust a plan of action Example:	0	1	2	3	N/A
Difficulties interpreting information accurately / avoiding cognitive distortions or biases (e.g., "Everyone's out to get me"; "Nobody likes me"; "You always blame me"; "It's not fair"; "I'm stupid"). Example:	0	1	2	3	N/A
<u>Social Skills</u>	Never	Sometimes	Often	Always	Not Applicable
Difficulty attending to or accurately interpreting social cues/poor perception of verbal and non-verbal communication Example:	0	1	2	3	N/A
Difficulties starting conversations, entering groups and fitting in Example:	0	1	2	3	N/A

Difficulty seeking attention in appropriate ways	0	1	2	3	N/A
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Example:					
Difficulties recognising how one's behaviour affects other people (i.e., often surprised by others reactions). Example:	0	1	2	3	N/A
Difficulty empathising with others, appreciating another person's perspective or point of view Example:	0	1	2	3	N/A
Difficulty recognising how he is coming across or being perceived by others Example:	0	1	2	3	N/A



UNSOLVED PROBLEMS

Please list at least three types of unsolved problems (i.e., difficulties that the detainee) that the detainee faces either within the school or the unit (For example: Difficulties dealing with peer provocation)

OTHERS (list)

	Never	Sometimes	Often	Always
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3
	0	1	2	3

12.10 Four Steps of Cognitive Self Change

Step 1: Learn to pay attention to your thoughts and feelings, underlying rules and principles

Step 2: Learn to recognise how your thoughts and feelings, underlying rules and principles, lead to crime and/or violence

Step 3: Find new ways of thinking that don't lead you to do crime or violence – and that also provide you with a sense of self worth.

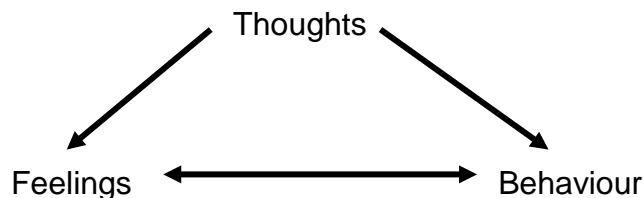
Step 4: Practice your new thinking until you can use it when it counts, in real-life situations

12.11 Cognitive Behaviour Therapy

What is cognitive behavioural therapy (CBT)?

Cognitive behavioural therapy is an intervention that is used by many Psychologists, psychiatrists and Counsellors. The therapy is based around helping to understand, manage and change thoughts (cognitions) and actions (behaviour). This form of therapy has been shown to be very effective for a range of life things including aggression and criminal behaviours.

An easy way to think about CBT is: that our thoughts affect the way we feel about things, which then affects what we do. Consequently, if we are able to change the way we think we can also change our feelings and our behaviours!!



For example: If we were sitting in the unit compound and a new kid kept looking over at us, we could interpret this in several ways, depending on our thoughts:

Thought 1: That kid has a problem with me, I bet we wants to have a go, what's his problem?	Thought 2: Maybe that kid wants to get to know me, it can be hard being the new kid in the unit
Feeling 1: Anger, suspicion	Feeling 2: concerned
Behaviour 1: Threatens the new kid and asks him to have a fight	Behaviour 2: Asks the new kid if he wants to play a game of basketball

How does CBT work?

It helps you identify and change negative thinking.

If you display delinquent or aggressive behaviours you may feel hopeless, sad, bored angry, irritable and/or anxious. These feelings make it difficult to think positively about yourself, your relationships with other people and life in general.

Cognitive behavioural therapy will help you to look at situations from another angle, which will assist in helping you stay out of trouble when you get out of Reiby.

The Cognitive Self Change Group will help you look at events in your life and talk about all the possible interpretations of those events. Through this, negative or unhelpful thoughts are identified along with the possible helpful interpretations of a situation. Through this process you learn how to replace negative thinking

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patterns with more positive ones in order to improve the way you feel about life and help you from coming back into custody in the future.

CBT helps you to manage your problems.

Managing problems is part of everyday life but it can sometimes feel overwhelming. Cognitive behavioural therapy will help give you strategies for managing problems both small and large so they don't get on top of you.

12.12 The Thinking Report

A Thinking Report is a report of what was going through a person's mind during a given situation or at a given moment in time. Learning to do a Thinking Report is a major part of learning Step 1 of Cognitive Self Change: paying attention to your thoughts and feelings, attitudes and beliefs. Thinking Reports also form the basis of learning and practicing the other Steps of Cognitive Self Change.

A Thinking Report has four parts

1. **The Situation.** This is not a report of thinking but describes the situation where the thinking took place. This part of the Thinking Report should be brief and objective – stating the facts of the situation and including the behaviour done in that situation by the person giving the Thinking Report. The person's opinions and feelings about the situation are given in parts two, three and four of the Thinking Report.
2. **Thoughts.** This is a list of all the thoughts the person can remember having during the given situation or moment of time. A Thinking Report presents a person's thoughts as pure, objective information. Criticism of the thinking, or excuses for the thinking, is not appropriate in a Thinking Report.
3. **Feelings.** This is a list of all the feelings the person can remember having during the given situation or moment of time. Like the thoughts, the feelings are presented as pure, objective information.
4. **Underlying Rules/Principles.** This is a description of the more basic level of a person's thinking – their "background thinking". Underlying rules can be defined as a general way of thinking about a kind of person or kind of situation or about the way we think things should be. Or we can define the underlying rules as "the thinking behind our particular thoughts and feelings".

Situation:

Thoughts:

Feeling:

Rules:

Example: Thinking Report

The following is an example of an offender's Thinking Report. This example is quite brief and is what we call a "Draft Thinking Report". When a Draft Thinking Report is presented in group, the whole group spends at least a few minutes helping the person remember more thoughts, more feelings, and more underlying rules and principles. These are then added to the Thinking Report

Situation: Got into a fight at my cousin's wedding

Thoughts:

1. They're not invited, get the fuck out of here
2. I'm gonna fuck these cunts up, trying to fuck my cousin's wedding up

Feeling: Angry, stressed, drunk

Rules: Party hard, drink hard, eat hard, don't fuck around and fuck it up

12.13 The Warby Program Consent Form

Agreement to participate and abide by program rules

I _____ agree to participate in this Warby Program for a minimum of four months duration.

I acknowledge that I have limited rights to confidentiality regarding my assessment, case management and participation within the Warby Program.

I understand that limited confidentiality is necessary to protect the community and to assist in the coordination and planning of intervention.

I understand that information I share with any staff member of the Department of Juvenile Justice is not privileged or private.

I understand that information regarding assessment, case management and counselling may be communicated verbally or in writing to any individual or agency responsible for my supervision and/or intervention.

I understand that all of the following conditions are necessary for the program to work and, as such, are conditions necessary for me to take part in the program. I also understand that Warby Program staff will work to assure that I succeed in the program, provided I meet these conditions:

1. Attendance
 - I agree to attend all scheduled group programs
 - I agree to participate in all problem solving discussions
2. Group Participation
 - I agree to participate constructively in all groups
 - I understand that constructive participation includes making an honest effort to help other group members learn and practice skills
3. Unconditional Respect
 - I agree to respect other people while participating in the Warby Program
 - I understand that unconditional respect means showing respect to people whether or not I agree with them or approve of them and whether or not I perceive them as showing respect to me.
4. Open Channel of Communication

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-
- I agree to keep an open channel of communication with Warby Program staff and other detainees. This means I will report any concerns, thoughts and feelings completely and objectively, without censorship or deliberate distortion, and without keeping secret any areas of my thinking or behaviour that may pose a risk of criminal behaviour.

Name of client: _____ Staff name: _____

Client signature: _____ Staff signature: _____

Date of Birth: _____

Date: _____ Date: _____

12.14 Young Person's Consent for Programs Research



YOUNG PERSON'S CONSENT FOR PROGRAMS RESEARCH

What is this form about?

This form is asking for your permission to help us improve our programs at Juvenile Justice and to work out whether the programs you have attended are helpful.

What information will be used?

The information you give to Juvenile Justice about the programs you attend and your thoughts and feelings before and after attending these programs.

Your name and any information that would identify you will NOT be used.

Who will use your information?

Your information will be used by the Programs and Research staff to help Juvenile Justice provide better programs for young people.

What do I need to do?

By signing this form you are saying that you AGREE with the following:

- I give my permission to Juvenile Justice to collect information to find out if programs I use are helpful.
- My Juvenile Justice Officer/Counsellor/Youth Officer has explained to me why they are collecting this information.
- Any reports on how programs are doing will NOT identify me by name.
- Information I give will be used to find out if the programs I use have been helpful to me.
- Information I give will be used to see if the programs are working and may help other young people in the future.
- It is OK for me to withdraw this consent at any time by telling my Juvenile Justice worker.
- All my questions have been answered.

Young Person: Signature: Date:

Juvenile Justice Worker: Signature: Date:

NOTE If the Young Person is 14 years or younger, their parent/guardian is also required to sign this form.

Parent/Guardian: Signature: Date:



Thank You So Much For Your Help!

Note: Juvenile Justice is subject to various privacy laws including but not limited to the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002* which may effect the operation of this form and your consent. If you have concerns about legal obligations or privacy implications, Juvenile Justice recommends seeking independent legal advice, such as from the Children's Legal Service.

12.15 Psychological Inventory of Criminal Thinking Styles

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Name: _____

Date: _____

JJO/JJC: _____

CIMS ID _____

Please answer the following questions as honestly as possible. Please circle the number that reflects how much you agree with the statement.

	Question	Disagree	Not Sure	Agree	Strongly Agree
1	When I want something, I'll do anything to get it.	1	2	3	4
2	I sometimes blame others for problems I've had.	1	2	3	4
3	Change can be scary.	1	2	3	4
4	I often start out on the right track, but I have trouble staying focused.	1	2	3	4
5	I can do anything if I try hard enough.	1	2	3	4
6	When life gets to be too much, I think "the hell with it" and I get drunk or high or get into trouble.	1	2	3	4
7	It makes me nervous not knowing what the future holds.	1	2	3	4
8	I sometimes blame the victims of my crimes by saying things like "they deserved what they got" or "they should have known better."	1	2	3	4
9	When I meet someone, it's important to figure out how tough they are.	1	2	3	4
10	I sometimes think of things too horrible to talk about.	1	2	3	4
11	I am afraid of losing my mind.	1	2	3	4
12	The way I look at it, I've paid my dues and I should be allowed to take what I want.	1	2	3	4
13	The more I got away with crime the more I thought there was no way the police or authorities would ever catch up with me.	1	2	3	4
14	I believe that breaking the law is no big deal as long	1	2	3	4



	as you don't physically hurt someone.				
15	I have helped out friends and family with money I got through crime.	1	2	3	4
16	I don't think about the problems my actions might cause until it is too late.	1	2	3	4
17	It's not fair that I'm in trouble for things I've done when other people get away with stuff every day.	1	2	3	4
18	I sometimes argue with others over small things.	1	2	3	4
19	I can honestly say that I thought about how people might be hurt when I committed my crimes.	1	2	3	4
20	When frustrated I find myself saying "fuck it" and then do something stupid or irresponsible.	1	2	3	4
21	New challenges and situations make me nervous.	1	2	3	4
22	Even when I got caught for my crime, I didn't think I'd get into a lot of trouble.	1	2	3	4
23	I sometimes take shortcuts, even if I know these shortcuts aren't the best way to go.	1	2	3	4
24	When not in control of a situation, I usually end up wanting to exert power over others.	1	2	3	4
25	Despite the crimes I've done, deep down I am basically a good person.	1	2	3	4
26	I often start something and then never finish it.	1	2	3	4
27	I regularly hear voices and see visions which others do not hear or see.	1	2	3	4
28	When it's all said and done, society owes me.	1	2	3	4
29	I have said to myself more than once that if it wasn't for someone dobbing on me I would have never gotten caught.	1	2	3	4
30	I sometimes don't pay attention to important things because I think they will work themselves out.	1	2	3	4
31	I have taken drugs or alcohol before committing a crime to feel less fear and anxiety.	1	2	3	4
32	I have made mistakes in life.	1	2	3	4
33	On the streets I would tell myself I needed to commit crimes to get what I deserved.	1	2	3	4

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34	I like to be the centre of attention with others, controlling things as much as possible.	1	2	3	4
35	I have justified my behaviour by pointing out how hard my life has been.	1	2	3	4
36	I have trouble following through on things I start.	1	2	3	4
37	Being kind to animals or young children helps me to feel better after doing something bad.	1	2	3	4
38	There have been times in my life when I felt I was above the law.	1	2	3	4
39	I sometimes have trouble concentrating on even simple tasks.	1	2	3	4
40	I tend to act impulsively under stress.	1	2	3	4
41	I'd rather steal or rob than look like a failure.	1	2	3	4
42	A lot of times, I don't try new things because I'm afraid I'll fail.	1	2	3	4
43	I tend to put off until tomorrow what I should do today.	1	2	3	4
44	Although I have always realized that I might get caught for a crime, I would tell myself that there was "no way they would catch me this time".	1	2	3	4
45	I have justified my crimes and bad behaviour by telling myself that if I didn't do it someone else would.	1	2	3	4
46	I am sometimes afraid to commit to something that's unsure.	1	2	3	4
47	People sometimes don't understand me because I jump around from subject to subject when talking.	1	2	3	4
48	There is nothing more frightening than change.	1	2	3	4
49	Nobody tells me what to do and if they try, I will threaten them or maybe even hurt them.	1	2	3	4
50	When I commit a crime or behave badly, I do something nice for someone as a way of making up for the harm I have caused.	1	2	3	4
51	I don't really plan much, just go with the flow.	1	2	3	4



52	I am stronger, smarter, or slicker than most people.	1	2	3	4
53	I have made excuses for my bad behaviour by thinking "everybody else is doing it so why shouldn't I".	1	2	3	4
54	If challenged I will sometimes go along by saying "yeah, you're right," even when I know the other person is wrong, because it's easier than arguing with them about it.	1	2	3	4
55	Fear of change has made it difficult for me to be successful in life.	1	2	3	4
56	The way I look at it I'm not really a criminal because I never meant to hurt anyone.	1	2	3	4
57	I still find myself saying "the hell with working a regular job, I'll just take what I want".	1	2	3	4
58	I sometimes wish I could take back certain things I have said or done.	1	2	3	4
59	Looking over my life I can see now that I lacked direction and commitment.	1	2	3	4
60	I sometimes smell strange odours, even though I can't explain where the smell is coming from.	1	2	3	4
61	Sometimes, I believe I could use drugs and not have problems that others might have, like getting addicted.	1	2	3	4
62	I get sidetracked pretty easily, so that I usually don't finish what I start.	1	2	3	4
63	If there is a short-cut or easy way around something I will find it.	1	2	3	4
64	I have trouble controlling my angry feelings.	1	2	3	4
65	I believe that I am a special person and that my situation deserves special consideration.	1	2	3	4
66	There is nothing worse than being seen as weak or helpless.	1	2	3	4
67	I view the positive things I have done for others as making up for the negative things.	1	2	3	4
68	Even when I set goals I rarely meet them because I get distracted by things going on around me.	1	2	3	4
69	There have been times when I tried to change but couldn't because I was afraid.	1	2	3	4

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70	When I get frustrated, I throw reason out the window and think "the hell with it".	1	2	3	4
71	I have told myself that I would never have had to commit crime if I had had a good job.	1	2	3	4
72	I can see that my life would be more satisfying if I could learn to make better decisions.	1	2	3	4
73	Sometimes I have felt entitled to break the law in order to pay for something that I thought I needed.	1	2	3	4
74	I rarely considered the consequences of my actions when I was in the community.	1	2	3	4
75	I've spent a lot of my life trying to control people and situations.	1	2	3	4
76	When I first started doing crime, I was cautious, but over time, I have become overconfident and convinced myself that I could do just about anything and get away with it.	1	2	3	4
77	As I think about my life, I am a pretty good person even though I was involved in crime.	1	2	3	4
78	Sometimes I have made plans to do something with my family and then cancelled so that I could hang out with my friends, use drugs, or commit crimes.	1	2	3	4
79	I tend to push problems to the side rather than dealing with them.	1	2	3	4
80	If I've been doing good things, I don't feel as bad when I mess up and do something bad.	1	2	3	4

Note: This scale is an adaptation of a revision made by Christine A. Ameen, Ameen Consulting & Associates, and Timothy R. Fowles with the permission of the original author: Walters, G. D. (1995a). The Psychological Inventory of Criminal Thinking Styles, Part I: Reliability and preliminary validity. *Criminal Justice and Behavior*, 22, 307-325. Adapted by Richard Parker, Juvenile Justice NSW.

12.16 Reactive – Proactive Aggression Questionnaire

Instructions

There are times when most of us feel angry, or have done things we should not have done. Rate each of the items below by putting a circle around 0 (never), 1 (sometimes), or 2 (often). Do not spend a lot of time thinking about the items—just give your first response. Make sure you answer all the items (see below).



Your name _____

Date Completed _____

How often have you....

	Never	Sometimes	Often
1. Yelled at others when they have annoyed you	0	1	2
2. Had fights with others to show who was on top	0	1	2
3. Reacted angrily when provoked by others	0	1	2
4. Taken things from other students	0	1	2
5. Gotten angry when frustrated	0	1	2
6. Vandalized something for fun	0	1	2
7. Had temper tantrums	0	1	2
8. Damaged things because you felt mad	0	1	2
9. Had a gang fight to be cool	0	1	2
10. Hurt others to win a game	0	1	2
11. Become angry or mad when you don't get your way	0	1	2
12. Used physical force to get others to do what you want	0	1	2
13. Gotten angry or mad when you lost a game	0	1	2
14. Gotten angry when others threatened you	0	1	2
15. Used force to obtain money or things from other	0	1	2
16. Felt better after hitting or yelling at someone	0	1	2
17. Threatened and bullied someone	0	1	2
18. Made obscene phone calls for fun	0	1	2
19. Hit others to defend yourself	0	1	2
20. Gotten others to gang up on someone else	0	1	2
21. Carried a weapon to use in a fight	0	1	2

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22. Gotten angry or mad or hit others when teased	0	1	2
23. Yelled at others so they would do things for you	0	1	2

Scoring Instructions

The RPQ Scores (0,1 or 2) for proactive aggression items (2,4,6,9,10,12,15,17,18,20,21,23 and reactive items (1,3,5,7,8,11,13,14,16,19,22) are summated to form proactive and reactive scales. Proactive and reactive scale scores are summated to obtain total aggression scores.



12.17 Strengths and Difficulties Questionnaire

Instructions: For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you over the last six months.

Your name: _____ Date of birth _____

Date Completed: _____

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others, for example CD's, games, food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would rather be alone than with people of my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, Teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get along better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To score the SDQ please visit
<http://www.sdqscore.org/>

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12.18 Inventory of Callous- Unemotional Traits

Instructions:

Please read each statement and decide how well it describes you. Mark your answer by putting a circle around 0 (not at all true), 1 (somewhat true), 2 (very true), or 3 (definitely true). Do not leave any statement unrated.

Name: _____

Date Completed: _____

	not at all true	somewhat true	very true	definitely true
1. I express my feelings openly.	0	1	2	3
2. What I think is "right" and "wrong" is different from what other people think.	0	1	2	3
3. I care about how well I do at school or work.	0	1	2	3
4. I do not care who I hurt to get what I want.	0	1	2	3
5. I feel bad or guilty when I do something wrong.	0	1	2	3
6. I do not show my emotions to others	0	1	2	3
7. I do not care about being on time.	0	1	2	3



8. I am concerned about the feelings of others.	0	1	2	3
9. I do not care if I get into trouble.	0	1	2	3
10. I do not let my feelings control me.	0	1	2	3
11. I do not care about doing things well.	0	1	2	3
12. I seem very cold and uncaring to others.	0	1	2	3
13. I easily admit to being wrong	0	1	2	3
14. It is easy for others to tell how I am feeling.	0	1	2	3
15. I always try my best.	0	1	2	3
16. I apologize ("say I am sorry") to persons I hurt.	0	1	2	3
17. I try not to hurt others' feelings.	0	1	2	3
18. I do not feel remorseful when I do something wrong.	0	1	2	3
19. I am very expressive and emotional.	0	1	2	3

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20. I do not like to put the time into doing things well.	0	1	2	3
21. The feelings of others are unimportant to me.	0	1	2	3
22. I hide my feelings from others.	0	1	2	3
23. I work hard on everything I do.	0	1	2	3
24. I do things to make others feel good.	0	1	2	3

Scoring Instructions

The ICU Scores (0, 1, 2 or 3) are summated to provide the following scales: callousness (2, 4, 7, 8, 9, 10, 11, 12, 18, 20, 21); unemotional (1, 6, 14, 19, 22), uncaring (3, 5, 13, 15, 16, 17, 23, 24) and total ICU (all items).

Unpublished rating scale by Paul J. Frick, Department of Psychology, University of New Orleans (pfrick@uno.edu).







12.19 Offence Map


Instruction
questions th
with the cli
(e.g., bougl
you to ask
determine v

6. Conse

Telling it like it was

Write down in the thought and feeling bubbles. What were you thinking and feeling just before, during and just after your crime.

	My feelings	My thoughts
Just before		
During		
Just after		



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12.20 Action Plan Form

Name of Adolescent: _____

Date: _____

Rural? Yes / No

Ethnicity: _____

1. History / Psychosocial Stressors:

___ Self harm behaviour	___ Assaults to others	___ Suicidal Ideation
___ Victim of physical abuse	___ Victim of sexual abuse	___ Perpetrated sexual assault
___ Under the care of DOCS	___ Transient childhood	___ Placed in out of home care
___ Substance abuse	___ Learning disability	___ Intellectual Disability
___ Diagnosed mental illness	___ Parental incarceration	___ parent mental illness

2. Details of the Offence: Use this section to specify the details of the index offence including the primary triggers / situational factors associated with the offence:

3. Pathways: Use this section to specify the lagging thinking skills that will targeted for intervention.

Themselves

4. Triggers: Use this section to specify the events/situations that are currently being targeted for intervention

5. Action Plan:

A) **PLAN B CONVERSATION PENDING:** Use this section to specify a problem (trigger) or lagging skill (pathway) that requires a Plan B discussion with the detainee.



B) SKILLS TRAINING: Use this section to outline what strategies are going to be used to train lagging skills for the detainee:

6. Treatment Goals: Use this section to outline any specific treatment goals for the young person (i.e., improved movements between school and the unit, reduced number of Emergency Plan B discussions etc).

Staff Members responsible for implementing this Action Plan:

Review Date: _____

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12.21 Incentive Scheme Forms



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PART A: Incentive Scheme – Expected Unit Behaviours/Responsibilities and Weekly tasks									
Detainee:		Classification	Stage	Unit:					
What I need to do over the next week for my case plan. (list case plan strategies)		The behaviours that will help get me there.							
1		1							
2		2							
3		3							
Reached Incentive Last week: (circle) YES / NO									
0 = Did not achieve or contribute			1 = Made progress or efforts towards				2 = Achieved		
DAY: _____ DATE: _____									
Session	Time:	DATE:							Weekly Reward Calculators
Programs and/or activities	Centre and Unit Rules								7 day Detainees who reach their incentive bedtime for 5 days are eligible for a weekly incentive
	Behaviour and participation in programs								
	Responses to staff, detainee and others								
Meal Behaviour Dinner	Personal Care and Care of Property								6 day Detainees who reach their incentive bedtime for 4 days are eligible for a weekly incentive
	Centre and Unit Rules								
	Behaviour and participation in programs								
Programs and/or activities	Responses to staff, detainee and others								5 day Detainees who reach their incentive bedtime for 3 days are eligible for a weekly incentive
	Personal Care and Care of Property								
	Centre and Unit Rules								
TOTAL									
Session	Time:	DATE:							4 Day Detainees who reach their incentive bedtime for 2 days are eligible for a weekly incentive
Night Shift	Centre and Unit Rules								5 day Detainees who reach their incentive bedtime for 3 days are eligible for a weekly incentive
	Behaviour and participation in programs								
	Responses to staff, detainee and others								
Morning Routine	Personal Care and Care of Property								4 Day Detainees who reach their incentive bedtime for 2 days are eligible for a weekly incentive
	Centre and Unit Rules								
	Behaviour and participation in programs								
Meal Behaviour Breakfast	Responses to staff, detainee and others								Centre Standard Bedtime = (Insert Time)
	Personal Care and Care of Property								
	Centre and Unit Rules								
ETU Programs and/or activities	Behaviour and participation in programs								Centre Standard Bedtime = (Insert Time)
	Responses to staff, detainee and others								
	Personal Care and Care of Property								
TOTAL									
Session	Time:	DATE:							Centre Standard Bedtime = (Insert Time)
ETU Programs and/or activities	Centre and Unit Rules								Centre Standard Bedtime = (Insert Time)
	Behaviour and participation in programs								
	Responses to staff, detainee and others								
Meal Behaviour Lunch	Personal Care and Care of Property								Centre Standard Bedtime = (Insert Time)
	Centre and Unit Rules								
	Behaviour and participation in programs								
ETU Programs and/or activities	Responses to staff, detainee and others								Centre Standard Bedtime = (Insert Time)
	Personal Care and Care of Property								
	Centre and Unit Rules								
TOTAL									
Feedback provided to detainee (circle)			Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
DAILY POINTS TOTAL =									
DAILY INCENTIVE BEDTIME (DIB)= Y/N									Totals DIB'S

Stage 1 . 50 or more = Incentive bedtime of (Insert time)
 Stage 2. 55 or more = Incentive bedtime of (Insert time)
 Stage 3. 61 or more = Incentive bedtime of (Insert time)
 Stage 4. 64 or more = Incentive bed time of (Insert time)



WARBY UNIT-SCHOOL INCENTIVE POINTS						
NAME	CENTRE & UNIT RULES	BEHAVIOUR AND PARTICIPATION	RESPONSE TO STAFF & DETAINEES	PERSONAL/ PROPERTY CARE	TOTAL	DAILY TOTAL
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
	1					
	2					
	3					
COMMENTS:						



Detainee Name	Stage:							Fortnight / / to / /									
72																72	
70																70	
68																68	
66																66	
64																64	
62																62	
60																60	
58																58	Stage 4 Incentive
56																56	
54																54	Stage 3 Incentive
53																53	
50																50	
48																48	Stage 2 Incentive
47																47	
44																44	Stage 1 incentive
42																42	
40																40	
38																38	
36																36	Weekly Average Incentive score
34																34	
32																32	
30																30	
28																28	
26																26	
24																24	
22																22	
20																20	
18																18	
16																16	
14																14	
12																12	
10																10	
8																8	
6																6	
4																4	
2																2	
	Wed	Thur	Fri	Sat	Sun	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Mon	Tues			

Detainees must keep an average score on their stage each week to be eligible for the weekly incentive.

JJ-CW030

Juvenile Justice

Client Intervention Plan Checklist

Name: _____ Date of Admission: _____ CIMS NO: _____

Completed Stage One – CSM approval Date ___/___/___ Completed Stage Three – CSM approval Date ___/___/___

Completed Stage Two – CSM approval Date ___/___/___ Completed Stage Four/Discharge Date ___/___/___

Intervention Stage	Intervention Description	Intervention Completed
Stage One <i>Assessments to be completed as deemed appropriate, enter "not applicable" for areas not requiring attention</i>	SAMPLES ONLY – this section is completed by individual JJC based on Centre Program. Unit Induction..... Casework Induction..... Centre Orientation..... Nursing/Health Assessment..... Psychological Assessment..... AOD Assessment..... Educational Assessment..... Targeted Programs (ticked programs are to be completed): <input type="checkbox"/> AOD Harm minimisation workshop..... <input type="checkbox"/> Other:..... Education and Training Unit <input type="checkbox"/> <input type="checkbox"/> Participating in Individual counselling..... Case plan developed..... Classification completed..... Participation in most (80%) of on unit programs..... Consistently participating in CAMs weekly..... Meeting expected unit behaviours..... Other:.....	Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date..... Sign..... Date.....

The Warby Behaviour Intervention Program



Juvenile Justice

<p>Name:</p>		
<p>Stage Two The stage goals are based on intervention plan strategies. Where appropriate, enter "not applicable" for areas not requiring attention</p>	<p>Pathways (ticked programs are to be completed):</p> <p><input type="checkbox"/> Consistently participating in school.....</p> <p><input type="checkbox"/> Consistently participating in vocational program.....</p> <p>Living Skills Modules (ticked programs are to be completed):</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Education and Training Unit</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Individual Counselling (consistently engaging in).....</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Counselling Workshops (ticked programs are to be completed):</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Actively participate in Case Conference.....</p> <p>Participation in most (80%) of on unit programs.....</p> <p>Consistently meeting expected unit behaviours.....</p> <p>Consistently participating in CAMs weekly.....</p> <p>Other:</p>	<p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p>

<p>Name:</p>	<p>Stage Three <i>The stage goals are based on intervention plan strategies. Where appropriate, enter "not applicable" for areas not requiring attention</i></p> <p><i>The focus of this stage is participating in the case plan, offence focussed interventions and maintaining behaviour</i></p>	<p>Pathways (ticked programs are to be completed):</p> <p><input type="checkbox"/> Consistently participating in school.....</p> <p><input type="checkbox"/> Consistently participating in vocational program.....</p> <p>Living Skills Modules (ticked programs are to be completed):</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Education and Training Unit</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Individual Counselling (consistently engaging in)</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Groups (ticked programs are to be completed):</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Actively participate in Case Conference.....</p> <p>Participation in most (80%) of on unit programs.....</p> <p>Consistently meeting expected unit behaviours.....</p> <p>Consistently participating in CAMs weekly.....</p> <p>Develop Offending Relapse Prevention Plan.....</p> <p>Other:</p>	<p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p>
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The Warby Behaviour Intervention Program



Juvenile Justice

<p>Name:</p> <p>Stage Four</p> <p><i>The stage goals are based on intervention plan strategies. Where appropriate, enter "not applicable" for areas not requiring attention</i></p> <p><i>The focus of this stage is participating in the case plan, community reintegration, relapse prevention and maintaining behaviour</i></p>	<p>Offending Relapse Prevention Plan.....</p> <p>Pathways (ticked programs are to be completed):</p> <p><input type="checkbox"/> Consistently participating in school.....</p> <p><input type="checkbox"/> Consistently participating in vocational program.....</p> <p>Living Skills Modules</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Education and Training Unit</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Individual Counselling.....</p> <p>AOD Relapse Prevention.....</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Groups (ticked programs are to be completed):</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p>Maintaining Positive Community Access (during outings and leave) ...</p> <p>Post-Release Support.....</p> <p>Actively participate in Case Conference.....</p> <p>Participation in most (80%) of on unit programs.....</p> <p>Consistently meeting expected unit behaviours.....</p> <p>Consistently participating in CAMs weekly.....</p> <p>Other:</p>	<p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p> <p>Sign..... Date.....</p>
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12.22 CAMS Form

Juvenile Justice Centre

JJ-CW029

WEEKLY CLIENT ASSESSMENT MEETING

Client:		DOB		DOA		ERD	
Date		Who was at meeting:					
Time							
Date of last meeting		Current stage					
<input type="checkbox"/> Current Case Plan <input type="checkbox"/> ETU reports <input type="checkbox"/> Incentive Points -							
<input type="checkbox"/> Behaviour Observation forms since last meeting <input type="checkbox"/> Other reports – eg. incidents, misbehaviour, assessments <input type="checkbox"/> CPS or ABC Forms							
Looking back at the last week (summary / brief, as detail is in above documents)							
The best thing I did (Achievement)							
The best behaviours I showed (pro-social)							
Was last week's target behaviour solved?	Y	N					
The behaviour(s) that I will be working on this week							
How will I manage this behaviour:							
Step 1: What are the Triggers for your behaviour (Empathy Step)?							
Step 2: The adults concerns are (Define the Problem Step)?							
Step 3: What is the agreed upon solution (Invitation Step)							
WHAT I NEED TO DO OVER THE NEXT WEEK FOR MY CASE PLAN (list case plan strategies)				THE BEHAVIOURS THAT WILL HELP ME GET THERE (List Target Behaviours)			
1. Therapy Goal				1.			
2.				2.			
3.				3.			
INCENTIVES	Access to incentives this week YES			Move to next stage of program		YES / NO	
Detainees' signature:							
Participants' signatures:							
REQUEST TO MOVE UP STAGE		CSM approved/ not approved		sign:		Date: __/__/__	
REASON FOR NON - APPROVAL							

Entered onto CIMS on the _____

12.23 Plan B Cheat Sheet

Plan B Cheat Sheet

EMPATHY STEP

Ingredient/Goal:
Gather information about and achieve a clear understanding of the kid's concern or perspective on the unsolved problem you're discussing.

Words:
Initial Inquiry (neutral observation):
"I've noticed that (insert highly specific unsolved problem)... what's up?"
Drilling for Information: usually focuses on the who, what, where, and when of the unsolved problem, and why the problem occurs under some conditions and not others.

More Help:

- If you're not sure what to say next, want more info, or are confused by something the kid has said, say:
 - "How so?"
 - "I'm confused."
 - "I don't quite understand."
 - "Can you tell me more about that?"
 - "Let me think about that for a second."
- If the kid doesn't talk or says "I don't know", try to figure out why:
 - Maybe your observation wasn't very neutral
 - Maybe your unsolved problem was too vague
 - Maybe you're using Emergency Plan B instead of Proactive Plan B
 - Maybe you're using Plan A
 - Maybe he really doesn't know
 - he might need time to think
 - he might need problem broken down into its component parts

What You're Thinking:
"What don't I yet understand about the kid's concern or perspective?"
What doesn't make sense to me yet?
What do I need to ask to understand it better?"

Don't...

- skip the EMPATHY step
- assume you already know what the kid's concern is and treat the Empathy step as if it is a formality
- rush through the Empathy step
- leave the Empathy step before you completely understand the kid's concern or perspective
- talk about solutions yet

DEFINE THE PROBLEM STEP

Ingredient/Goal:
Enter the concern of the second party (often the adult) into consideration

Words:
"The thing is (insert adult concern)..." Or
"My concern is (insert adult concern)..."

More Help:

- Most adult concerns fall into one of two categories:
- How the problem is affecting the kid
 - How the problem is affecting others

What You're Thinking:

"Have I been clear about my concern?
Does the child understand what I have said?"

Don't...

- start talking about solutions yet
- sermonize, judge, lecture or use sarcasm

INVITATION STEP

Ingredient/Goal:
Brainstorm solutions that are realistic (meaning both parties can do what they are agreeing to) and mutually satisfactory (meaning the solution truly addresses the concerns of both parties)

Words:
Restate the concerns that were identified in the first two steps, usually beginning with "I wonder if there is a way..."

More Help:
- Stick as closely to the concerns that were identified in the first two steps
- While it's a good idea to give the kid the first opportunity to propose a solution, generating solutions is a team effort
- It's a good idea to consider the odds of a given solution actually working ...if you think the odds are below 60-70 percent, consider what it is that's making you sceptical and talk about it.
- This step always ends with agreement to return to Plan B if the first solution doesn't stand the test of time

What You're Thinking:
- Have I summarized both concerns accurately?
- Have we truly considered whether both parties can do what they've agreed to?
- Does the solution truly address the concerns of both parties?
- What's my estimate of the odds of this solution working?"

Don't...
- Rush through this step either
- Enter this step with preordained, "ingenious" solutions
- Sign off on solutions that both parties can't actually perform
- Sign off on solutions that don't truly address the concerns of both parties

The Warby Behaviour
Intervention Program



Juvenile Justice
Attorney General & Justice

12.24 Solution Cost / Benefit Analysis

Solutions	Cost	Benefit
Solution 1	DETAINEE	DETAINEE
	OTHER (e.g., YO)	OTHER (e.g., YO)
Solution 2	DETAINEE	DETAINEE
	OTHER (e.g., YO)	OTHER (e.g., YO)
Solution 3	DETAINEE	DETAINEE
	OTHER (e.g., YO)	OTHER (e.g., YO)

12.25 Feeling Chart



The Warby Behaviour
Intervention Program

12.26 ~~CSC~~ Facilitator Feedback Form



Juvenile Justice
Attorney General & Justice

Name:

Date	Attended Y/N	Participation S/NS	Notes



12.27 CSC CIMS Template

1. Specialist Confidential Note:

Thinking Report Discussed: Yes / No

If Yes, Please Provide details of the thinking report.....

Provide details regarding the detainee's participation in today's group:

2. Normal Note:

Thinking Report Discussed: Yes / No

Provide details regarding the detainee's participation in today's group:

The Warby Behaviour
Intervention Program



Juvenile Justice
Attorney General & Justice

12.28 Essen Climate Evaluation
Schema (rev. 2010)

Version for Prisons and Correctional Settings

I agree.....

	Not at all	Little	Somewhat	Quite a lot	Very much
This unit has a liveable atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The inmates care for each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Really threatening situations can occur here	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In this unit, inmates can openly talk to staff about all their problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Even the weakest inmate finds support from his/her fellow inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are some really aggressive inmates in this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff take a personal interest in the progress of inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inmates care about their fellow inmates' problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Some inmates are afraid of other inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff members take a lot of time to deal with inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When inmates have a genuine concern, they find support from their fellow inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At times, members of staff feel threatened by some of the inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often, staff seem not to care if inmates succeed or fail in the daily routine / program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is good peer support among inmates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some inmates are so excitable that one deals very cautiously with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff know inmates and their personal histories very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both inmates and staff are comfortable in this unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Correspondence: Norbert Schalast | Institute of Forensic Psychiatry

University Duisburg-Essen | P.O. Box 10 30 43 | 45030 Essen | Germany

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norbert.schalast@uni-duisburg-essen.de

EssenCES SCORING TEMPLATE

IC: Inmate's Cohesion	$\Sigma =$
ES: Experienced Safety	$\Sigma =$
HS: Hold and Support	$\Sigma =$

		Not at all	Little	Somewhat	Quite a lot	Very much
1. Not Scored						
2. The inmates care for each other	IC1	0	1	2	3	4
3. Really threatening situations can occur here	ES1	4	3	2	1	0
4. In this unit, inmates can openly talk to staff about all their problems	HS1	0	1	2	3	4
5. Even the weakest inmate finds support from his/her fellow inmates	IC2	0	1	2	3	4
6. There are some really aggressive inmates in this unit	ES2	4	3	2	1	0

7. Staff take a personal interest in the progress of inmates	HS2	0	1	2	3	4
8. Inmates care about their fellow inmates' problems	IC3	0	1	2	3	4
9. Some inmates are afraid of other inmates	ES3	4	3	2	1	0
10. Staff members take a lot of time to deal with inmates	HS3	0	1	2	3	4
11. When inmates have a genuine concern, they find support from their fellow inmates	IC4	0	1	2	3	4
12. At times, members of staff feel threatened by some of the inmates	ES4	4	3	2	1	0
13. Often, staff seem not to care if inmates succeed or fail in the daily routine / program	HS4	4	3	2	1	0
14. There is good peer support among inmates	IC5	0	1	2	3	4
15. Some inmates are so excitable that one deals very cautiously with them	ES5	4	3	2	1	0

The Warby Behaviour Intervention Program



Juvenile Justice
Attorney General & Justice

16. Staff know inmates and their personal histories very well	HS5	0	1	2	3	4
17. Not Scored						

Norms from a German sample – 46 forensic wards – 333 staff – 327 patients Table I and II: distributions of staff and of patients' single assessments

Use these tables for the appraisal of single assessments of a ward

Table I: **staff** – score sums per subscale grouped into quintiles*

	1st quintile clearly below average	2nd quintile somewhat below average	3rd quintile average	4th quintile somewhat above average	5th quintile clearly above average
Patients' Cohesion	0 - 6	7 - 8	9 - 10	11 - 12	13 - 20
Therapeutic Hold	0 - 13	14	15	16	17 - 20
Experienced Safety	0 - 7	8 - 10	11 - 12	13	14 - 20

Table II: **patients** – score sums per subscale grouped into quintiles

	1st quintile clearly below average	2nd quintile somewhat below average	3rd quintile average	4th quintile somewhat above average	5th quintile clearly above average
Patients' Cohesion	0 - 6	7 - 8	9 - 11	12 - 13	14 - 20
Therapeutic Hold	0 - 6	7 - 10	11 - 13	14 - 15	16 - 20
Experienced Safety	0 - 8	9 - 11	12 - 13	14 - 16	17 - 20

12.29 Discharge Summary

Name of participant: _____



Date: _____

Summary:

Whilst in custody, _____ has successfully completed the Warby Program. The Warby Program is a specialised unit for adolescents aged between 13 and 15 years of age. The program aims to help young people better manage their risky behaviours (including offending, defiance and aggression) so that they can live productive lives once released from custody. The Warby Program will aim to target problematic behaviours emerging within the custodial environment, as a means of intervening in both disruptive behaviour and more generally offending behaviours

The Warby Program utilises Collaborative Problem Solving (CPS) as a means of assisting Youth Officers engage with young people. CPS is a model for understanding and helping kids with social, emotional and behavioural challenges. The model was first described in the book, *The Explosive Child*, by Dr. Ross Greene, which was originally published in 1998 and is now in its fourth edition (2010).

The CPS model posits that challenging behaviour can be best understood as being the result of delayed cognitive skills in the general domains of flexibility, frustration tolerance and problem solving. It argues that the best way to reduce challenging behaviour is by collaboratively solving problems rather than by imposing adult will or using intensive reward and punishment procedures.

CPS is comprised of three basic steps:

- 1) The Empathy step: involves gathering information from the adolescent so as to achieve the clearest understanding of his or her concern or perspective on a given unsolved problem.
- 2) Define the Problem Step: entering into consideration the adult concern or perspective in the same unsolved problem
- 3) The Invitation Step: involves both the adult and adolescent brainstorming solutions so as arrive at a plan of action that is both realistic and mutually satisfactory.

The Warby program additionally utilises the Cognitive Self Change Group Program as a means of enhancing skills development. Cognitive Self-Change is a group based program which aims to change criminal behaviour by addressing the anti-social thinking which leads offenders to crime.

Identified Lagging Skills:

The following cognitive developmental delays have been identified as being directly related to _____'s difficult behaviour:

-
-
-

These lagging skills are likely to appear when the following conditions are present:

-
-
-

Progress made:

Whilst in the Warby Program _____ has made significant progress. During this time he has specifically worked on solving the following problems:

-
-
-

This process has been assisted by the use of skills training including:

-
-
-

As a result of his participation in this program, _____ has demonstrated significant improvements in his problematic behaviour. This specifically includes:

-
-
-

Participation in Individual Counselling



Whilst in the Warby Program

Cognitive Self Change

During the Cognitive Self Change Program, the following themes and patterns were identified as being associated with his tendency to break rules:

-
-
-

Alternative thinking that _____ formulated within the context of the CSC group includes:

-
-
-

Relapse Prevention:

Prior to discharge, _____ engaged in relapse prevention activities. He has identified the following as being high risk situations related to future offending

-
-
-

_____ is reportedly motivated to reduce his recidivism risk and abstain from drug and alcohol use. Again, he will require ongoing support to ensure he maintains this resolve.

_____ has identified several short term goals including

-
- -
 -

Further intervention required:

Despite this progress, _____ continues to experience difficulties with the following unsolved problems, for which ongoing intervention would be considered important:

-
-
-

Overall, _____ participation and engagement in this program should be commended and it is hoped that the gains he has made over the last four months will be continued while in the community. If you require any further assistance please do not hesitate to contact me.

Specialist Psychologist
Warby Behaviour Intervention Program
Reiby Juvenile Justice Centre
Email: leah.vircoe@djj.nsw.gov.au
Phone: 46293800

12.30 Certificate of Completion

CERTIFICATE OF COMPLETION

This certificate is presented to:

For successfully completing the Warby Program at Reiby Juvenile Justice Centre.

Signed: _____
Leah Vircoe
(Specialist Psychologist)

Peter Bartolo
(Unit Manager)

The Warby Program is a specialised unit for adolescents aged between 13 and 15. The Warby Program aims to target problematic behaviours emerging within the custodial environment, as a means of intervening in both disruptive behaviour and more generally offending behaviours.

12.31 Participant Feedback
Questionnaire

YOUR FEEDBACK

DATE	NAME

1. Did you feel listened to? (Circle One)



All the time



Mostly



Sometimes



Never

2. Were the sessions in the program well planned? (Circle One)



All the time



Mostly



Sometimes



Never

3. Did you feel comfortable with the program staff? (Circle One)



All the time

Mostly

Sometimes

Never

4. Did you feel comfortable in the group sessions? (Circle One)



All the time

Mostly

Sometimes

Never

5. Were the sessions in the program useful for you? (Circle One)



All the time

Mostly

Sometimes

Never

6. Were the sessions in the program easy to understand? (Circle one)



All the time



Mostly



Sometimes

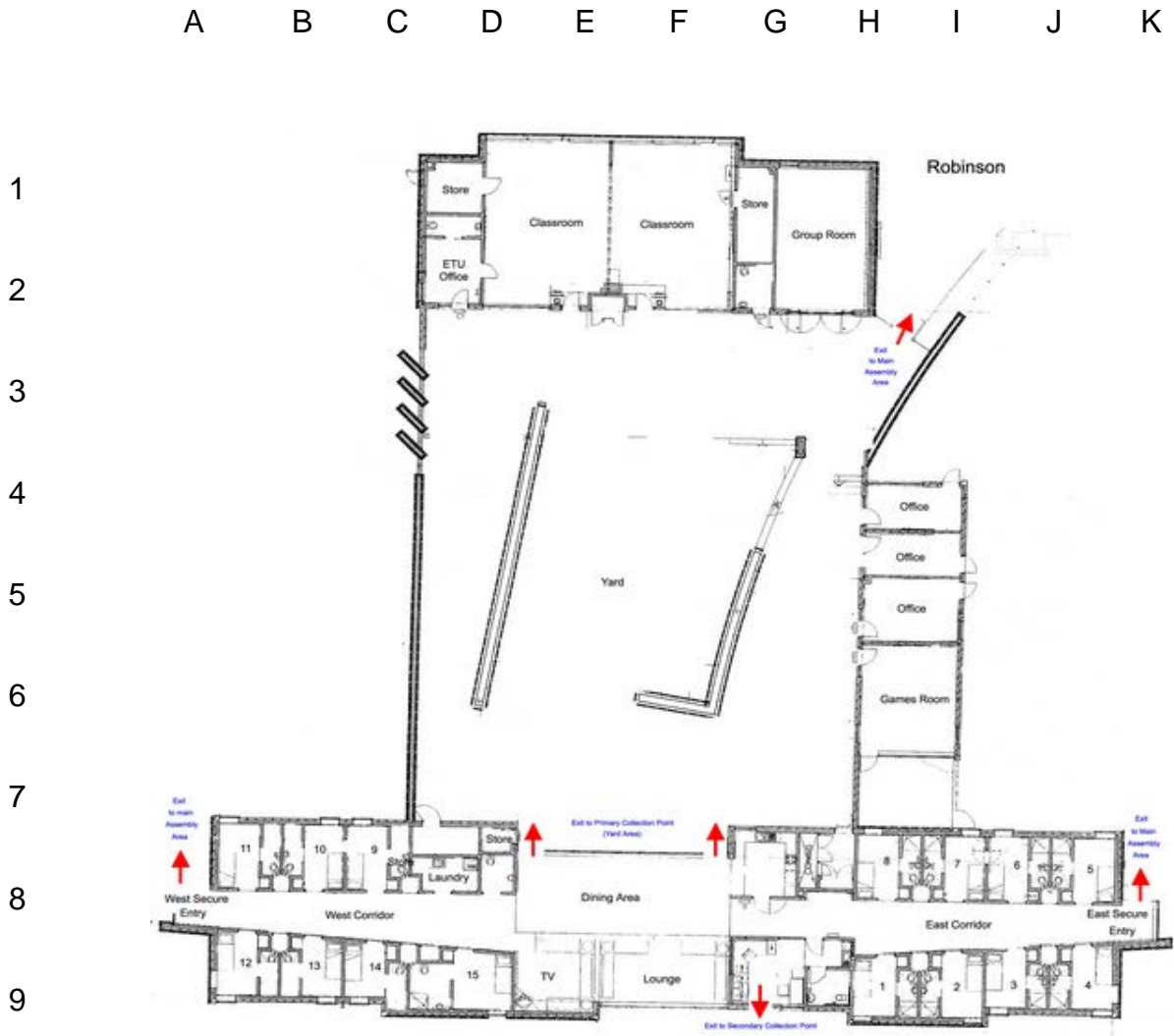


Never

If there is anything else you would like to comment on the program please comment here.

Thank you for your feedback

12.32 Basic Floor Plan



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