

Experiencing Juvenile Justice

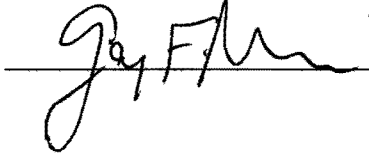
An Honors Thesis (HONRS 499)

by

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A handwritten signature in black ink, appearing to read "Gary Meunier", is written over a horizontal line.

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Running head: JUVENILE JUSTICE

Experiencing Juvenile Justice

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Abstract

Experiencing an internship will prove to be among the sturdiest stepping stones that culminate the final path a psychology major might choose. The following pages will discuss how an internship, an opportunity to experience psychology as it is used in its day-to-day applications, should be regarded as important as core classes. There will be a discussion of how the author applied in-class assignments and discussions to the internship experience. Students interning in psychology not only get a glance at the world in the perspective of a psychologist, but they are also better able to understand the importance of theories and diagnoses discussed in courses and how they interweave with one another to create what is known as the human psyche.

Background of Muncie Reception and Diagnostic Center

Correctional Management Company was developed in 1996 in order to assist troubled youths by providing treatment services through juvenile detention centers. At-risk adolescents are provided with services that provide personal growth and direction. Specific areas of focus for the youths include residential and detention services in the appropriately approved facilities, family therapy, group therapy, recreation therapy, education, teenage pregnancy and child programs, residential housing for the juveniles, medication issues, and planning preparation for release. Through the use of all these services, Correctional Management Company aims to create a more round, healthy, and able youth from those at-risk teenagers that come into the programs. The programs prepare teenagers for real-life risks, dangers, and temptations. On their website, the Correctional Management Company claims to have grown greatly because of their standards and commitment to teenagers regarding the issues facing many adolescents today, which is also why their motto is “Demanding Excellence Makes the Difference” (Overview section, para. 5).

In the process of “Demanding Excellence,” Correctional Management Company understands that strong structuralism and discipline are important in molding at-risk youths into able-bodied individuals. Each facility has a strict standard regarding regulations and discipline. Routine is of key importance to a structural environment. Each facility has a time table to which the students are committed. This way, the student creates a comfortable and easier path to change and growth. Once a student has become accustomed to the routine, life less muddled and their goals are more readily attainable once they gain the ability to modify their own behaviors and control their own impulses.

Because the students begin to understand the importance of regulation and prioritizing, they develop more permanent goals, such as completing high school, and realize what is needed for them to achieve those goals.

Located in Kokomo, Indiana, Kokomo Academy is a facility that houses males ages eleven to eighteen. The academy is accredited by the North Central Association, and accepts males from Indiana counties as well as the surrounding states. This facility focuses on creating a community from its members in order to create a “home” for the students so that they may learn the values of warmth, strength, dependence, independence, and commitment. A token economy is the center of the community and its aim is behavior modification. The Level system indicates a type of status among the students and provides pride to those who achieve the different levels. By following the rule properly and going the extra mile for self-improvement, students can gain levels. If a student does not follow rules and regulations and do not do what is expected of them, however, that student may lose his level.

Located in Ladoga, Indiana, Ladoga Academy houses females ages ten to eighteen. Like its brother facility, Ladoga accepts females from Indiana counties and surrounding states. This facility is also based on a community organization, and students are not released until they have learned to work functionally within their community. Once students come to Ladoga, their history and psychological evaluations are assessed and a treatment plan is developed. Like Kokomo, Ladoga also accepts the use of the Level system as their token economy emphasizing the pride felt once achieving status and/or goals. The students attend classes and counseling sessions. Also provided are mentoring programs as well as personal development programs and religious services. If

a student who attends Ladoga is pregnant or has a child, she must attend the Teen Mother/Baby program.

Muncie Reception and Diagnostic Center acts as a transitional facility between the assigning counties and Kokomo and Ladoga facilities. Muncie Reception and Diagnostic Center houses male and female students under the age of eighteen at the time of enrollment. This facility provides care and security for the students. It also performs diagnostic testing which include standard psychological, psycho-educational, neuropsychological, and psycho-sexual evaluations. Such evaluations are supported by Ball State University and the university's psychology department. Also, students face a very strict standard of growth through the use of structure and discipline that is similar to Ladoga and Kokomo Academies.

The Classroom Versus The Real World

Clinical Psychology

An Example of Classroom Versus Real World Inconsistencies. I sat in my clinical psychology class waiting for the 75 minute torture to end. Somehow, I managed to get into the only clinical psychology class that was not taught by someone specializing in clinical psychology. The course was intended to describe the various roles and positions within clinical psychology. Instead, this professor focused on social psychology and as a result she had unofficially changed the purpose of the class. I had only enrolled in the class in hopes of learning more about this area of study so I could decide on a path for my future as a graduate student. Considering the fact that the course title was "Survey of Clinical Psychology", I assumed that this would be the correct course. Wrong.

During this particular day of class, the environment was much more relaxed than usual. The professor kept straying from her target topic onto various tangents. Of course, the students, realizing that her train of thought was somewhat broken up on this day, only added to her distractions by asking many unrelated questions. Before 15 minutes had elapsed she had already given up trying to focus, and the class period was devoted to discussion of her background in psychology. As she described her past, she began to throw around insults at certain concentration areas of psychology- particularly behaviorism. Christina, a friend of mine, became very agitated at this. I had known from previous discussions with Christina that she believed in behaviorism because many of the techniques that she must use at her job were based from that particular area of psychology. She planned on continuing her education studying and applying behavioral psychology. With each insult the professor uttered, Christina's face reddened in anger and resentment. Perhaps the professor did not realize this, but she was not only insulting behaviorism as an idea, she was also insulting everyone in the classroom who had faith in its core assumptions.

Annoyed, though not really offended, I propped my head up on my arm and watched the professor speak with her very animated gestures and with gusto that resembled that of a cheerleader at a homecoming football game. By this point in the school semester, I had been at my internship for a few weeks. I had read the handbooks, listened to the talk and advice of the case workers, read assigned articles, and watched group sessions and psychosocial assessments. Muncie Reception and Diagnostic Center focused on *behavioral* change by using the various reward and punishment methods from *behavioral* psychology. The present level system was evidence of that. I had felt that

behaviorism worked in the appropriate situations. While the student weren't driven necessarily by the primary reinforcers, such as basic necessities of life like food and water, they were driven by secondary reinforcers. In this case, these were increased social status or praise resulting from the token economy. If improvement of behavioral issues, such as violence or refusing to study, was not rewarded in some fashion then there would be little motivation for the student to change. This professor seemed only to focus on the other aspects of behaviorism, such as B.F. Skinner's ideas that man does not control his own actions and reactions through force of will. I guess we weren't going to mind the ideas of classical and operant conditioning, which are the two most basic topics in general psychology classes.

Cognitive Interventions. An article was read by the clinical psychology class about cognitive interventions and the methodology involved. Cognitive interventions are methods to changing a person's outlook on situations that have proven to be irrational. Cognitions are thoughts or interpretations of various situations. Negative cognitions are recognized as thoughts or interpretations that cause distress within an individual. According to Hackney and Cormier (1994), how people perceive an event causes stress, not necessarily the event itself. A person can interpret a situation incorrectly, assuming the worst. For example, a person can go to a party and by the end of the night think that since no one spoke to him, then it must mean that no one likes him. This is an example of negative cognition. What this person is not taking into account is that perhaps he spent most of the night away from people and had not made an effort to engage conversation. He spent so much time wrapped up in his thoughts, his negative cognitions, that he was

so focused on the distressed caused by the thought that no one liked him, and he failed to take the initiative to be social.

The goal of cognitive interventions is to fix these faulty cognitions in order to reduce the amount of emotional distress. Because it is assumed that these thought processes are learned, cognitive interventions primarily work to relearn a more appropriate way of thinking about the world. Clients are taught to look at situations from a new, healthier perspective. The methods and models proposed, however, are not without fault.

An issue that caught my attention while reading this article was genuineness. In therapy, a client will go to seek assistance. In the case of those who are not taking counseling seriously, such as adolescents who are required to attend such sessions, clients may try to say what the therapist wants to hear in order to speed up the process of therapy. Because of the nature of the methods, which often require the therapist to inform the patient of each step of therapy and the expectations that conclude them, it would be relatively simple to determine what to say in order to obtain approval and praise from the therapist. The client may not benefit from the therapy fully because he or she is more focused on the superficial success and getting out of therapy rather than genuinely improving.

In applying this information to the students attending Muncie Reception and Diagnostic Center, it is commonly found that the adolescents like to play the “out-smart the system” game. They believe that if they say what is desired from them, they will eventually beat the system. Many of these adolescents will convincingly lie about progress and in counseling sessions. They will also include the occasional theatrics, such

as telling an emotion-laden story about a tragic event that never happened. Because of these events, it is easy to be skeptical about some counseling practices that require reflection and learning from experience. Perhaps this skepticism was formed by the fact that numerous juveniles will lie directly to an authority figure without a flinch. Perhaps it developed more because a few of them are convincing enough to gain sympathy for their lies.

This assignment was something that was odd for most psychology classes. It actually described how to apply knowledge. It applied counseling the techniques behind the idea that cognitions are learned behaviors, and could thus be unlearned. Though it may have somewhat limited uses in juvenile detention centers where counseling is available, it is still something that could prove useful for those who actually utilize the sessions for self-betterment.

Talking to Children about Family Therapy. The clinical psychology course required that each of the students complete a project about some aspect of therapy that could be presented to the class. Many proposals to do a project based on an aspect of abnormal psychology, such as depression or conduct disorder, were denied. Eventually I found an article relating slightly to my experience as an intern. I presented on a research study about children in family therapy settings (Lobatto, 2002).

Though it is recognized as important to incorporate children into family therapy many therapists are reluctant to do so. This is mainly because it is difficult to get full consent from the child to ensure they understand the circumstances of the therapy. Also, because children are easily influenced by parental figures it is difficult to get a true

picture from them during family therapy sessions. In this particular study, families of children who had been seen by Child and Adolescent Mental Health Services were contacted by the researchers. The children's ages ranged from 8 to 12. Most of these children had been in therapy for some sort of conduct disorder, experiences from parental marital problems, anxiety, behavioral problems while in foster homes, and attention problems at school and at home. In many ways, the children interviewed in the study resemble the students attending Muncie Reception and Diagnostic Center. Though some of the problems listed we solved in therapy, not all of them were eliminated.

Results from the study found that many children felt therapy was either too focused on the child, their relationships with others, or did not focus on them at all. Some of them were unsure of their purpose in therapy. They were frequently bored while the adults spoke and only listened when speaking about something they "cared about." A few children said that they felt as though they had to talk about problems they really didn't care about in order to please the therapist and their family. When defining the problems in a family context, the study found that children spoke of family therapy as though it was entirely focused on the child's problems. Often, children did not want to speak of their parents problems because they feared speaking of their parents in a negative fashion, possibly because they did not want to be punished later. These children often waited until their parents gave them direct consent to talk about certain issues. Interestingly, all the children stated that they thought their parents listened to the child's problems as much as the therapists did. The authors concluded that this was because of the desire to avoid portraying to parents negatively.

The study concluded that family therapy focused on children is a very problematic

area of study and research. Most problems seemed to center on the imbalance between the roles of the therapist, parents, and children. Sometimes children felt as though they could not control the direction of the conversation, since they would be at the center of attention one moment, then would be head to head with the parents and therapist, and then would not be involved at all. The researchers suggest that though it is impractical, sessions should be held in a manner that promotes equal involvement from all parties.

I felt that this study contributed greatly to my perspective at Muncie Reception and Diagnostic Center. The many of the children there had attended family therapy sessions for behavioral problems and conduct disorder. Some of these students were very open about their experiences with family therapy. In the more relaxed group sessions that interns frequently hold at night, the students spoke of their experiences with family therapy as if it were a joke. Occasionally during one-on-one interviews and assessments this was mentioned, though most of the students had said that therapy had been helpful simply because they knew it would look better in their records. With this knowledge, perhaps it could be advised to therapists and counselors that hold family therapy sessions to maintain a balance of the roles of those attending therapy, namely the parental figures, children, and therapist. Focusing too much on the children or parents can prove ineffective depending on situational factors. Though it is impractical to expect therapists to suddenly change their technique, it is something that everyone dealing with juveniles should definitely consider.

Abnormal Psychology

Oppositional Defiant Disorder and Conduct Disorder. The abnormal psychology

course offered through the psychology department in the Spring of 2004 had briefly covered oppositional defiant disorder, conduct disorder, and antisocial personality. These characteristics were common among students attending the Muncie Reception and Diagnostic Center facility. While the textbook used in the abnormal psychology course and the assigned readings from the internship differed greatly in substance, using the information from both sources created a full picture of the disorders, which helped my understanding of the situation much better. No amount of information, however, can prepare anyone for actually dealing with the human aspect of these disorders. That is, it can prove to be a very difficult task to work with students that have the aforementioned disorders.

In the textbook for abnormal psychology (Butcher et al. 2004), there is an in depth description of oppositional defiant disorder and conduct disorder. Butcher explains that oppositional defiant disorder is characterized by antisocial behaviors and acts as a precursor to conduct disorder. Traits of oppositional defiant disorder include persistent negativity, defiance, disobedience toward authority, and hostility, all of which last at least 6 months. The disorder surfaces commonly at 8 years of age and can possibly develop into conduct disorder within 3 years. Almost all cases of conduct disorder start with oppositional defiant disorder, but not all cases of oppositional defiant disorder blow-up into conduct disorder. Common risk factors for oppositional defiant disorder are dysfunctional families, low socioeconomic status, and parental antisocial behaviors. Conduct disorder is described as repetition in violation of rules and indifference to the rights of others. These adolescents are commonly lacking in terms of appropriate social behaviors and are found to be hostile, aggressive, argumentative, revenge-seeking, and

have a destructive nature. Some adolescents will engage in setting fires, vandalism, robbery, and other delinquent activities that can go as far as homicidal acts.

Genetics may play an important role in the development of oppositional defiant disorder and conduct disorder. A combination of low intelligence, neuropsychological problems, and difficult temperament can lead to the possible development of these disorders. The disorders are also found to be highly linked to antisocial personality. With an earlier the onset, it is more likely that psychopathy develops in adulthood than in those that have a sudden onset of conduct disorder during adolescence. 25-40% of adolescents go on to develop adult antisocial personality.

Environment can play an important role in development of the disorders. A bad relationship with parental figures that punish the child harshly and inconsistently, reject the child, and neglect the child causes aggressiveness and lack of social skills. Aggression coupled with the lack of societal understanding can often cause rejection by peers. Rejection by family, peers, and teachers leads to alienation and isolation. The child will then turn to deviant peer groups and juvenile delinquency, which reinforces antisocial behavior.

The United States seems to accept punitive punishment more readily than rehabilitative punishment, reflective of the “eye for an eye” philosophy. Punitive, harsh punishments have been found to only increase the problems in those juvenile delinquents with oppositional defiant disorder and conduct disorder. Boot camps, similar in structure to Muncie Reception and Diagnostic Center, have been reported by youth as more positive and helpful than youth in other facilities. Also, these students showed less antisocial behavior by the end of their time spent in boot camp facilities. Suggested

treatments for children and adolescents included family environment modifications via family therapy. This would require parents taking an active role in controlling and changing their child's behavior. Also, removals from dysfunctional family environments where modifications are nearly impossible are a form of rehabilitation. The child, however, can view the sudden disconnection from his or her family as rejection and unless placed in the appropriate, nurturing environment, can only magnify the disorder.

The readings assigned through the internship provided a more in-depth look at dealing with children with oppositional defiant disorder and conduct disorder that was focused toward one-on-one communication. The readings by Riley (1997) describe how a child with either of the disorders think and reason with the world around them, and how such processes differ from a functional adult's.

One of Riley's readings uses eleven rules on how children think and gives examples of how the rules are shown in their actions. The first rule is that the child lives in a remote world in which they will always beat the authority figures. Related to this, the next rule states that children with the disorders are also overly optimistic. As an example of this, Riley describes a scene with one very young child threatened to "beat-up" Riley during therapy. Though this child was tiny in stature compared to this much larger, middle-aged man, the nine-year-old sincerely believed that he could defeat his opponent. The next rule is that the children fail to learn from experience. They simply do not understand the concepts of cause and effect. The fourth rule is that these children expect everyone to be absolutely fair to them, even if they do not reciprocate such fairness. Next, they are very vengeful and will concentrate on exacting their revenge regardless of the situational factors, which relates to the next rule. These children need to

feel tough. They will humiliate and become greatly angered at the thought of being humiliated. The seventh rule is that the children believe that if they ignore authority long enough, the authority figures will stop trying to implement rules. Children with oppositional defiant disorder and conduct disorder believe that they are equal to their parents. These children will refuse to do chores because they justify that if they have to do chores, than so do their parent figures. Also added as a rule, middle-class children with the disorders will idolize peers with the least success. Because children from broken homes often do not have parents that enforce the rules, these children can almost do as they please. Middle-class children from functional families are often envious of this freedom. The tenth rule is that children with the disorders will answer most questions from adults with “I don’t know”, which Riley explains is the equivalent to shoving a middle-finger directly at the adult in defiant refusal to answer a question. Lastly, Riley states that “logic revolves around denial of responsibility” (23). Basically, children with the disorders will try to get out of all association with responsibility. For example, if a young male trashes his parents’ house while throwing a party he will deny that he had any hand in the mess. Since he “didn’t make it,” he will not contribute to cleaning it up.

When communicating with an oppositional child, it is important to base conversation on strategy, since many times the child is trying to outwit the adults instead of listening to reason. If a parent has found he or she has been pulled into an argument or fight, then the child has already won part of his game. When talking to a defiant child, it is of the utmost importance to use good explanations. These explanations will explain the total effect of the child’s behavior on those around him or her. It will explain the consequences the child will face for such behaviors. It will also discuss replacement

behaviors and thoughts. For example, a parent can explain to a daughter that she cannot expect to be treated fairly unless she also treats people fairly.

Next, it is important to attempt to keep the child away from bad peers that can reinforce and promote negative behavior, such as criminal activity. When talking to a child about something that he or she did, it is suggested to try to ask moral questions to determine how the child thinks and reasons. For example, a parent might ask a child “If you borrowed Cindy’s bracelet and lost it, what would you do?” Many children will say they will try to compensate Cindy for the loss in some form. Oppositional children will not take responsibility for the loss and shrug it off. It is also suggested that parents try to teach their children how to identify their oppositional behavior before they will attempt to correct it. Lastly, parents should praise and admire their children for attempting to make a change in their behaviors.

The internship readings and abnormal readings are very different. The textbook readings from abnormal psychology give more of a profile of a child with oppositional defiant disorder and conduct disorder. It gives overall statistics and causes related to the disorder views those with the disorder as a whole. The assigned readings for the internship at Muncie Reception and Diagnostic Center were more focused on a singular, one-on-one perspective. Combined, the two readings cover most aspects of the disorders but the internship assigned readings, obviously, were more directed at preparing people to deal with confrontation with those that have either disorder.

Who is the Victor in the Battle?

Classroom experience provides knowledge of the theories and research in various

fields of psychology. Because it provides the basic information about most fields of psychology, classroom experience acts as a foundation to build upon. An internship provides hands-on use of psychological methods and theories. Unlike the classroom, students can utilize the techniques learned and apply them. Also, students become familiarized with certain studies and professions within the field of psychology. It is here that students can determine if a career in psychology is the best path. Combined, classroom experience and an internship give a more rounded view of psychology. Without the theories and baseline information provided in the classroom, there would not be an appropriate understanding of the methods being applied in order for them to work properly. Without application of the methods used in the real world, psychology would contribute very little to the world. Information and application, or classroom and real-world experience, are at their strongest when they are used together. It is because of this strength that a combination of classroom studies *and* psychology-related work experience should be emphasized much more in the basic psychology curriculum at Ball State University.

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Appendix

Writer's Statement

The following excerpts are about my personal experience at Muncie Reception and Diagnostic Center. These chapters will hopefully complete the total experience of the internship in addition to the information about what was learned in the classroom and in assigned readings from Muncie Reception and Diagnostic Center. The experiences were turned into creative nonfiction for the purpose of giving the reader a more personal view of the time spent in the juvenile detention center. All names have been changed except for Mr. Longstreet's.

Experiencing Juvenile Justice: A Supplement

Chapter 1: Walking into the juvenile detention center.

I stared nervously at the barbed wire that was placed atop what seemed to be a twenty-foot high fence. Ice melted from the sharp points slowly, falling onto the metal fencing and losing itself somewhere in the snow caught in the metal grating. My eyes drifted from the barbed wire to the bare basketball court below. Snow and sheets of ice, too, surrounded the court. The backboards looked faded and gray, but then again so did the entire building. The gray winter sky and the dirty shoveled snow piles leaning against the building gave the white paint a graying and dead demeanor. The windows were covered with iron bars that looked dull and only added to the effect of the weather.

I shiver and reach to turn up the heat in my Jeep. I do not take my eyes off of the bars covering the windows. I had never been to a juvenile detention center before. I thought it peculiar to look into a building that I knew was filled with teenagers and yet see no sign of movement, no sign of life. "So this is where I get to spend 3 hours a week for the rest of the semester. Fantastic," I sigh as I lean over to turn up the volume on my stereo. Ironically, I was listening to System of a Down, which is a rock group that adamantly protests the United States prison system for imprisoning, and not rehabilitating, criminal offenders because whoever is in charge does not want to spend the money necessary to reform. It is much cheaper just to imprison criminals, as I had recently learned in my criminal justice courses. Also found recently, we do not have the necessary space to house such offenders anymore. Over two million Americans were in the prison system as of 2003, and the number was only growing according to national statistics. If we had rehabilitated the criminals to start with- if we had shown them how

to obey the laws- would there be such a mess within the prison systems? This is not the question being asked, however. The question asked by those in control, according to professors and this rock group, is “Where will we fit all the extra people?” “Build more prisons” would be the answer to that question. Here I find myself outside of what seems to be a prison for children with all of these ideas and theories about the prison system rattling about my head. I look around the facility grounds one more time. Below the scenery I see the hunter green hood of my jeep jutting into the picture- the only color that I can see through my windshield. I turn the engine off, slowly get out of my car, and walk towards the front office. All the while, I worry about how I will manage here.

Chapter 2: Witnessing a Psychosocial Assessment.

The director of social services for Muncie Reception and Diagnostic Center, Rob Longstreet, gets up from his desk to face us. Angela and I are standing in the small office, trying our best not to get in anyone’s way. This small office is the center of M.R.D.C., where confidential files are stored on each of the students, complete with court orders, documentation of past crimes, and psychological assessments, among other things. The tiny office is also the central work area for three case workers, Rob being one of them. Each caseworker is responsible for a certain amount of students, depending on their placement in the dorms. Alpha and Beta dorms are for the male students, and Charlie dorm houses the female students. Generally, there are fewer girls that come to M.R.D.C. than boys, which is why there is only one dorm to house them. There are extra dorms in the facility, which I assumed were used for overages in enrollment. I had heard a little later that this facility was originally an adult jail for the county, which would

explain the extra “dorms” and apparent additions to the building that were used as classrooms.

Angela was another Ball State University student that had the same interning hours as I did during the day, though she had extra hours throughout the week. She was tall and portrayed a lot of confidence. This show of confidence was something that was probably gained through her experience with the military. She was a senior, a year ahead of me. In later talks I found that she was a psychology major, but because she did not wish to attend graduate school she was only planning on continuing in the military as her profession. She also seemed to show a bit of disdain for the field of psychology and preferred to have disciplinary methods employed in order to get the juvenile offenders in line. None of this was on the surface around Rob and the other case workers, however.

I, in contrast, had never really applied what I had learned in my psychology courses until this internship. I intended to use what I had learned and what I was still learning in order to pull as much as I could from this internship. I had wanted to pursue a career in psychology greatly, but I did not want to be one of those who only knew what was learned in the classroom. Application of the theories and ideas was what I needed. I found, however, that since I had not taken any counseling psychology classes and had not been enrolled in abnormal psychology until this same semester that application of what I had learned would be difficult. I would have to rely on articles and research I had done on my own time, as well as relying on the past criminal justice courses I had taken for my minor. This feeling of inadequacy immediately was apparent on the outside. I was withdrawn and embarrassed by the fact that I did not know as much as her, despite her being two entire semesters ahead of me.

Rob smiles. “Do you have all your papers? We’re going to go interview a student in a few minutes, so if you could review the psychosocial assessment paper...”

We follow Rob down the halls, stopping only to wait for him as he radios the control room to unlock the doors we need to access. We end up in a small dorm with about twelve beds. There is a desk beside the main door with a small humidifier on it.

Otherwise, the desk is bare. There are three lawn chairs that Rob pulls up for us beside the bunk beds, about twelve feet away from the desk. He places the third plastic chair within arms’ reach from the front of the desk.

Rob quietly asks us to wait in the dorm as he goes to get her from her class. As he leaves, the door clicks as it locks. Angela and I sit quietly, observing our surroundings. The room is gray and dark. The metal bunk beds are made out of steel, and the mattresses and pillows atop them are very thin.

“Wow, they really run this in military style,” I say, still looking at the bars on the windows.

Angela smiles, “That’s just what these kids need- some structure.”

“I don’t know too much about broken homes and families. I can’t say I understand how these kids feel because I’ve never experienced anything like this, not even my friends,” I admit.

Angela and I talk a little bit longer before we hear a radio crackle on the other side of the door. The lock clicks as the control room unlocks the door, and Rob holds open the door as a pale, plump girl with bushy long blond hair walks through. Her arms are crossed with her hands tucked under her armpits. She is the first student I had seen at the facility, and her round rosy face will probably never fade from my memory. She

doesn't wear an expression of sadness or happiness - or anything. There is no emotion in her face other than perhaps a slight hint of curiosity as she glances at us and says "Excuse me ma'am, excuse me ma'am." She stands by her white lawn chair and waits until Rob allows her to sit at ease. She sits with her heels together and her feet shape a "V". She places her hand on the desk, and Rob allows her to move her chair up some so that it's more comfortable for her.

"Good afternoon. And how are you today?" Rob begins. She is very polite, smiling often. He asks her about her background information, such as date of birth, her placing agency, and future court appointments. He then moves on to the next section of the sheet, which is her identifying information. He asks about her height and weight, piercing, tattoos, and scars. She describes her scars and laughs when describing how she got the ones that were accidents. She looks embarrassed when describing the self-inflicted scars and cuts. Next, she describes her purpose for being at the facility.

"I broke some windows," she says shyly, with a slight giggle.

Rob politely asks, "And how did this happen?"

The student giggles again. "Well," she starts, with a smile, "My friends and I were just hanging out in their van. We found this old building that no one was using, and we started throw rocks at the windows."

Rob looks up at her after writing this down. "Why did you do that? Was it for fun, or was it because you were mad?"

The student looks down with a slight smile, looking ashamed. She looks back up at Rob with regret in her face. "We were just being stupid. So, for fun, I guess."

The interview carries on. She explains other events and attempts to downplay

them as her making a simple, stupid mistake that she will do ever again. I notice that while her face seems sincere, her explanations seem practiced. After describing the other facilities she had been placed in, I am sure that she had plenty of time to repeat this speech to each of her interviewers, whether they be psychologists, probation officers or school teachers. I want to believe her, but I simply cannot trust what she is saying.

We get to the section of the assessment that describes her substance abuse history. The student admits that she smoked marijuana frequently. She also continues her speech stating that she wants to stop “being bad” and make the right choices. She has said this probably about four separate times by this point in the interview. I glance down at the next section that they will discuss. It’s her sexual history.

The mood in the room changes at this point. In prior parts of this interview, she had been rather light-hearted as if she enjoyed taking a break from classes to discuss her history. Now, she has gotten quiet. She states that she has had prior sexual experience with multiple partners. She describes recent boyfriends, but at the end of her list she hesitates, looking down at her hands. Rob inquires further, and she brings her head up with a sort of determination. She explains with a stone face that she had been sexually abused by two of her mother’s boyfriends. One boyfriend, she says proudly, has a restraining order put on him. The other, however...

“I told my mom and she didn’t believe me until she came home one night and saw it herself. She pressed charges and he got put away in prison.”

“How old were you when this happened?” Rob asks quietly.

“I was seven. I’m almost fourteen...”

Seven, I thought. She was seven years old, and the other boyfriend abused her

before this one. I lowered my eyes to my papers. I wasn't comfortable acting like a spectator here, just watching her admit all the horrible things that had happened to her. Seven! How cruel that some creep did this to her. I thought about my sexual psychology class and understood why she was so sexually promiscuous. Her sexuality wasn't something that was hers anymore. It wasn't something that she felt like she should value since she didn't have it too long before some middle-aged creep came along and stole it away. I glance to the side and see Angela clenching her jaw, but trying to watch the interview without showing any emotion.

The student adds quickly, "I'm almost fourteen! He'll be getting out of prison soon and I'm scared." Rob nods.

The interview continues, and her mood lightens when she is asked about what she intends to do to improve herself. She states that she has been actively participating in the program at M.R.D.C. and trying to make the best grades she can. She says she wants to make herself a good role-model for her little sister, and being in juvenile detention centers isn't a good start. Ending on a much happier note, Rob asks us to follow him as he escorts the student to her classroom. Once we return to the small office, Rob asks us what are impressions are about the student and if we had any questions about the interview process. Angela points out that though the girl has said she has been continually trying to improve herself, she keeps getting into trouble. Basically, the rest of our discussion was about the weak points in the student's interview.

Though this may seem cold, it is important to evaluate everything that is said in the interview and compare and contrast the statements. Many of these students are simply trying to get themselves out of trouble and many of them have been diagnosed

with various psychological problems. Commonly, the student will try to manipulate those in power, such as the interviewer, teachers, probation officers, and judges in order to gain their freedom back. If successful in this, the student only learns the best methods of manipulation and how to get out of trouble the next time they have a run-in with the law. They do not truly learn from their experience. The case worker must be able to separate him or herself from the student so that he or she can view the situation objectively.

Though I held this with me throughout the course of the internship, and use it in my day to day life at times when necessary, I still could not forget the part of the psychosocial assessment when that student admitted that she had been abused, and that she was scared. It is a dark feeling that shades my vision of the world when I think of it. A child was abused, and had actually told her mother about the situation at hand. Her mother did not believe her until she saw the searing light of the truth with her own blinded eyes, though the girl claimed her mother knew it had happened before. Then I see Angela, hardening herself to the situation and seeming to ignore it later on. Perhaps she felt the same as I did, but did not want to appear weak.

That is why we were there, though. We are students of psychology that knew only the theories. We are weak in the beginning. This feeling of empathy for the student is only natural for most humans, and should not be ignored. We learn during internships that too much attention should not be given to it, but it should be recognized as a problem- as something that significantly affected that girl and had an impact on where she is today. No, it is not an excuse for crime, but she was not using it as an excuse whereas other students might.

I knew this was my first real introduction to the psychological field, and it had definitely impacted me. In every book I had read on my own time and in my clinical psychology class it was emphasized that therapists and psychologists should not get wound up in their clients' or patients' problems. I decided to take my thoughts and feelings from that day and hold on to them instead of ignoring them so that I could learn how I dealt with things such as this. I simply grasped onto them to determine how I reacted in the face of such troubles and then once I got a hold on my thought processes, I began to develop a method to look at the picture that the student painted objectively. Perhaps this is why my first few experiences are so vivid in my memory still today.

Chapter 3: A Naïve Student

Time passed in my clinical psychology course, which wasn't really as much of a clinical psychology course as it was a counseling psychology course. Eventually our discussion of Carl Roger's therapeutic methods strayed to the professor's therapy experience. One young female student asked, "I think dealing with people like sexual predators and molesters would be hard to work with. Can you choose not to work with them as a therapist?" The professor responded that not only can you choose who you would and would not work with, but she had in fact stated that she would never work with anyone who had committed any indecent sex act or crime. This caught my interest immediately. How can a therapist be so biased that he or she would deny therapeutic services to those who committed sex crimes? These people need as much help as others seeking help, if not more. Therapists normally try to improve the lives of others by defining and assisting in problem solving to improve the quality of life of others.

The professor continued to describe how anxious it made her when she discovered that one of her clients who had been attending therapy for six months disclosed that he had actually molested several children in past years. Her eyes grew wide as she spoke of her client, and she explained her shock and sorrow when she heard him describe the situations. She could not believe that this seemingly innocent and reserved man had committed such heinous crimes. During her story, I continued to reflect on the various fears therapists might have and how selective they can be when choosing exactly for whom to provide services. Would I be afraid to be alone in a room with someone with a certain problem or a certain history? Would I be able to overcome it if the time came? I began to wonder if I would be comfortable enough to speak privately with someone who views women as nothing but objects and has exploited and harmed them in the past. Would I be able to talk to a child molester- someone who overtakes the weak and innocent and destroys the seed of innocence?

That class period showed me exactly how naïve I was about the realities of the field of psychology. I was shown that psychologists, like any other beings, possess both the beauty and the beast of human nature. No amount of training can dissolve the darker half. A genuine desire to help others is embedded in most people. But not only is there this jewel, this beauty, that shines brightly within the human soul, but there is also a darker portion that has the capability to conceal the jewel. This beast embodies all that works against the good of human nature. It is hate. It is resentment. It is biases and prejudices. Above all, it is fear. The beast has the power to overtake and encompass the beauty, and then it can bury it in the corner of our minds, making access to pure humanity difficult to reach since we must now overcome our fear. We must overthrow

the beast.

“Hello Mr. Todd. How are you today?”

Rob Longstreet escorted a young, stocky male student into the dorm. I looked to my left to see Angela looking down at her assessment sheet, somewhat bored. She had done this before. Today I would complete my first psychosocial assessment interview. I straightened the papers on my lap and smiled politely at the young man waiting for permission sit in the white, plastic lawn chair.

“You may be seated, Mr. Todd,” Rob said quietly.

I took one deep breath and took out my pen. I began asking basic identification questions, such as Mr. Todd’s full name and birth information. As I asked the questions, I tried to maintain eye contact with the student, writing down the information as quickly as possible. I noticed that though he entered the room with an angry, annoyed expression, once he was seated he seemed to show interest in the interview. I was not quite sure what to make of this, so I decided to wait before I made assumptions about his behavior and demeanor.

Mr. Todd began to speak grandiosely about his experiences in life, basically claiming he was the best at everything he did. He boasted about stolen cars, fights that he always won, and various other crimes. He seemed particularly proud when he explained that he had been suspended from school 40 or 50 times for various offenses. According to Mr. Todd, he was also a talented hacker that had accessed the school’s data base and changed all of his friends’ grades, as well as his own. He had previously said just moments earlier, however, that he normally gets low grades on his report cards, and that

one semester he even had no passing grades. If Mr. Todd was such a fantastic hacker, then why wasn't there any evidence of his grade changes like he said there was? Also, why didn't he change the grades of his failing classes? This seemed evidence enough to me that Mr. Todd was lying about his experiences, and led me to conclude that he was very likely lying about other aspects discussed in the interview.

Despite all the disorder and lack of discipline in his life, he stated that he had indeed missed the military life style that M.R.D.C. reflected in its organization. "It's good to be back in the life. I really did miss the marines," he smiled in a self-confident manner. I nodded and recorded this.

Throughout this, Mr. Todd's eye contact had been scarce and he constantly fidgeted in his feet. He frequently glanced off at the bland scenery in the room, looking at the gray walls and blue bunk beds. He only looked directly at me when he was finishing his stories of grandeur. He always ended them with a huge smile.

Once we reached the sexual history portion, his scarce glances became stares when he spoke about his previous girlfriends and their sexual situations. Though I wasn't nervous anymore, I did become annoyed because this boy was obviously treating the assessment as if it were a résumé of all the things he had conquered ranging from stolen property to girls. I looked down at my notes more often in an attempt to hide the annoyance that might be shown in my face. This would not be a good time to insult anybody, and I have had many people tell me that my face is easy to read because I have very animated expressions. I had to control the reactions that normally come to me in an attempt to seem objective on all levels.

"Have you ever experienced any sexual abuse?" I asked, looking directly at Mr.

Todd with a stone face. I expected him to wave his hands and blow off the question with a “Pfff!”

His demeanor changed suddenly. He looked down to his left at the ground, trying to seem preoccupied with something else while attempting to hide his face from Rob, Angela, and me.

“Yes, my dad. I have also abused... a kid.”

My stomach squirmed at his last statement. Sexually abused a kid? My mind immediately turned its eye on the last clinical psychology class I had been in less than a week earlier. I saw my professor’s eyes grow wide and I heard her say that she had refused to meet with sexual offenders. I scribbled quickly on my paper, unsure of what to say next. I did not want to show hesitation, so instead of asking for an elaboration of the answer, I moved to the next question. I was relieved to change the subject, though I felt guilty for doing so. I was still weak and scared of the more difficult topics like this one. I silently reprimanded myself while taking notes. I had to make a conscious effort to continue with my previous attitude toward this boy. I did not want to seem condescending after what he had disclosed, since it may affect what he says in the rest of the interview questions. The student was apparently relieved as well. After a few questions, Mr. Todd quickly bounced back from the uncomfortable situation, and began to feed me the lines I’m sure he had practiced to explain what his goals were and how he would reach them in order to live a better life and not cross the law again.

Later in the office, Rob handed me a load of paper work consisting of Mr. Todd’s past psychological assessments and reports from orphanages in which he was housed. While going through paperwork and trying to organize my typewritten account of the

interview, I couldn't help but wonder at the irony of the classroom's experience in relation to the internship's experience. This topic I encountered that day was the very thing with which some therapists refuse to deal.

My first psychosocial assessment, my first application of psychology, was that of a sexual offender's.

Chapter 4: A Dash of Confidence Makes the World Go 'Round.

The little office's yellow light was not helping my nausea. In fact, it almost felt like it was adding to the overwhelming feeling of sickness. I swallowed hard and tried to calm down. Breathe in, breathe out. Breathe in, breathe out. I felt my face grow warm and the skin on my face, neck, and arms began to tingle violently. I sighed, put my arm on the desk, and dropped my head onto it. These calming exercises had never worked in the past, so why was I expecting that they might now?

I lifted my head up from its place on my arm and glanced around. No one else was in the office, and I began to fear that no one would come for me. I did not know what I was supposed to do. Even when it's time to go, should I sit here and wait? Should I just leave? No, surely someone will be here, right? I sighed and looked down at my hand written notes. "Oh! I know this won't be enough to fill 45 minutes!" I tried expanding on my notes in the margins of my papers, but I was so distracted by my nerves that I could not concentrate for more than ten seconds at a time. I groaned aloud.

Stage fright. Plain and simple. I was afraid of talking in public, despite the fact that my COMM 210 class, a course on public speaking and speech preparation, was supposed to help dissolve that issue. Like the other interns, I had to conduct at least one

group session a week about issues assigned to us. I had to talk to Bravo dorm, which consisted of about 25 boys at the time. One of the case workers had told me that talking to the boys was different than talking to the girls because boys tend to talk about action rather than emotion. The only group sessions that I was able to view before talking to this all-male group were sessions that had all girls or had the female dorm combined with the male dorms.

Angela pointed out that I at least got to start out with a movie, which was easier to talk about than some of the assigned readings. But this movie... "Radio Flyer" with Elijah Wood... it was so incredibly silly. I absolutely abhorred the film! It was ridiculous! I mean- *a crying buffalo?* Come on! I tried desperately to ignore those factors. There were real issues in the movie. Abuse was an important part of it, though the director seemed to attempt to stifle its existence within the script. I tried to focus on values such as loyalty and trust. These kids in the facility like to argue though, and the fact that one of the children run away in the end instead of facing his life isn't going to help my arguments with those boys that were arrested for being run-aways.

J.R., the case manager monitoring my group session tonight, came in. He asked if I was ready and told me to relax.

"You aren't going to mess up anyone's life here," he chuckled. "Come on. Let's go."

"Oh, God help me," I thought to myself as I walked into the room.

An unruly classroom would have been alright. There are distractions in an unruly classroom. I wouldn't have to think about my stomach tying itself into knots while my

knees went into a paralysis right now. I wouldn't have to think about whether they could see my face redden and my hands shake. This orderly class, however, gave me no such relief.

They were sitting in their seats, all in the same tan uniforms. Their sandaled feet were all in relatively the same position- heels together angling the two feet at about 30 degrees. They all sat up straight, with their hands flat on their student desks so that the guards could monitor exactly what they were doing. They looked forward, and only saw me by looking out of the corner of their eyes. One young man leaned forward, popping his back.

"Mr. Kane! You were not told to be at ease! Sit up straight!" one guard barked. The young man did as he was told, but his eyes narrowed and his jaw clenched.

Seconds after this, the students were told to be at ease and they all slouched down at once, almost comically. J.R. read the roll call. He answered quite a few questions about probation officers and level tests. I looked at the clock and was a little bit relieved. This question and answer portion had lasted nearly 10 minutes on its own. Then, J.R. introduced me to the class.

I looked at them. They looked at me. They seemed very curious, and the idea that they were so focused on me was terrifying. I smiled falsely and began.

"Now, sometime in the past week you guys watched a movie called 'Radio Flyer,' right?" My voice cracked and shook throughout this sentence. I rolled my eyes at myself for being so pathetic.

A few of the boys looked around before they answered. Then a few called out, "Yes, Ma'am."

“Okay,” I tried to smile. “Can anyone tell me what they thought of the movie overall? I mean, did you like it? Did you hate it?”

The room was dead silent as most of the boys dropped their eyes to the ground. I looked around nervously, and glanced at J.R., who was also looking around the room as if the class’s silence was an odd occurrence. I sighed aloud. “Alright, this is insane,” I thought to myself. “Forget this.”

“Alright,” I began with a genuine smile, though worried about J.R.’s reaction to what I would say. “I hated this movie. I reaaaalllly hated this movie. Now it’s your turn.”

I saw a few heads jerk up and even heard one boy laugh out loud. Three hands came up into the air at once.

That evening I discussed the basic plotline for the story, and with each event that occurred in the movie I pulled out the major points and issues. Instead of accepting what occurred in the movie, I asked if there was anything that could have been done differently or better. With each question, I responded with a counter-question, forcing these kids to think. I did not pretend to know everything. If you do, children will try to test you and point out your errors- these kids most of all. Besides, if you pretend to know everything it is harder to have an actual discussion.

That night, my group session lasted a full hour. I couldn’t even finish the outline I had set out. This wasn’t such a big deal, after all.

One of the last questions of the night was asked by one of the more talkative boys.

“Ma’am, why in the world did they show *a buffalo crying?!?*”

I snickered. “Ah, yes. The buffalo...” I showed clearly in my face the annoyance I had for that damn buffalo. “Perhaps it’s something artistic. I’m sure it’s related to something, like an analogy.” I was aware that many of these kids didn’t have the education to discuss analogies, so I ignored that portion of the discussion. “Otherwise, I have no clue. How about you?” I laughed as a few of the students put up their hands in defeat.

“I can do this,” I thought to myself. “I can definitely do this.”

Sample Assessment

The following pages are a psychosocial assessment from an interview with a student from Muncie Reception and Diagnostics Center. With Mr. Longstreet's permission, I have included the assessment, but have removed the student's name for confidentiality purposes.

Psychosocial Assessment

Student Name: Robert X

DOB: x/x/xx **Age:** 17 **Gender:** Male

Date of Report: 2/9/04

Placing Agency: Franklin Co. OH Children Services

Probation Officer/ Caseworker: PO - Tom Reece 614-462-4846

CW - Kim Carter 614-341-6014

Future Court Appointment: unknown at this time

Identifying Information: Mr. X is a 17-year-old Caucasian male who stands at 6'1" and weighs approximately 195 pounds. He has short black hair and green-brown eyes. He has a broad build. Mr. X reported having surgically grafted teeth. He reported having scars on his stomach, hands, knees, and back. He reported having no tattoos or piercings. He stated that he wore no glasses or contacts. During the interview, Mr. [REDACTED] had a friendly demeanor and acted cooperatively. He answered questions quickly, but seemed like he was unable to sit still.

Information in this report is from Mr. X's self-report and the psychological evaluation given by Lisa E. Gordon from the St. Joseph Orphanage that was in his file.

Presenting Problem: When asked why Mr. X had been sent to this facility, he replied that it was because he failed the Resolute program. When asked to elaborate why he had failed the program, he stated that it was because he had been "accused" of an assault on another student.

History of Presenting Problem: When asked about what he was in trouble for in the past, Mr. X explained in a somewhat bragging manner that he had been in trouble for "GTA," or grand theft auto, child molestation, assault and battery, breaking and entering, and "AWOLing from school." When asked how often he did things that could get him in trouble, Mr. X seemed hesitant to answer. He began to move restlessly about in his chair and reported that he did something once a month that could get him into trouble.

He stated that at the age of 6 is when he first got into trouble for his delinquent behavior. Mr. X reported that he had been on probation for 4 years, and his placement at Muncie Reception and Diagnostic Center was the fourth time he had been placed in a detention center or residential placement. He reported that the longest he had ever been locked up was 90 days.

Mr. X reported that his behavior seemed to get better whenever he attended programs for his problems, and specifically cited his very best behavior was while he was in a facility

in Cincinnati. The psychological evaluation from St. Joseph orphanage, however, stated that he had “not progressed well in treatment.” He said his behavior seemed to worsen when he began stealing cars.

Mr. X denies any gang affiliation or knowing anyone with gang affiliation. He reported that about 90% of his friends were also involved in criminal activities.

Medical History: Mr. X reported taking Concerta, but did not know the dosage. Medical files show that he takes 36 mg daily. He reported taking Zoloft (2 mg) for his depression. He also reported taking Risperdol (.5 mg during the day and 1 mg at night). He stated that he was taking .5 mg of Clonidine, but the medical report showed he was taking 1 mg. He also reported taking Allegra for his allergies, though it was not listed on his medication list.

Mr. X stated that past medication included Ritalin. His psychological evaluation shows no mention of Ritalin being taken by Mr. X.

Other medications taken in the past, according to the psychological evaluation, include Adderall, Lithium, Tegretol, and Eskalith. Mr. Handshaw said he had no current health problems, but he had allergies to Penicillin and a drug that he referred to as “EEG.”

He reported that he had been first hospitalized when he had broken both of his legs and last when he had his appendix removed. He said that he had had one injury that caused him to lose consciousness, which involved being hit with a nightstick when he was 12-years-old.

Regarding family medical history, Mr. X stated that lung cancer and cirrhosis of the liver had been present.

Family/Development: Mr. X reported that he had been born in Columbus, Ohio. He reported that his biological mother’s name is Monetha X, and his biological father’s name is Robert Harold X. He stated that his parents were divorced. He said he did not know if either had been in significant relationships with other individuals, though he mentioned a stepfather later during the self-report.

Mr. X reported that he had 6 brothers and no sisters, though his mother had miscarried a daughter.

He stated that those residing in his household were his foster family. When asked where he had been placed while in foster care, Mr. X replied that he had been “all around Ohio,” once in Virginia Beach for a year, and once in Kentucky with his aunt for about 1 year and 8 months.

Mr. X had reported that he had not seen his biological parents since he was 6 years old. He reports getting along well with two of his brothers, Dustin and Shannon, but he does not see his other brothers.

Mr. X stated that as a child, while he was still residing with his biological parents, he had been disciplined for his misbehavior by being beaten with various items, including a ball bat, belts, fists, windows, tables, and chairs. He elaborated by stating that the actions taken were abuse, not discipline. He reported that his first foster family made him do pushups for his misbehavior and that he averaged at about 300 pushups daily. He stated that his latest foster family does not discipline or make him face any consequences.

Mr. X stated that much of his abuse occurred before the age of 6. He reported that his mother, father, oldest brothers, a brother's ex-girlfriend, and grandfather both sexually and emotionally abused him many times. He added that his stepfather physically abused him, though he had mentioned previously that he was unaware if his mother had ever had any significant relationship besides his father.

When asked if he had children of his own, Mr. X laughed nervously and said he was not ready for children. He then went on to mention an ex-girlfriend of his who he said had tried to convince Mr. X that he was the father of her 2 children.

Educational/Vocational: Mr. X reported that he was currently in 10th grade. He stated that he usually received C's and D's, but one semester he had received straight F's, and another semester he had received straight A's. He mentioned that he usually received A's when he was residing with the Miller's in foster care.

He stated rather proudly that he had been suspended from school and expelled another "40 or 50 times." When asked what he was suspended and expelled for, he stated that he often got caught with cigarettes and fighting. He said he was not a truant.

Regarding future plans in education, Mr. X said he wanted to get a GED and attend ITT Tech to become a computer technician. He said that if he could not do that, he would go into the army or work with his brother, Shannon, as a "backup." He then began to boast, claiming he was a "master hacker" and that he had gotten into one of his school's computer files and changed his grades as well as his friends'. He began to justify this action by saying "You gotta do whatever makes their parents happy. Always keep 'em happy."

When asked about past employment, he said he had worked at a flower shop, a clothing-print shop, and worked hanging gutters. He stated that his relationship with his co-workers was "OK" and that he especially got along with the workers at the clothing-print shop because they were all girls.

Mr. X reported that he enjoys baseball, football, computers, and working with his hands. He reported that he was a member of a dirt bike club.

Psychiatric History: Mr. X reported going to treatment and prevention programs for alcohol and tobacco usage. When asked how long ago it was that he attended these programs, he rolled his eyes and said 5 days. He said he attended these at FCTOC and

that he completed all the programs, though he reported earlier that the reason he was placed at MRDC was because he did not complete the Resolute program.

When asked if any of his previous counseling for emotional problems had been helpful, he replied that it had been.

As mentioned previously, Mr. X is taking Concerta, Zoloft, Risperdol, and Clonidine.

Substance Abuse History: Mr. X admitted to using Marijuana. He said he first used it at age 14, but has not used it since because he did not like it. He also admitted to using Alcohol, beginning at age 9. He stated that he used alcohol every weekend until he was 13. Mr. X also stated that he used tobacco every day and began when he was 9. He said he had not smoked since he was 16. He reported he had also taken tranquilizers, starting at age 7 until he was 10. He said he used the tranquilizers every other week.

He reported that he had noticed an increased tolerance to each substance that he continually used. He reported that he abused substances socially and that he had experienced blackouts because of some usages. He also reported in a cheery manner that he had experienced hangovers because "there was no way around them."

Sexual History: Mr. X reported that he had been sexually active, beginning at age 14 and lasting until he was 15. He stated he had 2 partners during that time, and that he had used protection with both partners. He stated that he had no sexually transmitted diseases.

Mr. X did not mention any of his sexually abusive experiences, neither as the abused nor the abuser.

Suicide History: Mr. X commented that he had tried to commit suicide twice, but mentioned three instances. He reported attempting hanging himself, but it failed because the rope broke. He mentioned that he had slit his wrists, but the blade was dull. The third attempt mentioned, Mr. X described trying to drown himself, but he could not because he knew how to swim, and it interfered with the process.

Mr. X reported that no friends or family had ever tried to commit suicide.

When asked if he would ever tell anyone if he had suicidal thoughts, Mr. X replied that he would tell someone. He commented that attempts would never go too far because he learned his "lesson that it never works."

Assets and Liabilities: Mr. X reported that his main strength is his ability to work with his hands and sports. He reported that his main weakness was his substance abuse.

Summary/Impressions/Recommendations: Mr X kept moderate eye contact during the interview. His eye contact seemed to increase as he boasted about his crimes or computer capabilities. These questions were answered in a grandiose manner. It decreased when

he spoke of his sexual abuse and counseling because he often faced away from those present in the room. He answered questions very quickly. He mentioned toward the end of the interview that he had great anger control. The psychological evaluation from St. Joseph's Orphanage mentions specific problems with his anger. He also mentioned that he had been kicked out of school for fighting.

When asked about his current situation at MRDC, Mr. X replied that it "feels good to be back in boot camp." He then commented that he had been in the "Junior Marines" for 3 or 4 years.

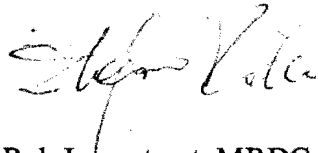
Mr. X also reported attempting to change himself in the past, including dieting, exercising, and strengthening relationships with his girlfriend and brothers.

When asked how he responds when faced with the consequences of his behavior, Mr. X seemed hesitant to respond. He then admitted that he frequently tells people what they want to hear to get out of trouble.

Recommendations include:

- 1.) Mr. X seems to attempt to make his criminal activity appear less serious than it really is. He speaks nonchalantly about grand theft auto and assault and battery. He seems to focus more on listing his offenses in a bragging manner than he focuses on the criminal offenses themselves. This needs to be addressed.
- 2.) Records from Resolute state that Mr. X “does not seem willing to work to the degree necessary in treatment to make lasting, meaningful changes.” Mr. X needs to hold himself accountable for making progress in treatment, especially preparing himself so he does not commit any future sex offenses. Mr. X should be assisted in the development of sympathy and remorse for his actions. According to the psychological evaluation, he lacks motivation to stop the cycle of abuse.
- 3.) Mr. X’s caseworker has cited that a goal for treatment is emancipation into the community. He needs to develop independent living skills. In addition, Mr. X should work on completing his GED.
- 4.) It is recommended that he continue treatment for his past sexual, emotional, and physical abuse.
- 5.) Mr. X should participate in substance abuse counseling.
- 6.) Mr. X is currently taking several psychotropic medications. He needs to be evaluated and monitored by a psychiatrist.
- 7.) Mr. X claimed that he’s attempted to commit suicide on three occasions. He should be watched for any suicidal thinking or behavior.

Stefanie Rider, Ball State University Intern



Approved by: Rob Longstreet, MRDC Director of Social Services