Skills for living independently: a program development plan for juvenile offenders

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Skills for Living Independently: A Program Development Plan for Juvenile Offenders

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Note: This document describes a Capstone Dissemination project reflecting an individually planned experience conducted under faculty and site mentorship. The goal of the Capstone experience is to provide the occupational therapy doctoral student with a unique experience whereby he/she can demonstrate leadership and autonomous decision-making in preparation for enhanced future practice as an occupational therapist. As such, the Capstone Dissemination is not formal research.
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Executive Summary

Juvenile incarceration is an increasing problem in the United States. In Sandusky County alone, there were over 800 juveniles involved with the justice system in 2010 (Livsey, Hockenberry, Smith, & Kang, 2011). Some major risk factors for juvenile delinquency include: the presence of a psychiatric disorder, a victim of child abuse, truancy, gang membership, and poverty. All of these risk factors help to illustrate the fact that this group has health disparities. According to the American Occupational Therapy Association (AOTA), “it is the responsibility of occupational therapy practitioners to intervene and limit the effects of inequities that result in health disparities” (Braveman, Gupta, & Padilla, 2011, p. S76). Occupational therapists need to get involved to help eliminate these disparities through our use of occupation and provide education on daily living skills that will aid the youth in becoming pertinent community members. This proposed program provides just that and as an outcome will promote healthy lifestyles. The goal of the Skills for Living Independently program at the Sandusky County Juvenile Detention Center is to promote healthy lifestyles in juvenile offenders.

The Sandusky County Juvenile Detention Center is a facility used to house those adolescents that have committed a crime or have violated their probation. In 2011, this facility housed a total of 670 adolescents. Any resident that was appointed by a Judge to participate in this program will attend three sessions per week. Two sessions per week will be on a group basis and one session per week will be held individually. The topics covered will target self-care and self-maintenance, intrinsic gratification, social contribution, and interpersonal relatedness skills. There will be a maximum of 100 members per program cycle. The measures used to evaluate programming will be the Adaptive Behavior Scales: School, the Life Skills Inventory, and the Intrinsic Gratification Scale.
Introduction

Program Goal

The goal of the Skills for Living Independently program at the Sandusky County Juvenile Detention Center is to promote healthy lifestyles in juvenile offenders. A juvenile offender, as defined by the Ohio Department of Youth Services, is a person aged 10-21 who has been adjudicated and committed by a juvenile court. During their stay in a juvenile detention center facility, youth are engaged in programming designed to address their criminological and behavioral needs (“Ohio Department of Youth Services”, 2012). A Juvenile Detention Center can be defined as a secure institution to house offenders that have been ordered there by the court.

The term instrumental activity of daily living is synonymous with independent living skills (James, 2009). Instrumental activities of daily living can be defined as, “activities to support daily life within the home and community that often require more complex interactions than self-care used in activities of daily living (ADL)” (“Occupational Therapy Practice Framework”, 2008). Independent living skills can also be defined as those skills needed by people to be able to function on their own with as little help as possible in the home and in the community.

Site Mission Statement

This program will take place at the Sandusky County Juvenile Detention Center (SCJDC) in Fremont, Ohio. This facility is designed to house adolescents that have violated their probation. The mission of this facility is, “The staff of the Sandusky County Juvenile Detention Center is a team of dedicated and caring professionals. We are committed to serving our communities by providing a safe, structured, learning environment for youths in our care. Through our efforts, the youths will work on
interpersonal skills that will assist them in functioning in the community, while leading productive lives” (“Sandusky County Juvenile Detention Center,” 2011). The SCJDC focuses on seven main principles: optimism, change, process, respect, caring, knowing who you are, and how you think is how you behave. The principle optimism is the belief there is something worthwhile in every person and in every situation. Change involves having confidence and conviction in the fact that everyone has the potential to change. The process principle is where change is encouraged and progress that has been made is celebrated. Respect involves believing in one’s personal growth, valuing diversity, and the promotion of relationship building. The caring principle insists on individually striving to do our best as well as the encouragement of peers to do the same. Knowing who you are involves the idea of maximizing strengths and addressing limitations in a positive manner. How you think is how you behave is the idea that irrational thinking leads to inappropriate behavior. Therefore, if we change thinking patterns, then the behavior can be changed (“Resident Orientation Handbook,” 2009). The SCJDC states that the mission and program principles guide all programmatic decisions at the SCJDC so it is important when starting a new program at this facility to be aware of these statements and make certain the program addresses these values.

The occupational therapist that is in charge of the Skills for Living Independently program will report to Mr. Dallas Leake. Mr. Leake is the Program and Operations Administrator of the SCJDC. Because Mr. Leake handles all of the programming at this facility it is best that the occupational therapist would first report to him regarding new programming services (see Appendix A for the organizational chart).
Literature Review

In 2010, Sandusky County reported having a total population of 14,700 adolescents (age 9-17). Of those in the total population, 843 juveniles were involved in the Juvenile Justice System in 2010. Seven-hundred and seventy-seven of these juveniles were held in court due to delinquency and 66 were held because of substance abuse problems (Livsey, Hockenberry, Smith, & Kang, 2011). Year-end statistics from the Sandusky County Juvenile Detention Center (SCJDC) showed a similar pattern in that most were detained due to delinquency charges. This particular facility housed 537 juveniles residing in Sandusky County in 2011 and an additional 133 from a neighboring county. Six hundred and twenty-six of these individuals were held due to delinquency, 38 due to a felony charge, and six were held due to unruly behavior. Additionally, the SCJDC reported that 80% of those detained were male and only 20% were female (D. Leake, personal communication, January 26, 2012).

Based on these statistics, it is evident that juvenile incarceration is becoming a major problem in the United States. Many are repeat offenders so it is important to figure out the reasons as to why these individuals continue to be involved with the Juvenile Justice System. For example, data indicates approximately 50% of those incarcerated at the SCJDC are re-offenders. In a study done by Teplin and colleagues (2002), they looked at reasons behind the increasing rates of juvenile delinquency. They wanted to investigate the relationship between mental health issues and incarcerated youth. In this randomized control trial, researchers investigated the prevalence of psychiatric disorders from a population of incarcerated youth in a juvenile detention center in Chicago, Illinois. They found that nearly two-thirds of males and three-quarters of females met the diagnostic
criteria for one or more psychiatric disorder. The most common disorders identified being substance use disorders and disruptive behavior disorders. Additionally, 50% of males and nearly 50% of females reported having a substance use disorder. The researchers then compared this sample to the nation’s general adolescent population and found that the rates of psychiatric diagnoses among the offenders were much higher than the general adolescent population (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). It has been “estimated that up to 95% of these [incarcerated] youth have mental, emotional, or behavioral health problems, 20% of these with severe mental disorders (Davidson, 2010, p. 423). These findings are consistent with those from the SCJDC. An interview with the Registered Nurse employed by the SCJDC stated that approximately 90% of the residents are on some variation of psychiatric medication. These drugs are those that treat ADHD, bipolar disorder, multiple personality disorder, and schizophrenia (RN, personal communication, January 14, 2013). According to the questionnaire targeted towards Probation Officers, these individuals were asked about how many of their clients seek any form of mental health service. Half of the respondents said approximately 50% of the clients on their caseload seek mental health services and the other half of the respondents said approximately 75% of clients on their caseload seek mental health services. Therefore, it can be assumed that many of the individuals at the SCJDC have mental health difficulties.

In an article by Tina Champagne (2012), she describes an occupational therapy program designed in a community-based setting to encourage the development of mental health. The goal of this program was, “to facilitate physical, emotional, and social development to ultimately increase occupational performance, participation, and
The population this program targeted included children and adolescents that presented with a wide range of mental health issues including those that resulted from traumatic events, attachment, anxiety, mood, learning, sensory processing, and/or behavioral difficulties. These mental health problems manifested into symptoms including difficulty with anxiety, lack of impulse control, behavioral outbursts, and difficulty with social skills and boundaries. Champagne (2012) stated that these aforementioned symptoms led to various occupational barriers and decreased participation in a variety of settings. Once participants were identified, each participant was evaluated in terms of caregiver questionnaires and an occupational therapy initial evaluation. The participants were divided into groups based on age and needs. Each group met once per week in hour-long intervals for a total of 8 weeks to target specific skills sets appropriate for their development. The programming was client centered and occupation-based. At the completion of the program an individual discharge meeting was conducted as well as a discharge summary provided with results and therapeutic recommendations (Champagne, 2012). This program was shown to be successful in helping participants develop skills mentioned in the goal. This article is supportive of occupational therapy programs in the community to support the occupational participation in various contexts of individuals with mental health issues. Therefore, a program similarly designed would benefit juvenile delinquents suffering from similar difficulties.

Mental health issues are only one cause as to the increasing rates of juvenile delinquency. According to the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, there are many other reasons why youth may be predisposed to committing criminal acts. The authors conducted a meta-analysis using 66 studies, and
have identified risk factors in five major categories. These categories include: individual, family, school, peer-related, and community or neighborhood factors. Individual risk factors that were identified include: antisocial behavior, hyperactivity and concentration problems, and the presence of psychiatric disorders. Family risk factors that have contributed to criminal activity have been identified as child abuse and parental criminality. Adolescents require the presence of role models in their life to teach appropriate behavior. Without the presence of these responsible persons, adolescents have no guidance or appropriate behaviors to model. Unfortunately, these risk factors correspond with information obtained during focus groups. Many of the youth stated that they do not have an appropriate role model to foster or model correct behaviors. School related risk factors include: academic failure, truancy, and dropping out of school. According to the needs assessment, many of the youth incarcerated the at the SCJDC view school negatively and have had offenses for out of school suspension, violating school rules, and truancy. Peer-related risk factors include delinquent peers and gang membership. Community and neighborhood risk factors include: poverty, availability of drugs and firearms, exposure to violence, and racial prejudice (Hawkins, Herrenkohl, Farrington, Brewer, Catalano, Harachi, & Cothern, 2000). Many of the youth incarcerated at this facility are there due to domestic violence charges. In addition to the youth being the abusers, many of them also are the recipients of domestic violence and/or are witnesses to domestic violence in the home (Kessler, 2012). Another risk factor that these youth must contend with is the availability of illegal substances. The National Institute on Drug Abuse has identified 36.4% of 12th graders were using marijuana in their 2012 survey. This statistic equates to 11 out of 20 students in every classroom (“Monitoring the Future”,
Youth that participated in the focus group stated that school is the easiest way to secure substances and 95% of these youth stated they use illegal substances.

According to Goertz (2008), youth violence is the second leading cause of death for those youth ages 15-24. The author states that the profession of occupational therapy has a societal duty and expertise to respond to youth violence by promoting overall health and well-being among youth. It has been shown that violence deprives youth of necessary and meaningful occupations, leaving them insufficiently prepared for their future roles as adults. “Occupational therapists provide services that address lifestyle choices of at-risk youth through methods such as life skill remediation” (Goertz, 2008, p. 471).

Many of these community and neighborhood risk factors are seen in families from a low socioeconomic background. In 2010, it has been documented that 17% of children and adolescents under the age of 17 live below the Federal Poverty Line (Vroman, 2010). Because of this, individuals have limited access to resources to occupy their free time and are unable to engage in meaningful, socially appropriate occupations. This has relevance to occupational therapy because meaningful occupations are used as mediums to foster growth and development. Without such participation in occupations these valuable adolescent years during which maturation occurs are lost. Other behaviors that are said to be related to poverty include: laughing when disciplined, arguing with staff, angry responses, inappropriate or vulgar comments, physically fighting, inability to follow directions, disorganization, and inability to complete a task (Payne, DeVol, and Smith, 2001). All of which occupational therapy can assist with developing the skills necessary to remedy these behaviors. The Occupational Therapy Practice Guidelines for Children with Behavioral and Psychosocial Needs states that skills including: following directions/ rules,
making/keeping friends, coping with anger, and problem solving ability are important to an individual's success (Jackson & Arbesman, 2005).

Occupational therapy also indicates that humans need a balance of daily occupations to maintain a healthy lifestyle. Louise Farnworth, an occupational therapist from Australia, hypothesized that juvenile offenders are lacking this balance of occupations and subsequently leading an unhealthy lifestyle. Farnworth (2000) decided to conduct an experiment that used qualitative interviewing methodologies to collect data about the occupations in which adolescent offenders are involved. She discovered that a majority of the offender’s time, 57%, was spent in leisure occupations, which were predominately passive. Offenders were engaged in personal care occupations 21% of the time. Only 10% of the time was spent participating in productive occupations, for example, education or employment. When compared with the average adolescent, the amount of time the offenders spent in passive, leisure occupations was 30% higher (Farnworth, 2000). This is important because it illustrates the fact that offenders are not being productive members of society. As seen in the Hawkins et al. study many offenders have dropped out of school or have committed truancy. This is one reason why many offenders' time is lacking in the area of productivity. In a program developed by Paulson (1980), skills including day-to-day living skills, social skills and behaviors, and prevocational skills were identified as problem areas demonstrated by the juvenile delinquent population. The article stressed the role of occupational therapy to create an environment to foster the development of the aforementioned skills in order to make appropriate choices regarding participation in healthy occupations. This program was shown to be effective and this along with other evidence outlined in this proposal is still
needed to aid these youth in the development of skills to be independent and productive (Paulson, 1980). This article agrees with data gleaned from the needs assessment regarding the activities of youth at the SCJDC. It was reported that many of the individuals have an abundance of free time. Few stated that they participate in school related extracurricular activities or have employment.

Adolf Meyer (1977), a founder of the profession of occupational therapy, also emphasized the fact that humans need a balanced interaction of daily occupations. He stated that with the areas of work, play, rest, and sleep in balance a person should be able to meet their needs and lead a healthy, productive lifestyle. As evidenced by the Farnworth study, adolescent offenders do not participate in productive activities. This is because they have very limited resources or access to resources in which allow them to be productive. Occupational therapy can help these individuals restructure their time in order to balance these areas and increase their overall health.

Based on these factors that may precede criminal activity one can assume that these individuals are lacking appropriate foundations to become productive members of the community. According to Deborah Davidson (2010), the 100,000 children and adolescents in the juvenile justice system represent an underserved group with serious psychosocial and occupational needs. Otherwise described as a group suffering from health disparities. The Trans-National Institutes of Health (NIH) Work Group on Health Disparities defines the term health disparities as, “differences in incidence, prevalence, morbidity, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups” (NIH, 2002). These disparities come in the form of occupational imbalance, deprivation, and alienation (NIH, 2002).
The disparity of occupational imbalance is confirmed by the Farnworth (2000) study which discovered that the majority of the youth’s time is spent in passive, leisure occupations and the least amount of time is spent engaging in productive occupations for example, school and work. Occupational deprivation is defined as “limitations or circumstances that hinder one’s ability to acquire, enjoy, or participate in occupation” (Champagne, 2012). It can be attributed to reduced access or complete lack of access to resources, fear of harm to self or others, or the inability to perform valued roles. Researchers found that youth lack an appropriate environment to participate in productive occupations; as a result, they fill idle time with dangerous and unhealthy occupations that give them a sense of belonging and purpose (Brunner, Valvano, & Lopez, 2012). Whiteford (2000) has discovered and labeled three adverse effects due to occupational deprivation. These include: lack of meaningful time use which leads to a decreased sense of efficacy and identity, having a barrier to community reintegration due to decreased adaptive responses when encountering new environments, and maladaptive responses for example increased sleep, rate of suicide, and attempts at suicide. It has been documented that, “suicide is the third leading cause of death in adolescents and young adults ages 10-24” (Rogers, 2010, p. 185). Some factors that may lead to this include depression or feelings of hopelessness and anxiety. All of which are emotions that stem from the turbulent period of adolescents transitioning to adulthood. Occupational deprivation only intensifies these feelings.

Occupational alienation can be another result of those diagnosed with mental health problems. It is defined as “lack of satisfaction in occupational participation” (Champagne, 2012, p. 13). Alienation can result from stigma and/or youth not fully understanding their
individual strengths and needs (Champagne, 2012). Yerxa (1989) states, “occupation is not just something nice to do, rather it is wired into the human and that individuals are most true to their humanity when engaged in occupation” (p. 7).

Occupational therapists are trained to provide education regarding occupational role performance and balance as well as provide skill development training in the context of everyday occupations (Scaffa, Van Slyke, & Brownson, 2008). And according to the American Occupational Therapy Association’s (AOTA) Core Values and Attitudes of Occupational Therapy Practice and the Occupational Therapy Code of Ethics and Ethics Standards, “it is the responsibility of occupational therapy practitioners to intervene and limit the effects of inequities that result in health disparities” (Braveman, Gupta, & Padilla, 2011, p. S76). Occupational therapists provide services that address psychosocial and daily living skill needs as well as educate staff and administration about the developmental and neurobehavioral issues that this group shares (Davidson, 2010). “By providing youth with opportunities to replace poor occupational choice with healthy, safe, productive, and social acceptable activities positive change can occur” (Brunner, et al., 2012). This process results in increased health, wellness, and quality of life for the young offenders (Fagan & Cabrera, 2009).

In the past, programs have been created to help adult prisoners learn life skills to help with the transition and reintegration into the community upon release. These programs have specifically discussed education about independent living types of skills as well as vocational skills. These programs have been shown to be effective in reducing the recidivism rate of the inmates (Finn, 1998; Butz, 2010). They have also been shown to be successful in helping the prisoners take on and value more life roles (Wittman & Velde,
2002). However, traditionally, occupational therapists have not been the profession leading such programs.

According to an article in the *American Journal of Occupational Therapy*, occupational therapists have the qualifications to work with this population. They state, “Through the use of everyday activities, occupational therapy practitioners promote mental health and support functioning in people with or at risk of experiencing a range of mental health disorders, including psychiatric, behavioral, and substance abuse” (Burson, Barrows, Clark, Gupta, Geraci, Mahaffey, & Moyers Cleveland, 2010, p. S31). In the article by Teplin and colleagues (2002), these mental health issues were most predominately described in the adolescent offender population. As such, the relationship between the role of occupational therapists in the mental health arena and the high rates of psychiatric disorders found among the juvenile delinquent population showcase our specific skill set when working with this population. According to Brunner et al., (2012), “occupational therapy practitioners are an underutilized resource and the value of occupation can be transformational” (p. 20). Therefore, an occupational therapy program that targets life skills is needed to increase the juvenile offenders’ community participation and aid in the formulation of a healthy lifestyle.

The U.S. Department of Health and Human Services mission, *Healthy People 2020*, is a nationwide effort to improve the health of all people. The proposed life skill program for juvenile offenders is in accordance with one of the nationwide goals for health and wellness, “achieve health equity, eliminate disparities, and improve the health of all groups” (“Healthy People 2020,” 2012). Additionally, the goal of this program is to promote healthy lifestyles, which will enhance quality of life of the offenders. This is one
of the four foundation health measures under *Healthy People 2020*. Both help to establish the need for this program (“Healthy People 2020,” 2012). In addition, “The World Health Organization’s expectation that by 2020 behavioral health disorders will surpass all physical causes of disability. The current community mental health system cannot sustain such an increase without additional resources and services, such as those provided by occupational therapy practitioners” (Nanof, 2012, p. 5)

According to Braveman and Bass-Haugen (2009), social justice and health disparities have been integral to theory development and proposed interventions regarding the role of occupational therapy in working with communities, populations, and society at large. The American Occupational Therapy Association’s (AOTA) *centennial vision* states, “there is an increased focus and concern for becoming globally connected and addressing issues of injustice as well as narrowing the gap in health status caused by health disparities” (p. 10). In fact, “one of AOTA’s 2006-2009 strategic goals has particular relevance to social justice and health disparities as it seeks to demonstrate and articulate our value to individuals, organizations, and communities through three objectives: 1) increase public understanding of the profession and its value in meeting diverse health and population needs, 2) support traditional occupational therapy roles and foster development of emerging practice areas to help meet society’s health, wellness, and quality of life needs, and 3) engage pro-actively with key external organizations and decision makers to assert occupational therapy leadership in essential areas of societal need” (Braveman, Bass-Haugen, 2009, p. 11).

The International Classification of Functioning (ICF) under the World Health Organization (WHO) states that the foundation of ICF is an integrative model. This means
that ICF is not merely under the medical or the social model; it bridges the two into what they call an integrative model. This proposed program is in accordance with this same idea. Occupational therapists are traditionally viewed as a health care profession and work under the medical model. However, a Juvenile Detention Center is a community-based site that would function under the social model. By placing a healthcare professional in this type of setting we would bridge the gap between the models and form an integrative model that is emphasized by ICF (“International Classification of Functioning,” 2012).

The World Health Organization (WHO) has identified adolescent mental health as a rising problem area throughout the world. The WHO describes mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (“World Health Organization,” 2004, p. 12). They have identified that in any given year, 20% of adolescents will experience a mental health problem. They go on to state that the most common problems are depression or anxiety (“World Health Organization,” 2012).

It is obvious from the literature review that many adolescents have mental health issues and rising mental health issues are predisposing youth to committing criminal acts. The problem, however, is to decipher why the rising rate of mental health issues among adolescents and subsequently predisposal towards criminal activity. One hypothesis is the period of adolescence in itself. “Adolescence can be defined as a complex period when children are expected to shed their dependencies and achieve a level of independence as adults. Ruth Benedict calls it “Sturm and Drang” (stress and strain); Haim Ginott says it is a disorganized period of curative madness; and Benjamin Spock associates it with
rebellion and rivalry. Parents and teenagers have easily recognized the period from puberty to adulthood as stressful, inconsistent, and at times traumatic” (Black, 1976, p. 73). Maureen Black states that during this period adolescents develop and practice skills of occupational choice and eventually acquire competence necessary to enter into adulthood and the larger society. She argues that some individuals cannot overcome the inconsistent expectations and current role pressures and may act out, thus being labeled as deviants and troublemakers (Black, 1976). Vroman (2010), would tend to agree. She states, “[f]ailure to integrate and engage in the roles and tasks of adolescence can result in ongoing physical and psychosocial difficulties that will affect future occupational performance and roles” (p. 86). Therefore, one could argue that those adolescents detained in the SCJDC are having difficulties with this period in their lives and require additional resources and supports to gain the competencies required to become an adult.

Another hypothesis might be the lack of executive functioning. Executive functioning (EF) “allows a person to adapt to novel situations and perform goal-oriented behavior” (Williamson Weiner, Toglia, and Berg, 2012, p. 699). Dawson and Guare (2010), state that, “executive function is a neuropsychological concept referring to the high level cognitive processes required to plan and direct activities, including task initiation and follow through, working memory, sustained attention, performance monitoring, inhibition of impulses, and goal-directed persistence” (p. vii). Researchers go on to state that with EF development youth can increase control over impulses, exhibit increased attention and concentration, more self-control, and less distractibility or hyperactivity, as well as better able to navigate increasing task demands. They continue by stating that EF impairments may result in behavioral dyscontrol, propensity to drug addiction, and engagement in risky
behaviors. According to the nurse employed by the SCJDC, many of the youth incarcerated at this facility are on psychological medications for diagnoses including ADHD and depression. Dawson and Guare (2010) state that those individuals with ADHD often display difficulties in executive functioning skills including delays in sustained attention, behavioral inhibition, working memory, flexibility, planning, organization, and task completion. And those with depression and other emotional issues often display executive functioning difficulties including organization, task initiation, goal-directed persistence, working memory, and cognitive flexibility.

As mentioned previously in literature review, many of these youth grow up in an impoverished environment. Williamson Weiner et al. (2012) argues that “exposure to chronic stress within an environment may disrupt persistence in goal-directed behaviors and therefore disrupt the ability to self-regulate behavior” (p. 700). This impairment of EF may be caused by the residents history of violence and the subsequent results of brain abnormalities.

As described previously in the literature review, many of the residents in the SCJDC have a history of abuse, charges of domestic violence, or are victims of violence. Research has shown that abuse has enduring effects on the brain that cause abnormalities that account directly for personality traits. For example, Teicher states that abuse induces changes in hormones and neurotransmitters that mediate the development of vulnerable brain regions. Some of the personality traits that the victims may exhibit can be categorized by inwardly or outwardly directing anger. Anger may be directed inward to spawn symptoms such has depression, anxiety, suicidal ideation, and post-traumatic stress disorder (PTSD). Or they may direct it outward causing symptoms like aggression,
impulsiveness, delinquency, hyperactivity, or substance abuse. Teicher goes on to state that occupational deprivation can result in neurobiological abnormalities because brain development is shaped by our experiences (2000). Another study from the Center for Disease Control and Prevention also found that children that experience abuse, neglect, or family dysfunction are at risk for leading causes of illness, death, and poor quality of life (Adverse childhood experiences (ACE) study, 2013).

Teicher’s (2000) research states that as a result of outwardly projecting anger individuals can turn to abusing substances. Moyers (1992) believes that it is the role of occupational therapy to determine the ways in which this substance abuse impacts the individual’s cognitive, sensory processing, motor, emotional, and social functioning abilities. And how this subsequently influences their ability to complete activities of daily living and their associated roles in the community. Other factors that predispose youth to substance abuse include antisocial tendencies and hyperactivity in childhood (Moyers, 1992). Many youth use these substances as a defense or coping mechanism. Moyers (1992), states that, “breakdown of personality defense system makes the chemical defense necessary to protect against powerful, threatening affective states” (p. 32). These affective states include emotions like rage, fear, or helplessness, which traditionally accompany the period of adolescence.

I believe that both hypotheses play a role in predisposing youth towards criminal activity. I also believe that occupational therapy services are necessary to help these youth grow in these skills in order to become productive members of society. By contributing to the economy, becoming more independent, and hopefully being able to foster interpersonal
relationships these adolescents will be able to increase their health and well being as well as their overall quality of life. Occupational therapy is fundamental to this process.

**Investigating the Need for Programming**

Based upon the literature review, there is a great need for a life skills program targeting this population. As I have already described there have been programs developed and implemented in prison settings for adult inmates that have benefitted from this type of programming and they have shown to be successful in increasing their life roles and reducing their risk of recidivism. Likewise, juvenile offenders would benefit from similar programming.

Juvenile delinquents have many disadvantages that result from their environment. Their social influences, family and peers, may not be adequate role models for behavior and serve as poor influences. Typically, these individuals are from a low socioeconomic background and therefore lack a suitable environment and resources to pursue appropriate occupations. Many of these individuals also experience mental health problems that inhibit participation in daily occupations. Therefore, these individuals can be considered a social group that has their own health disparities as a result from their disadvantaged lifestyles. Occupational therapists need to intervene to help eliminate these disparities through our use of occupation and educate them on these daily living skills that will aid them in becoming pertinent community members. This proposed program uses independent living skills to accomplish just that and as an outcome will promote healthy lifestyles.

In order to investigate the need for the program a needs assessment that targets the opinions of the stakeholders as well as the service recipients was conducted. Various
methods of data collection were utilized: focus groups, semi-structured interviews, questionnaires, and observation. According to Vaughn, Shay Schumm, & Sinagub (1996), “The best procedure for obtaining people’s feelings and opinions is through a structured group conversation in which information is solicited by the moderator” (p. 7). The focus group method of data collection was chosen because it is a way to capitalize on communication between research participants in order to generate data about the needs for the program. And, “by tapping into such interpersonal communication this can highlight (sub) cultural values or group norms” (Kitzinger, 1995). It allows for ideas to emerge from a group and may uncover factors relating to complex behaviors (Krueger, 1994). At the SCJDC it is very difficult to interview every single resident housed at the facility as the population composition is in ongoing flux. By using this method I was able to get a representative sample of opinions about the program. This method is also easy to implement because all the residents are available for the same amount of scheduled time in the evenings per their daily schedules.

Focus groups have advantages for researchers because they do not discriminate against people who cannot read or write and they can encourage participation from those reluctant to be interviewed on their own or who feel they have nothing to say. Because focus groups are socially oriented research procedures it allows for participants to be influenced by other’s comments just as they would be in a natural, real life situation. This method also provides a format that allows the moderator to probe for more specific information. It has high face validity meaning that results look valid; it can be done with little cost, allows for speedy results, and provides an increased sample size (Krueger, 1994) (see Appendix B for focus group guideline for questioning).
Focus groups were conducted to elicit the youth’s perceptions, feelings, attitudes, and ideas about what kinds of life skills should be included in the Occupational Therapy program being designed for the SCJDC. Twenty-one young people, age 13-17, participated in 1 of 3 focus groups conducted during the week of January 28, 2013 at the SCJDC. The results of these focus groups include job skills, communication, respect, changing maladaptive behaviors, and parenting skills, as stated by male participants. Common skills stated by female participants include: healthy relationships, goal setting, and other mental health skills. The female participants voted overall that the topic of “ways to handle feelings” as the most beneficial topic to them. The male felony pod voted that the “future planning” topic as the most beneficial topic to them. The male misdemeanor pod voted equally for “intrinsic gratification through healthy occupations”, “future planning”, “R’s-roles, responsibility, respect, and relationships”, and “substance abuse/addiction” topics (see Appendix C for focus group results).

Semi structured interviews were conducted with administrative personnel. As Fazio (2008) states, this interview should be conversational in tone and organized around a set of questions. However, it is flexible enough so that the questions are open ended and can lead to new subject areas that may be of importance. This would be the best method for data collection with such informants because they have the ability to hold a conversation and they possess knowledge of the resident’s needs based on their work in the facility for an extended period of time (see Appendix D for interview questions for administrative personnel).

During a semi-structured interview with the Program and Operations Administrator of the Sandusky County Juvenile Detention Center, Mr. Dallas Leake, identified needs relevant to occupational therapy (see Appendix E for interview). These included
independent living types of skills. He suggested cooking, cleaning, financial management, and prevocational skills would be most beneficial. He also suggested some mental health types of skills, which include self-esteem, communication/socialization skills, emotional regulation, etc; because 90% of the detainees are on medication for a mental health diagnosis. Mr. Leake stated that him and the Director of Detention are both very excited to be able to offer this type of program to the residents and they feel as if the staff would fully support its implementation (D. Leake, personal communication, January 26, 2013).

An interview was also conducted with the Director of Detention, Mr. Tim Grabenstetter regarding the needs of the residents (see Appendix F for interview). Mr. Grabenstetter stated many of the same things as Mr. Leake in terms of topics to cover. He stated that vocational types of skills as well as mental health things would be very appropriate as well as substance abuse and addiction treatment options. Mr. Grabenstetter stated that, “I am very excited about this program and I think it will be very beneficial to our residents” (T. Grabenstetter, personal communication, February 14, 2013).

These potential program needs are clearly significant due to the aforementioned literature review. Based on demographic data many of the residents have some mental health disability. With such cognitive disabilities they do not have the basic skill set to participate in their Activities of Daily Living Skills (ADL’s) and Instrumental Activities of Daily Living Skills (IADL’s); which harvest quality of life and basic health. According to AOTA Practice Guidelines for Children with Behavioral and Psychosocial Needs, “interruption in a person’s ability to engage in and succeed at necessary and valued daily occupations elicits emotional and psychological responses that are central to how a person
responds and eventually adapts” (Jackson & Arbesman, 2005, p. 5). Therefore, occupational therapy services are essential to increasing the skill set of these youth.

Observation was another chosen method of data gathering for this needs assessment because “it provides the opportunity to document activities, behavior and physical aspects without having to depend upon peoples’ willingness and ability to respond to questions” (Taylor-Powell & Steele, 1996). This is beneficial because some adolescents may not want to share their actual thoughts or may not even be aware of how they feel about certain things. By observing the resident’s interactions with peers and authoritarian figures, their nonverbal behaviors, as well as listening to their statements may give a more accurate representation of how these adolescents are feeling. Based on observation, frequent behaviors observed at the facility include: physical aggression, manipulation, self-injurious, negative attitudes, and verbal abuse to other residents as well as guards.

Surveys were distributed to other key stakeholders including: juvenile detention officers (JDOs), Judges in both Ottawa and Sandusky counties, probation officers, and teachers employed by the SCJDC (see Appendices G, H, I, and J for respective surveys). This method of data collection was chosen due to the difficulty in contacting such a large number of individuals for interviews. These surveys were conducted via questionnaires that were distributed through inter-office mail. Distribution methods vary dependent upon the convenience for the sample as determined by the requester. The intent of distributing these questionnaires is to determine the needs of residents being served by the program (Fazio, 2008).

Juvenile Detention Officers were asked if they thought the residents would benefit from participating in this program. Forty-three percent of the guards said that the residents
would greatly benefit, 43% said that they would moderately benefit, and 13% stated that the residents would minimally benefit. None of the guards stated that the residents would not benefit from the implementation and participation of this program. The guards were also asked if they would be supportive of this program and the guards responded with a unanimous “yes”. The guards were finally asked if they thought the residents would be willing to participate in this program and 91% of the guards stated they thought the residents would participate.

Probation officers were each given a survey, as part of this needs assessment. They were asked if they thought the residents would benefit from this program and 50% responded that they thought the residents would greatly benefit and 50% stated they thought the residents would moderately benefit from the program. The probation officers were also asked if they thought this program would be helpful as part of the residents probation requirements in the future. Seventy-five percent of the respondents stated that they thought it would be helpful and would enforce this requirement as part of their probation. The Sandusky and Ottawa county Juvenile Court Judges were sent questionnaires. The judges were asked if they thought the residents would benefit from this program and the response was a unanimous greatly benefit. They also stated that they would consider making this program a part of their probation requirements in the future. Both teachers employed at the SCJDC were also given questionnaires to help determine the needs of the residents. The teachers were asked if they thought this type of program would be beneficial to the residents and they responded with 100% yes. They were also asked if they had suggestions from an academic perspective that might be helpful to
include in this program. Some of the things listed include: respect for themselves and others, communication skills, and self-worth.

**Models of Practice**

The model of practice used to guide this program is the Lifestyle Performance Model of Practice. This model was chosen due to Gail Fidler’s ideas about how the environment supports and helps facilitate the person’s participation in occupations. As reported in the prior sources, many of these adolescents lack an appropriate environment to develop and mature. This pervasive idea that is inhibiting these youth’s participation in occupations is a major why this model of practice was chosen.

Another reason this model was chosen is the idea of the four domains. These domains include: self-care and self-maintenance, interpersonal relatedness, social contribution, and intrinsic gratification. According to this model, once these domains are balanced the person is said to be living a healthy lifestyle. The self-care and self-maintenance domain encompasses daily living activities that will be targeted throughout the proposed program. For example, specific topic areas designed to highlight this domain include: roles and responsibility, balancing occupations, sex education/parenting, addiction/substance abuse counseling, ways to handle feelings, and self-esteem and body image. This domain will also be incorporated under the topic of future planning where in participants will learn financial management as well as independent living types of skills. Interpersonal relatedness is another domain that will be the source of improvement throughout this program. The idea of social skill building will be scattered and reinforced throughout the program. There will be a specific topic area that will discuss appropriate social interactions as well as reinforce the idea that it is imperative to have good social
skills in all relationships with family, peers, and vocational opportunities. The domain of social contribution will be targeted in the topic of future planning. This topic area will cover skills important for vocational activities as well as educational planning. Lastly, the intrinsic gratification domain will be incorporated into the program through the topic of intrinsic gratification through healthy occupations as well as the topic area of future planning. Because this topic of future planning stresses the importance of looking into the future, it will require students to set goals for themselves. Through the use of goal setting and attainment, participants will feel intrinsic gratification. This topic will also be age appropriate in that if participants are too young to obtain a paid employment position then other volunteer options will be explored to fulfill this domain. Intrinsic gratification through healthy occupations is a topic area to offer other appropriate solutions to fill participants time and deter participation in unhealthy occupations to receive gratification. All of these topics as well as the domains are interdependent and required to achieve a healthy lifestyle (Fidler, 1996, 1988; Velde & Fidler, 2002).

One of the major principles of programming emphasized in Fidler’s Lifestyle Performance Model of Practice is the idea of doing. Doing, as defined by this model, is the engagement in purposeful activity. This in itself is the essence of learning. Fidler would emphasize the need for hands on occupation as a superior learning technique instead of demonstration or lecture. This will be the main learning style of this program based on this model of practice. Participants will have ample opportunity to practice skills learned throughout the program.

Another principle of programming used in the Lifestyle Performance Model is the idea that occupational therapy is used to elicit adaptive responses that enable the person to
learn performance skills. The external environment as well as internal neuropsychological processes can also influence these performance skills. Participants will be taught to use their environmental resources in a way to help them be productive in school and work opportunities throughout this program. Also, the neuropsychological processes will be targeted during sessions to help each individual be more successful in their occupational performance as illustrated by the treatment approach of the Sensory Integration model of practice.

The Lifestyle Performance Model is the guiding conceptual model of practice for all programmatic decisions. However, the Sensory Integration model and the Cognitive-Behavioral (CBT) models will be used as treatment approaches in support of the Lifestyle Performance conceptual model of practice.

Sensory integration can be defined as, “the neurological process that organizes sensations from one’s body and from the environment and makes it possible to use the body effectively in the environment” (Ayres, 2004, p. 9). Dr. A. Jean Ayres developed this theory to explain the link between the nervous system and behavior. Five basic assumptions formed the theoretical basis for Dr. Ayres’ thinking: neuroplasticity, organization of the brain, developmental progression, adaptive response, and inner drive. Neuroplasticity can be defined as change in the developing brain. It has been recently shown that based on experiences, the adult brain has the ability to change and thus learn new behaviors. The assumption known as organization of the brain involves the idea that in order for adequate sensory integration the cortical areas of the brain or “higher-order” must interact correctly with the lower areas “subcortical”. The brain undergoes a developmental progression that results in the capacity for learning. Dr. Ayres states,
“Given a rich, supportive environment, children will grow and develop sensory and motor memories that help the children adapt to their own growth and interests in the context of an ever-changing environment (Smith Roley & Jacobs, 2009, p. 795). Based on this assumption, children must be presented with an appropriate environment for this process to occur. However, in the literature review it was stated that these individuals do not have an adequate environment to explore and develop their sensory memories, thus lacking in their ability to learn. This is problematic for the next assumption, adaptive response. Adaptive responses are our abilities to adjust to ever-changing environments and continue to learn new things. Without the organization of the child’s nervous system the child will not be able to function appropriately in typical environments. In order for the child to generate adaptive responses they must be presented with a just right challenge. This is a concept, “whereby the task is beyond what the child is already capable of achieving yet is maximally demanding to promote central nervous system integration” (Smith Roley & Jacobs, 2009, p. 796). And it is the child’s drive for mastery, or inner drive, of this just right challenge that makes them willing to participate. Interventions associated with this model of practice are used to elicit the child’s inner drive to learn and develop. By doing this, enhanced neuronal growth and development is facilitated that leads to increased skill and independence in daily life activities (Smith Roley & Jacobs, 2009).

Some secondary problems related to sensory integrative difficulties include unpredictability of behavior, lack of development of communication and social skills, and lack of self-esteem and self-confidence. This is due to the fact that children with sensory integrative difficulties are unable to “participate in occupations in which sensory, motor, cognitive, and social skills emerge and develop” (Parham & Mailloux, 2010, p. 350).
Parham & Mailloux (2005), have identified certain, expected goals as a result of SI intervention: increase in frequency of duration of adaptive responses, cognitive, language, and academic skills, gross and fine motor skills, self confidence and self-esteem, enhanced occupational performance and social participation, and enhanced family life (p. 393). Robertson has identified the sensory integration model of practice as one of the frames of reference used with the mental health population. This is because this model sees the person as an open, self-maintaining, self-regulating system whose behavior is dependent on integrated input from perceptual systems. Unfortunately, this population has a disruption of information gathering and processing functions that leads to symptoms like abnormal learning and behavioral patterns and depression (Robertson, 1986).

Sensory integration methods are often used in conjunction with complementary methods including developmental and behavioral approaches as well as cognitive approaches (Smith Roley & Jacobs, 2009). The other treatment approach that will be utilized throughout this Capstone project is the cognitive-behavioral (CBT) approach. This approach involves integrating the cognitive strategy training with behavioral modification techniques. It involves the idea that maladaptive thinking causes maladaptive behaviors (Lin, 2009). In this model, the patient in conjunction with a therapist will identify problematic thought patterns and then use this information to identify connections between said thoughts and behaviors. Interventions are used to reinforce adaptive behaviors and elicit change. Techniques that will be utilized include: extinction, satiation, flooding, desensitization, shaping, chaining, modeling, role-playing, behavioral rehearsal, and teaching certain skills for example, coping and relaxation (Robertson, 1986). Other methods can include goal setting and activity scheduling to balance occupations. A system
of reinforcements including rewards and punishments will also be utilized (Enright, 1997). Common goals in this model of practice include increasing self-control and problem-solving abilities (Lin, 2009).

Lipsey, Chapman, and Landenberger (2001) conducted a meta-analysis and found 14 studies that utilized CBT to decrease recidivism rates of offenders. These cognitive-behavioral programs teach offenders to: take personal responsibility for their behavior, take a moral and empathetic perspective to interpersonal behavior, employ problem solving skills, develop life skills, and set goals. They found that, overall this type of program has shown to be effective in reducing subsequent re-offense rates in both juvenile and adult populations. Additionally, researchers looked at a CBT program designed for juvenile offenders. They found that those that participated in the program had high scores in situations involving avoidance of drug use, self-control, and social interaction and interpersonal problem solving (Hawkins, Jenson, Catalano, & Wells, 1991). These outcome measures are things that are being targeted with treatment interventions in this developing program while using the CBT model of practice so this evidence further supports its utilization into this program.

**Program Objectives**

The goal of the Skills for Living Independently program at the Sandusky County Juvenile Detention Center is to promote healthy lifestyles in juvenile offenders. The stated objectives, once met by the participants, will help them achieve this goal.

1. At the conclusion of the program, 80% of the participants will have a statistically significant increase from baseline in terms of intrinsic gratification as measured by the Intrinsic Gratification Scale (see Appendix K for scale; DeVore, 2012).
2. At the conclusion of the program, 80% of the participants will show improvement in two out of three factors in part one of the Adaptive Behavior Scales-School: 2 illustrating increased self-maintenance skills (Lambert, Nihira, & Leland, 1993).

3. At the conclusion of the program, 80% of the participants will show improvement on one out of two factors in part two of the Adaptive Behavior Scales-School: 2 (Lambert et al., 1993).

4. At the conclusion of the program, 80% of the participants will show improvement by 2 points on a 4 point scale as measured by the interpersonal skills sub-section on the Life Skills Inventory (“Washington State Department of Social & Health Services”, 2000).

5. At the conclusion of the program, 80% of the participants will show improvement by 1 point on a 4 point scale as measured by the pregnancy prevention/parenting and child care sub-section on the Life Skills Inventory (“Washington State Department of Social & Health Services”, 2000).

6. At the conclusion of the program, 80% of the participants will show improvement on two out of the four sub-sections for social contribution skills as measured by the Life Skills Inventory (“Washington State Department of Social & Health Services,” 2000).

7. By the conclusion of the program, participants will decrease amount of inappropriate behaviors as measured by decreased administrative interventions and timeouts observed in Juvenile Detention Officers’ notes when compared to baseline.

8. For the first 12 months following initial release from the SCJDC, 80% of program graduates for whom data is available will avoid future juvenile incarceration as evidenced by the SCJDC intake data forms.
Marketing and Recruitment of Participants

Appropriate stakeholders will be targeted throughout the marketing campaign. These specific contacts include: Juvenile Judges in both Sandusky and Ottawa counties as well as probation officers. Susan Meyers (2010) states that one should market to those that make the purchasing decisions. Using this suggestion, Judges make the decisions regarding who will be participating in this program and therefore, are the gatekeepers to participation. As such, Judges in both counties will be targeted in the marketing campaign. The Judges will be approached via face-to-face contact for recruitment because they will be the ones stating that the Skills for Living Independently program must be attended as part of the offender’s sentence. During this meeting the Judges will be informed of the skills targeted throughout this program as well as the overall program goal. Also, probation officers will be contacted via phone calls and given the same information as the Judges. This is so the officers know the program exists and therefore can advocate for their client’s participation to the Judges so they may be more inclined to include this program as a part of the offender’s probationary terms.

Susan Meyers (2010) also states that a marketing plan should contain “branding statements describing how your practice offers unique services that illustrate how much you care about your clients and your work” (p. 187). Therefore, a flyer will be sent to each stakeholder to serve as a reminder of the implementation of this program (see Appendix L for flyer). This is an advertising technique known as print media, which will be sent to the stakeholders through direct mail. This method is both affordable and efficient. Another promotional element that was stated in the above paragraph is that of personal networking.
This involves the face-to-face meetings and the phone calls to the Judges and probation officers. This method is personal and effective, however, time consuming (Fazio, 2008).

This program will target juvenile offenders as potential participants. The participants include both genders between the ages from 11 to 21. These participants must be residents of either Ottawa or Sandusky Counties and have been housed at the Sandusky County Juvenile Detention Center. The abovementioned conditions are also the inclusion criteria for group participation. Other inclusion criteria include: a sentence where participation is court mandated by a Judge as part of their probationary terms, a sentence consisting of at least 60 days, any psychiatric diagnosis, and having multiple offenses. The expected sample size for this program would be a maximum of 25 per program cycle.

If participation has been court mandated, then an occupational therapy assessment can be conducted on an individual basis. During this process the resident will fill out a demographics form, complete the program evaluation tools (Intrinsic Gratification Scale, Adaptive Behavior Scales-School: 2, and sections A, H, I, J, M, and O of the Life Skills Inventory) and complete the screening tools (Adolescent/Adult Sensory Profile and Maladaptive Behavior portion of the Vineland Adaptive Behavior Scale) with assistance from the Occupational Therapist (see Appendix M for demographics form).

After a crime is committed an offender is incarcerated and sentenced to a certain length of time staying in the SCJDC as punishment. At the time of sentencing the Judge will state whether or not the offender must participate in the program as well as the number of days (30, 60, 90, up to 180) that the resident must serve. The probation officers, however, determine if the resident’s length of stay needs to be increased or decreased based on their behavior while incarcerated. Because the probation officers coordinate the
participant’s probationary terms they also need information about the program. This is a 4-week program and it is started the week the participant is admitted. The participant will remain at the detention center for the entire 4 weeks of the program. The probation officers can also suggest to the Judge that their client attend this program if they think it will be beneficial for their client, however, the Judge must state its completion as part of the terms during sentencing. If the resident is sentenced to participate in the program and they complete the program in the allotted 30 days and the resident remains at the facility they can continue to attend the program sessions at the designated time for their pod voluntarily. Additionally, if the resident is initially sentenced to 30 days and thus is unable to participate in the program based on inclusion requirements, and the resident violates probationary terms by receiving administrative intervention (AI) and the residents length of stay increases to the required 60 days, then the Judge can add the program as part of probation terms at a subsequent court sentencing even though it was not initially required.

**Programming**

One principle of intervention includes the idea of “doing” or hands-on participation. The idea of “doing” will be utilized throughout the program in regards to specific interventions. Residents will have the opportunity to practice the skills taught throughout the program by actually doing them. Synder, Clark, Masunaka-Noriega, and Young (1998), state that occupational therapy is important to educational and community programming because it emphasizes motivation and doing. These authors continue by stating that this population, at-risk youth, appears to better embrace information through “learning by doing” (p. 135).
Another principle of intervention would be to help the residents achieve competency in all domains. This is necessary to live a healthy lifestyle. Therefore, all interventions will target one or more domains stated within Fidler’s Lifestyle Performance conceptual model of practice. According to Fidler, it is necessary to be competent in each of these domains in order to have a healthy lifestyle. The program goal is to promote healthy lifestyles in juvenile offenders and to achieve this goal the residents must be proficient in each of the four domains (Fidler, 1988).

Assessments utilized during the program include: the Adaptive Behavior Scales-School: 2, Life Skills Inventory: Independent Living Skills Assessment, and the Intrinsic Gratification Scale. The Adaptive Behavior Scales-School: 2 and the aforementioned subsections of The Life Skills Inventory will be given during the initial evaluation, as well as at the conclusion of the program as program evaluation tools. These will be used to measure effectiveness. The Intrinsic Gratification Scale was created to measure progress in the domain of intrinsic gratification because no standardized measure exists that adequately measures this. This measure will be used at program initiation and at the conclusion of the program as well. These assessments will always be administered on an individual basis.

**Documentation System**

The documentation system for this program includes: evaluation summaries, individualized goal setting, weekly progress notes, notes after each session, and discharge summaries. These documents will be in narrative format on paper with the headings “Occupational Therapy Evaluation, Occupational Therapy Progress Note, Occupational Therapy Daily Note, or Occupational Therapy Discharge Summary”. An occupational
therapy evaluation will occur on the day following the initial court date. A referral will then be completed by the JDO who witnessed the hearing to confirm sentencing inclusion criteria (see Appendix N for referral form). During the evaluation, the resident will fill out the demographics form. The Intrinsic Gratification Scale, the Adaptive Behavior Scale-School: 2, as well as the Life Skills Inventory will be administered and completed by the resident. The resident will also fill out the maladaptive behavior index of the Vineland Adaptive Behavior Scale, and the Adolescent/Adult Sensory Profile. These two assessments will be used as screening tools only and will not be used as program evaluation measures. The results from the standardized assessments and screening tools will be included in the evaluation and discharge narratives. During the evaluation meeting, each participant will receive a two-pocket folder. This folder will contain information regarding the program. It will also be the participant’s to keep during the duration of the program participation. This folder was designed to help the resident with organization in that they will be able to keep all handouts, notes, or other resources from the program in one place to refer to once the residents are released from the facility.

Once this has been completed the occupational therapist will review the documents and complete an evaluation summary, which outlines areas for improvement. This summary will also contain three short-term goals that will need to be achieved by the end of the program. The occupational therapist will identify and create these short-term goals with the resident’s input. A copy of the evaluation summary will then be placed in the resident’s chart in a locked filing cabinet at the Sandusky County Juvenile Detention Center (SCJDC) to ensure confidentiality. A copy will also be given to the participant’s respective probation officer. Notes will be written following each intervention session to
remind the therapist of what the resident did during group. These notes will help guide the
progress note. A progress note will be written at midterm for every participant in the
program in regards to their improvement and their progress in attaining their goals. A copy
of the progress note will be placed in the resident’s chart at the SCJDC and given to their
probation officer. During the final week of the program the occupational therapist will
meet with the residents individually and review their progress and provide feedback. At
week four a discharge summary will be written stating the participant’s progress and
include any recommendations and/or referrals that would be helpful to the participant.
The assessments will be administered once again to measure improvement and the
discharge summary will be placed in the participant’s file at the juvenile detention center
and a copy will be given to their probation officer. The completion of documentation
would fall under the indirect service category of responsibilities because there is no contact
with the service recipients. However, these narrative forms still need to be completed.

Program Overview

This program has been designed to be an open program with new members joining
and leaving at any given time. Therefore, the information is not cumulative and all
participants will still complete the program with the same information as any other
participant it just may be in a different order. The program has been designed to last 4
weeks or 30 days. Empirical evidence has shown that it takes approximately 3 weeks, or
21 days, to change a behavior (Layton, 2009). Therefore, 30 days has been chosen as the
time period to elicit adaptive behavioral changes. Treatment sessions will be conducted on
an individual as well as a group basis. Each group session will last 1 hour and there will
be two group sessions per week that the participants will attend. There will also be one
session per week that will be on an individual basis and this will last 1 hour. The individual meetings every week will be used to target underlying performance skill deficits unique to the participant. Therefore, the participant will be seen by the occupational therapist three times per week. Additionally, there will be carryover into other aspects of programming, like RBT, to enhance understanding and information learned in the life skills program. The participants will attend an individual evaluation and discharge meeting during the first and last weeks of the program. Additionally, every resident has a different length of stay at the SCJDC as deemed by the Judge. So this program has been designed for those participants have been sentenced to at least 60 days of incarceration. Programming will be continuous throughout the year.

There will be three different groups that will attend this program. This is due to the fact that the SCJDC has three pods that are segregated during their stay and they will remain as such during the program. Each group will consist of 8 participants maximum. Each pod can house up to 12 residents at a time, however, not all of these residents will meet the inclusion criteria to participate in the program.

As stated above, the treatment sessions will be conducted in groups as well as individually. The leadership styles for the treatment sessions for each pod differ due to their specific needs. For example, these group leadership styles will range from directive for 500 pod to facilitative for 300 and 400 pod. Directive leadership style is most appropriate for the 500 pod because many of these individuals exhibit inappropriate behaviors, interpersonal skills that limit social participation, and a lack of motivation to engage in occupation. Interventions for this group will provide structure, instruction through demonstration, maintain engagement in occupation, and provide immediate and
constructive feedback. Facilitative leadership involves, interpersonal skills allow for social interaction; participants are involved in the selection of occupation, goal is to learn new skills/bx’s from participation, participants are included in the teaching/learning process, participants help to maintain the functioning of the group by sharing the leadership role, share insights about themselves with each other. Both 400 and 300 pod are capable of these abilities (Cole, 2012).

A typical week for the occupational therapist would include:

<table>
<thead>
<tr>
<th>Day</th>
<th>Activities</th>
</tr>
</thead>
</table>
| Monday    | • Evaluation/Individual Sessions/Office Hours/Documentation/Discharge=5 hours  
            • Treatment Session Planning=2 hours  
            • Pod 400= 1 hour (3:00pm-4:00pm) |
| Tuesday   | • Evaluation/Individual Sessions/Documentation/Office Hours/Discharge=5 hours  
            • Treatment Session Planning=2 hours  
            • Pod 300=1 hour (3:00pm-4:00pm) |
| Wednesday | • Evaluation/Individual Sessions/Documentation/Office Hours/Discharge=5 hours  
            • Treatment Session Planning=2 hours  
            • 500 pod=1 hour (2:00pm-3:00pm) |
| Thursday  | • Evaluation/Individual Sessions/Documentation/Office Hours/Discharge=6 hours  
            • 400 pod=1 hour (12:00pm-1:00pm)  
            • 500 pod=1 hour (3:00pm-4:00pm) |
The evaluation process is where the occupational therapist will interview the resident and administer the assessments. After the resident leaves the therapist will score the assessments, write goals, and write the evaluation summary. Individual sessions will target any underlying deficits that need to be targeted in order to be successful during group. These deficits can include: psychiatric disorders, behavior disorders, social skills, emotional regulation, executive functioning difficulties, etc. Office hours are open door hours where JDO’s can stop in and meet with the therapist for questions they may have or discuss problem behaviors specific to one resident. These hours are for any questions or concerns JDO’s have in regard to occupational therapy programming or any other behavioral concerns for their residents. Documentation responsibilities include: writing the discharge summary, writing progress notes, any recommendations or referrals that are needed and ongoing communication with probation officers, detention officers, and/or parents.

**Program Interventions**

The table outlines programming interventions:

<table>
<thead>
<tr>
<th>Week</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Groups (Monday through Wednesday)</td>
</tr>
<tr>
<td></td>
<td>Intrinsic Gratification Through Healthy Occupations</td>
</tr>
</tbody>
</table>
These interventions would target specific things in the community that individuals could get involved in or participate in activities that are healthy and would be appropriate leisure occupations.

Groups (Thursday and Friday)

Ways to Handle Feelings

- Discuss anger management strategies, make SI kit to relieve stress, discuss coping mechanisms, and identify maladaptive behaviors.

Week 2

Groups (Monday through Wednesday)

Roles, Responsibilities, and Respect (Interpersonal Skills)

- Discuss balancing occupations, priorities, what might be going on in their home life situation, ways to problem solve and work through those barriers, also appropriate ways to communicate with peers versus authority figures.

Groups (Thursday and Friday)

Self-Maintenance

- Body-image, self-esteem, etc will be discussed for both men and women pods
- Bullying will also be discussed.

Week 3

Groups (Monday through Wednesday)

Addiction/Substance Abuse Counseling

- Discuss meaning of addiction, risks of associated use, role models, and realistic steps to quitting/expectations.

Groups (Thursday and Friday)

Sex Ed/Parenting

- Topics include: STD’s, basic infant care, and birth control methods.

Week 4

Groups (Monday through Wednesday)
Educational Planning

- Setting goals
- College education
- High school coursework

Groups (Thursday and Friday)

Vocational Skills

- Job application, interviewing, resume
- Military options
- Financial management-budgeting

These interventions would fall under the direct service category of responsibilities performed by the therapist. This is because the therapist is actually spending time with the service recipients providing therapeutic occupations.

Each week of the program is developed to target a specific domain. These domains include: self-care and self-maintenance, interpersonal skills, social contribution, and intrinsic gratification. These domains have been divided into different topic areas to further meet the needs of the residents as well as ensure each domain is addressed throughout the program. Topics include: intrinsic gratification through healthy occupations, ways to handle feelings, interpersonal skills, self-maintenance, addiction/substance abuse counseling, sex education/parenting skills, educational planning, and vocational skills.

The topic of intrinsic gratification through healthy occupations targets the domain of intrinsic gratification. Ways to handle feelings, addiction/substance abuse counseling, sex education/parenting skills all target the domain of self-maintenance. The interpersonal skills topic focuses on interactions with different populations as well as communication
skills targets the domain of interpersonal skills. And educational planning and vocational skills target the domain of social contribution. Each topic is explained through possible interventions that may be appropriate. However, the interventions are left vague due to the different needs that may be important and specific to each pod, making this program client-centered. For example, 500 pod is much younger and more immature than the 300 pod. And 400 pod houses only women, which have their own needs that are differentiated from those of men. Therefore, this program is malleable enough to accommodate a client-centered perspective by using interventions specific to the needs of the certain pods as well as individuals within those pods.

In order for each pod to reap optimum benefit, the interventions must be client-centered, or meaningful and purposeful to them. Therefore, the interventions will focus on the same topic, however, the activities or occupations designed for each pod may differ. Meaning is defined as, “the entire interpretive experience engaged in by an individual encountering an occupational form” (Nelson & Jepsen-Thomas, 2003, p. 101). Once a meaning has been attributed then a sense of purposefulness is possible. Purpose is defined as, “the felt experience of desiring an outcome” (Nelson & Jepsen-Thomas, 2003, p. 101). Both of these requirements enhance the individuals want to participate and benefit from programming interventions. A study by Bazyk and Bazyk (2009), looked at meaning and purpose in interventions for low-income urban youths. The results show that the groups were more fun because they engaged youth in novel and challenging leisure occupations and the youth valued being able to talk about feelings and learning strategies for dealing with anger. This study further supports using meaning and purpose as a principle of intervention for this population to facilitate benefits and participation in treatment sessions.
Another principle of intervention is that of doing. Therefore, opportunities for hands-on practice will always be available and encouraged. In a study conducted Klyzek and Mann (1986), researchers looked at the benefits of activity therapy over verbal therapy. Activity therapy, which involves the idea of doing or being physically engaged in an occupation, resulted in four times more symptom reduction. This means that they may exhibit: “increased self-esteem, better decision-making skills, clearer cognitive processing, improved use of leisure time, greater awareness of feeling states and their impact on functioning, and decreased potential for self-injurious behaviors and/or harm to others” (p. 609). Therefore, this study supports doing, which will be a major principle of intervention in this project.

Another principle of programming is using a strengths based approach to treatment. Others reminding them of their faults and poor decisions surround these youth. Therefore, it is important to this program to aid the youth in identifying their strengths and utilize them to help remediate their deficits. This type of approach was first implemented in the community mental health setting. As such, it is appropriate for this program. Bazemore and Clinton Terry (1997) have used a strengths based approach in a juvenile justice system program for rehabilitation and found that it was more effective in supporting the positive development of youth. Additionally, this approach also has a strong component of doing, which is a major treatment methodology in this program and the profession of occupational therapy.

Week one’s first topic is intrinsic gratification through healthy occupations. Interventions included in this topic would be looking at alternative, appropriate occupations to take the place of negative, illegal occupations the residents are currently
participating in to fulfill their leisure time. According to Goertz (2008), “positive change can occur by providing youth with opportunities to replace poor occupational choices with healthy, safe, productive, and socially acceptable activities” (p. 471). That is exactly what this topic seeks to do. Additionally, the Los Angeles Street Kids Program looked at how daily occupations of at-risk youth may act as potential deterrents to street gang activity. They offered socially acceptable occupations that were healthier, safe, productive, and socially acceptable. These included: social communication, prevocational training and employment readiness, resource awareness, community building, self-management, and enhancement of self-esteem to deter youth from gang related activities (Snyder et al., 1998). And this program was shown to be effective. As such, the goal of this topic is to utilize socially appropriate occupations to be deterrents of youth to engage in substance abuse, violence, and other illegal activities.

The second half of week one discusses the topic of ways to handle feelings. Evidence discussed in the literature review emphasizes the stressful period of adolescence. They state that many teenagers feel overwhelmed with life and the stresses that accompany this transition period from childhood to adulthood. This may lead to depression and possibly suicidal ideation. The Center for Disease Control and Prevention found that according to their survey in 2011, 7.8% of high schoolers had attempted suicide (Eaton, Kinchen, Shanklin, Flint, Hawkins, & Harris, Lowry, McManus, Chyen, Whittle, Lim, & Wechsler, 2011). According to Rogers (2010), this feeling of being overwhelmed, which may lead to depression, is caused by underdeveloped coping skills. Therefore, different coping strategies and techniques will be taught to aid in the managing of their life stressors and decrease risk of developing depression. Some of the strategies for coping will be
anger management through sensory integration and identification and remediation of maladaptive coping behaviors. As stated above, one outcome of the sensory integration model of practice is to increase the frequency and duration of adaptive responses thus helping them handle life’s stresses through appropriate coping mechanisms.

The first topic of week two is roles, responsibility, and respect in terms of interpersonal skills. This topic will focus on balancing occupations, identifying priorities, identifying and problem solving barriers to attain goals, and appropriate ways to socialize and communicate with a variety of people. According to Payne, DeVol, and Smith (2001), many adolescents in this system are from low socioeconomic status or poverty. Due to the poverty culture these individuals lack the appropriate supports to leave this culture. One support is language. These authors state that these individuals lack a formal register that is required for interviews and standardized testing. They go on to state that there is a direct link between achievement and language. Jackson and Arbesman (2005), states that, “the quality of a child’s social skills is an indicator of their success in school and future adult roles” (p. 6). The impacts of lacking formal register on treatment include: needing to be directly taught, informing participants on how this issue impacts their ability to receive a wellpaying job, and deterring the use of fists because they lack words to solve conflicts (Payne et al., 2001). One option for intervention that will be utilized is role-playing through different situations to learn appropriate socialization skills and behaviors. Role-playing will be based on real-life scenarios. Gutman, Raphael-Greenfield, and Rao (2012) state that, “role-playing can provide an opportunity to synthesize motor, cognitive, and emotional information through repeated practice and feedback” (p. 530). Evidence has supported opportunities for active role-playing because they have shown great
effectiveness in the past for this population, thus further support to utilize this method as part of programming interventions. After role-playing, participants will practice evaluating themselves and state what they feel their strengths and weaknesses are based on their performance on learning formal register. According to Susan H. Spence (2003), “deficits in social skills and social competence play a significant role in the development and maintenance of many emotional and behavioural disorders of childhood and adolescence” (p. 84). Therefore, it is important to teach adolescents social skills to help them be more successful in social situations by appealing to their target audience. By helping them be more comfortable in social situations they will be able to interact appropriately in a school or employment setting. Other interventions used to target interpersonal skills include: discussing possible ways to resolve conflict, practicing saying “no” to peers, learning about the consequences of their actions as well as how to anticipate these, and developing an action plan to achieve some of their goals. This will be practiced through behavior rehearsal and modeling as these are principles of intervention for the cognitive behavioral model of practice.

The second topic of week two is self-maintenance. This topic will use interventions that target self-esteem. During the period of adolescence many individuals go through changes that make them self-conscious and these changes may lead to issues with self-esteem and body image. Vroman (2010), states that, “negative body image is associated with both low self-esteem and mental health problems, including anxiety, depression, and eating disorders” (p. 88). Self-esteem tends to decline in early adolescence due to the tendency to compare one’s self with the ideal. Vroman (2010) argues that participation in instrumental activities of daily living (IADL’s), education, work, leisure,
and social participation aids in the development of self-efficacy, peer acceptance, and promotion of social status and self-esteem. It is the goal of many adolescents to “fit in” with their peer group. In order to do this many times adolescents experience identity diffusion. Because youth have no interest in finding out who they are they may experience an “I don’t care” attitude of impulsivity, disorganized reasoning, and immature moral reasoning. Identity diffusion is also associated with a lower self-esteem, a negative attitude, and dissatisfaction with their life. They also tend to have difficulties thinking about future goals as well as meeting daily demands of life such as completing schoolwork (Vroman, 2010). The sensory integration model of practice will also be used this week since other outcomes of this model of practice is enhanced social participation as well as increased self-esteem, as both are topics of concern this week.

Week three targets the topic of substance abuse and addiction. According to Vroman (2010), alcohol is the most widely used substance by adolescents. “Twenty-two percent of 8th graders and 41% of 10th to 12th graders drank alcohol in the previous month” (Vroman, 2010, p. 94). Additionally, the Center for Disease Control and Prevention has identified that in 2011 23.1% of high schoolers had used marijuana (Eaton et al., 2011). During focus group discussions, a majority of the youth at the SCJDC has openly admitted to using substances as coping mechanisms. And many of these youth have admitted to having an addiction. Therefore, substance abuse treatment options must be explored during programming sessions.

Moyers (1992) suggests interventions used to decrease substance use. These interventions include: delineating expected behavior, decreasing conflict, refocusing obsessional thinking, channeling excess energy, and capturing attention. Moyers also cites
the CBT model of practice by including concepts such as challenging faulty thinking, problem solving, stress inoculation, assertiveness and communications, and relapse prevention as additional intervention options to treat substance abuse.

Another topic during week three is sexual education and/or parenting skills. Interventions that may be targeted during treatment include discussion and identification of sexually transmitted diseases (STD’s), birth control methods, healthy relationships, sexuality, and basic infant care. These are all appropriate concepts to discuss with adolescents age 12-18, which is the majority of youth in the SCJDC according to Shepherd (2010). Vroman (2010), states that “approximately 50% of high school students are sexually active; by graduation 2/3 will have had sexual intercourse” (p. 94). Additionally, “approximately half of the 19 million new STD infections in the United States are among adolescents aged 15 to 24” (Vroman, 2010, p. 94).

During week four, the program will target educational planning and vocational skills. Subjects included in this week’s topic include college preparation, setting realistic goals and action plans, completing high school coursework on time and identifying barriers to its completion. One intervention that may be utilized to aid in the completion of schoolwork and also allow them to practice goal setting might be setting work related goals. This idea by Yeager and Bundick (2009) found that by setting work goals, adolescents found more meaning in their schoolwork and in their life in general. By attributing meaning to their schoolwork they will be more willing to complete their work and be more successful in school occupations. This refers back to the entire programming principle of ascribing meaning and purpose to all treatment interventions. Discussion of a realistic concept of their educational future may take place. Many of the residents have
committed truancy or have dropped out of school completely. By discussing their realistic options in terms of a high school diploma or GED it makes the consequences of their actions more real. Other interventions may include discussion of the resident’s dream job and the education necessary for achieving this job. A discussion of financial aid and other forms of assistance for college will be provided during this program as well. This is due to the fact that many of these adolescents believe that it is impossible for them to go to college after having problems in high school or being from a low socioeconomic status that they cannot afford it and they do not realize the amount of assistance that is available to help them throughout this process.

Week four also focuses on the topic of vocational skills. Interventions may include: basic job skills, job search strategies, creating a resume, filling out job applications, and interview preparation through mock interviews. A study conducted by Bullis and Yovanoff (2006) looked at incarcerated youth that have had training in job skills were more likely to have gainful employment 6 months after their release. Therefore, it is essential to teach adolescents job skills in order to help them become productive members of society in the future. According to Waite (2013), “employment for this population is often about matching, and occupational therapists have the unique ability to pair someone’s skills to the environment and demands of the job” (p. 10). Also included in this topic is the subject of money management. Payne and colleagues bring up a good point that managing money is one of the biggest challenges because many of these youth are living in poverty, they do not know how to manage money because they have never had any monies to manage (1996). Loukas and Dunn (2010), state that youth age 12-15 should be able to use a bankcard to deposit or with draw money, earn money from part-time work,
and purchase items at a store with a bankcard or money. Youth age 16-21 should be able to practice budget and banking skills (p. 520-521). “The instrumental activity of daily living of financial management is highly associated with components of executive function such as working memory, attention to detail, sustained attention, novel problem solving, structuring ideas, developing action plans, mental flexibility, and inhibition” (Cardell, Gneiting, Christensen, 2012, p. 6). These authors have created an intervention that allows youth to practice an online bill-paying task. This may be an intervention used during this topic of programming.

Until now, all of these topics that have been discussed are for group interventions for each pod. There will also be individual sessions held each week for each individual participant. These individual sessions will be held to examine and monitor the youth’s executive functioning abilities and to identify any skills that may be lacking. Research has shown that it takes approximately two decades for the full development of executive functioning skills. As children age and transition to the period of adolescence task demands increase and supports decrease in terms of school, social environment, and responsibilities in the home. The youth’s weaknesses in executive functioning then become more pronounced. Unfortunately, because of this, many adolescents are viewed as lacking motivation, being lazy, or lacking responsibility, as opposed to having a skill deficit. Once they have been labeled as such it becomes a self-fulfilling prophecy. Many youth believe it is better to appear defiant than stupid. This image gains peer support and provides the attention the youth seek (Dawson & Guare, 2010). Therefore, these sessions will be used to identify skills that are lacking and attempt to identify and provide supports to aid in the development of these skills.
The final week of the program is week four. The discharge meeting will occur during this week. During this session the occupational therapist and the participant will meet to discuss their progress throughout the program and what he/she needs to continue to work on. During this time the participant will also complete the assessments again to measure progress and serve as a program evaluation tool. Also during this session, the therapist will give recommendations and referrals to other after school programs or any mental health services that would be appropriate and beneficial to the participant.

**Current Programming**

Current programming in place at the SCJDC is RBT or Rational Behavior Training. This program is run by the Juvenile Detention Officers (JDO’s) in a group format, two times per day. Program characteristics include: pod based, behavior modification, cognitive behavioral focus, skills teaching model, and groups. These groups are organized to include RBT topics, social skill topics, anger management, addiction, girls growth group, relationships, restorative justice, moral decision making, teen issues, forgiveness and healing, and risk management. DuPage County JDC as well as the SCJDC include RBT programming into their daily schedules. According to the DuPage County website, within the first year of implementing RBT, research indicates that the one year re-offending rate was reduced by 28% (“Juvenile Detention Center”, 2013). However, there was no such research supporting the use of RBT programming in the SCJDC.

The occupational therapy program will be complementary to the RBT programming currently being implemented at the SCJDC. As such, many of the topics included in RBT will be addressed in the Life Skills Occupational Therapy Program being designed for this facility. Therefore, there will be carryover in the learned topics outside of
occupational therapy programming. The CBT model of practice is one of the program characteristics of RBT and will be used as one of the models of practice guiding treatment interventions in the occupational therapy program. All of the treatment interventions implemented in the RBT program are pencil and paper tasks. Additionally, the JDO’s are not trained to facilitate RBT groups and typically, they go over a worksheet and there is little open discussion between the youth about the topics. Therefore, the occupational therapy program will target similar topics as the RBT program, as stated above; however, the treatment sessions will be more focused on active doing or participation on the part of the youth. And discussion will be encouraged during group to increase knowledge and understanding as well as provide a way to link their own experiences to the topics in the group.

**Care Coordination**

Evidence of care coordination can be seen during the discharge process in reference to the referrals and recommendations to other medical and/or community services. Detention officers will sit in during group sessions with their respective pods and aid in the facilitation of the occupation. They will be aware of the goals the residents are working towards by reviewing documentation and help with encouragement of achieving these goals both during the program sessions and throughout the participant’s day including during other programming sessions like Rational Behavior Training (RBT). Additionally, there will be office hours held by the therapist each day that allow for JDO’s to seek information regarding occupational therapy programming or report concerns regarding the behaviors of certain residents. Second or third shift officers are welcome to write request forms to the therapist regarding specific issues or behaviors for information or potential
solutions to a problem (see Appendix O for request form). Interdisciplinary meetings will be held once per month to facilitate occupational therapy practice into the classrooms to assist in decreasing problem behaviors experienced by the teachers. Probation officers will receive a copy of the evaluation, midterm progress note, and discharge summary for their client. They will also be involved with the coordination of their probationary terms and will be responsible for including the program within these terms. The SCJDC will also receive a copy of these forms that will be placed in the participant’s file for detention officers and administrative personnel to review.

**Budgeting and Staffing**

**Funding Source**

The potential funding source identified that could fund this program is through the Ohio Department of Youth Services and is called the Title II Formula Grant. The mission of the Ohio Department of Youth Services is “to encourage positive change in the lives of youthful offenders through collaborative partnerships and culturally relevant therapeutic and academic interventions that support public safety and prepare youth to lead productive lives. Our Vision: A safer Ohio through positive change in the lives of those impacted by our agency” (“Ohio Department of Youth Services”, 2012). This department’s purpose is to assist states in addressing juvenile crime and delinquency at the local level. This department supports programs for the development of more effective education, training, research, prevention, diversion, treatment, and rehabilitation programs in the area of juvenile delinquency. This department’s goal is “to improve juvenile justice systems by increasing the availability and types of prevention and intervention programs and juvenile justice system improvements” (“U.S. Department of Justice”, 2011, p. 3). The objective of
the department is “to support both state and local efforts in the above areas” (“U.S. Department of Justice”, 2011, p. 4). Title II Formula Grant Program areas are outlined in nine different categories: aftercare/reentry, alternatives to detention, child abuse and neglect programs, children of incarcerated parents, community assessment centers, compliance monitoring, court services, deinstitutionalization of status offenders, and delinquency prevention (“U.S. Department of Justice”, 2011).

This program is in accordance with Title II’s goals because it would increase the types and availability of services to juvenile delinquents. It is also a rehabilitation program that includes education, treatment, and prevention components, which are the types of programs that Title II supports. It also meets Title II’s objective because this program will be done on a local basis serving Ottawa and Sandusky Counties. This proposed program would fit under the outlined area of aftercare/reentry. This is because the children will have learned new skills from the program that they can take with them to become more productive, independent members of the community. The goal of the program to promote healthy lives in juvenile offenders meaning they will be productive members able to contribute to society. This is an exhaustive match to the Department of Youth Service’s mission. Which is to prepare youth to lead productive lives (“Ohio Department of Youth Services”, 2012).

To be eligible to apply for the Title II Formula Grant applicants must be a unit of the local government or private non-profit organization. Juvenile courts are eligible to apply for the grant when their unit of local government acts as the direct recipient of funding. The process to apply to for this grant is through an online application system called Grants Management System (GMS). The first thing to do is to acquire a DUNS
number then acquire registration with the Central Contractor Registration (CCR) database. Next, an applicant must create a GMS username and password and verify their CCR registration in GMS. Finally, the applicant can search for the funding opportunity on GMS, apply online, and submit the application. The application must include: SF-424, a standard form to acquire federal assistance, a project abstract, a program narrative, and a budget. (“U.S. Department of Justice, 2011). The deadlines for application to be reviewed are: March 11th for the applicant to be registered with GMS and 8:00pm on March 31st to have all application materials submitted. Both of these due dates are of the current year in which applying for the grant. The maximum amount of funding is $250,000. The contact for the Title II Formula Grant Program is Grant Administrator Kristi Oden. She can be contacted by phone at (614) 644-7738 or through email at kristi.oden@dys.ohio.gov. The address is Ohio Department of Youth Services, 30 W. Spring St., Columbus, OH 43215.

One potential barrier to funding would be the type of program of which is requesting funds. Typically, the justice system awards monies to the social work profession. Occupational therapy is a profession that many do not understand and our role may not seem relevant at first glance to the reviewers. This could impede the reviewers from making a decision to award monies for this program. Another barrier is the lack of evidence available in support for occupational therapy interventions utilized throughout this program with the population of juvenile offenders. Reviewers may not want to provide monies to support a program that has not been shown to be effective. They would typically prefer tried and true methods of intervention.

Budgeting
The budget gives a detailed summary of the required items and their related cost for running this program (see Appendix P for chart outlining budget). Costs are divided into two categories, personnel and supplies and equipment. In the personnel budget the estimated hours and wages for an occupational therapist to work on a contractual basis are given. The median wage for an occupational therapist, according to The American Occupational Therapy Association’s 2010 Occupational Therapy Compensation and Workforce Study, is $35.35. Because this position is on a contractual basis, no fringe benefits will be allotted. As such the rate of pay is higher than the national average at $40 per hour.

This position is offered in a unique community based setting with specific challenges unique to the juvenile offender population. Therefore, it is essential that the therapist hired have a self-directed style of work. They must be intrinsically motivated to complete all of their job duties accurately, and in a timely manner. They must also exhibit an unwavering love for their work and the adolescent/mental health population (see Appendix Q for job advertisement flyer).

The cost of program supplies and equipment are included in the budget. These items are those that the facility will not be supplying and will be required for specific life skill interventions throughout the program. The estimated cost is projected for one year where approximately 100 participants will go through the program. Laptops are included in the budget because many of the interventions utilized in the life skills program require the use of Internet availability. There are computers located in the classrooms; however, during scheduled programming other pods will be in the classroom rendering these computers unusable. Interventions where the laptops will be helpful and utilized include:
educational planning, financial aid, job preparation, job search skills, birth control methods, and STD information. The use of these laptops will be only during scheduled group time with supervision and guidance from the therapist and pod JDO. The video camera will be used for the mock interviews so the participants can then view themselves and critique themselves for feedback on how to improve. The sensory integration kit will be used for anger management strategies and coping skills. This kit will include things that the youth may utilize when feeling out of control or frustrated to regain control before behaviors occur. These items include: theraputty, theraband, fidgets, and Stickid cards. The remaining items are assessments used as program evaluation tools and screening tools. These forms will be given during evaluation and discharge to monitor program effectiveness.

A third category included in the budget is that of in kind contributions. These items are things the facility has offered to supply for the program without any funding support. All indirect costs or overhead will be provided by the facility. These indirect costs include things such as phone and Internet access as well as utilities, water and electricity, necessary for the operation of the program. The facility will also supply the space, furniture, and office supplies necessary to successfully carry out the program.

**Staffing**

This program will be directed by a full-time occupational therapist (see Appendix R for a detailed job description). This is because there will be three groups and each group will be held twice a week and each session will last 1 hour. These three groups include pods 300, 400, and 500; 12 participants maximum in each pod depending on inclusion
criteria. In addition to these group sessions, there will also be individualized sessions held once per week per participant where each session lasts 1 hour.

Additionally, this program is open so the therapist will be required to do all documentation: evaluations, progress notes, and discharge summaries on an ongoing basis. The time allotted for evaluations and discharges will be 2 hours. This will consist of the therapist meeting with the participant, administering the assessments, and writing up the results. The time allotted for a progress note will be an hour and a half where the therapist will meet with the participant and go over their progress thus far and ask for their feedback on the program information. The therapist will also be required to complete daily notes after each session for each participant.

Care coordination in response to many different players is another job duty required by the therapist. This involves maintaining contact and updating the probation officers and judicial courts of the participant’s progress. Communicating with the detention officers in regards to specific program intervention outcomes. Also, communicating with the nurse, teachers, social worker, and other mental health professionals where the participant may be seeking services. Due to all of these responsibilities it is necessary for an occupational therapist to be employed on a full time basis.

**Self-sufficiency Plan**

The funding source identified will supply funding for a period of 1 year. After this seed money runs out it is beneficial to include a self-sufficiency plan to show that after the start up costs the program will be able to sustain itself. The most significant cost of this program is for the salary of the occupational therapist. Due to the responsibilities of the
therapist it will be necessary to keep a therapist on staff. I also believe due to the nature of the job with such a specific population and a unique community setting an occupational therapist rather than an assistant would be necessary to adequately run the program. Ideally, the agency would recognize the effectiveness of the program and choose to adopt it and keep it running with monies received from the state. These monies would cover the therapist’s salary, the in kind expenses, as well as the reoccurring supplies.

Another route would be to have the occupational therapist employed by the state of Ohio. Through this method, the therapist would not be employed by the SCJDC, however, would work at this facility. The therapist would essentially own their own business and charge the state of Ohio for their services while at the facility. For example, a certain price would be applied for every evaluation, group treatment, individual treatment, etc. Then the therapist would be reimbursed for these services from the state of Ohio.

Another possibility to promote the self-sufficiency of this program is to advertise to local businesses and ask for monies to help youth in their community on a sponsorship basis through donations (money or supplies). Major businesses in the Fremont area include: Whirlpool, Wal-Mart, Kroger, Crown Battery, Stylecrest, and Cedar Point. These companies have been known to donate scholarship monies to students in the local school systems. They are also the largest employers in the area and enjoy giving back to the community. Sponsorship opportunities could be expanded to include all of Sandusky and Ottawa counties, as both of these counties are served by the SCJDC.

Program Evaluation

One outcome evaluation procedure will be to administer the Intrinsic Gratification Scale (DeVore, 2012) at evaluation and discharge. This will serve as a pre-test/post-test no
comparison group measure. Improvement will be measured by an 80% increase from the pre-test score. Another outcome evaluation measure will be certain sections of the Life Skills Inventory ("Washington State Department of Social & Health Services," 2000). This instrument will be administered at evaluation and discharge as well. Improvement on this scale will be divided into certain sub-sections. Improvement will be measured by 80% of the participants improving by 2 points on a 4-point scale in the interpersonal skills and pregnancy prevention/parenting and child care sub-sections. Improvement will also be measured by 80% of participants showing improvement on two out of the four sub-sections for social contribution. Another outcome evaluation measure is the Adaptive Behavior Scales-School: 2. This will be administered during the evaluation and discharge meetings in addition to the other two assessments. Improvement will be measured by 80% of the participants improving on two out of three factors in part one of the ABS-S: 2 and one out of two factors in part two of the ABS-S:2 (Lambert et al., 1993). These three instruments will be administered during the participant’s first and last weeks of the program. These will serve as summative evaluation measures to determine the effectiveness of the programming once the participants have completed the entire 4 weeks. Fazio (2008) states the importance of pretest/posttest measures to provide a marker for the effectiveness of the interventions and the process of programming. These will serve as time-series studies where data are collected over time to determine program effectiveness. This is because data will be collected during the onset of the program and again at its completion. According to Robertson (1986), this is most useful in examining the impact of a new program or a new group of patients in an ongoing program.

Other measures of program effectiveness include data taken from the pod officer’s
books regarding the number of administrative interventions and timeouts observed during the last week of the program when compared to the first week. To determine if the program has lasting effects, data will be taken during the first 12 months following the participant’s release from the SCJDC. Improvement will be measured if 80% of the program graduates avoid future juvenile incarceration as evidenced by the SCJDC intake data forms. The program will be said to be effective if the participants are able to increase their post-test scores from baseline measurements. If the participant has met all of the program objectives, as evidenced by the pre/posttest comparisons; then it is safe to say that they have improved their lifestyle. Fidler’s Lifestyle Performance Model states that by being competent in each domain the participant has a healthy lifestyle. Thus, meeting the overall program goal of promoting health lifestyles in juvenile offenders (Fidler, 1988).

One process procedure will be to look at if the participants are present for the sessions. This will be measured by having a sign in sheet that each participant will need to sign prior to the beginning of the session. Any absences will be documented and the participant’s probation officer will be notified of the reason for the absence. For example, if the resident is in administrative intervention or out at court, then the session will need to be made up in order for the participant to complete the program in its entirety. Another process evaluation procedure will be to make sure that each participant was given the assessments during the evaluation procedure. This can be measured by referring to the SCJDC program files to see if the assessment results are in their file.

The formative evaluation procedures will target the opinions of the stakeholders. One formative evaluation procedure will be surveying the detention officers, probation officers, and administrators on how satisfied they are with the program and if they have an
opinion of how it could be improved (see Appendix S for satisfaction questionnaire). This evaluation method is meant to elicit perception of program results from special observers of the program, or stakeholders (Robertson, 1986). This would be done prior to midterm of the program or 2 weeks in. Another formative evaluation procedure would be observation from the therapist directing the program. Based on the notes written after each session, the therapist will judge if the program is improving the skills it is meant to improve. This will be measured through observation of the participant’s behaviors and skills. The participants will also be asked during their midterm meeting if they feel the information presented throughout the program was beneficial and helpful for them and if they have any opinions about how the program could be improved.

**Timeline**

The depicted timeline is for one calendar year (see Appendix T for timeline). This program is designed to be an open program; meaning that new participants can join during any week. Essentially, participants will be at different stages within the program but all will complete the 4-week program. There will be two breaks a year when no programming will be done, July and December. The first program cycle will occur from April through June. The second program cycle will occur from August through November.

During January the office space where the occupational therapist will hold individualized treatment sessions, complete documentation, and other duties will be set up. Marketing relations will take place with the Ottawa and Sandusky Juvenile Courts and the probation officers will be contacted. During February marketing will continue and supplies will be purchased. Also during February, the SCJDC Program and Operations Administrator will approve the programming schedule. This includes times the group
treatment sessions will be held as well as clarify location availability. During March, communication with stakeholders will continue as participants are starting to be recruited. Toward the end of March and the beginning of April referral information from the juvenile courts will be gathered and reviewed. The first week of April will begin programming sessions. Programming, where treatment sessions will be conducted complete with evaluations and discharges, will continue through June. These will also serve as summative evaluations of the program’s effectiveness. Data from these summative evaluation measures will be calculated for program evaluation purposes to monitor the effectiveness of the program during July for the first program cycle.

During the end of July and beginning of August marketing and recruitment of participants will occur for the second programming cycle. Also, any additional supplies will be purchased and referral information will be gathered. The second programming cycle will begin in August and last through November. Data from the summative evaluation measures will be calculated for program evaluation purposes during December for the second program cycle.

During the breaks in programming additional data will be collected by reviewing the intake cards provided by the SCJDC to monitor if juveniles that have gone through the program have been incarcerated since they have completed programming. Another data collection method that will occur during the two breaks will be reviewing the records of the juvenile detention officers to monitor the number of consequences the residents have received to see if there was a decrease throughout programming as this is one objective of the program. These measures will show support for the program and will be reviewed with the SCJDC administration and other stakeholders during the breaks in programming.
Letters of Support

There are several key individuals who could be approached for letters in support of this program. The first person is Mr. Dallas Leake, Program and Operations Administrator for the Sandusky County Juvenile Detention Center. He has been instrumental in the development of this program through his willingness to meet and share his insights about the needs of the residents of the SCJDC. He has a strong influence in the operation of the SCJDC and his support for this program would be extremely beneficial (see Appendix U for letter of support).

Another individual is Mr. Tim Grabenstetter, Director of Detention at Sandusky County Juvenile Detention Center. He has an extensive knowledge base regarding the needs of the juvenile offenders housed at the SCJDC and a high level of authority in this facility. His support would be of great value when applying for grant monies. He can be contacted via email at tim.grabenstetter@co.sandusky.oh.us.

Brad Smith is a Judge in the Sandusky County Juvenile Court and a major stakeholder for this program. His support for this program would be especially favorable when applying for grants because he is a justice official. Having a justice official in support of the program would look appealing when applying for a grant from the Ohio Department of Juvenile Justice. He can be contacted at (419) 334-6200.

Amanda Killingsworth is a probation officer out of Sandusky County that handles many of the residents housed and released from the SCJDC. She is responsible for attempting to keep these youth out of the JDC and supporting this program will help with her cause. She is an advocate for second chances and will write an emotionally charged letter of support. She can be contacted by phone at (419) 334-6200.
References


Eaton, D.K., Kinchen, S., Shanklin, S., Flint, K.H., Hawkins, J., Harris, W.A.,


based role-play intervention on the social behaviors of adolescents with high-functioning autism: Multiple-baseline single-subject design. *The American Journal of Occupational Therapy, 66*, 529-537.


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Appendix A

Organizational Chart

Director of Sandusky County Juvenile Detention Center

Assistant Director

Secretary

Teachers

Captain

Nurse

Sergeants

Juvenile Detention Officers

Program and Operations Administrator

Organizations that do programming at the facility: Women of Grace, Religious Services, RBT, Re-entry group and individual counseling, and Heartbeat of Northwest Ohio

Occupational Therapist
Appendix B

Focus Group Guideline for Questioning

Intro:

Welcome

Purpose: The purpose of this group is to elicit your perceptions, feelings, attitudes, and ideas about what kinds of life skills should be included in the Occupational Therapy program being designed for this facility.

Guidelines: There are a few guidelines I would like to ask you to follow during this group. 1st-you do not need to speak in any particular order; when you have something to say please do so. 2nd-please do not speak when someone else is talking. 3rd-it is important to remember that everyone’s opinion in this group is important. 4th-you do not need to agree with what everyone else in the group is saying. And last- I may need to stop and redirect our discussion occasionally due to being off topic or time constraints. Any questions? Okay…let’s begin.

Warm up:

To begin let’s start off with stating your name, age, and 1 fun fact about yourself.

Clarification of Terms:

Does anyone know what occupational therapy is?

Occupational Therapy-The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals to support participation, performance, and function in roles in a variety of settings. It addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance to support engagement in occupations that affect physical and mental health, well-being, and quality of life. (“Definition of Occupational Therapy Practice for the AOTA Model Practice Act”, 2011)

Moderator guideline:

Easy and Nonthreatening questions to Difficult/Personal Questions:
Topic line of questioning with probes

I. Hobbies
   a. School Organized Activities
   b. Free time
   c. After school programs (Genesis, TASC)

II. School
   a. Opinions
      i. Do you find you get into trouble at school?
         1. Authority
         2. Negative Attitude
      ii. Do you find homework challenging?

III. Influences
   a. Family
   b. Friends

IV. Access to substances
   a. Drugs
      i. Weed
      ii. Harder stuff
   b. Alcohol

V. Goals
   a. What kinds of things do you think you need to work on while in this facility or are on probation?

VI. Life skills
   a. Based on what we’ve discussed, what kinds of life skills would be beneficial to you to help you reach your goals
   b. These are what I’ve come up with:
      i. Intrinsic gratification through healthy occupations (meaning and purpose)
      ii. Ways to handle feelings (SI kit, maladaptive behaviors, anger management)
      iii. Future planning (voc, edu, financial management, goals)
      iv. Roles and responsibility (balance occupations/priorities)
      v. Addiction/substance abuse counseling
      vi. Sex ed/parenting
      vii. Self maintenance (self esteem, body image, etc)
   c. What are your feelings or attitudes regarding these topics?

Wrap up:

Review life skills in terms of difficult situations as discussed above.

Member check:

Pole members for their opinion on if each life skill discussed would be beneficial to them or not.
Closing statements:

So “All things considered…” statement to describe highest importance skills to the members.

Any remaining questions?

Thank you!
Appendix C

Focus Group Results

This is a summary report that was prepared at the conclusion of a series of focus groups conducted by adolescents at the Sandusky County Juvenile Detention Center in Fremont, Ohio. This report is a shortened summary designed to be shared with the community.

Listening to the Youth: Skills to be Included in the Independent Living Skills Program for the SCJDC
Focus Group Results

Introduction
This study examines the youth’s perceptions of valuable life skills to be included in the independent living skills occupational therapy program for the SCJDC. It is being conducted as part of the needs assessment for the program development plan being crafted for the capstone semester of the University of Toledo’s Occupational Therapy Doctorate program.

Description of the Study
The focus group participants were 21 young people, age 13-17, who participated in 1 of 3 focus groups conducted during the week of January 28, 2013 at the SCJDC. The focus groups were recorded and carefully analyzed.

Study Findings

Hobbies
The majority of students did not participate in organized school activities, however, some participated in activities outside of school. 11 out of 21 participants have participated in Genesis after school program.

Attitudes Toward School
14 out of 21 participants stated that they like school overall. Themes suggested during discussion, however, were more negative than positive in regards to school. Among male participants top themes arose regarding disliking school because of authoritarian figures, rules and differential consequences among students, high expectations from staff, and the all-encompassing “drama”. Other less prominent themes among male participants include: arguing with students, the physical building, and long classes. A theme that was common to both male and female participants was the hours of the school day and having to get up early. Some themes that arose with the female participants include bullying, being judged, outcasts, oppression, and having older people as friends.

Role Models
6 out of 21 participants said that one or both of their parents are role models. 5 out of 16 boys said an older brother was viewed as a role model and 2 out of 5 girls said their sister is viewed as a role model. Other figures mentioned include uncle, cousin, grandpa,
and God. A common theme among the male felony pod was that 3 out of 7 said they had no one that they viewed as a role model.

**Relationship with Parents**

The majority come from single parent families. The minority stated have good relationship with parents. Some common themes in male felony pod: no parental figures and a general disrespect of their parents. Major themes across all pods are that they tend to disagree with their parent’s decisions.

**Access to Substances**

Among the female pod and the male misdemeanor pod, school was stated to be the easiest place to obtain illegal substances. Family and friends were the most common leads. One boy in the felony pod specifically said that he grows his own. The overarching theme is that substances are extremely easy to get their hands on across all participants.

**Goals**

The majority of participants stated that they have short term goals including: getting off probation, attending “Alcoholic Anonymous” meetings, getting a job, graduating from high school, and attending school were common. Long term goals stated among males include: decrease their addiction, change negative attitude and behaviors. Long term goals stated among females include: 3 out of 5 stated receiving a Bachelors degree and joining the National Guard.

**Life Skills**

Common skills stated by male participants include: job skills, communication, respect, changing maladaptive behaviors, and parenting skills. Common skills stated by female participants include: healthy relationships, goal setting, and other mental health skills. The female participants voted overall that the topic of “ways to handle feelings” as the most beneficial topic to them. The male felony pod voted that the “future planning” topic as the most beneficial topic to them. The male misdemeanor pod voted equally for "intrinsic gratification through healthy occupations", "future planning", “R’s-roles, responsibility, respect, and relationships”, and “substance abuse/addiction” topics.

**Study Themes**

- Adolescents have a lot of spare time not being productively utilized.
- Few have jobs or participate in school related extracurricular activities.
- Youth have a negative view of school.
- Few have appropriate role models to learn positive behaviors from and some role models discussed are not appropriate.
- Most youth have unhealthy relationships with parents or no relationship at all.
- Illegal substances are easily accessible and used by most youth nowadays.
- Most youth have short-term goals and want to behave, however, no long-term foresight is suggested or acknowledged.
- Skills differ among genders and ages for youth questioned.

**Suggestions**
• Focus skills among those pods that state which topics would be most beneficial.
• Include topics to strengthen parental relationships.
• Include topics to make school more tolerable.
• Increase goal related behaviors and focus on long-term future.
• Skills required for job and educational plans need to be included.
• Help identify appropriate role models and ways to foster healthy, appropriate relationships.
• Include parenting skills for those youth with children that may lack appropriate parental role models to learn skills from.

Thanks to the teens at the SCJDC who contributed time and effort in conducting focus groups whom willingly shared their ideas and thoughts.
Appendix D

Interview Questions for Administrative Personnel

1. Can you first tell me a little bit about the Sandusky County Juvenile Detention Center?

2. What programming does your facility offer and how is it funded?

3. How often do you interact with the residents and in what capacity?

4. Are there certain characteristics (age, socioeconomic status, common offenses, personality types) that bring residents to your facility?

5. What is the general length of stay of the residents and how is this determined?

6. An occupation-based program is being drafted for your facility that includes: self-care, independent living skills, vocational skills, socialization skills, and other mental health needs. Do you see a need for this type of program and do you think the residents will benefit from it?

7. What other kinds of things do you think should be addressed in this program?

8. Do you think these residents will be willing to participate in a life skills program?

9. Do you think staff and other administrative personnel would be supportive of this type of program?

10. Are there any additional resources you think would be beneficial on the area of the needs of incarcerated youth?
Appendix E

Interview with Program and Operations Administrator of Sandusky County Juvenile Detention Center

Site: Sandusky County Juvenile Detention Center, Fremont, Ohio
Interviewee: Dallas Leake, Program Director of Sandusky County Juvenile Detention Center

Introduction

- Statement of confidentiality
- Ask permission to take notes

Addressed in previous meeting

- Brief explanation of OT
- Explanation of how OT services will be beneficial for the residents at the Juvenile Detention Center

Purpose of Interview
To discuss the needs of youth offenders held in juvenile detention centers.

Interview Questions

1. Can you first tell me a little bit about the Sandusky County Juvenile Detention Center?
   - Open 24 hours a day, 7 days a week, 365 days a year
   - 36 bed facility, but never really full
     - Usually 24-27 beds are occupied
   - 3 pods (2 house male residents and 1 house female residents)
   - 12 cells (1 bed per cell)

2. What programming does your facility offer and how is it funded?
   - Rational Behavior Training Program
     - 3 groups per day
     - Teaching style
     - Focus on addiction
   - Anger Management classes once per week
   - Heartbeat—comes in once a month to discuss sexual education
   - Women of Grace—comes in once per week and educates the women about hygiene
   - Dallas stated that what he really thinks we could help with is life skill training. This is really what they need.

3. How often do you interact with the residents and in what capacity?
• Dallas stated he is responsible for making the resident’s schedule but
doesn’t have much interaction
• He sees them for a short time every morning when passing out coupons
• He occasionally sits in on a group

4. Are there certain characteristics (age, socioeconomic status, common offenses,
   personality types) that bring residents to your facility?
   • Those with Criminal Thinking Errors
   • Lack of empathy for others
   • Issues of power/control
   • Mostly get offenders that committed truancy or have substance abuse
     problems
   • Most are from broken or dysfunctional families
   • Low socioeconomic status
   • 11-17 years old usually; mostly 14-17; occasionally 9-10 years old

5. What is the general length of stay of the residents and how is this determined?
   • 16-17 days
   • The length of stay is determined by the Judge and its based on their criminal
     offense as well as their record

6. An occupation-based program is being drafted for your facility that includes: self
   care, independent living skills, vocational skills, socialization skills, and other
   mental health needs. Do you see a need for this type of program and do you think
   the residents will benefit from it?
   • Absolutely!

7. What other kinds of things do you think should be addressed in the life skills
   program?
   • Work on independent living types of skills (cooking/cleaning)
   • Vocational skills
   • Mental health issues (90% of the residents take medications)

8. Do you think these residents will be willing to participate in a life skills program?
   • Yes! A lot of them would!
   • They are very receptive to anything new that is offered here
   • Small groups work best but some individuals would benefit from more of a
     one on one session

9. Do you think staff and other administrative personnel would be supportive of this
    type of program?
   • Yes, definitely!
   • The director is very excited about this program
   • We even have an oven that we will be utilizing once we get the proper
     permits established
• All residents are expected to clean up after meals as well as clean their cell and pods
• 1-2 times per week they even clean the whole facility

10. Are there any additional resources you think would be beneficial on the area of the needs of incarcerated youth?
• There are some websites for gender specific issues and I can email them to you
• State Juvenile Justice website will provide the newest and most up to date programming ideas that are being implemented
• The Justice System is trying to get away from the punitive model and provide more rehabilitation
  o CBT programs

Really getting into community based facilities so there is a less traumatic transition after release back into their homes
Appendix F

Interview with Director of Detention at Sandusky County Juvenile Detention Center

Site: Sandusky County Juvenile Detention Center, Fremont, Ohio
Interviewee: Dallas Leake, Program Director of Sandusky County Juvenile Detention Center

Introduction

• Statement of confidentiality
• Ask permission to take notes
• Brief explanation of OT
• Explanation of how OT services will be beneficial for the residents at the Juvenile Detention Center

Purpose of Interview
To discuss the needs of youth offenders held in juvenile detention centers.

Interview Questions
1. Can you first tell me a little bit about the Sandusky County Juvenile Detention Center?
   • 36 bed facility
     o Currently, 26 beds are filled
   • 3 pods (2 house male residents and 1 house female residents)
   • 300 pod is for male felons, 500 pod for male misdemeanors and 400 pod for females
2. What programming does your facility offer and how is it funded?
   • Rational Behavior Training Program
     o Gave me a handbook for RBT and resident orientation handbook
3. How often do you interact with the residents and in what capacity?
   • He does not have much contact with the residents
   • Except for disciplinary purposes and requests
4. Are there certain characteristics (age, socioeconomic status, common offenses, personality types) that bring residents to your facility?
   • Issues with authority and other corrections type staff
   • Many have substance abuse problems
   • 11-17 years old usually; mostly 14-17; occasionally 9-10 years old
5. What is the general length of stay of the residents and how is this determined?
   • Sentenced to 30, 60, or 90 days but may not serve the whole sentence
   • The length of stay is determined by the Judge and its based on their criminal offense as well as their record
6. An occupation-based program is being drafted for your facility that includes: self care, independent living skills, vocational skills, socialization skills, and other mental health needs. Do you see a need for this type of program and do you think the residents will benefit from it?
   • Greatly

7. What other kinds of things do you think should be addressed in the life skills program?
   • Vocational skills
   • Mental health issues (90% of the residents take medications)

8. Do you think these residents will be willing to participate in a life skills program?
   • Yes. Basically anything new that they can fill their day with they will be willing to participate in.
   • Small groups work best

9. Do you think staff and other administrative personnel would be supportive of this type of program?
   • Yes! Many of the JDOs have stated they think this program would be beneficial.

10. Are there any additional resources you think would be beneficial on the area of the needs of incarcerated youth?
    • Follow up with Captain Mullins and Mr. Leake for specific resources.
    • Captain Mullins is specifically good with funding information.
Appendix G

Juvenile Detention Officer Survey

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals to support participation, performance, and function in roles in a variety of settings. It addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance to support engagement in occupations that affect physical and mental health, well-being, and quality of life. (“Definition of Occupational Therapy Practice for the AOTA Model Practice Act”, 2011)

A student at the University of Toledo, Ashley DeVore, is designing an occupational therapy program for the Sandusky County Juvenile Detention Center to address independent living skills to aid in the development of these incarcerated youth. As such, your opinion is being solicited to guide the development of this program to be optimally beneficial for these adolescents.

Please complete and return.

1. How often do you interact with the residents? Please circle a response.
   25% of your shift   50% of your shift   75% of your shift   100% of your shift

2. In what capacity do you interact with the residents? Please circle a response.
   Parallel interaction (same place at same time but no interaction)
   Short conversations (1-2 questions/answers)
   Personal conversations

3. What behaviors do you frequently encounter? Circle all that apply.
   Physically aggressive
   Manipulative
   Self-injurious
   Negative attitude
   Verbal abuse

4. What percentage of the population you serve are re-offenders? Please circle a response.
   25%   50%   75%   100%

5. What is the average length of stay for residents at your facility? Please circle a response.
   Less than 1 week   2 weeks   30 days   60 days

6. An occupation-based program is being drafted for your facility that includes: self-care, independent living skills, vocational skills, socialization skills, and other mental health needs. Do you think the residents will benefit from it? Please circle a response.
   Greatly benefit   Moderately benefit   Minimal benefit   No benefit

7. Would you be supportive of this type of program at your facility? Please circle a response.
Yes     No

8. Do you think these residents will be willing to participate in a life skills program? Please circle a response.
Yes     No
Appendix H

Judge Survey

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals to support participation, performance, and function in roles in a variety of settings. It addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance to support engagement in occupations that affect physical and mental health, well-being, and quality of life. (“Definition of Occupational Therapy Practice for the AOTA Model Practice Act”, 2011)

A student at the University of Toledo, Ashley DeVore, is designing an occupational therapy program for the Sandusky County Juvenile Detention Center to address independent living skills to aid in the development of these incarcerated youth. As such, your opinion is being solicited to guide the development of this program to be optimally beneficial for these adolescents.

Please complete and return in the pre-addressed envelope provided.

1. An occupation-based program is being drafted for your facility that includes: self-care, independent living skills, vocational skills, socialization skills, and other mental health needs. Do you think the residents will benefit from it? Please circle a response.
   Greatly benefit  Moderately benefit  Minimal benefit  No benefit

2. Would you consider making this program part of their probation requirements in the future? Please circle a response.
   Yes  No

3. What percentage of the population you serve are re-offenders? Please circle a response.
   25%  50%  75%  100%

4. What determines the length of sentence the offenders serve? Circle all that apply.
   Offense  Any Previous Offenses  Probationary Terms  Age  Gender
   Please list any other determinates:

5. What determines a resident’s release date? Circle all that apply.
   Offense  Behavior while incarcerated  Probation officer’s opinion
   Please list any other determinates:
Appendix I

Probation Officer Survey

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals to support participation, performance, and function in roles in a variety of settings. It addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance to support engagement in occupations that affect physical and mental health, well-being, and quality of life. (“Definition of Occupational Therapy Practice for the AOTA Model Practice Act”, 2011)

A student at the University of Toledo, Ashley DeVore, is designing an occupational therapy program for the Sandusky County Juvenile Detention Center to address independent living skills to aid in the development of these incarcerated youth. As such, your opinion is being solicited to guide the development of this program to be optimally beneficial for these adolescents.

Please complete and return.

1. How many adolescents do you have on caseload at any given time? Please circle a response.
   - <10
   - 11-20
   - 21-30
   - 30+

2. How often do you interact with the residents? Please circle a response.
   - 25% of the time
   - 50% of the time
   - 75% of the time
   - 100% of the time

3. What percentage of the population you serve are re-offenders? Please circle a response.
   - 25%
   - 50%
   - 75%
   - 100%

4. What length of time do these adolescents typically serve as probation? Please circle a response.
   - 1-2 months
   - 3-6 months
   - 7-12 months
   - 1 year or longer

5. What common things are apart of their probationary terms? Circle all that apply.
   - Curfew
   - School attendance
   - Parental regulations
   - Drug testing
   - and/or grades
   Please list any others:

6. Do you have any parental interaction? Please circle a response.
   - Yes
   - No
   If yes, please describe.
7. Do you find that parents are generally supportive? Please circle a response.
   Yes   No

8. Can you estimate the percentage of clients on your caseload that seek any form of mental health services (Ex: counseling, medication, school psychologist, etc)? Please circle a response.
   25%   50%   75%   100%

9. An occupation-based program is being drafted for your facility that includes: self-care, independent living skills, vocational skills, socialization skills, and other mental health needs. Do you think the residents will benefit from it? Please circle a response.
   Greatly benefit   Moderately benefit   Minimal benefit   No benefit

10. Do you think this type of program would be helpful as part of their probation requirements in the future? Please circle a response.
    Yes   No
Appendix J

Teacher Survey

The practice of occupational therapy means the therapeutic use of occupations, including everyday life activities with individuals to support participation, performance, and function in roles in a variety of settings. It addresses the physical, cognitive, psychosocial, sensory-perceptual, and other aspects of performance to support engagement in occupations that affect physical and mental health, well-being, and quality of life. ("Definition of Occupational Therapy Practice for the AOTA Model Practice Act", 2011)

A student at the University of Toledo, Ashley DeVore, is designing an occupational therapy program for the Sandusky County Juvenile Detention Center to address independent living skills to aid in the development of these incarcerated youth. As such, your opinion is being solicited to guide the development of this program to be optimally beneficial for these adolescents.

Please complete and return.

1. What kinds of disruptive behaviors do you frequently observe?

2. Do you believe these youth’s academics are age appropriate?

3. What do you struggle most with in the classroom when working with these youth?

4. An occupation-based program is being drafted for your facility that includes: self-care, independent living skills, vocational skills, socialization skills, and other mental health needs. Do you see a need for this type of program and do you think the residents will benefit from it?

5. What other kinds of things do you think should be addressed in this program?
Appendix K

Intrinsic Gratification Scale

1. I understand my personal needs and interests and feel like I can pursue these interests and get my needs met.

   Strongly agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

2. I can identify my abilities and skills as well as my deficits.

   Strongly agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

3. I can identify external barriers and lack of resources that inhibit getting my needs met and I can figure out a way to work around them.

   Strongly agree (5), Agree (4), Undecided (3), Disagree (2), Strongly Disagree (1)

For a total of 15 points maximum; improvement will be measured by increased scores.
Appendix L

Flyer

SANDUSKY COUNTY JUVENILE DETENTION CENTER

Skills for Living Independently: An Occupational Therapy Program

LEARN:

⇒ FOOD MANAGEMENT
⇒ FINANCIAL MANAGEMENT
⇒ SELF-CARE
⇒ ACTIVITIES OF DAILY LIVING
⇒ JOB SKILLS
⇒ EDUCATIONAL PLANNING
⇒ INTERPERSONAL/RELATIONSHIP SKILLS

Ashley DeVore, OT/S

Phone: (419) 507-4429
Fax: (419) 536-4780
E-mail: ashley.devore@rockets.utoledo.edu
Appendix M

Demographics Form

Name:

Address:

County of Residence:

Phone:

Gender:

Female       Male

Age:

List any psychiatric/medical diagnosis:

<table>
<thead>
<tr>
<th>Offense</th>
<th>Any Prior Offenses</th>
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</table>

List any family members that live with you:
Appendix N

Referral Form

Resident’s Name: ________________________________

Court Date:___________  Date of Referral:___________

Length of Stay:______________

Probation Officer:______________________________

Juvenile Detention Officer:______________________________
Appendix O

Request Form

REQUEST FORM

NAME: ___________________________ DATE: ______________

I WISH TO SPEAK WITH:

☐ MR. GRABENSTETTER ☐ MR. LEAKE ☐ CAPTAIN MULLIN
☐ SGT. HINES ☐ SGT. ROOT ☐ SGT. FIELDING
☐ NURSE SCHIETS

☐ MR. TOOMAN ☐ MRS. SACHS ☐ MR. SARTIN
☐ MRS. MITCHELL ☐ MS. KILLINGSWORTH ☐ MS. DERUCKI
☐ MR. BISHOP

☐ OTTAWA CO. P.O. ☐ LAWYER ☐ NAME: ___________________________

☐ OTHER: ___________________________

WHAT IS THIS CONCERNING? (BE SPECIFIC)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

WRITTEN REPLY:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix P

Budget

Personnel

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<td>$40.00/hour</td>
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Subtotal: $83,200.00

Program Supplies and Equipment

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<td>4 computers (laptops)</td>
<td>$349.99-computer</td>
<td>$1399.96</td>
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<td>Video camera</td>
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<td>$14.99/25 pack</td>
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<tr>
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<td>Theraputty-6 pack</td>
<td>1 pack/10 participants</td>
<td>$20.00</td>
<td>$80.00</td>
</tr>
<tr>
<td></td>
<td>Theraband (red, green, blue)</td>
<td>1 roll each color/25 participants</td>
<td>$15.00/rol 1</td>
<td>$100.00</td>
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<tr>
<td></td>
<td>Fidgets</td>
<td>2/participant</td>
<td>$1.00</td>
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</tr>
<tr>
<td>SticKids license for single user</td>
<td>This item is helpful for life skills for youth with sensory processing difficulties</td>
<td>1</td>
<td>$159.99</td>
<td>$159.99</td>
</tr>
<tr>
<td>ABS-S: 2</td>
<td>Assessment used for evaluation</td>
<td>1 Exam Booklets</td>
<td>$76.00</td>
<td>$423.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Scoring Forms/25</td>
<td>$35.00</td>
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</table>
residents

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>Cost per Item</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone/Internet</td>
<td>Internet</td>
<td>---</td>
<td>$200.00/month</td>
<td>$2400.00/year</td>
</tr>
<tr>
<td></td>
<td>Phonefax</td>
<td>---</td>
<td>$200.00/month</td>
<td>$2400.00/year</td>
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<tr>
<td>Utilities and Indirect Costs</td>
<td>Electricity and gas for heating/cooling</td>
<td>---</td>
<td>$200.00/month</td>
<td>$2400.00/year</td>
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<tr>
<td>Room/Furniture</td>
<td>Space for program and tables and chairs for workspace</td>
<td>1 Pod living space/12 participants</td>
<td>---</td>
<td>$1080.00</td>
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<tr>
<td></td>
<td></td>
<td>2 Schoolrooms/50 participants</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 Kitchen and dining room/50 participants</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 tables/12 participants</td>
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Subtotal: $3,041.20

/100 residents = 1 year
## SKILLS FOR JUVENILE OFFENDERS

<table>
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<tr>
<th>Office Supplies</th>
<th>Paper</th>
<th>12 chairs/12 participants</th>
<th>$480.00</th>
<th>$600.00</th>
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<tr>
<td>File Cabinet</td>
<td>Locked 4 drawer vertical file cabinet</td>
<td>1</td>
<td>$169.99</td>
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### Subtotal:

$6,222.38/year

### Grand Total of Amount Asked From Funder

**Grand Total:**

$86,241.20

### Grand Total Including In Kind Contributions

**Grand Total:**

$92,463.58
Appendix Q

Job Advertisement

Occupational Therapist

Full Time

Sandusky County Juvenile Detention Center
Life Skills Program Director

The staff of the Sandusky County Juvenile Detention Center is a team of dedicated and caring professionals. We are committed to serving our communities by providing a safe, structured, learning environment for youths in our care. Through our efforts, the youths will work on interpersonal skills that will assist them in the community, while leading productive lives.

We have an immediate opening for a grant-funded occupational therapist to direct a program to help residents develop necessary life skills and contribute as a productive member to the community.

Qualifications:
Licensed in the state of Ohio
Registered by NBCOT

Send Resume To:
Tim Grabenstetter, Director of Detention
Sandusky County Juvenile Detention Center
2351 Countryside Dr.
Fremont, OH 43420
Appendix R

Job Description

Position Title: Occupational Therapist, Life Skills Program Director

Professional Qualifications:
• Licensed in the State of Ohio
• Registered by the National Board for Certification in Occupational Therapy
• Minimum of a Master’s Degree in Occupational Therapy

Reports To: Dallas Leake, Program Director at Sandusky County Juvenile Detention Center

Duties and Responsibilities:
• Plan group and individualized treatment sessions
• Administer and score the Life Skills Assessment
• Administer and score the ABS-S: 2
• Administer and score the Intrinsic Gratification Scale
• Review referral information
• Communicate with facility staff and other care providers
• Accurately complete documentation in a timely manner
• Comply with occupational therapy licensure and ethical considerations
• Comply with all justice system related policies and procedures

Skills and Specifications:
• Effective teaching skills
• Effective interpersonal skills when communicating with residents and other staff during care coordination tasks
• Strong problem solving skills
• Able to work independently
• Strong organizational skills for documentation purposes

Working Conditions: Work is performed in the meeting room, schoolroom, and pod holding areas.

Physical Capabilities: Should be able to sit and stand for long periods, as necessary.
Appendix S

Satisfaction Questionnaire

1. Do you believe program personnel have accomplished the desired functional changes in their patients?

2. Have you witnessed any improvements in the participant’s behaviors?

3. Do you believe that program objectives have been achieved?

4. What other topics do you feel would be helpful to cover?

5. Do you have any other suggestions about how to improve the program?
## Appendix T

### Timeline

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<tbody>
<tr>
<td>Receive approval on scheduling</td>
<td>X X X X</td>
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<tr>
<td>Assume office space</td>
<td>X X X X</td>
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<tr>
<td>Purchase supplies</td>
<td>X X X X X X X X</td>
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<td>X X X X</td>
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<td>X X X X</td>
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<tr>
<td>Marketing relations</td>
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<td>X X X X</td>
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<tr>
<td>Recruit participants</td>
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<td>X X X X X X X X X X X</td>
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<td>X X X X X X X X X X X</td>
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<tr>
<td>Gather referral information</td>
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<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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<tr>
<td>Conduct initial evaluations</td>
<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
<td></td>
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<td>X X X X X X X X X</td>
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<tr>
<td>Develop formative, summative, and process evaluation materials</td>
<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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<tr>
<td>Conduct treatment sessions</td>
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<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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<tr>
<td>Conduct summative evaluations</td>
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<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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<tr>
<td>Correspond with stakeholder</td>
<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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<td></td>
<td>X X X X X X X X X</td>
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<td>X X X X X X X X X</td>
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</tr>
<tr>
<td>Review Program Evaluation Measures</td>
<td>X X X X</td>
<td></td>
<td></td>
<td>X X X X</td>
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<td></td>
<td>X X X X</td>
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<td>X X X X</td>
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</tr>
</tbody>
</table>

SKILLS FOR JUVENILE OFFENDERS
March 26, 2013

Ohio Department of Youth Services
30. W. Spring St.
Columbus, OH, 43215

Dear Sir or Madam:

I am writing to provide a letter of support for Ashley DeVore, a Doctorate Student at the University of Toledo, Occupational Therapy program. Through her volunteer services and time spent at the Sandusky County Juvenile Detention Center, she and I have discussed the need for a life skills program for the juvenile offenders housed at this facility. Based on the rise in the number of juveniles incarcerated for criminal offenses it is critical that these youth are in need of more programming efforts to help them succeed and become productive members of society.

The Sandusky County Juvenile Detention Center houses youth from both Sandusky and Ottawa counties. While incarcerated they are enrolled in programming to address their criminological and behavioral needs. Based on literature, there is a lack of environmental and psychosocial resources for these youth to meet their developmental needs. Thus, these youth participate in criminal activities to mediate that which is lacking in their lives. Therefore, teaching these youth basic life skills is necessary to help them meet their needs in a socially appropriate way.

We, the staff at Sandusky County Juvenile Detention Center, hope that the Ohio Department of Youth Services takes the time to evaluate this much needed service and will offer it to the individuals we serve.

Please contact me with any further questions you may have. My phone number is (419) 334-6497 and my email address is leake.dallas@co.sandusky.oh.us.

Sincerely,

Dallas Leake
Program and Operations Administrator
Sandusky County Juvenile Detention Center