

DOCUMENT RESUME

ED 123 512

CG 010 544

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 TITLE A Federally Funded Program to Reduce the Incidence of Delinquent Acts in the Syracuse, N.Y. Adolescent Population.
 PUB DATE Oct 75
 NOTE 55p.; Symposium given at the North Atlantic Regional Association for Counselor Educators and Supervisors (Kiamesha Lake, New York, October 7-9, 1975)
 EDRS PRICE MF-\$0.83 HC-\$3.50 Plus Postage.
 DESCRIPTORS Adolescents; *Behavior Problems; *Consultation Programs; *Delinquency Prevention; *Intervention; Junior High Schools; Pilot Projects; Prevention; Program Descriptions; *School Personnel; Symposia; Systems Analysis; Training

ABSTRACT

A multi-focal pilot program is described in which the goals of primary, secondary, and tertiary prevention of delinquent acts are approached via multiple intervention strategies. The primary and secondary prevention strategies are focused on the junior high schools. All school personnel undergo training in those skills which are necessary to create a positive emotional climate at the school, as well as those skills which are necessary to screen out adolescents who are at high risk for acting out behavior. Specific differential responses are taught to the trainees which they are encouraged to implement in their work with troubled adolescents at school. Continuous on-site consultation at the school is provided to the trainees. Neuropsychological consultations are provided to schools' pupil services committees in which youngsters with learning and behavior disorders are evaluated. Training and consultation efforts are all geared toward promoting effective direct helping responses by trainees, and to familiarizing trainees with other existing community diagnostic and treatment resources. Tertiary prevention efforts are focused upon refining the skills of the county's juvenile probation workers in their work with adolescents whose behavior has already brought them into contact with the courts. There is a strong emphasis on the need to evaluate clients' strengths and weaknesses, and appropriate methodologies for doing so. (Author/NG)

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A FEDERALLY FUNDED PROGRAM TO
REDUCE THE INCIDENCE OF DELINQUENT
ACTS IN THE SYRACUSE, N.Y. ADOLESCENT POPULATION

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
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Symposium at:

North Atlantic Regional Association for Counselor Educators and Supervisors
Kiamesha Lake, N.Y. October 7-9, 1975

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ABSTRACT

A multi-focal pilot program is described in which the goals of primary, secondary, and tertiary prevention of delinquent acts are approached via multiple intervention strategies. The primary and secondary prevention strategies are focused on the Syracuse junior high schools. All school personnel undergo training in those skills which are necessary to create a positive emotional climate at the school, as well as those skills which are necessary to screen out adolescents who are at high risk for acting out behavior which occurs secondary to either emotional, learning, or neuropsychological complications. Specific differential responses are taught to the trainees which they are encouraged to implement in their work with troubled adolescents at school. Continuous on-site consultation at the school is provided to the trainees in which effective interventions are modeled by trainers. During this consultation process trainees' behaviors are actively "shaped" by the trainers. Neuropsychological consultations are provided to schools' pupil services committees in which youngsters with learning and behavior disorders are evaluated. Training and consultation efforts are all geared toward promoting effective direct helping responses by trainees, and to familiarizing trainees with other existing community diagnostic and treatment resources to whom they may appropriately refer adolescents with specialized treatment needs.

Tertiary prevention efforts are focused upon refining the skills of the county's juvenile probation workers in their work with adolescents whose behavior has already brought them into contact with the courts. Similar goals and strategies of training and consultation are utilized in work with the Onondaga County Probation Department. There is a strong emphasis on the need

to evaluate clients' strengths and weaknesses, and appropriate methodologies for doing so.

A systems analysis of the educational, mental health, and alternative vocational education programs which are available to adolescents are being carried out as a special project. In addition, consultation and training is being conducted with staffs of other agencies in the Syracuse area that work with delinquents.

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Introduction

On June 23, 1975, the Adolescent Psychiatric Services Team (A.P.S.T.) was assembled at the Richard H. Hutchings Psychiatric Center, Syracuse, New York, by mandate of Grant # (codified in) 28 CFR sec. 42.101, et seq., Subpart C; 28 CFR sec. 42.201, et seq., Subpart D; and 28 CFR sec. 42.301, 35, seq., Subpart E; which was awarded to the Center For Youth Services at R. H. Hutchings Psychiatric Center by the Law Enforcement Assistance Agency (L.E.A.A.) through the New York State Division of Criminal Justice Services. This second implementation report documents the progress of the A.P.S.T. in their efforts, during the period of June 20, 1975 - September 30, 1975, to realize the general goals which were stated in the original grant proposal of June 1975. A summary of these goals includes the following specific objectives in their work with the existing personnel of The Syracuse Public School System, Onondaga County Probation, and several other community agencies whose work involves them with delinquent youth and/or youths who are at high-risk for delinquent behavior.

I. Syracuse Public School System

- A. "The team will concentrate on teaching school personnel techniques for helping delinquent or truant adolescents.
- B. A.P.S.T. will also alert school staff to behavior patterns which have been found to lead to delinquent or truant activities.
- C. Hutchings will also provide support services to the school authorities by acting as a referral or resource agent to which adolescents may be sent for diagnosis of their problems.

II. Onondaga County Probation

Hutchings, through services of the team (A.P.S.T.), will train probation officers and appropriate administrative personnel employed by Onondaga County Probation in contemporary mental health diagnostic and assistance techniques.

A. Training will include:

- 1) Techniques for interviewing adolescents with suspected emotional problems;
- 2) Diagnostic methods needed to make appropriate referrals of these adolescents;
- 3) Counseling techniques for adolescent whose problems are not severe enough to warrant further attention; and
- 4) Instructions in the ways of working with parents and family members to improve the adolescent's emotional health.

B. Probation may request psychiatric evaluations from A.P.S.T. with the support of other personnel at Hutchings.

III. Other Community Agencies

Training and diagnostic services will also be provided by A.P.S.T. to some personnel in Group Homes and Youth Hostels in the Syracuse area and to personnel who are currently employed on the Syracuse Youth Referral (DCJS 1539) and the Syracuse Court Rehabilitation Project (DCJS 307 B). However, the extent to which these services are available will depend on the A.P.S.T.'s capacity to supply such services after their primary program commitments have been fulfilled.

Reconnaissance, Needs Assessment, and Formulation of A.P.S.T. Strategy

Reconnaissance

The initial period of A.P.S.T. involvement included meetings with representatives of the Syracuse Public School System; Probation; and other community agencies, such as the Syracuse Youth Referral Project, Syracuse Court Rehabilitation Project, and the Y.M.C.A. Also contacted were the Hillbrook Detention Center (Division for Youth), New York State Occupational Vocational Rehabilitation, and the Onondaga County Mental Health Department. The participants in these meetings

represented almost the entire spectrum of mental health professionals and para-professionals, including educators and administrators. The goals, methods of operation, and target populations were equally diverse. Almost every agency, however, felt a genuine need for professional psychiatric and psychological services, and the requests for services were generally of a single type. Each agency stated that they were in dire need of psychiatric coverage evaluation and/or treatment of their difficult cases, whose demands exceeded the expertise levels that workers in these agencies had to offer.

Although there was considerable latitude in discussions, the A.P.S.T. carried a similar agenda and set of goals to each of these initial meetings. The agenda common to these meetings included the following issues:

- 1) The types of training objectives which had been mandated by the Grant were described to the workers from each agency.
- 2) An informal assessment of the training needs of each agency was made. Assessment needs for each agency were based upon data which were obtained from interviews with representative workers, from active involvement of A.P.S.T. members serving in participant observer roles at staff meetings, and occasionally by observing clients with workers.
- 3) The training needs of each agency were considered in terms of:
 - a. the level of staff effectiveness and sophistication,
 - b. the modus operandi and goals of workers in the various agencies,
 - c. the time which A.P.S.T. would have available for training and consultation.

Once these factors had received due consideration, a work strategy and schedule for the coming year was worked out by the A.P.S.T..

Needs Assessment

Out of the reconnaissance came a list of difficulties in the day to day functioning of workers in the various community agencies with whom the A.P.S.T. met. The difficulties were discussed in detail, so that it could be decided whether or not the A.P.S.T. could realistically help each agency in solving a particular organizational or staff problem. The following is a listing of those problem areas which were mutually identified as problematic by both the agency in question and by the A.P.S.T.. This list of agency needs also includes only those which the A.P.S.T. considered amenable to training.

Target School

1) Meeting the needs of atypical learners

The integration of atypical learners and children with various specific learning disabilities (SLD) into conventional, group-oriented curricula, teaching modalities, and behavioral expectations is an old but lively issue in education. The Syracuse City School System is affected no less than other school districts by this problem. The failure and frustration which these children encounter is frequently the precipitant of their disruptive acting-out behavior in class. In schools which are ill-equipped with educational options that match up with the learning styles of these atypical youngsters, the school's response usually entails disciplinary counter-aggression and/or administratively removing the child from the school system (assuming that the student has not dropped-out or become truant). This well documented step on the road to delinquency (Berman, 1975; Berman & Siegal, in press; Fitzhugh, 1972) has been attacked in Syracuse by setting up classrooms for the educatably mentally retarded and by establishing resource classrooms, special education teacher-staffs, and by providing part-time consultation by qualified school psychologists.

Representatives of the school system and A.P.S.T. members decided that several additional steps needed be taken in order to prevent the alienation,

attrition, and acting-out of these impaired youngsters. These include:

- a) school personnel need additional training in order to be able to recognize children with school learning problems, so that these children may be referred to the school psychologist for evaluation of the problem,
- b) school psychologists often need back-up support from agencies, including medical, neurological, neuropsychological, and extended psychiatric consultations,
- c) more complete use of existing school facilities for use in alternative education strategies, and
- d) more complete use of other community agencies in attempts to provide tailor-made curricula for atypical learners.

At present, individualized work-study programs for atypical learners or special learning disability students is only possible beginning at the ninth grade. Typically, the pattern of failure, frustration, anger, and truancy has already developed and become irreversible by the ninth grade. These programs need to be made available, at the very latest, by the beginning of junior high school.

2) Structuring the classroom

Since adolescence is a time of internal chaos and confusion, adolescents typically show fewer behavior problems when their environment contains a clear structure (Miller, 1975). Teachers and school administrators both expressed a need for introducing clearer structure into the classroom situation, and having strategies on hand for dealing with classroom crises arising out of student behavior problems. This additional structure should theoretically be of help to any junior high school staff in their attempts to control the behavior of problem students. For example, the child who is raised in a sub-culture whose standards of behavior differ from those middle-class standards

which characterize the school, becomes clearer about "just what is expected of me."

Over half of those children who become delinquent show difficulty in conceptualizing their environments and in making sense out of what is expected of them (Berman & Siegal, in press). The clarity which a highly structured classroom adds to their daily school life can be expected to considerably improve their behavior. This kind of structured classroom also seems optimally suited to the child who has already become delinquent and is returning to school as part of his program of rehabilitation.

3) Helping the school get parents involved in the business of education and socialization.

If there is greater consistency between the behavioral expectations which are made upon adolescents by the school, and those which are made upon them by their parents, then the probability of the school's efforts at controlling problem behavior is increased. The school's efforts are impaired when there is a discrepancy between the goals of the parent and the school. Therefore, both the school personnel and the A.P.S.T. felt that teachers and administrators needed additional skills in working cooperatively with parents.

Probation Outreach

While the school system was actively involved in providing services to prevent behavior problems and minimize delinquency, Probation Outreach workers appeared to be far less trained or organized. Decisions vis-vis clients seemed arbitrarily determined, and were sometimes counter-productive. Making the situation even more foreboding was a pervasive tendency to deny the existence of staff difficulties, despite working with an overwhelmingly large and difficult case load. The concept of an experimental community-based probation office staffed by para-professional personnel, appears to have been implemented without adequate training for the outreach workers.

The needs of these workers include:

- 1) the acknowledgement that training of some sort is badly needed,
- 2) basic interviewing skills and information gathering skills,
- 3) the realization that all clients who are referred to Probation Outreach are not appropriate for supervision and counseling by Outreach workers, and referral to other agencies, or at least professional support, is necessary in treating these clients. Outreach workers are presently so inundated with inappropriate clients that even if they had the skills which were necessary to work with their appropriate clients, they would simply not have the time or energy to do so, (It is imperative that screening criteria and decision rules be developed for clients who need an experience which Probation Outreach cannot provide).
- 4) evaluation skills - in order to identify problem areas of Probation Outreach clients. These skills are necessary both for referrals, and for appropriate problem-focused interventions.
- 5) counseling skills for developing and maintaining rapport with clients, and to discover the problems in daily living that the client experiences.
- 6) an awareness of the utility of a wide range of educational, social and vocational experiences for clients of different types.
- 7) an awareness of existing community resources. After appropriate evaluative steps have been taken and problem areas have been defined, effective referrals may then be made for specific difficulties.
- 8) clarification of outreach workers' roles in the human services network. Basic guidelines for how to interact effectively with the many varieties of social services' personnel needs to be taught.

Other Community Agencies

Other community agencies who are charged with the responsibility of working with delinquents have also been contacted. However, more cursory assessments of the needs of these agencies were made. The workers at most of these community agencies seemed to be reasonably open to the notion of receiving training, and seemed to have a somewhat more positive, less defensive, attitude toward mental health professionals.

Formulation of Strategy

In order to provide maximum impact in the shortest possible time span, it was decided to concentrate on training and consulting with limited sectors of the Syracuse School System and Probation Outreach. This strategy maximizes the chances of a successful training experience, and for consequent client

gain. It was decided that entree into the remainder of the schools, probation sectors, and other community agencies would be greatly facilitated by having highly successful model programs (i.e., at one school and Probation Outreach) to demonstrate the effectiveness of the training and consultation.

The pilot project (small scale/intensive) approach is also necessitated by the innovative and experimental nature of the project itself. It seemed essential that before experimental teaching and consultation techniques be applied on a wide scale throughout the school and probation systems that A.P.S.T. demonstrate the validity of these approaches in two ways. First, it is imperative that A.P.S.T. demonstrate that the application of the present training and consultation package actually results in the acquisition of skills by school and Probation Outreach trainees. Second, it is imperative that A.P.S.T. demonstrate that probationers and school students profit in some way from those skills which have been acquired by their teachers or probation workers.

Once committed to the notion of an intensive pilot program, the A.P.S.T. selected one junior high school, H. W. Smith Junior High, as a model training target within the Syracuse School System. Probation Outreach was selected as the division of probation which would serve as the model program. The decision to focus first on Probation Outreach was determined by several considerations. It was felt that because of its community based format, which is the presumed prototype of the entire probation system, it made good sense to invest A.P.S.T. efforts in this particular project.

It was decided to divide A.P.S.T. efforts into two phases. The first phase would consist of an emphasis on intensive training and consultation with H. W. Smith and Probation Outreach personnel. Phase II would consist of the application of successful training and consultation techniques to the remainder of probation and the school system.



Orientation of the Program

I. Emphasis on training

Every attempt will be made to encourage trainees to perform those functions which they can be trained to perform autonomously. One essential skill which must be taught is the ability to identify those situations in which they can function effectively without psychiatric consultation or back-up. This would permit trainees to keep many clients involved within a single agency (whenever this is appropriate). The strategy of working autonomously and avoiding inappropriate referrals has several anticipated benefits, including:

A. When inappropriate consultations and referrals are avoided, the delay in intervention which would be expected to occur as a concomitant of the referral process is reduced or eliminated. This contributes to greater efficiency in workers' daily functioning and enhances the timing of many critical interventions.

B. This strategy minimizes "lost clients," a phenomenon which occurs when clients are unnecessarily shuttled from agency to agency.

C. A decrement in the number of inappropriate referrals cuts down on the unnecessary waste of the psychologist's or psychiatrist's time. Hopefully, by training staffs to function in a competent and relatively autonomous manner, the need for continuous intensive supervision of these personnel will be obviated. This should minimize the cost of maintaining adequate levels of staff expertise which are necessary to meet the demands of their client populations.

II. Method of training

In each of the training efforts, three major types of learning and behavior change will be utilized: didactic, experiential, and modeling approaches.

I. A. The didactic approaches utilize multi-media teaching techniques whenever possible. They accommodate the learning styles of many types of trainees and maximize impact of presentations while facilitating transfer of learning. The use of video tape permits training of new personnel and makes possible refresher sessions on an as needed basis, without requiring the presence of trainers. Therefore, these video training modules can significantly reduce future training costs.

B. The experiential component emphasizes teaching in actual job-performance situations. This approach insures maximal relevance of the content of training efforts and minimizes the need for trainees to transfer "extra-situationally learned" concepts to their actual job performance. In other words, what is emphasized is only that which is needed for effective job performance.

The group-oriented didactic learning experience is complemented and supplemented by the more individualized interactions between trainers and trainees, as they work side by side on actual cases that arise during trainees' work day. These personalized interactions permit the accommodation of training efforts to the unique learning styles and varied levels of pre-training functioning which characterize trainees.

The more individualized experiential approach also permits trainers and trainees to continuously monitor the accuracy with which trainees are receiving and processing the informational content presented during the didactic sessions.

C. During childhood a substantial portion of what people learn about "how to do things" is learned by imitating those role-models that are available for observation. The process of imitation or "modeling" continues to function as a potent source of learning in adults. For this reason, modeling will be employed as a prime source of learning in the A.P.S.T. training and consultation programs. This is possible since A.P.S.T. staff are along-side trainees at both

H. W. Smith Junior High and Probation Outreach on a four day per week basis. During this time trainees will have the opportunity to observe the trainers model effective evaluation and intervention techniques. It is also within this context that trainees gain an opportunity to observe trainers interacting with other workers and professionals.

III. Experimentally validated training techniques

During the early stages of the project; training will be confined to a relatively circumscribed population: H. W. Smith Junior High School and Probation Outreach. Much of the didactic training materials have already been proven effective in similar training situations. The validity of the other training materials and approaches will be tested empirically vis-vis their ability to facilitate the acquisition of new skills in trainees. The effectiveness of these training procedures in fostering client benefits will also be assessed empirically

IV. Trainees receive multi-disciplinary "back-up" by mental health professionals

While trainees are experimenting with newly acquired intervention and evaluation skills, they have ready access to A.P.S.T. A.P.S.T. trainers are skilled in a wide variety of evaluational and therapeutic techniques. A.P.S.T., in turn, has the back-up support of the Hutchings Psychiatric Center's Center for Youth Services' Day Treatment Program and Out-Patient Services, in the event that special interventions or evaluations become necessary. Similarly, R. H. Hutchings' new Neuropsychology Laboratory is available for cases in which special evaluations for organic brain syndromes and associated behavioral disabilities are indicated.

The back-up system which has been provided for trainees serves several purposes, including:

A. When trainees know that they are adequately supported by trained specialists, their anxiety over trying to implement newly learned skills should decrease. This decrement in anxiety should lead to a corresponding increase in the probability that they will utilize their new skills on an experimental basis.

B. By providing professional back-up to trainees throughout the training period, higher quality client-care for those junior high school students and probationers whose needs are serviced by the trainees is made possible.

C. As trainees receive the benefits of expert evaluations and consultations on their training cases, the likelihood that they will continue to request expert back-up, when appropriate, increases. Knowing when to request back-up services is a high priority skill in the overall content of the A.P.S.T. training program.

D. The trainees' utilization of A.P.S.T. and Hutchings Psychiatric Center back-up services enhances Hutchings' relationship with the community. Productive and mutually beneficial interagency interactions will hopefully endure, resulting in a variety of community workers feeling more comfortable in consulting with Hutchings personnel, and in utilizing their services.

V. Information content of training: a multi-focal model for effective intervention with delinquent youth

Those evaluational and therapeutic strategies which are presented to the school system and probation trainees are closely derived from the working model which the trainers utilize in their work with delinquent youth. Specifically, if intervention strategies are to yield consistently productive results, then differential strategies must be specifically geared to the needs of individual clients; that different sub-types of delinquents require markedly different types of intervention strategies; and that there is no single treatment

modality or approach which is a panacea for all juvenile delinquents.

In order to apply differential treatments in a rational and informed manner, two pre-requisites must be present. First, the use of systematic methodology which permits the worker to identify areas of functioning which are problematic for the individual delinquent. Toward this end a set of four discrete sub-types of juvenile delinquents has been developed for use as a set of guidelines for the application of differential treatments. (Siegal, in manuscript). Second, once those areas of problematic functioning have been identified, the worker must be equipped with a battery of differential treatments with which to attack the problems which he/she has identified. In addition to those intervention techniques which the worker has mastered, it is imperative that the worker have a knowledge of the community resources that are available to the client for those services the worker cannot provide. This means that in addition to the acquisition of therapeutic and evaluational skills, trainees must also be taught referral skills and must develop a knowledge of existing community resources.

The simultaneous use of several specific intervention strategies increases the probability of therapeutic success, since this approach permits the worker to zero in on a greater number of clients' problem areas. Furthermore, workers then understand that if a client does not respond to one therapeutic effort, then he/she may respond to another.

It should be noted that competent management of individual adolescents must include supervision of their physical development, emotional-social development, and their intellectual and vocational development.

The final guideline which characterizes effective remedial attempts with juvenile delinquents is the principle that intervention must be initiated

at the earliest possible point in the development of a delinquent life-style.

Systems Level Difficulties: Syracuse Public School System

The current neuropsychological literature indicates that a large sector of those adolescents who have become adjudicated delinquent have encountered chronic school-failure which clearly appears to be related to the staggering incidence of specific learning disabilities in juvenile delinquents (Berman & Siegal, 1976 a; Berman & Siegal, 1976 b, Fitzhugh, 1972; Hurvitz et al, 1973; Siegal, in manuscript). If these children are to avoid the cycle of chronic failure, frustration, and aggression at school, it is imperative that the school be able to provide a wide variety of special evaluative services for these youths. Also imperative is that a wide variety of highly structured vocational training experiences be provided for these youths so that a more conventional work oriented, and productive life-style becomes an attainable reality (Berman & Siegal, 1976 a; Siegal, 1975). The problem of how to fit these impaired youths into the socio-economic and educational systems concerns workers who deal with pre-delinquent adolescents as well as those who work with adjudicated juvenile offenders, who by law must remain in the school system until the age of sixteen.

In an attempt to prepare the many impaired delinquent and pre-delinquent adolescents of Onondaga County for successful entry or re-entry into society, the cooperation of the New York State Office of Vocational Rehabilitation (OVR) is being sought. It is hoped that OVR will be able to begin evaluating and counseling chronically impaired youths at an earlier age than is now typically the case. OVR subsidization of, and placement in, vocational work-study programs will also be a necessity if the needs of this work-study population are to be met. The need for OVR involvement with early adolescents in an innovative method of



delinquency prevention was recommended as the result of a recent L.E.A.A. Grant which was recently conducted in Rhode Island (Berman & Siegal, 1976 a). A working relationship with OVR is in progress with the initial step consisting of A.P.S.T. providing Central New York Regional OVR with a series of workshops on evaluation and diagnostic procedures for use with delinquents. Another workshop on general, clinical-neuropsychological diagnostic procedures also will be presented.

A second systems level difficulty which besets the Syracuse Public School System arises when the needs of atypical students reach proportions which the facilities and personnel of the school system cannot reasonably meet. Unfortunately, there seems to be a relative paucity of knowledge on the part of school system personnel about community service agencies, outside of the school system, which might be called upon to assist in meeting the needs of these atypical students. It hardly needs to be stated again that if the academic, social, vocational, and physical needs of these atypical students are not met, then these will be high-risks for subsequent delinquent behavior.

In order to enhance school personnel's awareness of existing community agencies and programs which might be of use in working with students three tactics are being attempted by A.P.S.T. These include:

1. A concentrated orientation to various community agencies with guidelines on how to utilize them effectively.
2. A revised table of contents for a comprehensive manual of services which are available to adolescents throughout Onondaga County. This table of contents is arranged by categorized topic headings to make access and awareness of community agencies an easily attainable reality for school system staff. Once the school system trainee or worker has been able to

identify a problem area in the life of an adolescent with whom he/she is working, all of those agencies which provide evaluation or treatment for such problems may be found quickly by entering the County Services Directory via the categorized table of contents. Distribution of this document will accompany training with each agency.

3. A.P.S.T. is attempting to gain the cooperation of the Onondaga County Department of Mental Health in scheduling regular, large scale meetings of workers from many of the agencies who service the needs of adolescents in order to foster better communication between workers from these various agencies.

Many probationers that trainees at Probation Outreach encounter show chronic psychiatric, neurological and specific learning disorders. These require rather costly evaluations, prevocational and vocational counseling, and placement if intervention efforts with this sub-population are to be effective. A liason similar to that which has been described earlier with regard to the school system is also in the planning stage. This would provide easier access to OVR services for chronically impaired juvenile offenders who are being seen at Probation Outreach.

A great deal of damage to the concept of Probation Outreach has been done by expecting untrained personnel to function independently, and to interact with courts, community agencies, and clients without having been equipped with the necessary skills. Probation workers complain that few, if any, community agencies will provide them with follow-up data on the probationers whom they referred to the community agency. Once Probation Outreach staff are trained by A.P.S.T., it will be necessary to attempt to mediate between Probation Outreach, the judiciary, and workers at other community agencies in order to improve their working relationships.

A.P.S.T. has often observed poor supervisor-worker relationships at Probation Outreach. Hopefully, by giving supervisors training in supervisory skills, these interactions may be placed on a more productive plane.

The following materials have been included as appendices to this article:

Appendix A: Descriptive Model for A.P.S.T. Training, Consultation, Clinical Involvements and Evaluative Research

Appendix B: Pilot Project Training Formats: H. W. Smith Junior High School, Syracuse, New York

Appendix C: A.P.S.T. Consultation Formats

Appendix D: Evaluation Design: H. W. Smith Junior High School, Pilot Project

Appendix E: Pilot Project, Training Formats: Probation Outreach, Syracuse, Onondaga County, New York

Appendix F: Evaluation Design: Pilot Project, Onondaga County Probation Outreach, Syracuse, New York

Appendix G: A.P.S.T. Conducted Systems Analyses and Consequent Applications

Appendix H: Rational for the Onondaga County Delinquent Flow Systems Research Project

Appendix I: Communication Skills Workshop

Appendix J: Outline of the Evaluation Skills Training Package

Appendix K: Clinical Evaluations of Two Cases Referred by Probation

Appendix L: Categorized Table of Contents for Directory of Services for Adolescents in Onondaga County

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Appendix A

Descriptive Model for A.P.S.T. Training,
Consultation, Clinical Involvements and Evaluative Research

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|--|--|---|--|
| <p>Training</p> | <p>Consultation</p> | <p>Systems Analysis and Applications</p> | <p>Evaluative Research</p> |
| <p><u>Content Areas:</u></p> <ol style="list-style-type: none"> 1. The Evaluation & Referral Process 2. Communication Skills 3. Classroom Management Skills | <p><u>Consultation Formats:</u></p> <ol style="list-style-type: none"> 1. On-site consultation service at Smith School four days per week. 2. Neuropsychological consultation with Pupil Services-Committee (Smith) one day per week. 3. Special Evaluations of atypical cases at Hutchings: Neuropsychological and Psychiatric | <p><u>Special Projects:</u></p> <ol style="list-style-type: none"> 1. Develop working liaison and pilot projects with OVR to create work-study curricula for atypical students 2. Study decision making process underlying PSC referrals. 3. Develop School-Probation liaison. | <ol style="list-style-type: none"> 1. <u>Hypothesis I:</u> The administration of each of the 3 Training Packages has resulted in the acquisition of skills by the trainees. 2. <u>Hypothesis II:</u> The acquisition of various skills by the trainees has resulted in a decrease in problematic student behaviors in school. (Three measures of problematic behaviors are utilized) |
| <p><u>Content Areas:</u></p> <ol style="list-style-type: none"> 1. The Evaluation & Referral Process 2. Communication Skills | <ol style="list-style-type: none"> 1. On-site psychological consultations four days per week. 2. On-site neuropsychological consultations four days per week 3. Special Evaluations of atypical cases at Hutchings: Neuropsychological & Psychiatric | <p><u>Special Projects:</u></p> <ol style="list-style-type: none"> 1. Develop working liaison and pilot projects with OVR to create work-study curricula for disabled probationers. 2. Develop Probation liaison with school. | <ol style="list-style-type: none"> 1. <u>Hypothesis I:</u> The administration of each of the 3 Training Packages has resulted in the acquisition of skills by the trainees. 2. <u>Hypothesis II:</u> The acquisition of skills by trainers is associated with improved status of probationers. |

Similar but less intensive programs will be offered at Syracuse Youth Referral; Syracuse Court Rehabilitation Project, CYMCA, etc., following the completion of the Phase I Pilot Projects. The programs will closely resemble those which are described for Probation Outreach.

Appendix B

Pilot Project Training Formats:
H. W. Smith Junior High School, Syracuse, New York

Instructional Skills Training
 Videotaped Workshops Presentations

Trainees: H. W. Smith Junior High:
 Teaching staff will be trained at the
 rate of one hour per week plus additi-
 onal consultation time which is arran-
 ged at the discretion of the trainee.

Force of Learning: Didactic Video-
 taped presentations.

Contents of Training: Module #1 -
 "Situation Skills Workshop (See
 Appendix B, section 3) "Screening
 Skills Workshop"

Trainees: H. W. Smith Pupil Services
 Committee and special supporting staff.

Force of Learning: Didactic video-
 taped presentations.

Contents of Training: Module #1 -
 "Screening Skills Workshop"

Module #2 - "Conducting Evaluations,
 Constructing Formulations & Making
 Recommendations"

Module #3 - "Making Effective, App-
 ropriate Referrals"

"Utilizing Community Resources"
 See Appendix B, section 3)

Communication Skills Training
 Videotaped Workshops

Trainees: All School Personnel

Source of Learning: Didactic video-
 taped presentations, Experiential
 workshop sessions. (See Appendix B,
 section 2)

Content of Training: These workshops
 develop those behaviors which are
 necessary for the trainees to establish
 and maintain communicative contact with
 individual students.

Types of skills included are:

1. How to build rapport.
2. How to gather information about the
 students' problem.
3. How to reflect back to the student
 what the teacher-trainee has heard
 in an accurate way, that conveys to
 the student that the teacher-trainee
 has understood his problem.
4. How to move students toward actual
 behavior change.
5. How to engage parents in intervention
 which involve their children; How
 to enlist their cooperation.

Classroom Management Skills
 Training

Trainees: All School personnel

Source of Learning: Didactic video-
 taped experiential workshop sessions.
 (See Appendix B, section 1)

Content of Training: These workshops
 are composed of four modules, each of
 which teaches skills to assist the
 teacher in maintaining the integrity
 of the classroom so that a supportive,
 structured milieu can be provided for
 students.

Module #1 teaches behavior modification
 techniques (non-aversive only) for
 teacher-trainees to utilize in chang-
 ing problematic student behavior in
 the classroom.

Module #3 teaches the use of contin-
 gency contracting techniques which aid
 in maintaining acceptable student
 behavior.

Module #4 teaches skills which permit
 the teacher-trainee to enlist the
 parents support in helping the student
 change his/her classroom behavior.

Appendix C

A.P.S.T. Consultation Formats

On-Site Consultations
A.P.S.T. Access Room at School

Consultees: All school personnel have access to A.P.S.T. - 9:00am - 3:30pm at A.P.S.T. room at H. W. Smith School, 4 days per week.

Source of Learning Utilitized:

Experiential: Trainees can meet with A.P.S.T. trainers, with or without "problem student present," for consultation or supervision on individual cases or to discuss new intervention techniques.

Trainers also frequently go out to teachers' (trainees') classrooms at the request of the trainee to observe and critique the trainee. This information is used by the trainee in consultation sessions with the trainer.

Modeling: Often trainers will model target helping behaviors for trainees, using actual case material.

Consultants: Porosoff, Freund, Nigenes

Consultees: Faculty & Staff in joint meetings with parents & students.

Style of Learning: Experiential involvement with didactically presented parent conferencing techniques. Trainers model these techniques for trainees.

Consultants: Freund, Nigenes, Porosoff

Weekly Meeting of Pupil Services Committee at H. W. Smith Jr. High School

Consultees: Pupil Services Committee at Smith is composed of Special Education, Social Work, Counseling, Administrative Personnel, School Psychologist, and Nursing Personnel.

Source of Learning Utilitized:

Didactic: Didactic presentations regarding syndromes of psychopathology and/or neurological dysfunction which presented cases may manifest.

Modeling: A.P.S.T. consultant models the evaluational strategies which are presented in the formal training sessions on actual case material which is presented by PSC personnel.

Experiential: PSC members are afforded an opportunity to experience the effects of new evaluational therapeutic, and management with respect to the results of actual interventions in which they participate, as part of their daily practice.

Consultants: Siegal, Porosoff

Special Evaluations:
Hutchings Neuropsychology Laboratory & Ctr. For Youth Services

Consultees: Either the school psychologist or the PSC may refer cases, through the school psychologist, for special evaluations. These special cases include neurological, neuro-psychological, psychiatric consultations as well as family studies.

Source of Learning Utilitized:

Didactic: Didactic presentations of diagnostic and evaluative findings are made in written case reports. This data is also presented orally at PSC meetings and discussed.

Consultants: Siegal: General Evaluations
Neuropsychological Evaluations
Coordination of Psychiatric Evaluations



Appendix D

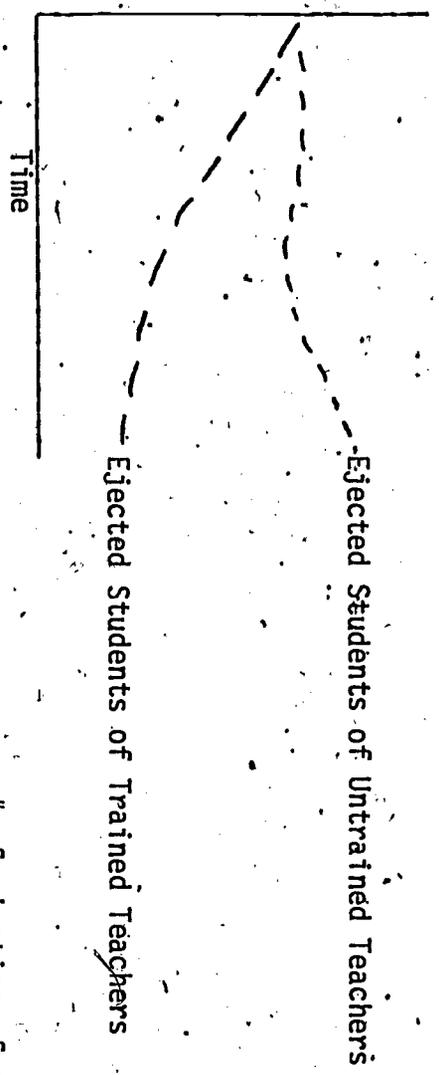
Evaluation Design: H. W. Smith Junior High School, Pilot Project

Step II: Evaluates the effects of school personnel training on students' behavior.

Hypothesis: Effective (see results of step I) training of school system personnel in classroom management techniques will be associated with a decrement in student behavior problems as reflected in decreases in the following measures:

1. number of ejections from classrooms
2. number of suspensions
3. number of ejections from school

Number of ejections from classroom



suspensions at Smith 1973-1975

suspensions at Smith 1975-1976

| | |
|------------------|----------------------------|
| Total equals "X" | Total equals less than "X" |
|------------------|----------------------------|

of ejections from school at Smith 1973-1975

of ejections from school at Smith 1975-1976

| | |
|------------------------|----------------------------------|
| Total Tally equals "X" | Total Tally equals less than "X" |
|------------------------|----------------------------------|

*All data points are hypothetical

Appendix E

Pilot Project, Training Formats:
Probation Outreach, Syracuse, Onondaga County, New York

Evaluational Skills Training:
Videotaped Workshop Presentation

Communication Skills Training
Videotaped Workshop

Trainees: All Probation Outreach Personnel

Trainees: All Probation Outreach Personnel:

Source of Learning: Didactic videotaped presentations.

Probation staff will be trained at the rate of one hour per week plus additional consultation time which is arranged at the discretion of the trainee.

Contents of Training:

Module #1 - "Screening Skills Workshop"

Source of Learning: Didactic videotaped presentations.

Module #2 - "Conducting Evaluations, Constructing Formulations & Making Recommendations"

Contents of Training: Module #1 - Evaluation Skills Workshop (See Appendix B, section 3) "Screening Skills Workshop"

Module #3 - "Making Effective, Appropriate Referrals"

Trainees: All Probation Outreach Personnel

"Utilizing Community Resources" (See Appendix B, section 3)

Source of Learning: Didactic videotaped presentations.

Contents of Training:

Module #1 - "Screening Skills Workshop"

Module #1 - "Screening Skills Workshop"

Module #2 - "Conducting Evaluations, Constructing Formulations & Making Recommendations"

Module #2 - "Conducting Evaluations, Constructing Formulations & Making Recommendations"

Module #3 - "Making Effective, Appropriate Referrals"

Module #3 - "Making Effective, Appropriate Referrals"

"Utilizing Community Resources" (See Appendix B, section 3)

Utilizing Community Resources" (See Appendix B, section 3)

Appendix F

Evaluation Design: Pilot Project
Onondaga County Probation Outreach, Syracuse, New York

Pre-Training
Dependent Variables
specified in cells
A I & A II

Post-Training
Dependent and
Variables Specified
in cells C I & C II

Post-Training

| | | | | |
|--|--|--|--|--|
| 1. Attitude toward training (inventory) | | 1. Attitude toward training (inventory) | | 1. Attitude toward training (inventory) |
| 2. Dyadic encounter with client (rated) | | 2. Dyadic encounter with client (rated) | | 2. Dyadic encounter with client (rated) |
| 3. Dyadic encounter with worker from another agency | | 3. Dyadic encounter with worker from another agency | | 3. Dyadic encounter with worker from another agency |
| 4. Probation worker effectiveness scale | | 4. Probation worker effectiveness scale | | 4. Probation worker effectiveness scale |
| 5. Community Resources utilization Measure (actuarial) | | 5. Community Resources utilization measure (actuarial) | | 5. Community Resources utilization measure (actuarial) |
| 6. Evaluational Skills Index (rated) | | 6. Evaluational Skills Index (rated) | | 6. Evaluational Skills Index (rated) |
| NO TRAINING | | NO TRAINING | | |
| TRAINING AS DESCRIBED | | TRAINING AS DESCRIBED | | |
| NO TRAINING | | NO TRAINING | | |
| TRAINING AS DESCRIBED | | TRAINING AS DESCRIBED | | |

A
2 weeks

B
10 weeks

C
2 weeks

D
10 weeks

E
2 weeks

Appendix G

A.P.S.T. Conducted Systems Analyses and Consequent Applications

Many of the A.P.S.T. training and consultation programs which have been presented thus far have focused upon trainee's interventions with individual delinquents or pre-delinquent youth and/or their nuclear families. The reconnaissance and needs assessment which were conducted by A.P.S.T. early in the grant period suggested that several aspects of the school, probation, and mental hygiene service delivery systems were operating in less than optimally effective styles. It was felt that several of these snags within the aforementioned systems might be subjected to closer study and eventually to change which would presumably enhance the effectiveness of these service delivery systems. These "systemic trouble spots" along with a few tentative proposed solutions are presented in this section of the present report for each of the following systems:

- A. The Syracuse Public School System
- B. Onondaga County Probation Outreach
- C. Onondaga County's Mental Health and Juvenile Correctional Facilities
(Public Sector Only)

Appendix H

Rational for the Onondaga County Delinquent Flow Systems Research Project

Four basic sub-types of Juvenile Delinquents have been defined on the basis of the neurological, psychiatric and neuropsychological signs and symptoms at the present upon detailed empirical study (Siegal, in press.) Each of these four sub-types: "The Impaired Delinquent," "The Epileptoid Delinquent," "The Emotionally Disturbed Delinquent," and "The Atypically Socialized Delinquent," requires discretely different modes of intervention. When non-specific treatment modalities have been indiscriminately applied across these four sub-types of juvenile delinquents the results have often not only been ineffective but actually have been counter productive.

The decision rules for the application of various treatment modalities for these sub-types of delinquents must be based upon the manifest symptomology which they present and upon the results of special diagnostic procedures. The present study attempts to elucidate those decision rules which are actually used in the Onondaga County area in those agencies which purport to meet the treatment needs of juvenile delinquents. One of the goals of the present study is to assess the discrepancy between what "is" and what "should be."

Tracing Juveniles Through Services in Onondaga County: An Overview:

Design: An attempt will be made to study the movement of adolescents through the juvenile justice system. This project will be coordinated by Andrew Siegal, Adolescent Psychiatric Services Team, Hutchings Psychiatric Center. Dr. Jonathan Freedman, Director of Education and Training at Hutchings is serving as a consultant. The study will be carried out by a graduate student in sociology; Suzanne Mc Mahon (Syracuse University) and an Empire State College student and Hutchings Psychiatric Center Forensic Unit staff member; Nina Wright.

First Phase: Our first step would be to contact the people who officially come in contact with adolescents who are assigned to the juvenile justice system. These agencies include: 1) Schools; 2) Probation Intake; 3) Family Court; 4) Hillbrook Detention Center; 5) Police Department 6) Syracuse Youth Referral Service. Agencies within the mental health sector which will be studied include Crouse Irving Memorial Hospital, Hutchings Psychiatric Center, and Child Guidance Services.

Second Phase: On a given day, once we have completed Phase I, we will collect a list of every child between the ages of 13 and 18 who has come into contact with each agency on that day. There may be perhaps one hundred young people on any such day throughout the county. This will constitute our sample.

Third Phase: Our intent is to trace the movement of these youngsters. At periodic intervals over the course of the next five months we will monitor these subjects in order to trace their movement through the juvenile justice and mental hygiene systems.

Hypothesis: It is hypothesized that perhaps 10 to 20% of the adolescents will have moved through more than one agency in the system. Perhaps 30 to 40% will attrit. The remainder will probably remain at one or another agency. During the course of the study attempts will be made to gather demographic and diagnostic data on each subject in cooperation with the community agencies which have responsibility for their treatment. It is hypothesized that decisions regarding placement discharge and transfer of identified subjects will be based upon considerations of administrative concerns rather than upon well formulated diagnostic and therapeutic considerations.

Appendix I

Communication Skills Workshop

Alexander (1974) has discussed several general areas of helping skills that are necessary for effective therapy. Four of these which would appear to be particularly useful to school and probation workers include: concreteness and behavioral specificity, congruence (i.e., consistent rather than conflicting messages), source responsibility (i.e., being responsible for only one's own behavior, and encouraging other's to do the same), and presenting alternatives. These skills, will be taught to probation and school personnel through the use of videotapes, identifying "helping" and "non-helping" dimensions; lectures; discussions; and role-plays. Reflecting, focused responding, attending to both cognitive and affective content, observation skills, confrontation (as opposing to blaming), assertion (as opposed to aggression), and behavior change techniques (i.e., principles of reinforcement) also will be taught using similar procedures. Of course, the context that these skills are presented in will reflect the type of work that is done by the particular staff being trained.

Appendix J

Outline of the Evaluation Skills Training Package

Module #1 - "Screening out clients with medically treatable syndromes of psychopathology"

Syndromes to be covered in training:

- A. Hyperkinetic Impulse Disorder of Childhood, (Minimal Brain Dysfunction)
- B. The Epilepsies
- C. Insomnia
- D. Depression
- E. Psychosis
- F. Neurotic Anxiety

Goal of training:

- A. Recognition of syndrome by trainee
- B. Trainees awareness of effective courses of action.

Module #2 - "The Evaluation Process"

- A. Understanding the evaluation process
- B. Conducting evaluations
- C. Constructing formulations (understanding)
- D. Making recommendations (action)

Module #3 - "Making Effective Referrals: Utilizing Community Resources"

- A. This module acquaints workers with the services which are provided by many specialized agencies within the Onondaga County area.
- B. Contained in this module are directives for interacting with professionals from other disciplines and provides guidelines on how to actually make a referral.
- C. The importance of obtaining follow-up information on clients who have been referred is stressed and directions for doing so are actively taught.

Appendix K

Clinical Evaluations of Two Cases Referred by Probation

Instruments

Halstead Neuropsychological Battery for Adults,
WAIS,
Trailmaking Tests A & B,
Modification of Halstead-Wepman Aphasic Examination,
Reitan's Sensory Examination

Name: J

Age: 17

Date of Examination: 8-6-75

Date of Report: 9-10-75

Place of Examination: Hutchings Psychiatric Center, Central Testing Service

Referred by: Paul Zajaceskowski, M.S.W., Center For Youth Services, H.P.C.

Out-patient Division

Identifying Data

J is a 17 year old, Caucasian male who was referred by Paul Zajaceskowski, his therapist at the Hutchings Psychiatric Center, Center For Youth Services, Out-patient Day Treatment Program. J had sustained a head injury during childhood in an automobile accident. He has experienced chronic academic difficulties, difficulty in modulating his anger and behavior problems. An assessment of this patient's current adaptive abilities was requested by his therapist so that vocational objectives could be set up. Both J and his therapist wished to know to what degree the patient's behavioral disabilities could be related to cerebral trauma sustained in the earlier car crash.

Results of Neuropsychological Testing

The patient's protocol is summarized by an overall Impairment Index of .4, which can be interpreted as being consistent with a level of behavioral impairment which is observed in neurological patients with mild to moderate behavioral deficits. J's abilities are markedly discrepant when his verbal skills are compared with his perceptuo-motor skills. This point is high-lighted by a difference of 27 points between his Verbal and Performance I.Q. values. The Verbal I.Q. falls within the Borderline Range (71) while the Performance I.Q. lies within the Normal Range (98). Consistent with this pattern is evidence of mild to moderate dysarthria (motor speech impairment), spelling dyspraxia and mild dyslexia. These signs are observed in the absence of constructional difficulties. Similarly his visuo-spatial skills are within the Normal Range as evidenced by normal performances on the Trailmaking Test (A) and PIQ sub-tests. When a verbal component is added to a spatial task (e.g., Trails B) his performance drops from the Normal to the Brain Damaged Range. When he works with his hands and uses his own visual and tactile perceptions as guidelines for action he can perform at normal levels. When he must deal with verbal material he functions in the Borderline Retarded Range. His difficulties with verbal material, which were probably due to both socio-cultural factors and early cerebral trauma have resulted in a strategic withdrawal from academic involvement which is reflected in his worst WAIS sub-tests, information 2, arithmetic 1, and vocabulary 4. His lack of academic progress is also, in all probability, partially attributable to his difficulty in memorizing verbal material.

His ability to maintain an attentional set seems quite good, especially when he is dealing with non-verbal material (Seashore Rhythm Test - Raw Score 24.). His tactuo-motor performances are a bit on the slow side, but approach normal limits. His dominant hand (R) is slower than would normally be expected in

comparison with the performance of the left-hand. Slowness of the right hand in comparison with the non-dominant, left-hand was also observed on a fine motor task (Finger Tapping, R=45; L=47). In spite of the slowness of the right hand on this task, both hands motor capabilities approximate the normal range. No sensory errors were observed on several tests involving tactile, auditory and visual modalities.

Interpretation

Several facets of this patient's neuropsychological protocol are consistent with hypotheses regarding the presence of cerebral dysfunction, with principal involvement of the left cerebral hemisphere. The patient's level of performance on 3 out of 7 of Halstead's validated predictors of brain damage fall in the brain damaged range.

Secondly, the marked differential between the patient's Verbal and Performance I.Q. values (difference = 27 raw score points) when viewed within the context of the total protocol are suggestive of underlying cerebral dysfunction. Again the direction of this difference, with Verbal I.Q. being impoverished suggest maximal involvement of the left hemisphere. The slowness of the dominant right hand which was observed on both a fine motor task and a more complex tactuo-motor task (TPT) suggests involvement of areas both posterior and anterior to the Rolandic Fissure. The presence of dysphasic symptomatology, (dysarthria, dyslexia, and spelling dyspraxia) also suggest involvement of left parieto-temporal cortex. This patient's adequate performance on the more purely spatial Trails A contrasts with a rather poor performance on Trails B, a more verbally oriented version of the same task, again providing one more independent sign of left hemisphere involvement.

The patient's complete absence of sensory deficits under conditions of bilateral simultaneous stimulation, the rather limited magnitude of the observed motor deficits along with his clear sensorium and adequate attentional abilities argue against hypotheses regarding the presence of acute or rapidly progressive lesions of the cerebral hemispheres. Similarly the patient's excellent tactuo-spatial and adequate visuo-spatial memory argue against the presence of an acute condition. The picture is more that of chronic impairment of verbal behavioral functions which are dependent upon the integrity of the left cerebral hemisphere.

Summary and Recommendations

1) Emphasize his strengths; avoid his weaknesses. J has several strengths which can be capitalized upon in working with him. He is a friendly, cooperative and likable kid. His appearance is that of a strong, tough young man who comes across as a "regular guy". Although he is not particularly verbose, he seems to get his point across to others enough to establish friendly relationships. He also seems to have an excellent sense of humor for someone with his level of verbal development. In summary, it could be said that he has satisfactory interactional skills in many areas and that these constitute one of his greatest assets. He is, although a bit foggy, oriented, and can maintain his attention when he concentrates. He is as good with his hands as most people in the general population, and performs quite well when asked to assemble things. J seems able to learn and remember

S

data which he obtains through tactile and/or visual modalities. If he can spend the majority of his time engaged in constructive manual labor, factory work of a relatively repetitive nature, or perhaps performing routine tasks at a gas station (without computing bills) he could probably be financially self-sufficient and experience an increment in his self-esteem.

In contrast to the relative ease with which J works with his hands, academics represent the greatest threat to his self-esteem and represent his greatest source of failure and frustration. His anxiety over failure is expressed by uncontrollable, inappropriate laughter which fades into raw anger which he attempts to defuse by fighting with peers and telling adults about various "ass kickin'" incidents. These stories are designed to frighten off the threatening adult and remove the source of threat. It seems to make good sense to emphasize those tasks which J can master (i.e., doing things with his hands) and to de-emphasize demands upon him for academic and verbal prowess.

2) Depressive Symptoms

J's motor activity is somewhat retarded, he experiences difficulty in falling asleep at night, diurnal variations - can't get going in the morning, and he consequently is unable to make morning appointments. Depressive symptomatology should be investigated in greater detail so that the efficacy of anti-depressant medication can be assessed. He must also be taught strategies for verbally expressing anger which are more direct than his obliquely directed "kickin' ass" stories yet less direct than engaging in actual violence. Systematic Human Relations Training seems well suited as a method for building in verbal labels for many of his diffuse feelings. Athletics might provide him with a needed physical outlet, as well. Although retroflected rage, etc., no doubt plays a role in his depressed affect and general condition the chronic failure and frustration which he encounters in his attempts to establish himself educationally, vocationally, and socially must be seen as primary in the etiology of these symptoms.

3) Clean Up His Living Habits and General Physical Condition

Although upon gross mental status examination J is oriented X 3, he has a rather foggy quality about his experience and demeanor. His disorganized sleep, alcohol and drug use no doubt exacerbate this picture. It is critical that:

- a) His sleep be regulated, if necessary by medications.
- b) Exercise must be provided and encouraged.
- c) Diet should be supervised.
- d) It is imperative that his alcohol and drug use be curtailed since these not only reflect his anxiety and depression but exacerbate these same underlying conditions.

Until J can function as a regulated, physical organism, the likelihood of his awakening for job interviews, paying attention in training, etc., is minimal.

Andrew W. Siegal, M.A.
Psychologist I

Dr. J. C. Kaspar
Chief Psychologist

August 18, 1975

Intake Notes

F is a 13 year old boy who comes referred to the Grant Team for evaluation at the request of his Parole Officer, Irene Wagner. F is currently involved in a court case which grew out of his pushing and/or punching a female teacher at Shea Junior High School during the past academic year.

History

F is, I believe, the youngest of several children of Mrs. J of Syracuse, New York. Father lives in Georgia; family is quite fragmented with no two persons in the house bearing the same last name. Mother has a history of clinical seizures. More detailed information will be contained in Dr. Freund's report on the family.

F has a long history of profound difficulty in school both academically and interactionally. There are several reports of F attacking teachers. When he reports these attacks his explanations are rather unclear, but they always involve a sense of frustration on his part, that the teacher is not understanding him. One of these attacks involved his use of a pair of scissors. He also has great difficulty in getting along with other children in school, frequently being picked on because of his diminutive stature and cute little-boy appearance. He tends to be quite shy and introverted and is extremely difficult to engage in conversation. Contact is more easily maintained and his verbal productions increase when he is working on something with his hands which he enjoys very much.

F shows marked difficulty in articulation of motor speech, is completely illiterate, knows one-half of the alphabet, and can only recite the numerical sequence through approximately 15. In addition to his verbal deficit he shows difficulty in his ability to sequence verbal or visual-spatial material. It is quite likely that the observed inability to sequence underlies both his inability to read and to manipulate numbers. He also manifests right-left confusion. Apparently tactile auditory and visual primary sensory pathways are intact. No detailed intelligence testing has been carried out yet but we would estimate his verbal I.Q. as falling in the Borderline range and his visuomotor skills in the Dull-Normal range.

Formulation

Much of F's academic difficulties and his inability to make himself understood by peers and teachers can probably be traced to his linguistic and sequencing deficits. He probably experiences extreme frustration at not being understood. Since his verbal skills are so clearly inadequate, it is impossible for him to express his frustration over not being understood initially and his subsequent anger in words and he expresses himself by pushing, punching, and whatever. School is also, no doubt, a very trying place for F to spend time, since he has great difficulty in assimilating and utilizing new information. This also frustrates him and lowers his self esteem.

Recommendations

1. Recommend full neuropsychological test battery in order to determine F's current level of intellectual functioning as compared with children his age. A fuller understanding of this child's adaptive abilities and deficits will be crucial to developing a rational treatment plan.

2. Since mother reports having seizures herself, and since F normally timid passive style is episodically interrupted by violent outbursts, the possibility of a convulsive disorder must be thoroughly evaluated. Recommend full EEG work up.

3. F shows clear evidence of expressive language disorder and tentative evidence of receptive language disorder. It is, therefore, recommended that a speech and hearing consultation be arranged in order to evaluate F's ability to perceive and organize verbal material. Examination of his syntactic organization also seems to be called for as well as his dysarthria so that remediation can be planned.

4. F is extremely ill at ease with other children and reacts to this anxiety by withdrawal. He cites many incidents of fights at school and it would, therefore, be very useful to observe F in a situation in which he is in an on-going interaction with other people his age. I feel that an evaluation and observation period at Hutchings Psychiatric Center, Center For Youth Services, Day Treatment Program would serve this purpose.

Andrew W. Siegal, M.A.
Psychologist I

Dr. John S. Howland
Unit Chief
Center For Youth Services,
Hutchings Psychiatric Center

AS:pjd
CC: Freund
Wagner
Howland

Appendix L

Categorized Table of Contents for
Directory of Services for Adolescents in Onondaga County

Community

Community Education

1. Bridge Program Institute For Community Development
2. Catholic Charities
3. Center On Human Policy
4. Consortium For Children's Services, Inc.
5. Huntington Family Center
6. Parents' Information Group For Exceptional Children

Community Organization-Mobilization

1. Catholic Charities
2. Center On Human Policy
3. Onondaga County Department of Mental Health Children's Services
4. Parents' Information Group For Exceptional Children
5. Seguin Community Services

Diagnosis

General Medical Evaluations

1. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association for Retarded Children, Inc.)
2. Children's Division Services, Onondaga County Department of Social Services
3. Onondaga County Probation Department
4. Upstate Medical Center, Division of Child and Adolescent Psychiatry
5. Seguin Community Services

Learning Disorder

1. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association for Retarded Children, Inc.)
2. Hutchings Psychiatric Center, Center For Youth Services
3. Children's Division Services, Onondaga County Department of Social Services
4. County of Onondaga, Probation Department
5. Upstate Medical Center, Division of Child and Adolescent Psychiatry
6. Seguin Community Services

Neurological Evaluations

1. Upstate Medical Center, Division of Child and Adolescent Psychiatry
2. Hutchings Psychiatric Center, Center For Youth Services

Psychopathology

1. Hutchings Psychiatric Center, Center For Youth Services

Psychopathology (continued)

2. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association for Retarded Children, Inc.)
3. Children's Division Services, Onondaga County Department of Social Services
4. County of Onondaga, Probation Department
5. Upstate Medical Center, Division of Child and Adolescent Psychiatry

Financial Resources

1. Children's Division Services, Onondaga County Department of Social Services

Legal Services

Advocacy

1. Center On Human Policy
2. Children's Division Services, Onondaga County Department of Social Services
3. County of Onondaga, Probation Department

Medical Services

Abortions

1. Pregnancy Tests
2. Children's Division Services, Onondaga County Department of Social Services

Alcoholism Treatment Information

1. Crouse-Irving Memorial Hospital Alcoholism Services
2. Alcoholics Anonymous, Al-Anon, Alateen
3. County of Onondaga, Probation Department
4. Children's Division Services, Onondaga County Department of Social Services
5. Seguin Community Services

Dental Care

1. Children's Division Services, Onondaga County Department of Social Services
2. Seguin Community Services

Drug Treatment Information

1. St. Mary's Hospital
2. Reachout
3. Boces Drug Abuse Prevention and Counseling Program
4. Children's Division Services, Onondaga County Department of Social Services
5. Seguin Community Services

General Medical Services

1. Children's Division Services, Onondaga County Department of Social Services
2. Seguin Community Services

Physical Therapy

1. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association For Retarded Children, Inc.)
2. Children's Division Services, Onondaga County Department of Social Services
3. Seguin Community Services

Special Physical Education

1. Children's Division Services, Onondaga County Department of Social Services
2. Seguin Community Services

Speech-Hearing

1. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association For Retarded Children, Inc.)
2. Children's Division Services, Onondaga County Department of Social Services
3. Seguin Community Services

Psychotherapy

Family Psychotherapy

1. Hutchings Psychiatric Center, Center For Youth Services
2. Crouse-Irving Memorial Hospital Alcoholism Services
3. Alcoholics Anonymous, Al-Anon, Alateen
4. Neighborhood Health Center, Individual and Family Services Unit
5. Bridge Program Institute for Community Development
6. Catholic Charities
7. Onondaga County Pastoral Counseling Center
8. Catholic Youth Organization
9. Onondaga County Child Guidance Center
10. Child and Family Service of Syracuse and Onondaga County
11. Children's Division Services, Onondaga County Department of Social Services
12. County of Onondaga, Probation Department
13. Syracuse University, Psychology Department, Children's Psychological Services
14. Fairmount Day Treatment Center

Group Psychotherapy

1. Hutchings Psychiatric Center, Center For Youth Services
2. Neighborhood Health Center, Individual and Family Services Unit
3. Catholic Charities
4. Catholic Youth Organization
5. Center On Human Policy
6. Child and Family Service of Syracuse and Onondaga County
7. Onondaga County Child Guidance Center
8. Children's Division Services, Onondaga County Department of Social Services
9. Onondaga County Pastoral Counseling Center
10. Syracuse University, Psychology Department, Children's Psychological Services
11. Seguin Community Services

Individual Psychotherapy

1. Hutchings Psychiatric Center, Center For Youth Services
2. Neighborhood Health Center, Individual and Family Services Unit
3. Catholic Charities
4. YWCA (Young Women's Christian Association)
5. Child and Family Service of Syracuse and Onondaga County
6. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association For Retarded Children, Inc.)
7. Onondaga County Child Guidance Center
8. Children's Division Services, Onondaga County Department of Social Services
9. Syracuse University, Psychology Department, Children's Psychological Services
10. Seguin Community Services

Social Skills Development

1. Hutchings Psychiatric Center, Center For Youth Services
2. New York State Division For Youth, Bureau of Placement and Counseling
3. Catholic Charities
4. Catholic Youth Organization
5. Child and Family Services of Syracuse and Onondaga County
6. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association For Retarded Children, Inc.)
7. Onondaga County Child Guidance Center
8. Children's Division Services, Onondaga County Department of Social Services
9. County of Onondaga, Probation Department
10. Syracuse University, Psychology Department, Children's Psychological Services
11. Seguin Community Services

Special Education

Vocational Counseling

1. New York State Division For Youth, Bureau of Placement and Counseling
2. Parents' Information Group For Exceptional Children

Vocational Placements

1. New York State Division For Youth, Bureau of Placement and Counseling
2. New York State Office of Vocational Rehabilitation (The State Education Department)
3. Onondaga Association For The Retarded (Onondaga County Chapter - New York State Association For Retarded Children, Inc.)
4. Children's Division Services, Onondaga County Department of Social Services

Vocational Rehabilitation

1. New York State Division For Youth, Bureau of Placement and Counseling
2. New York State Office of Vocational Rehabilitation (The State Education Department)
3. Children's Division Services, Onondaga County Department of Social Services

Supervision

Supervision of Adolescents

1. New York State Division For Youth, Bureau of Placement and Counseling
2. New York State Division for Youth, Bureau of Counseling, Advocacy
3. Children's Division Services, Onondaga County Department of Social Services

Supervision of Family

1. New York State Division For Youth, Bureau of Counseling, Advocacy
2. Children's Division Services, Onondaga County Department of Social Services
3. County of Onondaga, Probation Department

Crisis Intervention

1. Neighborhood Health Center Individual and Family Services Unit

Residential Treatment

1. New York State Division For Youth, Bureau of Placement and Counseling
2. Elmerest Children's Center
3. Fairmount Day Treatment Center

Residential Treatment (continued)

4. Catholic Charities
5. The Salvation Army
6. Berkshire Farm Center and Services For Youth, Central New York Community Consultation Center

Services For Retarded and Handicapped

1. Onondaga Association For The Retarded (Onondaga County Chapter New York State Association For Retarded Children, Inc.)
2. Syracuse Developmental Center
3. United Cerebral Palsy and Handicapped Children's Association of Syracuse, Inc.
4. Seguin Community Services

Day Treatment

1. Fairmount Day Treatment Center
2. Hutchings Psychiatric Center, Center For Youth Services, Day Treatment Program

Youth Referrals

1. City of Syracuse, Syracuse Youth Referral Program
2. YWCA (Young Women's Christian Association)

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