

Team Werner

Adrienne Horvath, Kolbee Wisniewski, Lexi Ukrop, & Tye Hooker

YTHJ400_SP24

"James", a teen boy within a juvenile detention center has just become very upset after hearing bad news. With no knowledge of coping strategies, James began to take out his anger on his environment. The staff, with no training of intervention strategies other than physical restraints, used force on James and broke his arm in the process. He was then put into seclusion without medical intervention despite him asking for a doctor multiple times. After being in seclusion for hours, James finally received medical attention, but no proper documentation was made of the encounter. After an internal investigation, the state opted to close the center down, which resulted in dozens of youth being transferred to facilities on the other side of the state as their families.



James's story is one of many that youth in Illinois JDC face where there is a ...

- Lack of mental health resources for youth in JDC to help them regulate and work through these difficult emotions
- Lack of understanding and empathy
- Overemphasis on physical restraints and seclusion.

These recurring themes has allowed us to pursue a mental health-based approach on the juvenile justice system

Lexi Ukrop

Sophomore, Justice Studies major with minors in Youth Justice and Environmental Studies. Passionate about rehabilitation & healing through use of agricultural practices.

Adrienne Horvath

Junior, Justice Studies major with a minor in youth justice.

Significant course work in intelligence analysis & passionate about juvenile criminal investigations.

Kolbee Wisniewski

May 24' graduate with a Psychology major & Youth Justice minor. Participated in CC Chicago ICYJ internship and hope to become a children's counselor.

Tye Hooker

Junior, WRTC major. Pursuing a career in freelance Journalism after graduation.

Scope of the problem

Involves Many Different Stakeholders



- Not being properly rehabilitated
- Closures result in displacement



- Understaffed
- Burn out
- Lack of training and support

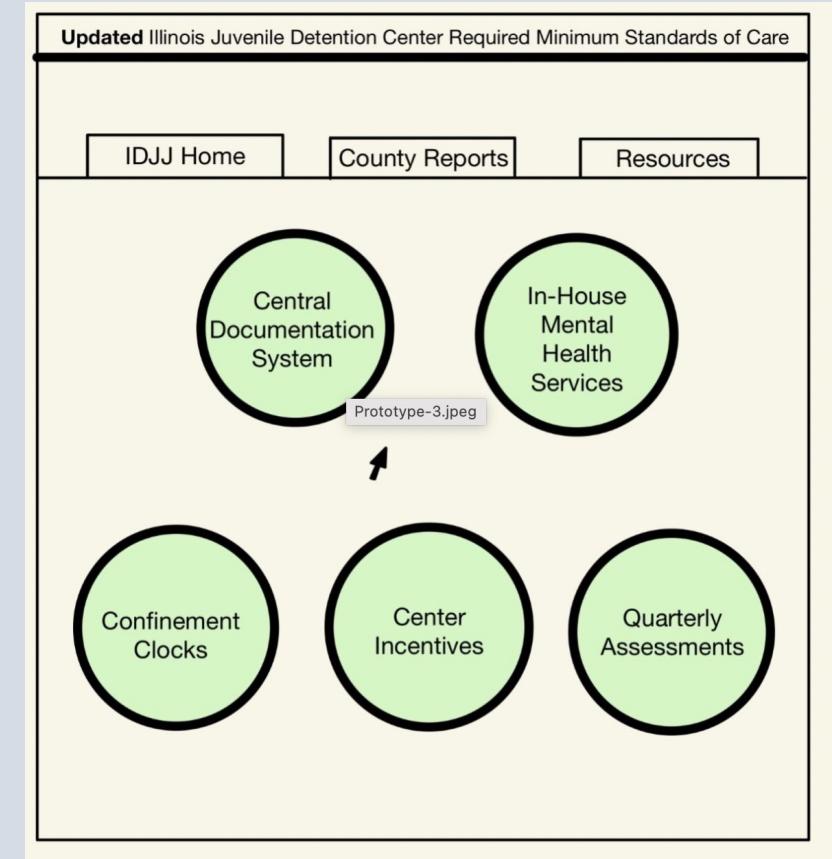
= non-compliance and overuse of seclusion



- Lack of funding
- Lack of MH services
- Lack of staff support

Original Strategy

- Focused on increasing staff compliance and accountability with a centralized documentation system
- Administrative approach



What didn't work

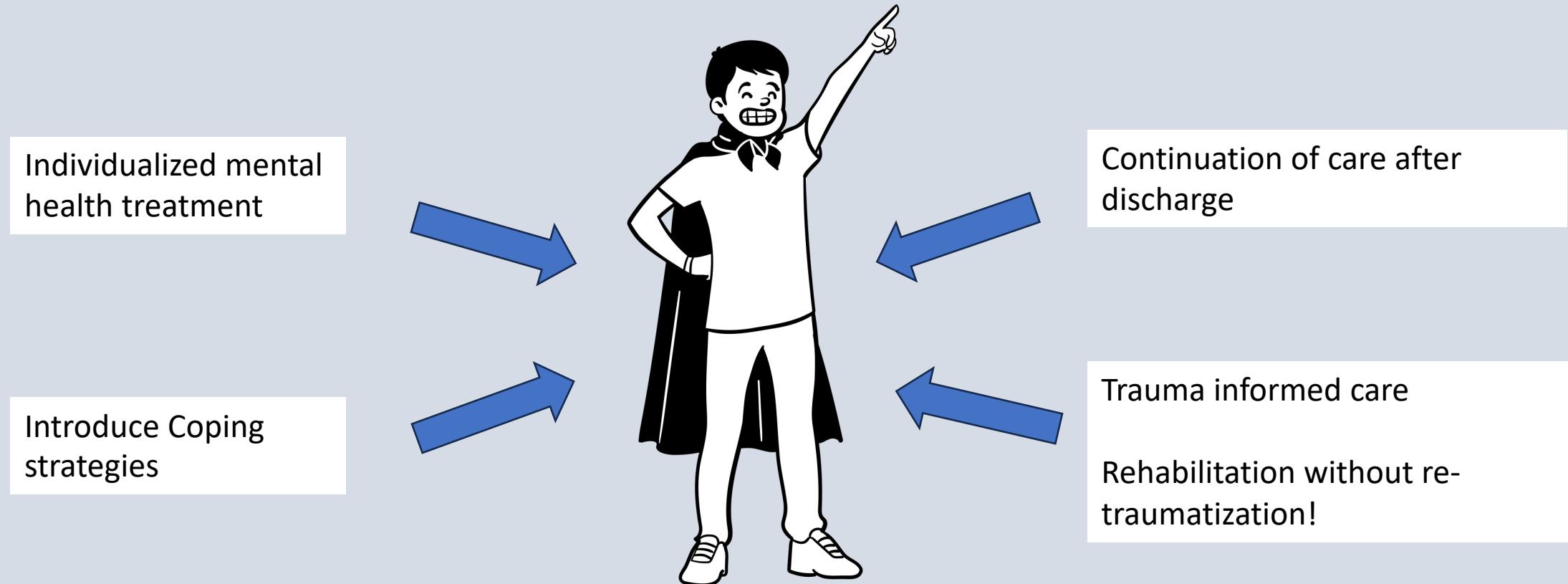
- Introducing new administrative tasks would only make staff compliance worse
- Monitoring the problem won't solve the problem

What we realized

- This plan overlooked the youth by focusing too much on the admin.
- If the needs of the youth are met through proper rehab. Force and seclusion can be reduced

New Strategy: Collaborative Rehabilitation

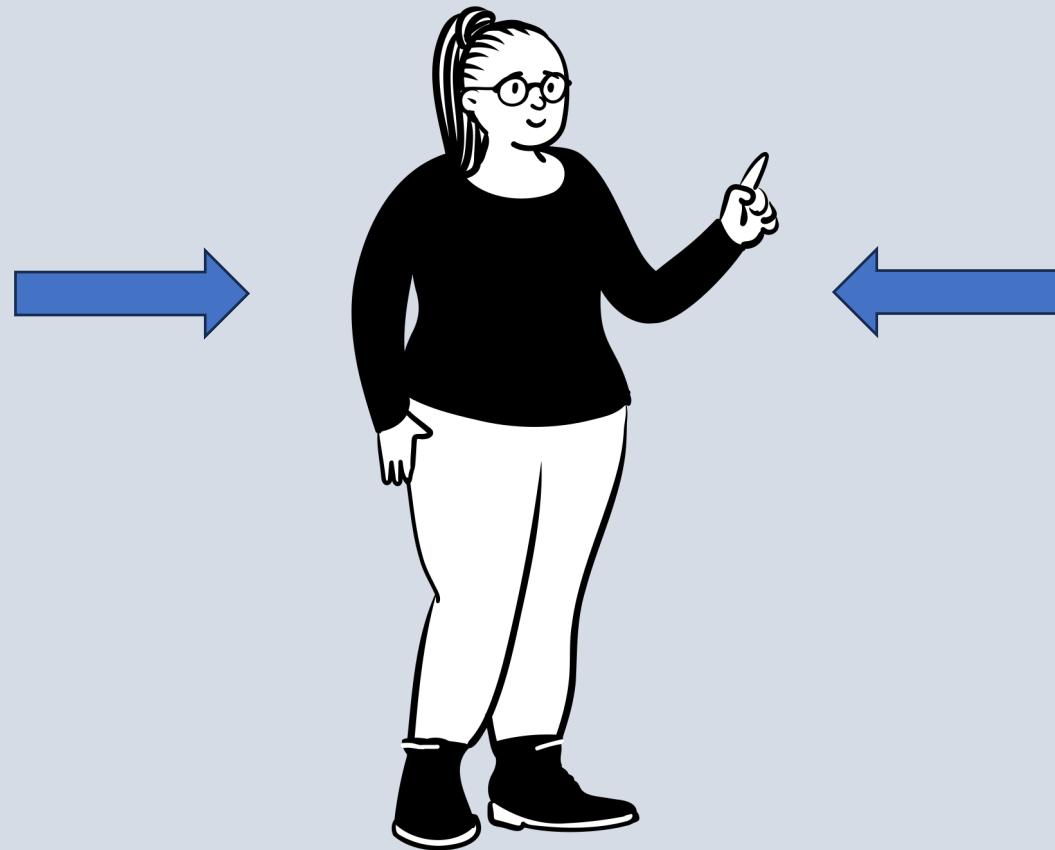
Youth Centered



New Strategy: Collaborative Rehabilitation

Emphasis on Staff

Mental Health Services
to avoid burn out and
empathy fatigue



Therapeutic options
training for:

- Trauma informed
care
- Redirection
strategies to
avoid the use of
force and
seclusion

HELPING RATHER THAN HURTING

If James were introduced to proper coping strategies in times of stress, he may have been able to direct his behavior in a less aggressive manor



If staff members were trained to intervene with empathy and understanding towards behavioral dysregulations, they may have been able to redirect James through a therapeutic conversation rather than with force and seclusion

If staff had mental health resources targeted towards burn out, they may be better able to address these youth therapeutically rather than using force to quickly rid themselves of the situation by means of force

If James had a supportive staff member to talk to and get to the roots of his behaviors, he could have a more rehabilitative experience in JDC rather than one that traumatized him

Call to Action

JJS

Hold facilities
accountable
+
take care of the
needs of the staff

JDC staff

Don't do what's
easiest for you, do
what's best for the
youth

POLICY

Introduce new
mandatory training
of on floor staff
+
More in house MH

Thank You!

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Hooker