International Journal of Applied Psychoanalytic Studies
Int. J. Appl. Psychoanal. Studies 11(2): 163–171 (2014)
Published online in Wiley Online Library
(wileyonlinelibrary.com) **DOI:** 10.1002/aps.1402

Delinquency Diversion using Home-based Psychotherapy and Therapeutic Mentoring

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ABSTRACT

Delinquency is often a source of crime and misery in a community. Truancy is frequently identified as a first step to delinquency too often resulting in a life of social deviance, addiction, and daily living instability. This paper provides case examples illustrating how long-term home-based psychotherapy, community supports such as therapeutic mentoring, and a strong mother can combine to divert delinquency in school aged children identified early with behavioral problems. Copyright © 2014 John Wiley & Sons, Ltd.

Key words: delinquency, home-based psychotherapy, community interventions, mentor, adolescents

Delinquency begins a nightmare of misery and contributes to the destruction in the quality of life in any community. Juveniles become involved in crime for a variety of reasons and in distinct trajectories being studied by the Office of Juvenile Justice Prevention (Kelley, Loeber, Keenan, & DeLamatre, 1997).

Delinquency is variously treated in different cultures. Some use purely punishment, early and hard. Other cultures see delinquency as a disorder of youth and seek to understand why a youth enters crime. Aichorn (1963) used psychoanalytic theory to describe delinquency as a symbolic act rather than a cold-hearted act of a young criminal. Redl and Wineman (1951) built on this in their work describing the ego functioning of aggressive children in residential care. Recent studies indicate the high vulnerability of males who exhibit school problems in elementary grades

Early aggression and school difficulties combined with attention deficient hyperactivity disorder (ADHD) diagnosis and child welfare involvement are predictors of delinquency (Shaw, Hyde, & Brennan, 2012). Attending school is a key ingredient to diverting delinquency. Truancy is often the first step to delinquency and all too often results in a life time of social deviance, addiction, and daily living instability. The cases described in this paper illustrate how long-

term psychotherapy and a strong mother can combine to divert a young child who displayed behavioral problems in first grade. The youth will graduate and not experience any out-of-home placement, hospital admissions, or incarcerations. The families remained intact and functioning in the community despite early indicators of risk. The mothers acted early and stuck with it with the support of the clinic's therapists, medical and psychological back-up, and a responsive administrative staff supporting the professional staff and clients.

The two cases involve single mothers of color and one clinic with multiple therapists and a unifying philosophy of long-term, home-based psychotherapy. The role of the therapist can be seen to involve more than just pure psychotherapy. The therapist uses consultation to create involvement with the family's entire social system from court, state agency, and most importantly through school. The parent used the psychology department to advocate for special education support for disruptive behaviors. The treatment courses for each youth offered a blend of support, system advocacy, and parent empowerment.

Psychotherapy case one:Seventeen year-old Latino male first identified with emotional and behavioral problems upon entering school. He is the eldest and only child to his parents who parted ways when he was about age five. He has no contact with his father. He currently resides at home with his mother, a single parent, and his 10 year-old twin half-siblings whose father remains involved on some weekends. The majority of his education has been provided in a public therapeutic day school setting as part of a special education plan. The therapists were strong advocates using the resources of the psychology and psychiatry departments that provided psychological testing and medication back-up when needed. There are numerous documented accounts of aggressive outbursts towards peers and teachers over the years. He made sufficient improvements in his behaviors and was transitioned back to a traditional public high school setting in his sophomore year and is currently a senior on track to graduate this year. His mother brought him to the community mental health clinic by referral from the school counselor upon his entering the alternative school. He started therapy and medications. He has had four different therapists since he entered service in 2003 clocking 375 therapeutic hours and nearly 100 hours in the medication department over the past decade. He has carried the same diagnosis (300.4 Dysthymic Disorder).

Psychotherapy case two: Twelve year-old Hispanic male first identified with emotional and behavioral problems upon entering school at age five. He is the only child of his parents. He resides in a single family home with both of his parents and his grandparents. He was transitioned to a therapeutic day school designed to provide public education for those students who cannot be safely maintained within the traditional public school setting. He has had the same white male therapist since he began receiving services in 2008 clocking 234 therapeutic hours in nearly six years of treatment. He has carried the same diagnosis (313.81 Oppositional Defiant Disorder). Interestingly, the client's case is complicated by a significant medical condition (Crohn's Disease) which was diagnosed when the client was around age six or seven. He routinely takes medication for his medical condition, but has never been evaluated for psychiatric medications. This client began having school problems in the first grade. He was irritable, aggressive and experienced many disciplinary actions throughout elementary school and extending to middle school. His clinician recently began a trial of Neurofeedback to help regulate the client's affect and stabilize his arousal in hopes of increasing internal awareness, allowing him to stop and think before reacting aggressively to environmental stimuli.

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These cases illustrate how traditional, long-term psychotherapy at an outpatient clinic can interfere with the normal trajectory. Both cases mentioned briefly here illustrate how active, community-based psychotherapy supported by medications in one case with multiple therapists.

COMMUNITY SUPPORTS FOR DELINQUENCY PREVENTION: PSYCHOTHERAPY AND THERAPEUTIC MENTORING (TM)

Delinquent youth are not big fans of outpatient psychotherapy alone. They are often forced into therapy by case managers and frequently do not attend scheduled sessions. When the therapy is combined with Therapeutic Mentoring (TM), it can be very effective in reaching into the youth's family and community and engaging him or her in a positive community activity. The mentor can become a role model. OJJP has identified the value of "one good role model" as a protective factor in the delinquency trajectory.

TM is very useful for older youth about to age out of a state system or who have been recently released into the community from residential facilities or county jails. They need vocational motivation and guidance. Young offenders transitioning from incarceration are at risk of a lifetime of crime and being in jail before they reach 21. Medicaid defines children as 21 and under and this service can be a last chance to prevent major disaster in a youth's life. TM and therapy can assist in stabilizing the young adult as he or she moves from high school to independent living. These youth frequently get lost in the system and enter what has become known as the "school-to-prison pipeline."

> Ben is a 17-year old Latino male who lives sporadically with his father, and during periods of physical and verbal conflict he would stay with his grandmother. Ben struggled the most in school often skipping class to sneak into the music room, hide in the bathrooms, roam the hallways to find his girlfriend and defy any administrator challenging his self-imposed freedom. Ben's previous mentor left the agency a month into treatment triggering feelings of abandonment from his father and mother after his willingness to develop an attachment to the mentor.Ben was hesitant to try mentoring for a second time. The second mentor was well aware of Ben's perspective towards mentoring after consultation with the therapist. The mentor was amazed with Ben's musical ability with the piano and drums, and even attended Ben's school concert for open house as a message to signify his support. Ben's oppositional defiance continued in school while erupting into an incident that led to an assault and battery arrest on the school premises. The teachers involved with the incident chose not to press further charges, yet Ben was still required to complete 15 hours of community service prior to his first juvenile court hearing. The mentor maintained close contact with Ben's primary support system during the conflict. The mentor took Ben to climb a mountain to reflect on the incident and discuss possibilities for the future. He was facing an adult judge the next time he is arrested. Transition into adulthood was clearly a conflict for Ben, and a targeted focus for the mentor. Ben was at a dangerous point of becoming a statistic. He was already the one in three delinquent arrests at school. He was at risk of entering the "school to prison pipeline."A local soup kitchen provided a positive and therapeutic environment for Ben to complete his community service. The mentor arranged for Ben's orientation at

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> the soup kitchen, and worked alongside him for a portion of the required hours. Ben independently completed the latter portion of the required 15 hours. Ben thoroughly enjoyed washing dishes proving to himself his father's accusations of his laziness and lack of maturity were simply false.

In this case the therapeutic mentor and therapist were active agents in the diversion of this case from adult corrections. The mentor was able to work along with the therapist in offering the court an alternative to incarceration. Courts and probation can become the social control container and the mentor is able to create the positive, accepting container.

When the therapist makes a referral for a therapeutic mentor, the specific skills deficits are identified as part of a treatment plan that is developed by the mentor and informed by the therapist. This pattern of involvement begins with a thorough clinical assessment shared by the clinician who then identifies with the mentor's help areas that can be buttressed using the tactics and techniques of therapeutic mentoring.

> Joseph is an 18-year old Caucasian male living with mother and two younger brothers. Joseph was referred to therapy due to aggressive physical outbursts within the home and school. The mother was ambivalent to allow the mentor into the home due to the holes in the wall from Joseph's fists. At the start of therapeutic mentoring Joseph already dropped out of high school and spent more time outside the home engaging in risky behavior with peers in the community. Joseph's mother was worried that he would either become incarcerated or join a gang. The mentor was able to connect with Joseph on the experience of being on a football team. This was useful in establishing a therapeutic relationship and breaking through Joseph's inability to maintain dialogue with the mentor. The pathway into the community was developed through this shared interest and experience. The YMCA served as a community resource to increase prosocial physical activity in addition to building strength physically and mentally. The mentor utilized the weight lighting as an opportunity to discuss building strength in himself while discussing the transition back into school. The mentor was able to focus on channeling aggression into an acceptable outlet in conjunction with constructing mental tenacity to transfer into pursuing academic achievement, and creating a safe home environment. Joseph returned to school in the fall except the struggle to succeed academically led Joseph to stop attending school within four months of returning. The therapeutic mentor continued to work with Joseph through this period and found an intensive and suitable General Educational Degree (GED) program for Joseph. Despite the return to high school not being fully successful, Joseph's aggressive outbursts within the home dropped dramatically, and even attempted to fix the damage he created. He is currently attending the GED program and has not encountered problems with the justice system.

The social skills which are most lacking in this population of youth can be broken down into the following categories:

(1) Joining or trying something new.
(2) Sharing.
(3) Reading social cues.

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(4) Presenting a positive self to peers and adults.
(5) Taking "no" for an answer without personalizing and becoming withdrawn and aggressive.
(6) Emotional regulation.

TM targets skill building in these areas and follows a distinct plan guided by the consultations between the therapeutic mentor and the psychotherapist. Together, this team generates information, activities, parental suggestions, school interventions, and community activities that address the deficits that we will outline.

Joining or Trying Something New: Breaking Negative Community Habits

Many of the youth involved in therapeutic mentoring are afraid to try something new. They fall into habitually dysfunctional habits that often exacerbate their behavioral health issues. They may be struggling with the aftermath of long-term exposure to trauma and then be challenged to join a group of other young people at the Boys and Girls Club who have not been through similar experiences. This often leads to anxiety and conflict and thus the youth avoids situations like this. Also, many of these young people do not have a consistent adult that can commit the time and have the resources necessary to engage in participation within various activities in the community.

Mentoring and psychotherapy provides the opportunity to therapeutically pierce the previously impenetrable cyber space division between the youth and society. The mentor joins with the youth in his/her cyber existence and uses that information in constructing community alternatives as well as providing valuable insight into the youth's cyber space existence.

> Alex is an example of a slow engagement by a mentor who persisted through the resistance. Alex is an 18-year old male living at home with his parents and younger sister. Upon entering Alex's room plastic bottles, piles of clothes and toys encircle a small path to the chair next to his bed. Alex would not stand up to greet the mentor arriving for the first session, nor shake hands or raise his eyes from the Internet he was lost in. For the first six months of treatment with the mentor Alex would entertain him with various games, toys, playing cards, in a repetitive and predictable manner. Eventually, Alex felt compelled to put down his tablet. Alex had built a social world based in fantasy using the social networking site Facebook. In this world on the Internet, he could create a desirable image from Japanese Anime cartoons while absorbing and enacting the personality description of 12 various characters. Once Alex let the mentor into his social world mentoring began to progress. The mentor was able to validate and glorify Alex's identity on the Internet, a barrier that his parents could not overcome. By expanding his social realm into the community through an Anime club at the local library, Alex was able to meet peers that expressed enjoyment in his company. Alex told the mentor, "That's the first time someone said they enjoy my company."

As this case illustrates, most children and adolescents are regularly trapped in dysfunctional everyday life patterns. They need some motivation to begin exploring something in life that is interesting and can offer them some alternative to isolation and exacerbation of symptoms. This process always begins with helping

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a young person take a chance. Many have restricted their living based on inhibitions that have led to their increased sense of safety. They do not feel protected or contained in adult relationships and therefore tend to shy away from trying anything new. Their old habits seem to provide a soothing predictability but the limiting impact is not felt by the young person. This is the point at which the therapeutic mentor can engage the youth and slowly build their confidence in taking a risk in trying something new.

The therapeutic mentor experience is a one-to-one alliance. The therapeutic mentor does not just provide transportation and drop the youth off, they are an integral part of taking every step throughout the activity process from beginning to end. This one-to-one joining of the activities allows for an increased amount of flexibility to be taken and exposing the youth to the different activities within the community. These activities may vary considerably. The easiest option is always athletic, however, some of the more interesting varieties have led to youth becoming engaged in animal rescue, horseback riding, canoeing, and other rural activities. Discovering these passions or interests is a key to diverting youth from delinquency. They simply need something more positive to do with their time and energy.

> Luis is a 13-year old African-American male living with his grandmother and three younger brothers in an urban setting. Luis engages in oppositional behavior and aggressive outbursts. The mentor struggled to pierce the harden defenses put up by the mentee. Luis felt he could not connect with his mentor due to his whiteness, or his privilege of not having to experience the hardship of the urban environment. The mentor focused on Luis's intense interest in basketball in an attempt to build his self-esteem, and use the court as a way to build natural leadership as a captain. The mentor still struggled with overcoming Luis defenses until the introduction of an entirely new experience connecting him to nature. There was a rowing club on the outskirts of the city where mentors could take out a canoe or kayak for no expense. Despite his resistance to the activity the mentor focused on maintaining an open mind, and embarked on a breakthrough session with Luis. The river's current was flowing towards a big overarching bridge on a summer afternoon. Luis sat in front of the mentor in the kayak overlooking the water. In a rhythmic synchronicity they paddled together, and rested as the current carried the kayak to the destination of the bridge. The mentor used the opportunity to outline the roles and emotional states involved with bullying. Luis was able to lower his defenses, and see the world from the position of the victim along with the emotional impact of his harsh words. This was an example of double empathy modeled during a mentoring activity.

TM also involves a number of activities which are geared solely to helping a youth regulate their emotional state. Delinquent acts are usually impulsive and self-regulation is a key skill needed to avoid delinquency. TM may require the mentor to be sensitive to the affective state of the youth and to adjust their activity scheduling to address the most pressing emotional needs first. This may take the form of a car ride and listening to music. Therapeutic mentors often use music within their moving vehicle as a way to sooth and to help the youth focus and redirect their frustration and aggression into a more positive flow of energy.

All mentoring begins with a single goal of discovery a youth's passion or interests. Everybody has something that is innately interesting that reflects their interests, skills and abilities. Many times this is physical action or frequently it

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may be just the opposite and involve expressive art, drama, or theatrical pursuits. An overarching awareness for the mentor to maintain balance of these forms of activity is crucial. Music is a common ingredient in an interest pattern. Many youth have been engaged using rap, storytelling, and other forms of music in community settings that create a place in the neighborhood where a youth can go and practice his or her music, dance, and be supported in an artistic fashion. The athletic youth will be able to transition from simply playing informal athletics to perhaps joining a town or city recreational league, playing in more competitive team sports, or diversifying from one sport or activity to another. Athletic youth are also easily engaged in training activities, which could be as simple as calisthenics and as complex as a thorough machine work out at a local YMCA or Boys and Girls Club. Therapeutic mentors assist in this searching.

> Danny is a 13-year old Caucasian male living in a high-risk urban neighborhood with his mother, stepfather, younger sister and half-brother. Danny was referred for therapy for numerous occasions of running away, and admitted for inpatient psychiatric hospitalization after lying in front of his mother's oncoming vehicle screaming to die. The therapeutic mentor utilized his interest in music and rapping to create a reflective exercise through lyrical composition. "Free styling" in rap is respected amongst a group of friends and functions as a stream of consciousness, yet creating a lyrical composition to musical beats encompasses a new challenge all together. The mentor created a makeshift notebook where Danny could thematically channel his creativity to convey a message symbolic of his subjective experiences. The mentor would shift concentration from material objects like Lamborghinis to personal relationships. At 13-years old Danny created songs that struck deeper meaning than most mainstream rap played on the radio. The most pivotal song was an ode to his mother apologizing for making her worry, and reassuring her of her importance in his life.The next step for the mentor was to connect the interest to a community resource. Youth social and educational training or YSET, a community center had a music room with instruments and rudimentary recording equipment. The most important connection was made with an older community member who focused on the preforming aspect of rap. Danny received guidance on stage presence and vocal projection as he practiced in front of a mirror for hours. This experience was a boost to self-esteem and created a sustainable attachment to a community member at a community teen center.

Therapeutic mentors again consult with their therapist to help discover possibilities that may have been noticed in the family or may have been revealed in prior therapy. This joint focus on discovering a passion creates a way for the therapist and mentor to try a variety of different activities and to evaluate what is practical, sustainable, and a positive direction for a youth to pursue.

Once an interest pathway is discovered, the mentor then begins to introduce possible areas where the youth can experiment with their participation in the activity. All activities have the same basic frame-work of meeting the mentor, leaving the home, transporting to the activity, transitioning into the activity, and then following through with the activity with support and assistance given by the therapeutic mentor as the skill is strengthened in the youth. Therapeutic mentoring draws a building network of community activities that the various mentors share amongst themselves under group supervision. This supervision is primarily focused on discovering places in the community and activities that

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may be of mutual interest to others who are working with similarly disadvantaged youth within the community. After several years, the network of available activities for youth becomes well tested and the interest pathways based on prior experience and shared successes between mentor and youth.

The youth in these programs suffer from the environmentally induced trauma of not having capable, child focused caretakers. This lack of adult models will destroy the youth's attachment mechanisms as well as eroding their basic social skills.

Presenting a Positive Self

Many emerging adolescents are preoccupied with how they see themselves, their identity, and how other people see them. They become hyper focused on their social status and also are easily driven to give up and become oppositional or defiant based on an inability to socially compete with peers. Therapeutic mentors assist clients in making the best possible social presentation.

This frequently involves discussions around clothing, visits to thrift shops and fashion of self-presentation skills. Therapeutic mentors have developed a set of techniques that are shared among the mentors on how to motivate young people without coming across as judgmental or pointing a finger. Youth in therapeutic mentoring programs are socially vulnerable and great care must be taken in order not to make an already sensitive situation worse by a well intentioned, but untrained mentor acting like a therapist. Mentor supervision focuses on maintaining this boundary. This is where the consultation with the therapist as well as the therapeutic mentor supervisors is quite valuable.

> Brian is a 10-year Caucasian old male living by the train tracks on the outskirts of a suburban town. The mentor was warned by the father and step-mother on the first session that Brian does not connect with males, and only opens up socially around females. The mentor reassured the father to keep an open mind, a similar perspective held during the mentoring session. Brian had been receiving psychotherapy for the past two years, but this was his first mentor. The mentor inquired about the book in Brian's hand, which led into a dissertation on Greek mythology, and sparked in the mind of the mentor an interest that can be accessed in the community. One of the main treatment goals in psychotherapy was to improve hygiene and self-care. The therapist alerted the mentor of Brian's tendency to neglect using the bathroom during the night, and would urinate in the bed without showering the next day. Brian embodied a distinct odor, which the mentor needed to become accustomed to while incorporating frequent hygiene checks and monitor self-care priorities. Before the swimming lessons at the YMCA the mentor has to inquire whether Brian remembered to wear socks. One session Brian came outside to meet the mentor and the soles of his shoes were barley attached to the shoe itself. The mentor seized this opportunity to introduce Brian to a thrift shop where he was able to obtain a new pair of shoes and a shirt for under eight dollars. Brian realized through the weekly hygiene checks the importance of self-care, along with mentalizing on the social cues exhibited by peers reacting to his odor.

These cases offer a glimpse into the treatment approaches used in diverting aggressive, inner city youth from residential placements or juvenile secure facilities. None of the cases required inpatient care or losing a level of care in living

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arrangements or educational placement. The youth remained in the community using psychotherapeutic services delivered in the home and therapeutic mentoring has been added to the repertoire of community interventions used in diverting delinquency.

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DOI: 10.1002/aps