Behaviour Management of Young People in Custody

Global and Cross Sector Perspectives

ABSTRACT

Evolving a contemporary evidence based system for managing the behaviour of youth in the care of NSW's juvenile justice centres is at the heart of achieving Juvenile Justice NSW's purpose to *empower young people to fulfil their potential without offending.*

This paper details the significant challenges and shifts associated with the behaviour management of young people in custodial settings within the context of the sectors history. Compelled by the call for solutions that are concurrently rehabilitative and safety focussed, it goes on to examine the evidence base and best practice principles associated with effective contemporary behaviour management of young people across sectors and jurisdictions.

Approaches to behaviour management that have proven effective across diverse sectors and jurisdictions are explored in detail, with challenges and benefits highlighted. Common elements of success are underscored and integrated into discussion of key considerations pertinent to the design and implementation of a best practice behaviour management framework for NSW's juvenile custodial facilities. A series of brief case vignettes are included as an Appendix in order to document the lived experience of juvenile justice behaviour management reform within NSW's and across other national and international jurisdictions.

This paper highlights positivist reform as the watershed moment in the history of behaviour management this decade. Across sectors and jurisdictions, contemporary behaviour management of young people is observed as reflecting movement away from traditional operant approaches that incorporate control and disciplinary focussed punitive practices, towards positivist relationship oriented, trauma informed, multi-tiered, rehabilitative and personal development focussed methods.

However, also highlighted are issues implicit in the culture and nature of the secure care environment that present challenges in translating knowledge of 'what works' into practice within the juvenile custodial context. This review indicates that in order to successfully enact change, strategic leadership is paramount. It concludes that strong, consistent and transparent messaging is required, and staff must be engaged in a long-term journey of comprehensive organisational culture shift.

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September 2017

EXECUTIVE SUMMARY

Introduction and background

Program development and system reform in juvenile justice has progressed significantly across the course of the past twenty years. Worldwide, change has been characterised by movement away from punitive, control and deterrence approaches, towards rehabilitative approaches that aim to change behaviour by way of targeted therapeutic intervention and personal development. A robust evidence base, underpinned by a renaissance of empirically rigorous research in relation to 'what works' in juvenile justice, has spearheaded positivist reform this decade. Whilst community based services have aptly adapted this paradigm shift, juvenile justice systems have found it far more challenging to translate the evidence base into their custodial services.

Although polarised views are still aired, the empirical evidence base regarding the potential deleterious impacts of control focussed punitive practices with juvenile offenders is unequivocal. Moreover, research has demonstrated such approaches are ineffective in both addressing problem behaviours and reducing recidivism. In recognition of such potential harms and shortcomings, in 2011 the United Nations Special Rapporteur declared use of behavioural management practices at the extreme end of the punitive continuum, determining them to be inhumane and counterproductive to rehabilitative efforts. An immediate ban was called on the use of solitary confinement of youth (segregation, isolation, special management housing), which was further ratified by way of the Mandela rules in 2015.

The United Nations' stance against punitive behaviour management practices is echoed by a history of similarly focussed civil society campaigns, litigious action (in response to harms caused to juvenile's whilst incarcerated) and the advocacy and leadership of prominent professional bodies representing the best interests of young people. This attention has fuelled sustained media and public scrutiny, as well as political and academic reconsideration of the suitability and sustainability of the use of punitive behaviour management practices in secure juvenile justice facilities. Collectively, these factors have compelled review and driven change in relation to practices utilised with young people in custodial settings worldwide. In Australia, media spotlight on footage documenting punitive practices in action within many of the nation's juvenile custodial facilities has also contributed to the rise of custodial reform as a priority on state and national agendas. The future direction of behaviour management practices in custodial settings will undoubtedly continue to be closely scrutinised in both public and political arenas.

Accelerating interest and attention regarding the treatment of incarcerated youth has precipitated a rapid global reform movement across juvenile custodial systems. A primary consideration for reform has been how to effectively and humanely manage the behaviour of young people on a day-to-day basis (i.e., custodial behaviour management). Reform agendas have sought the guidance of evidence-based practice to shape approach. Indeed, some international jurisdictions have in fact demanded evidence based foundations by legislating for observance of best practice standards. In the absence of a best practice evidence base specific to the behaviour management of youth in custody, jurisdictions spearheading reform have drawn strongly from the empirical evidence base across other sectors that contend with managing unwanted, antisocial and challenging behaviours amongst youth.

Although juvenile justice agencies and facilities across the globe are focussed on changing practices to align with the evidence base and promote positive youth development, outcomes based research is still emerging. Nonetheless preliminary results offer strong support for operationalizing system wide (whole of facility) positivist philosophies. Consistent with the evidence base across other sectors, behaviour management approaches congruent with positivist, trauma informed and rehabilitative principles, have demonstrated positive outcomes for young people and facility staff, as well as the service system more broadly. However, the empirical literature also highlights the complexity and challenge associated with structuring and implementing reform in secure juvenile facilities. Indeed, difficulties and resistance to adopting

contemporary evidence-based practices in juvenile custodial settings is well documented globally.

It is within this context that Juvenile Justice New South Wale's (JJNSW) initiated the Behaviour Management Review (BMR) project in the latter half of 2016.

The BMR will comprehensively review the state's current juvenile custodial behaviour management approach, and draw from cross-sectorial experience and evidence based best practice, to develop and implement a contemporary, evidence based behaviour management framework across NSW's juvenile justice centres.

This paper represents one component of the first phase of the BMR. Its purpose is to provide evidence-based and cross-sector informed guidance for NSW's juvenile custodial reform agenda. Underpinned by this purpose, the current review aims to comprehensively identify best-practice approaches to behaviour management of young people, through a summary of the evidence base across multiple sectors and jurisdictions, as well as the experience and early outcomes of similar reform across other jurisdictions.

Three focus questions guided this review:

1. What approaches to behaviour management of young people are highlighted as current best practice through review of the literature across sectors and jurisdictions?

2. Based on review of the literature, what are the key elements of successful behaviour management of young people?

3. Based on review of the literature, what key considerations are pertinent to the design and implementation of best practice behaviour management of young people in NSW's juvenile custodial facilities?

Scope

In the interest of providing a practically grounded literature review matched to the first phase of the BMR project, the current undertaking has focussed on canvassing system and service

delivery level considerations, with intervention level considerations only cursorily examined and discussed.

Similarly, although acknowledged as important concerns for behaviour management, it was beyond the scope of this review to address the following considerations in depth or detail: crisis management protocols (i.e., de-escalation, use of force and restraints), staff training and how to develop positive relationships between staff and young people, physical environment factors, classification systems, structured daily schedules, youth empowerment, graduated sanctions and strengths based rewards and consequences.

Method

Research evidence relating to focus questions was sought hierarchically. Higher-level peer-reviewed evidence was sought from academic papers published from 2000 onwards via electronic bibliographic databases. A more generalised Google and Google Scholar search was also conducted to capture 'grey literature' from prominent government and non-government organisations. Whilst the method was necessarily constricted by time and resourcing, nonetheless reasonable and considered quality control measures were enacted.

Findings

Based on the focus questions guiding the review, discussion of findings is divided into three sub-sections:

1. **Approaches to behaviour management of young people highlighted as current best practice:**

Positive Behaviour Intervention and Support (PBIS)

PBIS is a data informed, proactive, multi-tiered framework for behaviour management. The framework is used to systematically organise resources and structure an environment encouraging of positive behaviours and responsive to negative behaviours. The framework also establishes guidance and monitoring of evidence-based behavioural

practices, as well as ecological validity, durability and implementation fidelity.

PBIS evolved in the education sector in the USA across the course of the past thirty years and has been extensively adopted across sectors and jurisdictions since the 1990's. PBIS has been widely used in Australian education systems since the mid 2000's. PBIS has been subject to extensive and long-term evaluation in the education sector and its positive performance has resulted in it being considered the gold standard framework for behaviour management within both mainstream and alternative schools.

In light of its overwhelming success in the education sector, a number of states in the USA have commenced implementing PBIS in juvenile custodial settings this decade. Although a depth of empirical evidence is still evolving, preliminary studies highlight multiple benefits of adopting PBIS as a framework for juvenile custodial behaviour management, for both custodial staff and young people.

Collaborative Problem Solving Approach (CPS)

CPS is a conceptual and therapeutic approach to behaviour management that posits problem behaviours as arising from cognitive skills deficits that interfere with a young person's capacity to comprehend, interpret and comply with behavioural expectations.

At the heart of CPS is structured whole of service staff training in relation to identifying, understanding and responding to cognitive skills deficits as a means of managing behaviour. Adopting CPS involves identifying deficits underpinning problem behaviours, and providing interventions, whilst simultaneously creating care environments conducive to managing deficits and encouraging/reinforcing positive behaviour broadly.

CPS was developed in the secure youth psychiatry sector in the USA during the late 1990's. The approach has spread across other sectors in the USA including: education, residential care, youth mental health outpatient care, out-of-home care and juvenile justice. The use of CPS to manage problem behaviours has

been associated with positive outcomes for both staff and young people in a number of research studies across the aforementioned sectors.

Trauma Informed Care and Practice (TICP)

TICP is a strength-based framework informed by the substantial body of evidence in relation to the physical, neurological, cognitive and psychosocial impacts of trauma. TICP is underscored by recognition that trauma experiences are prevalent amongst individuals accessing social and public health services and those who come in contact with the criminal justice system.

TICP postulates that the frequency and persistence of problem behaviours in young people who have experienced trauma arises from deficits in information processing, self-regulation and poor social and societal attachment commonly associated with developmental trauma. TICP emphasises that in order to minimise the incidence and perseverance of problem behaviours amongst young people who have experienced trauma, care environments must be buttressed by physical and psychological safety and seek to rebuild a sense of empowerment and control.

In order to achieve this, TICP proposes that direct care staff require knowledge of the sequel of trauma and core skills in relation to developing positive relationships with young people and managing challenging behaviour from strengths and skills based perspectives. The TICP framework is also closely aligned with numerous evidence-based trauma interventions ranging from direct therapeutic resolution of trauma to skills based programs targeting cognitive and psychosocial deficits.

TICP solidified as a framework of practice during the 1990's and has gained extensive empirical support across residential care, educational, secure treatment and juvenile justice sectors. TICP is considered the gold standard framework for residential care.

2. Elements of successful behaviour management of young people:

In reviewing behaviour management practices with young people across sectors and jurisdictions, the following key elements were identified as common amongst evidence-based best-practice approaches:

- View behaviour management as an ongoing effort to elicit positive behaviour rather than controlling or responding to problem behaviours
- Adopt positivist therapeutic philosophy rather than philosophy of control and discipline
- Underpinned by belief that all young people can change their behaviour
- Adopt a therapeutic approach to changing behaviour through constructive personal development
- Adopt holistic implementation (whole of facility/organisation)
- Establish an environment characterised by positive relationships, positive behaviours and clear behavioural expectations (for all staff and young people)
- Team focussed multidisciplinary approach to implementation
- Implementation quality and fidelity is monitored
- Framework is proactive and responsive
- Framework is multi-tiered and incorporates a spectrum of evidence-based services and interventions (consistent with 'what works' in juvenile justice)
- Framework incorporates a continuum of graduated sanctions
- Proactive multidisciplinary behaviour health teams (psychologists, social workers, occupational therapists, psychiatric teams) respond to problem behaviours in a timely manner and are readily accessible to young people and staff.
- Interventions utilised in response to problem behaviours are based on robust assessment
- Direct care staff recognised as most proximal and therefore strongest influence on young people's behaviour
- Investment in training direct care staff to facilitate positive social environment and provide young people with opportunities for pro-social interactions and positive social learning
- Consequences for rule violations constructed collectively and predictably implemented

- Consequences enacted with the objective of changing the young person's behaviour in the future rather than punishment for behaviour enacted in the past.
- Reduction or abandonment of excessively punitive measures (disciplinary seclusion, restraint)
- Robust monitoring when punitive measures are utilised
- Young people are invested and involved
- Family and community oriented/inclusive

3. **Key considerations in the design and implementation of best practice behaviour management of young people in NSW's juvenile custodial facilities:**

The following critical success factors and barriers to implementation were identified as key considerations in the design and implementation of a best practice behaviour management approach across NSW's juvenile custodial facilities:

Critical success factors:

- Strategic leadership that is strong, holistic, consistent and courageous.
- Strong, consistent and transparent messaging that engages staff in a journey of comprehensive organisational culture shift.
- A long-term reform plan with adequately extended time frames to accommodate change
- Provide direct care staff with training focussed on both outlining the rationale for change and the success of alternative approaches (i.e., the evidence base), as well as skills training requisite for operationalization of contemporary approach.
- Behaviour management approach is adopted consistently through a whole of centre approach (behaviour management reforms focussed on changing the overall culture and nature of environment)
- Set clear expectations regarding the behaviour expected by all staff and young people and reinforce these expectations rigorously (a zero-tolerance approach).
- Explicitly and implicitly denounce the correctional status quo.

- Accept initial staff attrition and take an unwavering approach to getting the right staffing across the long-term.
- Challenge and monitor staff attitudinal adjustment.
- Expect leadership teams to model and reinforce appropriate behaviour through every communication, policy and procedure enacted.
- Expand job roles and enhance skills of direct care workers such that they are involved in programming, treatment teams and mentoring young people (rather than just acting as guards).
- Embed positive relationship building in policies and procedural routines.
- Utilise small and community based facilities (which enable contact between the young person and their family and community)
- Create housing (units) environments that project positive behavioural expectations through creating home-like settings.
- Implement programming that keeps young people actively engaged throughout the day with minimal down time.
- Abolish or minimise routine lock downs as well as practices such as disciplinary confinement.
- Actively and meaningfully involve young people in the change process and facility decision making to improve overall centre climate.
- Empower young people through strengths based youth development approaches (eg. Youth councils)
- Establish and promote a proactive grievance system as a means of diffusing interpersonal difficulties in a positive and constructive manner.

Barriers to implementation:

- The cultural traditions of custodial juvenile justice work and alignment with correctional models involving confrontational and punitive behaviour management approaches
- Direct care workers lacking insight into the deleterious effect of control and punitive practices and demonstrating resistance to positive behaviour approaches (i.e., a negative perception/bias and reluctance to reform is commonplace).

- The commonly held misbelief that 'safety and security' and rehabilitative practice are mutually exclusive rather than inextricably linked.
- Base nature of juvenile custodial centres at outset of reform (hostile environments negatively affect behavioural outcomes for young people).

Conclusion

Across sectors and jurisdictions, contemporary behaviour management of young people reflects movement away from traditional operant approaches that incorporate control and disciplinary focussed punitive practices, towards positivist relationship oriented, trauma informed, multi-tiered, rehabilitative and personal development focussed methods. Outcomes studies overwhelmingly demonstrate such approaches pose fewer risks to young people and staff, and are in fact more effective in modifying problem behaviours.

Although the positivist paradigm has been embraced across community based juvenile justice services, issues implicit in the culture and nature of the secure care environment have presented challenges in translating knowledge of 'what works' into practice within this context. Nonetheless, as outlined in several of the vignette's included in this paper's Appendix, there are examples of contemporary reform that demonstrate a strong preliminary evidence base consistent with other sectors.

The literature highlights that in order to successfully enact change, strategic leadership is paramount. Indeed, in order to progress reform, the literature has demonstrated that strong, consistent and transparent messaging is required, and staff must be engaged in a journey of comprehensive organisational culture shift. Thoughtfully and carefully enacted custodial behaviour management reform has been shown to engage commitment to a process of meaningful and urgent change, even amongst the most resistant systems. Moreover, when direct care staff are provided with the professional development necessary to achieve a sense of mastery and safety within a positivist paradigm, reform experiences are reported as truly transformative in terms of improved safety,

security and wellbeing across the whole juvenile custodial milieu.

INTRODUCTION AND BACKGROUND

The pendulum of paradigms: punishment versus rehabilitation

Worldwide, juvenile justice systems have long grappled with the tension between punishing youth for violation of the law and influencing behavioural change through constructive and rehabilitative personal development. This inherent tension is both underpinned and reinforced by a history of cyclic dominance between punitive versus rehabilitative philosophies in relation to appropriate corrective response to both juvenile and adult antisocial behaviour (Lipsey, 2010; Young, Greer and Church, 2017).

This pendulum of paradigms in justice policy has left a practice pathway littered with frequent and polarised programmatic and operational shifts. Buttressed by a litany of conflicting criminological, psychological, behavioural and sociological theories and absence of a robust evidence base, the justice sector struggled to cement a firm philosophical foundation let alone grasp a preliminary understanding of "what works" up until this decade (Cullen, 2004; Lipsey, 2010). Whilst a shaky foundation was counterproductive to establishing effective justice responses on the whole, in the realm of juvenile justice, this also served to reinforce the frequent failure of policy makers in recognising juveniles as a unique subset requiring individualised attention in the crime control conundrum (Richards, 2011). In the secure custodial context, this has typically resulted in a default to adult corrective models that focus most strongly on the operationalization of safety and security, rather than dedication to rehabilitation.

Marred by polarised paradigms and unstable theoretical foundations, it is hardly surprising that juvenile custodial facilities, who face the practical challenges associated with managing the collective behaviour of the most complex justice involved youth, historically adopted control oriented behaviour management frameworks. Often based on adult correctional models and generally minimally influenced by youth specific approaches, operant reward and punishment paradigms were embedded as the foundation to managing problem behaviours in secure settings. At the extreme end of the reward to punishment continuum, reliance on practices including isolation and confinement for youth with extreme or persistent unwanted behaviours became commonplace (Greer and Church, 2017).

Although debate regarding disciplinary approaches has been strikingly polarised in the juvenile justice sector, divergent views and scrutiny in relation to effective behaviour management are also common amongst the histories of other human services. Indeed, all service systems that have to contend with the management of unwanted, antisocial and challenging behaviours amongst youth have grappled with contemporary behaviour management reform. In order to capture and draw on the experience of other sectors, this paper considers knowledge and experience across the human service continuum, exploring the evolution of best practice behaviour management in education, disability, mental health and secure care settings.

Common to the experience of behaviour management reform in the human services realm has been increased reliance on empirical evidence to shed light on the impacts and efficacy of policies, frameworks, programs and interventions.

A new age of evidence-based practice

Across the past twenty years, sectors including education, health, disability services, secure care and juvenile justice, have experienced a renaissance of evidence based best practice (Aarons, Hurlburt and Horwitz, 2011; Nutley, Davies and Walter, 2002). This shift has served to secure a foundation and guide the direction of systems and services, and has identified strong cross-sector consistency in relation to 'what works'. Cross-sector studies have also highlighted multiagency collaboration as a core component of evidence based practice across the human services continuum, and in relation to adolescent behavioural health specifically (Asarnow, Rozenman, Wiblin and Zeltzer, 2015; Kolko and Perrin, 2014).

In relation to behaviour management of young people, cross-sector outcomes based research has called into question the efficacy of traditional operant theories of behaviour modification through mechanisms of reward and punishment. Although empirical studies have revealed such strategies work with some people some of the time, it has been unequivocally demonstrated that control-based approaches are more likely to increase aggressive responses. Thus, operant methods risk creating exactly the situations they are designed to discourage. Moreover, the punishment-reward paradigm has been shown to do little in terms of sustaining motivation for positive behaviour or building capacity for self-control in young people (Lambie & Randall, 2013; De Valk et. al., 2015; Murray and Sefchik, 1992).

Furthermore, research has shown punitive practices can cause serious psychological, physical and developmental harm and place staff at greater risk of assault and other adverse outcomes (CJCA, 2015; Mohr and Pumariega, 2004; Nelstrop et. al., 2006; Pollastri, 2013; CJCA, 2016; Lambie & Randall, 2013). In recognition of the danger to staff and young people, as well as the financial burden of punitive practices, operant methods have been comprehensively phased out across education, child protection and disability sectors worldwide and are in the process of being phased out across juvenile justice agencies.

Congruent with these findings, worldwide analyses of juvenile justice programs have consistently revealed that adopting a therapeutic philosophy is significantly more effective in eliciting behaviour change than a control philosophy (Lipsey, 2009; Farrington & Welsh, 2007; Greenwood, 2014). Moreover, programs using discipline or deterrence as the control approach have been shown to frequently elicit a negative effect on behaviour change. Lipsey (2010), responsible for the most comprehensive review of characteristics of interventions successful in modifying antisocial behaviour amongst justice involved youth, states that policy and practice implications of the body of evidence pertaining to juvenile justice best practice is straightforward:

"to optimize effects on recidivism and other behavioural outcomes, programs

from the therapeutic category should be favoured and those from the control category should be avoided as much as possible." (P.25)

A compelling socio-political context

Behaviour management of young people in custodial facilities has long attracted societal interest and debate, and been a constant focus of civil society campaigns, litigious action (in response to harms caused to juvenile's whilst incarcerated), as well as prominent professional bodies representing the best interests of young people.

However, the 2011 United Nations Special Rapporteur on torture's call for a global ban on the use of the most punitive behavioural management techniques, ignited public and media debate and commanded critical systemic appraisal (Mendez, 2013). In 2015, global attention was reinvigorated and systemic reform rendered compelling, when the proposed ban translated to an international human rights obligation by way of the United Nations 'Nelson Mandela Rules' (UN Assembly, 2016).

In Australia, societal interest in managing the behaviour of young people in custody has been further reinforced by intense media scrutiny of juvenile justice facilities. Arguably sparked by the United Nations review, in recent years the media has perpetually revealed incidents demonstrating entrenched punitive practices throughout the country's juvenile custodial facilities. These images have stimulated fervent debate that has dominated both the public and political discourse.

In 2016, within this context, Australia's longest running investigative journalism program *Four Corners*, presented a story entitled "Australia's Shame". Footage within this program documented custodial behaviour management practices that were the antithesis of rehabilitation, and inextricably damaging to the young person involved. The demonstrable image conjured by this footage served to cement public demand for behaviour management reform in Australia's juvenile custodial facilities, and acted as the catalyst to the country's most comprehensive audit of juvenile custodial services, the current Royal Commission into the Protection and

Detention of Children in the Northern Territory. Although the Royal Commission is yet to deliver its final findings, the interim report both sets the tone and outlines the core practice principles for contemporary custodial systems in Australia:

> *"Children and young people who have committed serious crimes must accept responsibility for the harm done. However, while in detention they must be given every chance to get their lives on track and not leave more likely to re-offend.*
>
> *We have seen a commitment to rehabilitation in various forms in many jurisdictions within Australia and around the world. Reduced youth crime statistics convincingly show the positive value – human, social and economic – of rehabilitating children and young people."*

(Royal Commission, 2017, p.3)

Evolving a contemporary evidence based system for managing the behaviour of youth in the care of NSW's juvenile justice centres is both in line with the aforementioned principles and at the heart of achieving Juvenile Justice NSW's purpose to *empower young people to fulfil their potential without offending.*

Position and purpose

It is in the context of global, national and state reform agendas and compelled by the call for solutions that are concurrently rehabilitative and safety focussed, that this paper is presented.

In the following sections, approaches to behaviour management that have proven effective across diverse sectors and jurisdictions will be explored, with challenges and benefits highlighted. Common elements of success will be underscored and integrated into discussion of the key considerations in designing and implementing a best practice behaviour management framework for NSW's juvenile custodial facilities. A series of brief case vignettes are included as an Appendix in order to document the lived experience of juvenile justice behaviour

management reform within NSW's and across other national and international jurisdictions.

Review questions:

Three focus questions guided this review:

1. What approaches to behaviour management of young people are highlighted as current best practice through review of the literature across sectors and jurisdictions?

2. Based on review of the literature, what are the key elements of successful behaviour management of young people?

3. Based on review of the literature, what key considerations are pertinent to the design and implementation of best practice behaviour management of young people in NSW's juvenile custodial facilities?

SCOPE

In the interest of providing a practically grounded review of the evidence base matched to the current phase of the BMR project, this review has focussed on canvassing system and service delivery level considerations, with intervention level considerations only cursorily examined and discussed.

It was beyond the scope of this review to address in any depth the evidence base in relation to behaviour management crisis management protocols (i.e., de-escalation, use of force and instruments of restraint), and disciplinary segregation and isolation. However, in recognition of the gravity and breadth of these considerations, JJNSW has contracted independent psychologist, lawyer and academic, Dr James Oglov, to prepare an independent review and recommendations on this topic.

The review was similarly limited to superficial consideration of the evidence base regarding the important topics of staff training and developing positive relationships between staff and young people. However, these considerations will be systematically considered by way of the BMR's dedicated and comprehensive staff training needs analysis.

Also beyond the scope of the project but acknowledged as an important consideration relevant to behaviour management and the overarching goal of creating safe custodial environments, was comprehensive review of best practice in relation to the following factors: physical environment and custodial architecture, classification systems, structured daily schedules, youth empowerment, graduated sanctions and strengths based rewards and consequence systems.

METHOD

Search strategy

Research evidence relating to the above focus questions was sought hierarchically. Higher-level peer-reviewed evidence was sought from academic papers published from 2000 onwards via electronic bibliographic databases including PsycINFO, Medline (pubmed), Cochrane Database of Systematic Reviews and Web of Science. A more generalised Google and Google Scholar search was then conducted to access 'grey literature', which included material published by prominent organisations in the field, including The Council for Juvenile Correctional Administrators (CJCA), National Institute of Corrections (NIC), The Annie. E Casey Foundation and The National Child Traumatic Stress Network (NCTSN), all of which are US-based organisations. This search also revealed relevant literature from Australian and International governmental and non-governmental organisations, as well the United Nations General Assembly.

Quality appraisal and study selection

Due to the fact that multiple means of qualifying evidence were used in the research literature and timeframes and resources were limited, it was beyond the scope of the current review to develop a single system to determine level of evidence. However, systematic reviews and meta-analyses were weighted comparatively higher in the literary synthesis.

Methodological Limitations

The absence of a single system informed quality appraisal and inter-rater reliability is acknowledged.

RESULTS AND ANALYSIS

Based on the focus questions guiding the review, discussion of findings is divided into the following three sub-sections:

1. Approaches to behaviour management of young people highlighted as current best practice

2. Elements of successful behaviour management of young people

3. Key considerations in the design and implementation of best practice behaviour management of young people in NSW's juvenile custodial facilities

1. **Approaches to behaviour management of young people highlighted as current best practice:**

Positive Behaviour Intervention and Support (PBIS)

PBIS evolved out of the University of Oregon (USA) during the 1980's in response to a need for improved identification, implementation and documentation of behavioural interventions for students with behavioural disorders (Gresham, 1991; Sugai & Horner, 1999). Development of the framework was preceded by applied research that concluded: in order to address problem behaviours, greater attention needed to be directed towards prevention, data-based decision making, school-wide systems, explicit social skills instruction, team based implementation, professional development and tracking student outcomes (Biglan, 1995; Horner, Sugai & Anderson, 2010).

PBIS is defined as a framework for structuring and enhancing the implementation of a continuum of evidence-based interventions that seeks to achieve academic, social and behaviourally positive outcomes for all students (Sugai et al.,

Figure 1: Example of whole of school PBIS framework
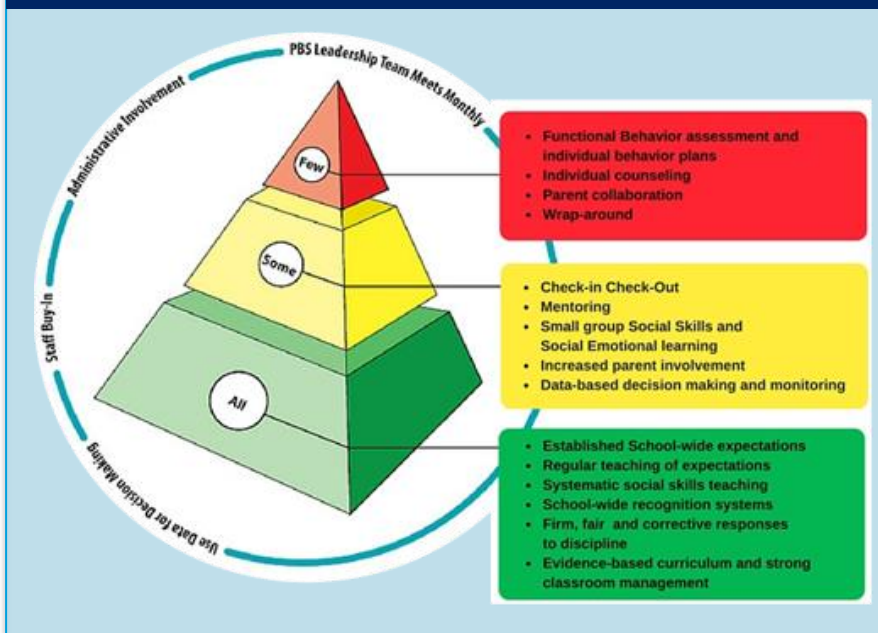
- Tier 3: tertiary or intensive individual interventions provided to young people with urgent or serious behavioural risks and needs, based on functional behavioural assessment and individual support plan.

(c) Procedures supportive of a localised team-based systemic approach to universal screening, continuous progress monitoring, explicit monitoring of implementation fidelity, decision/rule making (Sugai & Horner, 2009);

(d) Embedded and continuous professional development and monitoring of systems based competence and needs (Sugai, Horner, Fixsen & Blase, 2010)

2000). As a framework approach, the emphasis of PBIS is on structuring processes and systems rather than prescribing specific interventions and practice. Figure 1 offers an example depiction of the PBIS framework in practice, demonstrating interaction of the defining characteristics outlined below.

The defining characteristics of the PBIS framework are:

(a) Use of data to inform decisions regarding selection, implementation and progress monitoring of evidence-based behavioural practices, as well as the organising of resources and systems to improve sustainability and implementation fidelity, and social and ecological validity (Lewis-Palmer, Sugai & Larson, 1999);

(b) Behavioural interventions are organised across a three-tiered continuum of services that can be matched to needs:

- Tier 1: universal primary preventative and proactive interventions provided to all young people across all settings within the system.

- Tier 2: high efficiency, rapid response, strategic interventions provided to young people with identified behavioural risks and needs.

(e) Implementation adjustment based on efficiency, effectiveness and relevance (Lewis-Palmer, Sugai & Larson, 1999)

Although the PBIS framework is non-prescriptive regarding intervention components, the strengths and skills based philosophy that underscore the framework compels the following typical core intervention components (Read and Lampron, 2012):

1. Behavioural expectations are taught and modelled by all staff across all interactions within the school/facility/broader community (Tier 1)

2. Critical interpersonal skills are taught and modelled by all staff in all interactions with each other and young people (Tier 1) Systematic positive reinforcement is provided for meeting/exceeding behavioural expectations (Tier 1)

3. Firm, fair and consistent corrective responses are provided as immediate response to disciplinary issues (Tier 1)

4. High efficiency, rapid response 'plug-in' interventions (e.g., social skills programs; anger management) are provided to youth that need additional help to address behavioural

risks/needs not met within the universal tier (Tier 2).

5. Intensive interventions (e.g., individual behaviour plans; counselling) are delivered to youth with the most urgent/acute behavioural management needs based on a functional behavioural assessment (Tier 3)

Since its initial conception PBIS has been extensively used to operationalize positivist behavioural management across more than 4000 public schools in the USA. The approach has been subject to long-term evaluation in the education sector, with outcomes studies resulting in it being considered the gold standard framework for behaviour management in schools. PBIS was introduced to the Australian education system in the mid 2000's and has been implemented in over 80 schools since that time.

In light of its overwhelming success in the education sector a number of states in the USA commenced implementing PBIS in juvenile custodial settings this decade. Although a depth of empirical evidence is still evolving, preliminary studies highlight multiple benefits of adopting PBIS as a framework for juvenile custodial behaviour management, for both custodial staff and young people. A summary of the empirical evidence in relation to the benefits and challenges of implementing PBIS in juvenile custodial settings is outlined below:

Benefits

- Decrease in youth behavioural incidents (Fernandez & McClain, 2014; Jolivette & Nelson, 2010; Jolivette, Boden, Sprague, Ennis, Kimball, 2015)
- Mitigates effects of extreme negative histories through explicit teaching/skills development in relation to expected behaviours within custodial environment (Jolievette & Nelson, 2010)
- Increased custodial staff self-efficacy (Jolivette, Kimball, Boden & Sprague, in review)
- Unifies expectations and behavioural intervention/strategies across all facility settings/disciplines (e.g., education, recreation, units) and staffing (Read & Lampron, 2012; Jolivette & Nelson, 2010; Sprague, Jolievette & Nelson, 2010)

- Unifies facility disciplines through whole of facility team approach (Jolivette, Boden, Sprague, Ennis & Kimball, 2015; Sprague, Scheuermann, Wang, Nelson, Jolivette, K., & Vincent, 2013)
- Creates a common language in relation to behaviour management across all facilities (Jolievette et.al, 2015; Sprague, Jolievette & Nelson, 2014)
- Decision making based on data (Jolievette & Nelson, 2010; Jolievette et. al., 2015, Sprague et. al., 2014)
- Aligns with JJ agency strategic goals and other initiatives (i.e., congruent fit that readily integrates other reforms/best practices in JJ) (Jolievette et. al., in review).
- Highly adaptable and empowering approach (Read and Lampron, 2012)
- Many well established resources and tools available to support the roll out of PBIS framework in custody environment (Jolievette and Nelson, 2010)

From the perspective of 'Youth Voice' (i.e., direct consultations with YP's in custody facilities that adopted PBIS) the following benefits have been expressed (Jolivette et. al., 2015):

- Improves staff and youth relationships
- Increased consistency in teaching and acknowledging behavioural expectations
- Reinforcements that were meaningful and individualised to help motivate YP to engage in positive behaviours
- Skills learned could be used in everyday life of young people outside of custody setting (i.e. were transferable to home and community)

Challenges:

- Can represent radical cultural, philosophical and practical change for facility and staff (Read & Lampron, 2012)
- Inconsistent staff training and buy-in can result in inconsistent teaching and reinforcement (Jolievette et. al., 2015)
- Tendency of some staff to revert to previous more ineffective behaviour management practices (Jolievette et. al., 2015)

Collaborative Problem Solving Approach (CPS)

CPS is a conceptual and therapeutic approach to behaviour management that posits problem behaviour arises from cognitive skills deficits that interfere with a young person's capacity to comprehend, interpret and/or comply with behavioural expectations (Pollastri, Lawrence, Georgina and Ablon, 2013). CPS was developed as an attempt to rectify the shortcomings of operant methods in managing the challenging behaviour of young people held within a secure youth psychiatry unit at the Massachusetts General Hospital, Boston, USA, during the late 1990's (Greene, 1998).

CPS acknowledges operant methods of reward and punishment can be successful in eliciting desired behaviours in some cases. However, it highlights that operant methods fall short when young people understand behavioural expectations and are motivated to comply, but lack the skills and capacity to do so in association with deficits in impulse control, frustration tolerance, flexibility, problem solving and other adaptive functions (Maughan et. al., 2005; Pollastri et. al., 2013).

CPS emphasises that in such cases operant methods can actually harm young people, firstly by shaping behavioural performance solely around reward, secondly by eliciting or reinforcing poor self-esteem in young people who want to comply with expectations but lack the skills to do so (and are therefore repeatedly exposed to the message that they fail to meet expectations because they don't try hard enough), and thirdly by creating power struggles between young people and adults that fundamentally undermine positive relationship dynamics (Goren, Singh and Best, 1993; Ryan et. al., 2004).

At the heart of CPS is the philosophy that young people *'do well if they can'* as opposed to the behavioural philosophy that young people *'do well if they want to'* . Indeed, a central tenant of CPS is young people are internally motivated to comply until experience teaches them they do not have the skills to do so. CPS asserts *'operant approaches can make the possible more probable, but they simply cannot make the impossible possible'* (Pollastri et. al., 2013, p.

189-190). Hence CPS focuses on improving skills requisite for compliance with behavioural expectations as opposed to increasing motivation for behavioural compliance.

CPS treats problem behaviours akin to other learning disabilities, adopting a process of identifying specific deficits and situations in which a young person's capacity to comply with adult expectations is impacted, and then providing intervention focussed on skill building. CPS skills development involves staff working collaboratively with the young person to solve chronic problems more adaptively, through approaches matched to their developmental level.

The first step of CPS involves identifying situations in which demand on a young person's skills are overwhelmed or a skill is fundamentally restricted, thus triggering a problem behaviour.

The next step involves planning and then electing the most appropriate of three potential response plan types when the problem behaviour occurs (Greene, Ablon and Goring, 2003):

- *Plan A response:* non-negotiable reinforcement of behavioural expectation or instruction despite understanding externalising behaviour may be triggered, generally used in the context of safety concerns (e.g., insisting a young person wear a life jacket prior to boarding a boat)

- *Plan B response* (the seminal element of CPS)*:* adult attempts to solve the problem collaboratively with the young person through three sequentially performed components:

1. Seek information to inform an understanding of the young person's perspective regarding a recurring problem behaviour or issue.

2. Express the adult concern or perspective regarding the problem behaviour

3. Work with the young person to brainstorm solutions that will address concerns from both perspectives, where:

   o The young person is offered the first opportunity to formulate a solution

Figure 2: Collaborative Problem Solving Approach
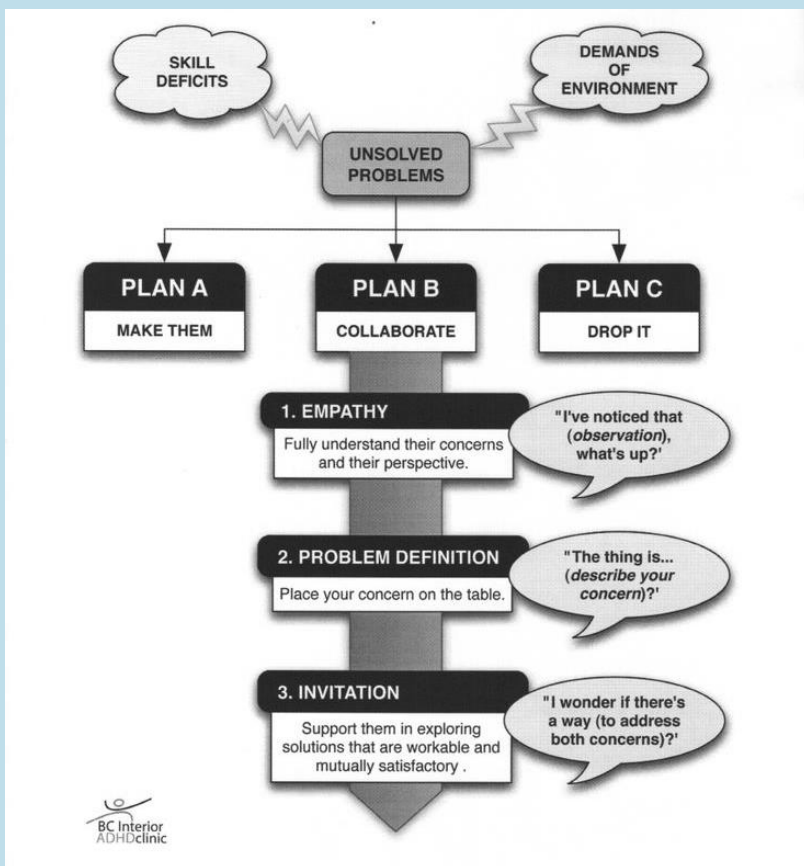
The Plan B process also builds, reinforces or restores a positive and helpful relationship between adult and young person (Greene et. al 2003; Pollastri et. al., 2013).

CPS posits that by managing problem behaviours in this manner, the approach targets deficits associated with problem behaviours via implicit teaching in vivo. It is argued that this simultaneously creates a care environment conducive to managing deficits and encouraging/reinforcing positive behaviour. Hence at the heart of CPS is structured whole of service staff training in relation to identifying, understanding and responding to cognitive skills deficits as a means of managing behaviour.

Following successful implementation in the child secure psychiatric sector, CPS spread across other sectors in the USA including education, residential care, youth mental health outpatient care, out-of-home care and juvenile justice community and custodial centres. The use of CPS to manage problem behaviours has been associated with positive outcomes for both staff and young people in a number of research studies across the aforementioned sectors. Moreover, although systematic juvenile justice research has not as yet been conducted, it has been hypothesised that reductions in recidivism rates noted in preliminary research may be attributable to the skills taught through CPS (Pollastri, 2013).

A summary of empirical evidence in relation to the benefits and challenges of implementing CPS is outlined below:
Benefits:

- o No solution is dismissed outright, instead the adult assists the young person to consider whether the solution offered addresses the concerns of both parties and is feasible

- o Adult and young person agree on a mutually satisfactory and feasible solution

- o The solution is implemented and then the adult and young person discuss its success and/or if it raised any other concerns that indicate an alternative solution is required

- *Plan C response:* pre-emptive temporary suspension of a behavioural expectation in order to decrease externalising behaviour, generally used to stabilise a situation whilst attending to other problems (e.g., allowing young person to temporarily continue free time whilst moving other young people to class)

- Plan B response targets deficits most prominently associated with behavioural problems: social thinking (empathy and perspective taking), language processing, emotional regulation, generating solutions and considering/anticipating outcomes (cognitive

flexibility and executive functioning) (Pollastri et. al., 2013).

- Plan B process achieves the five main treatment targets for externalising disorders: 1) increased adherence to adult expectations; 2) reducing externalising behaviour; 3) creating or restoring a helping relationship between young person and adult; 4) resolving chronic problems: and, 5) identifying and teaching lagging skills (Pollastri et. al., 2013).
- Clinically significant reduction in oppositional behaviour and ODD/ADHD symptoms (Greene et. al., 2004; Johnson et. al., 2012)
- Reduction in behavioural incident reports (Stewart et. al., 2009)
- Positive effect on community participation (Stewart et. al., 2009)
- Positive effect on academic performance (Stewart et. al., 2009)
- Positive effect on frustration tolerance (Stewart et. al., 2009)
- Improved social skills (Stewart et. al., 2009)
- Reduction in parent/carer stress (Greene et. al., 2004; Epstein and Saltzman-Benaiah, 2010)
- Reduction in injuries sustained by young people and staff (Greene, Ablon and Martin, 2006; Regan, Curtin and Vorderer, 2006)
- Reduction in use of physical and mechanical restraint (Pollastri et. al., 2016Greene et. al., 2006; Martin et.al., 2008; Mohr et. al)
- Reduction in use of disciplinary seclusion and isolation (Pollastri et. al., 2016)
- Reduction in incidence and length of seclusion (Martin et.al., 2008; Mohr et. al., 2009)
- Positive behaviour effect generalised across whole milieu (i.e., not just target young people) (Schaubman, 2011)

Trauma Informed Care and Practice (TICP)

TICP is a strengths-based practice framework informed by the substantial body of evidence relating to the physical, neurological, cognitive and psychosocial impacts of trauma. The concepts associated with TICP have evolved over the past 30 years and solidified as a practice framework in 1990's, borne as an outcome of the union between the growing body of scientific work demonstrating how humans respond to trauma, and empirical evidence regarding best practice in trauma recovery (Wilson, Pence and Conradi, 2013).

TICP recognises that trauma is prevalent amongst individuals accessing social and public health services and those who come in contact with the criminal justice system (Wilson, Pence and Conradi, 2013; Dierkhising, 2016; NCTSN, 2012). Underpinning TICP is acknowledgement that direct care workers are generally the most proximal and influential source of support for recovery from trauma, and conversely that the impact of trauma can be exacerbated by adverse interactions between traumatised youth and the people and institutions responsible for their care (Olafsen, Goldman and Gonzalez, 2016; Dierkhising, 2016; NCTSN, 2012; Ko et. al., 2008).

TICP therefore emphasises the importance of knowledge and skills development in relation to trauma and recovery amongst workers directly responsible for the day-to-day care and support of client groups evidencing a high proportion of trauma. With prevalence estimates outlining up to 90% of justice-involved youth experience emotional and behavioural difficulties linked to multiple childhood traumas and losses, TICP is widely considered not an option but a necessity in reforming juvenile custodial systems (Ford, Chapman, Connor and Cruise, 2012; Ford and Blaustein, 2012; Marrow, Knudsen, Olafson and Butcher, 2014).

TICP postulates that the frequency and persistence of problem behaviours in young people who have experienced trauma arises from deficits in information processing, emotional and behavioural self-regulation and poor social and societal attachment, commonly associated with developmental trauma (Wilson, Pence and Conradi, 2013; Dierkhising, 2016). TICP thus emphasises that in order to minimise the incidence and perseverance of problem behaviours amongst young people who have experienced trauma, care environments must be buttressed by physical and psychological safety, be trustworthy, transparent and collaborative, and seek to rebuild a sense of empowerment and control (SAMHSA, 2012; Wilson, Pence and Conradi, 2013; Fallot and Harris, 2009; Ko et.al, 2008).

In order to achieve this TICP proposes that direct care staff require:

a) Knowledge of the sequel of trauma

b) The capacity to develop positive relationships with young people and provide them with opportunities for positive social learning (i.e., social interactions that model and reinforce positive self-regulation and societal attachment)

c) The capacity to assist young people to develop and practice practical skills for managing extreme emotions and intrusive memories, and restore normative information processing and memory.

TICP postulates that through carer skills and creating care environments that elicit support and foster independent self-regulation, young people can be supported to recover from trauma, which in turn makes the facility, as well as the broader social systems in which the youth is embedded, safer and healthier (Ford and Blaustein, 2013; Marrow, Knudsen, Olafson and Butcher, 2014).

The TICP framework is aligned with a number of structured training programs and a spectrum of multi-faceted trauma interventions, ranging from direct therapeutic resolution of trauma to skills based programs targeting social skills and cognitive and psychosocial deficits. Although research on trauma-focussed intervention with justice-involved youth is still emerging, there are several prominent training programs and interventions that have been evaluated with positive results, including:

- *Think Trauma:* a trauma-informed milieu training specifically designed to develop the knowledge and skills of staff in custodial settings (National Child Traumatic Stress Network, 2012; Ford, Chapman, Connor and Cruise, 2012; Olafsen et. al., 2016).

- *Attachment, Self-regulation and Competency (ARC)*: A flexible core concepts framework designed to inform and guide staff training, systemic/milieu functioning and therapeutic intervention across the domains of attachment, self-regulation and competency (Blaustein and Kinniburgh, 2010; Hodgdon et. al., 2013).

- *Trauma Focussed Cognitive Behavioural Therapy:* an individual therapeutic and skills based intervention focussed on processing emotions and thoughts associated with trauma (de Arellano et. al, 2014; Ford et. al., 2012)

- *Trauma Grief Component Therapy for Adolescence (TGCTA):* a trauma and grief intervention delivered in a group format incorporating psychoeducation, skills development and emotional and behavioural regulation and sharing/processing of trauma experiences (Layne et. al., 2008; Olafsen et. al., 2016).

- *Trauma Affect Regulation:* Guide for Education and Therapy (TARGET): a manualised prevention and treatment program for youth incorporating psychoeducation, skills development and emotional and behavioural regulation (Ford and Russo, 2006)

- *Trauma Systems Therapy (TST):* an applied matrix for assessing and coordinating intervention that focuses on building a young person's capacity to self-regulate and building systemic support encouraging of a young person learning to self-regulate.

TICP and its associated interventions have gained extensive empirical support across residential care, education, youth inpatient and outpatient psychiatric treatment and juvenile justice settings (Ford and Blaustein, 2012)

A summary of the empirical evidence in relation to the benefits and challenges of implementing TICP is outlined below:

Benefits:

- Decrease in youth behavioural incident reports (Ford et. al., 2012; Ford and Hawke, 2012; Marrow et. al., 2012, 2014).
- Decrease in youth mental health concerns including posttraumatic symptoms, depression and maladaptive grief reactions (Layne et. al., 2008; Satzman et. al., 2006)

- Improved youth daily functioning and decrease in substance use dependence (Morrissey, Jackson and Ellis, 2005)
- Improves young people's responsivity to programs focussed on addressing criminogenic risk factors (Miller and Najavits, 2012)
- Improves young people's sense of optimism and hope (Marrow et. al., 2014)
- Trauma-informed culture provides overarching sense of safety for clients, families, staff and administrators (Rivard et. al., 2005)
- Improves staff self-efficacy and self-regulation, resulting in decreased use of restraint and seclusion practices (Marrow et. al., 2012)
- Increases staff capacity to apply concrete skills including self-regulatory coping strategies, youth support/coaching and de-escalation strategies (Ford and Blaustein, 2012)
- Provides skills and insight that increase staff resiliency and capacity to cope with work stressors and challenges (Ford and Blaustein, 2012)
- Adaptable and cost effective approach (Hopper, Bassuk and Olivet, 2010)

Challenges:

- Juvenile custodial staff do not consistently view youth offenders behaviour as linked to trauma nor believe them to be needing or deserving of assistance to overcome psychosocial deficits (Caldwell, 2007; Williams et. al., 2005)
- Juvenile custodial staff have little understanding of the fact that young people's trauma experiences exert parallel and vicarious influence on them (Caringi, 2009; Ford and Blaustein, 2013)
- Juvenile custodial staff generally have minimal knowledge and training in relation to trauma specifically and mental health broadly (Grisso, 2007; Henderson, 2007)

4. Elements of successful behaviour management of young people:

In contemporary best practice forums, behaviour management is viewed as a process of continual effort focussed on eliciting positive behaviour, rather than an immediate response to controlling problem behaviour (Deitch, 2015). Thus, successful behaviour management approaches are underpinned by a therapeutic philosophy that focuses on developing positive behaviour and are characterised by the core belief that all young people can change problem behaviour if provided with appropriate support.

This is not to say that consequences may not be applied as a component of a successful behaviour management approach, however contemporary behaviour management recognises behaviour modification is not typically achieved through punishment, sanctions and controls. Indeed, across sectors, implicit to successful behaviour management reform has been recognition that such methods do nothing to deal with underlying precipitants, and thus prevent the problem behaviour from re-occurring.

The keystone of successful contemporary behaviour management is creating an ecology and culture that values and promotes positive relationships behaviours. In order to create this foundation, clear behavioural expectations must be outlined and adhered to by both staff and young people. This essential pre-condition can only be achieved through holistic implementation, whereby all components of a facility or system (e.g., direct care staff, teaching staff, administration staff) consistently adhere to a positivist therapeutic philosophy (Deitch, 2015). This is often referred to as a *'whole of centre'* approach. Examples of successful reform in Juvenile Justice (such as the Mississippi Model and Ohio Experience outlined in the Appendix), have actualised this aim through comprehensive and combined team training, as well as staffing reform that embeds rehabilitative skills and focus into position descriptions, recruitment strategies and work place appraisals. Also required are team focussed, multidisciplinary and participatory reform strategies, and continual monitoring of implementation quality and fidelity.

Underpinned by therapeutic environmental pre-conditions, successful frameworks of behaviour management typically incorporate a proactive multi-tiered suite of services, interventions and strategies. The most comprehensive strategies strategically target and shape these services across a continuum of prevention, early intervention and targeted/intensive intervention. This continuum of care approach reinforces a stable and safe environment, where problem

behaviours are less likely to occur, and when they do occur, underlying deficits represented through the behaviour are both more apparent and conducive to a constructive response immediately (e.g., de-escalation techniques) and across the longer-term (e.g., teaching emotional and behavioural regulation skills).

When problem behaviours arise, successful systems proactively utilise skilled multidisciplinary behaviour health teams (psychologists, social workers, occupational therapists, psychiatric teams), who respond in a timely manner. The response provided is based on robust assessment of the underlying causes and possible deficits the problem behaviour represents. Once problem behaviour is analysed, contemporary approaches then focus on changing the behaviour through personal development approaches that provide young people with both the skills and support necessary to prevent a repeat of such behaviour in the future.

When rule violations do occur, successful systems ensure that consequences are transparent, predictable and timely, and that both young people and staff are involved in the inception of graduated consequences and sanctions. Punitive measures (i.e. disciplinary exclusion, restraint, use of force) are used only if required for the immediate safety of a young person or staff member, are time limited and are closely monitored.

5. **Key considerations in the design and implementation of best practice behaviour management of young people in NSW's juvenile custodial facilities:**

To enhance applied awareness, case vignettes of reform broadly considered best practice, ('The Missouri Model' and 'The Ohio Experience'), as well the issues associated with Western Australian reform ('Lesson Learned from the Banksia Hill Transformation') are provided in the Appendix of this paper and will be referred to throughout this section.

Organisational Leadership

Strategic leadership is arguably the keystone of successful juvenile custodial reform. Leadership

in jurisdictions whose behaviour management reform is widely considered international best practice, is characterised as strong, holistic, consistent and courageous. Leadership in these cases evidences consistent and transparent messaging, that unapologetically and actively engages staff as active participants in a journey of comprehensive organisational change (Harrell et. al., 2015; Mendell, 2010).

A common premise underpinning strategic leadership across examples of best practice, is the understanding that behaviour management reform is a long-term undertaking. For example, the 'Missouri Model', broadly considered the beacon of successful juvenile custodial reform, represents a near thirty-year undertaking. Indeed, Missouri's Chief Director, Mark Steward, devoted seventeen years of service to the leading his state's transformation. To a large part he attributed success to the suitability, stability and consistency provided by the leadership team he developed. Similarly, the 'Ohio Experience', another highly regarded reform, has been implemented across a ten-year period (2007 to 2017). Conversely, the 'Banksia Hill Transformation' experience demonstrates how implementing change in a short time frame, without a comprehensive evidence based approach and strategic leadership plan, is a potentially perilous enterprise (Harrell et. al., 2015; Mendell, 2010; Morgan, 2017)

Experience suggests that once an agency establishes its contemporary behaviour management framework, setting and reinforcing clear behavioural expectations for staff and young people is a fundamental foundational task for the leadership team. Key messaging needs to convey that at the heart of successful behaviour management is creating a whole of centre therapeutic culture. In order to achieve this change, development of positive relationships between staff and young people must be rigorously supported. At the outset of change, leadership must acknowledge this is a never-ending task in juvenile custodial environments, and emphatically highlight the expectation that it is the core business of direct care staff moving forward. Facilities must then be expected to operate in a way that 'undergirds rather than undermines, this positive culture' (Deitch, 2015). Parallel to this messaging, successful leadership

both explicitly and implicitly denunciaties the correctional status quo and provides clear and unwavering expectation of adherence to the contemporary model.

Successful leadership both models and reinforces the appropriate behavioural expectation agenda it sets through every communication, policy and procedure it enacts. Leadership must clearly articulate that rules in relation to positive behaviour apply equally to all interactions amongst staff and young people. To reinforce this position, zero-tolerance approaches should be adopted in relation to any behaviour that is at all abusive (physically or verbally) or involves bullying, ridicule or extortion.

Successful leadership teams have reflected that they had to have the fortitude and be prepared to routinely take a firm stance and engage in difficult conversations with staff in order to drive this change. Furthermore it is noted amongst the narratives of reform leaders, that an acceptance of initial staff attrition and an unwavering focus on achieving the right kind of staffing mix, were crucial success factors in achieving stable and appropriate staffing across the long-term (Mendel, 2010).

Staffing

Common amongst the narratives of juvenile custodial reform, is the challenge associated with changing staff beliefs and attitudes that punitive practices are necessary behaviour management tools. Indeed, across jurisdictions, opposition to reform has been observed most strongly amongst direct care staff themselves, as well as the unions that represent them. Common to dissent is the argument that eliminating or significantly reducing punitive practices puts staff in danger and centre security at risk. Notably, this is despite the fact that there is no research supporting this position, and in spite of the fact that research demonstrates punitive approaches are counterproductive and can be harmful (De Valk et. al., 2015; CJCA, 2015). Positive interactions and relationships between staff and young people are considered the core foundation of an effective behaviour management approach, thus tackling resistance to change is inextricably a key consideration of any reform plan (Deitch, 2015;

McCart and Sheidon, 2016; Fernandez and McClain, 2014).

Custodial staff resistance is commonly conceptualised as underpinned by the cultural traditions of custodial juvenile justice work and its alignment with correctional models. In particular, correctional models are recognised as having created negative perception biases, which serve to limit staff insight into the meaning and function of challenging behaviour (i.e., viewing challenging behaviour as stemming from past trauma, disability and/or mental health issues, rather than representing wilful and/or intentional misbehaviour). Correctional perception biases also commonly limit staff insight into the deleterious effects of control and punitive practices, and result in the false notion that 'safety and security' is a priority mutually exclusive from rehabilitative practice (despite the fact that the empirical evidence has proven the opposite to be true). Disconnect from the principles underpinning positivist behaviour management has disabled and undermined the effectiveness of reform in many cases (Mohr et. al, 2009; Deitch, 2015; Parker, 2007).

In light of this, it has been argued that successful reform must acknowledge that at a baseline, juvenile custodial centres are environments that are hostile to positivist ideals (CJCA, 2015; Deitch, 2015; Parker, 2007). By virtue of this and their correctional status quo, to be effective reform efforts must recognise and address head on the fact that juvenile custodial facilities have a legacy of contributing to negative behavioural outcomes for young people. Indeed, in developing a reform plan, challenging, changing, monitoring and managing staff attitudes and behaviour must be understood to critically impact upon success more so than any other factor.

In recognition of thereof, successful reform agendas have commenced by providing direct care staff with training focussed on both outlining the rationale for change and successful alternative approaches (i.e., the evidence base). Successful reforms evidence ongoing reiteration of these foundations through regular staff check-ins, supervision and engaging staff in an ongoing cycle of learning about theories underpinning reform. Staff also require comprehensive skills based training in order to operationalize

contemporary approaches (i.e., staff need to be empowered to enact the shift from punitive to rehabilitative practice).

Successful reforms have emphasised the critical role of operational and direct care staff by embedding positive relationship building in policies and procedural routines (e.g., document at least two positive interactions with each young person they work with per shift). This strategy reinforces the view that young people's behaviour is the product of staff interactions and that every interaction with a young person is a meaningful opportunity to reinforce or demonstrate positive behaviour (McCart and Shidon, 2016; Harrell, 2015). It has been argued that by embedding positivist practice in custodial routines, staff are compelled to learn how to develop positive relationships and re-direct negative behaviours through this relationship, which inadvertently influences their confidence in and adherence to contemporary approaches (Deitch, 2015).

Another initiative that has proven successful in eliciting staff buy in and adherence to contemporary models, is expanding job roles and enhancing skills of direct care workers such that they are involved in programming, treatment teams and mentoring young people (rather than just acting as guards). By involving direct care staff in specialised behaviour management programming (e.g. social skills or emotional regulation training) and/or informing them of content covered, they can be compelled to become actively engaged in assisting a young person to practice desired behaviours (eg. alternative coping strategies when becoming agitated). Involving direct care staff in monitoring and reporting back on how they responded to both a young person's positive behaviour and misbehaviour can also assist case management and treatment approaches. These practices have been shown to encourage reflective practice and reinforce movement away from immediate escalation to 'punishment mode' in response to challenging behaviour (Mendel, 2010; Harrallel, 2015; Fernandez and McClair, 2014).

Successful reforms have underscored that their recruitment, retention and training strategies shifted to be centred around creating a positive environment for both youth and staff are. In order to succeed in achieving this aim, many successful

reforms articulated and strictly implemented a shift in role identity/description, whereby staff were categorically no longer characterised as guards, and where retention and recruitment became centred around being (or being willing to become) a youth specialist (Mendel, 2010; Deitch, 2015; Fernandez and McClain, 2014).

In short, creating a staffing transformation agenda that encompasses multiple strategic approaches to cultural change is critical to the success of juvenile custodial behaviour management reform.

Environmental Measures

The physical environment of juvenile custodial facilities is well recognised as a key consideration that can critically impact upon the behaviour of youth.

It is well established that small and community based facilities (which enable contact between the young person and their family and community) are most conducive for eliciting positive behaviour (Roush & McMillen, 2000). Moreover, large facilities have been associated with difficulties in implementing even the best intended reforms (see Banksia Hill Transformation vignette in Appendix).

It is also widely documented that positive behaviour is supported by environments that project positive behavioural expectations (Deitch, 2015; Mendel, 2010). This can be achieved through developing home like settings, including comfortable furnishings and bright interiors, access to natural light and outside spaces, and less restrictive living environments that project a sense of calm and belief that young people have the capability and interest in behaving positively.

Structured Daily Programs

It is unequivocally recognised that implementing programming that keeps young people actively engaged throughout the day is a core component of a contemporary behaviour management model (Deitch, 2015; Mendel, 2010; McCart and Sheidon, 2016).

Adequate programming incorporates education and vocational activities, physical recreation, leisure activities, appropriate religious or spiritual

pursuits, therapeutic treatment and living skills. Staff should be actively engaged with youth throughout these activities (i.e. not simply supervising) and be expected to capitalise on opportunities for positive relationship building, role modelling, and behavioural redirecting (Deitch, 2015; Mendel, 2010).

Successful custodial reforms have reported consistent and continuous staff involvement and minimal down time is associated with far fewer negative behaviours (Fernandez and McClain, 2014; Harrallel, 2015). Conversely routine lock-downs, as well as practices such as disciplinary confinement, are associated with reduced compliance with behavioural expectations (CJCA, 2015).

Empowering Young People

It is recognised that young people's misbehaviour often evolves out of a perceived lack of control and autonomy within the highly-regulated environment of juvenile custodial facilities (Peters and Corrado, 2013). Therefore, a key consideration in developing a contemporary behaviour management system, is evolving meaningful ways for youth to channel dissatisfaction, advocate for themselves and contribute towards the development of effective facility systems and practices. Such outlets also provide opportunities for staff to gain insight into the experience of the young people and understand how best to meet their needs, build strong relationships with them and minimise incidence of reactive misbehaviour (Deitch, 2015).

In order to achieve this aim, successful reform has typically adopted strengths based, respectful communication oriented youth development approaches, such as creating youth councils (Barton and Butts, 2008). Such initiatives privilege young people who demonstrate positive behaviour to represent their peer's points of view in a structured fashion. Thus, such initiatives have the added benefit of providing opportunities for youth leadership, as well as eliciting a sense of youth involvement and investment in the change process and facility decision making to improve overall centre climate.

Another important consideration in empowering incarcerated young people is establishing and

promoting a proactive grievance system. In so doing, custodial facilities provide opportunities for youth to air complaints that they may otherwise harbour resentment for, and which may in turn be expressed by way of misbehaviour. Effective custodial grievance systems proactively articulate and reinforce the importance of rights and have a clear understanding in relation to the process of receiving, investigating and responding to complaints (Parker, 2007). The process of response should be viewed as a crucial opportunity to effectively diffuse potential interpersonal difficulties and demonstrate these issues can be resolved in a peaceful manner. It must therefore be genuinely responsive and never dismissive. Mediation has been demonstrated to be one such appropriate means (Deitch, 2015; Morton and Einesman, 2001).

CONCLUSION

Across sectors and jurisdictions, contemporary behaviour management of young people reflects movement away from traditional operant approaches incorporating control and disciplinary focussed punitive practices, towards positive relationship oriented, trauma informed, multi-tiered, rehabilitative and personal development focussed methods.

Sectors including education, youth mental health (inpatient and outpatient) and residential/out-of-home care, have been instrumental in developing positive behaviour management approaches across the past twenty years. Outcomes studies overwhelmingly demonstrate that such approaches pose fewer risks to young people and staff, and are in fact more effective in modifying problem behaviours.

Although the positivist paradigm has been embraced across community based juvenile justice services, issues implicit in the culture and nature of the secure care environment have presented challenges in translating knowledge of 'what works' into practice within this context. However, fuelled by socio-political interest, rapid and comprehensive changes are in process across juvenile custodial settings worldwide.

Early examples of reform have drawn on the evidence base across other sectors and 'what

works' literature in juvenile justice more broadly, to evolve contemporary juvenile custodial behaviour management models that demonstrate a strong preliminary evidence base. This emerging evidence base is observed as consistent with other sectors, in that positivist approaches are demonstrating increased efficacy and positive outcomes, as well as fewer negative outcomes for young people and staff.

Nonetheless the literature also highlights common persistence of the legacy of reluctance to change the status quo. However, early evidence suggests strategic leadership, characterised by strong, consistent and transparent messaging that engages staff in a journey of comprehensive organisational culture shift, can create positive affect and commitment to a process of meaningful and urgent change, even amongst the most resistant systems.

Moreover, when these conditions are achieved and direct care staff are provided with the professional development necessary to achieve a sense of mastery and safety within a positivist paradigm, reform experiences are reflected as truly transformative in terms of improved safety and wellbeing across the whole custodial milieu.

Reform Vignette's

Caveat: The absence of empirically rigorous longitudinal evidence demonstrating the effectiveness of the custodial reforms discussed herein is acknowledged. Discussion is drawn from professional literature, monitor reporting and discussion papers from the field.

The Missouri Model:

The Missouri Model of juvenile corrections, often referred to as 'The Missouri Miracle', has long been heralded the beacon of juvenile justice reform. Since the 1970s the US state of Missouri has operated a juvenile justice system defined by a rehabilitative philosophy and centred around positive youth development through therapeutic treatment, coordinated services and restorative integration.

The Missouri Model refers to the service this system provides to youth in institutional confinement. It is regarded as one of the most effective approaches to juvenile justice custodial practice available (Moore, 2009).

A 2011 monitoring analysis examining the success of the Missouri Model revealed that less than 8 percent of young people exiting secure facilities returned and less than 8 percent go on to adult prison. Upon exiting Missouri facilities one-third of youth return to their home community with a high school diploma and fifty per cent successfully return to main stream schooling. Moreover, not a single youth has committed suicide in custody since Missouri reformed its model (Mendel, 2010).

The Missouri Model includes four core elements (NAP, 2013):

1) Continuous family-centred case management: case managers are assigned when a young person first enters a custodial centre and work consistently with the youth and family throughout his/her incarceration and post discharge. Caseloads are capped at 15-18 families to enable an intense individualised approach. As the state enacts a system of indeterminate sentencing, duration of contact (treatment) both within the facility and community are based on the evaluation of the case manager. Whilst a young person is held within a custodial facility the caseworker works with a coordinated treatment team to plan and facilitate the young person's treatment and case management more broadly. The caseworker advocates for the holistic and criminogenic needs of the young person and works with them and their family to develop a pre-release plan and make arrangements for aftercare support.

Following release from custody the case manager provides rigorous case monitoring. Intensive surveillance and community mentoring (usually fulfilled by a college student local to the youth's home location) are also key components of the aftercare model. Community support networks are actively engaged, with the goal of linking each exiting youth with volunteers and social support agencies in their neighbourhood. Members of these support networks are encouraged to volunteer and visit secure residential facilities on a routine basis to build relationships with youth and staff, and young people participate in social service activities whilst incarcerated.

The case management approach emphasises the involvement of family, viewing them as the experts in relation to the young person and keeping them involved in their day-to-day life whilst incarcerated.

2) Decentralised residential facilities: custodial facilities adopt a small-group cottage style model, an average population of 20 and no more than 50 youth. A high number of facilities are located throughout the state to ensure that young people can remain within close vicinity of their family/community at all times. Youth dress in street clothing and remain with the same small group (10-12 young people) throughout their stay.

A 1:6 staff ratio is maintained at all times and constant eyes-on supervision is used in lieu of isolation and other forms of physical control. The system relies on active supervision by staff to maintain order and safety. The first

stage of youth treatment within Missouri facilities has a primary focus on safety and security needs, which form the backbone for effective treatment.

3) Small-group, peer-centred treatment services: An integrated treatment model is adopted, theoretically based on Bronfenbrenner's (1979) ecological model of development. The treatment model posits that services must address the cultural values of youth, intimate effects (school and peers), extended family and work.

Peer-based treatment is built on the assumption that change does not happen in isolation, and staff facilitate a peer leadership and support culture that actively reinforces shared values of safety, support and civility whilst housed in the facility. Youth are actively engaged in peer based behaviour support through the practice and requirement that they check in with each other each day, and encouragement to express concerns with each other and as a group, as well as provide praise for positive behaviours. Youth are engaged in a highly structured daily schedule, with all activities and meals and the majority of treatment occurring as a group.

4) Positive rehabilitation and treatment centred staffing and environment: within all facilities staff recruitment and training are centred around creating a positive treatment environment for youth. Staff are employed as counsellors and youth specialists, and are strictly not characterised as guards. In order to achieve this, minimum specialist education requirements for staff were implemented. Staff must also undergo a minimum of 300 hours of training during the first two years of employment and maintain active in-service training throughout their employment. Steps are taken to ensure consistency of staff in order to create a stable and healthy group culture.

The Missouri Juvenile Justice Division has identified four key factors associated with the success of its model (Decker, 2011):

1) Strong organisational leadership and state-wide systemic commitment to

staging change across a long-term platform:

Missouri leadership and management has maintained consist direction across the 17-year period of reform. They have continued to consult with and receive support from the state government and relevant agencies that have been actively engaged throughout the change process (education; legislature; local, state and national leaders). Missouri has only become an example for change because of the decisions made and clear direction established in the 1970s and 1980s (Abrams, 2003).

2) A commitment to organisational culture change:

Missouri adopted a long-term strategic approach to culture change that incorporated separation from the adult correctional system, upskilling of staff and overhaul of training programs and expectations placed on staff. Missouri acknowledged that in order to adopt an evidence based model, it had to invest significantly in achieving a long term cultural shift, which it accomplished by working consistently towards "having the right people who share a set of beliefs and philosophies" (Decker, 2010). At the commencement of change it is noted that this resulted in substantial staff turnover, however Missouri leadership reflect that a commitment to achieving appropriate staffing to meet their aims and developing a culture of continual learning was the most fundamental success factor within their system reform.

3) Evidence based and highly effective treatment strategies:

Missouri has maintained a commitment to implementing evidence based treatments designed to address the complex needs of juvenile offenders. It has a rigorous ongoing treatment evaluation program and highlights the importance of continual improvement and evolution of its treatment model.

4) Community and system buy-in:

Missouri leadership identified the importance of laying solid foundations within the community (achieved through funding

community councils and agencies) as well as legislators, as a means of ensuring protection for the organisational mission. Missouri has adopted the philosophy that no one agency can address the myriad of needs associated with juvenile delinquency, and thus a whole of community approach is required.

The Ohio Experience:

In 2008, juvenile custodial services in the state of Ohio in the USA were declared unconstitutional. Spurred by litigation, the state underwent a significant review and reform process. Nine years later, the resultant system, referred to as The Ohio Model, is recognised worldwide for its exemplary reform process and model juvenile custodial system (Harrell, 2015).

At the heart of the Ohio reform is a collaborative monitoring model, that shifted oversight of the state's juvenile custodial system from an adversarial to transparent collaborative remedy process. This process empowered stakeholders to collectively review and provide input into the reform process, develop fact-finding and reporting protocols, and to triage concerns and recommendations for change. As components of reform were rolled out, the collaborative monitoring team were also tasked with monitored compliance with stipulated agreements, and moderated disputes.

Area's targeted by this reform agenda included:

1) Protection from harm: several measures were put in place to protect young people in custody from harm, with the primary aim of reducing use of force. Initiatives including intensifying and regulating staff training focussed on de-escalation techniques, as well as introducing body worn cameras and mandating administrative review of every application of use of force. As a component of this mandate, following a use of force incident staff are provided with immediate, detailed feedback and coaching from the administrator themselves.

A meaningful and reliable grievance system was also introduced, including access to legal support and oversight to address concerns related to the reason, nature and duration of any incidents of confinement.

2) Discipline and seclusion: Disciplinary exclusion, once commonly utilised, has been abolished in Ohio's juvenile facilities. Moreover, rather than using a formal disciplinary system, interventions to respond to rule violations (including disciplinary action) are now formulated by each young person's multi-disciplinary treatment team, with the worst proceedings escalating to a hearing, where youth are supported through a restorative process by their treatment team and a youth advocate. Youth feedback is constantly sought and youth now perceive disciplinary practices to be fair.

The system has also abolished the use of special management units, and ensures that young people are engaged in a full day of programming regardless of their behavioural classification. Ohio has maintained mental health units to work intensively with young people, however now ensures that these young people are able to continue to access regular schooling and recreational activities.

3) Education: The schools based in Ohio facilities have undergone staffing and service delivery transformation. They are now special education oriented and responsive to each young person's unique educational needs. Teachers receive specialist training and coaching in positive behaviour management techniques, and young people can no longer be suspended. The quality assurance system now implemented in these schools serves as a model of best practice for special education systems throughout the USA.

4) Health care: Medical services now provide comprehensive and timely assessment and treatment, with a particular focus on systemic care for youth with a disability or chronic disease. Health care teams now incorporate general practitioners, psychiatrists, nurses, social workers and dentists.

5) Mental health and behavioural health services: Mental health services provided in

Ohio facilities are now proactive in their approach and provide individualised assessment, treatment planning and progress monitoring of all young people in custody. Specially trained staff provide intensive treatment for crises and other acute mental health needs in dedicated mental health units. The agency has established comprehensive policies and procedures governing mental health and psychiatry services, and enacts a system of weekly clinical review and structured monitoring.

Integrated behaviour health teams that include social workers, psychologists, occupational therapists and psychiatric nurses are well resourced and easily accessible to all staff and young people. Facilities have stopped using special management plans for young people whose misbehaviour stems from an underlying mental health issue, and instead develop individual behavioural contracts. These contracts are designed to offer rewards and consequences tailored for each youth to incrementally improve their behaviour. Mental health clinicians review all incidents in which their clients are involved, to either divert them to disciplinary hearings or provide guidance regarding appropriate and inappropriate interventions.

6) Cultural and environmental change: The Ohio leadership team focussed substantial attention on changing the culture and environment in their juvenile custodial facilities. They openly acknowledged that their previous approach to managing the behaviour of youth created a hostile environment which negatively affected behavioural outcomes. They expanded the role description of direct care staff to ensure all staff were highly engaged and involved in programs, treatment teams and youth mentoring. Although initial staff attrition was high, Ohio now boasts a stable core group of staff who are able to effectively establish positive relationships with youth.

Each facility now has a dedicated youth council, which engages youth in the facility on issues that are important to them and offers young people the opportunity for meaningful contribution to facility decision making.

7) Family Engagement: Ohio now offers family visitation seven days per week. It utilises video conferencing and supported travel to ensure young people who are not within the vicinity of family are able to maintain regular access. Ohio has also provided staff with training to improve their capacity to effectively engage young people's families and shape policy and procedure to ensure families and other community supports are involved in responding to challenging behaviour, and provide input into a young person's treatment plan, education, case plan and re-entry plan.

The Warby Pilot:

Between 2011 and 2015, The *Warby Behaviour Intervention Program* was implemented within NSW's Reiby Juvenile Justice's Centre. The Warby Program targeted males under sixteen years of age, who were subject to a control order and presented with disruptive behaviours in the custodial environment. The program aimed to address disruptive and offending behaviours simultaneously, through a minimum four-month intensive residential treatment program.

The Warby program was developed based on the principles of Collaborative Problem Solving (CPS; Greene, 2004), outlined on pages 14 to 16 of this paper. The program thus sought to address young people's problem behaviours by addressing the cognitive and executive skills deficits underpinning such behaviour. The Warby Program emphasised improving emotional and behavioural regulation through the development of cognitive skills, achieved by way of collaboration between staff and young people focussed on generating solutions to problems and problematic behaviours. Warby participants also engaged in a Cognitive Behavioural Therapy (CBT) group program, which utilised a cognitive restructuring approach. Entitled Cognitive Self Change (CSC), the group was designed to increase awareness of cognitive thought processes and unhelpful thinking underpinning participant's maladaptive behaviour. Individual therapy,

including social skills and distress tolerance counselling, was also provided to participants by the dedicated Warby psychologist as required.

According to the Warby Review Committee (2015) qualitative evidence and pre-post testing indicated that the program effectively improved oppositional behaviour amongst participants on the unit, and was associated with positive relationships and interactions between young people and staff. Moreover, when participants returned to mainstream juvenile custody, staff observed they demonstrated significant improvement in their behaviour. Improved staff ratings were observed on developmental skills including problem solving, frustration tolerance and flexibility. Participants also demonstrated a reduction in misbehaviour reports and self-reported levels of aggression and criminal thinking. As a result of these outcomes the Warby Committee recommended that the Warby Model (CPS and CSC) be considered for implementation across all NSW's Juvenile Justice custody centres.

Limitations and challenges observed in relation to implementing the Warby program included: disruption to program integrity by having young people not participating in the program co-housed on the same unit; Warby's criteria limiting access for detainees on remand or with short sentences; onerous paperwork and assessment measures; having only some custodial staff trained in use of CPS impacting upon program integrity and day-to-day functioning (e.g. casual staff)

Banksia Hill Transformation Project:

In October 2012 Western Australia's two juvenile custodial facilities amalgamated into a single centre, Banksia Hill. Within months a wide spread riot broke out, resulting in major damage to the site. As a result of this incident a major review was undertaken and the *Banksia Transformation Project* established to reform the centre's behaviour management practices. The transformation project assumed a strong focus on shifting Banksia Hill from a punitive to a rehabilitative trauma-informed model.

However, other than a period of relative calm in 2015, Banksia Hill became increasingly unstable. By 2016, despite a comparatively low population, incidents of serious damage had become commonplace and self-harm reached unprecedented levels (Morgan, 2017). In May 2017 Banksia Hill resorted to use of a specialist tactical response unit to bring the centre under control, prompting the Inspector of Custodial Service to issue the department with a 'Show Cause Notice' regarding aspects of firearm and distractive device use.

The subsequent report by the Inspector of Custodial Services, released in June 2017, highlighted the following failings in relation to the reform process and the way the centre was managed:

- The single facility arrangement has not worked and the facility lacks inadequate environments for crisis care and intensive management.
- The transformation project itself was poorly implemented, particularly in terms of communicating what exactly the change meant for staff (i.e., how the approach was to be operationalized) and when it would occur.
- Implementation failures resulted in staff being unclear and divided about the model.
- A lack of direction and reinforcement of the model resulted in staff inconsistently applying the model as they chose. This resulted in inconsistencies in the way staff related and responded to young people.
- Staff reported feeling unheard and unsupported by management, which significantly impacted morale and their ability and willingness to implement the model.
- Management responses to incidents were not in line with rehabilitative and trauma informed principles (confinement and restraint practices increased; dietary restriction continued; lockdowns continued to be used to accommodate staff training and shortages).

The Inspector of Custodial Services concluded that the management practices adopted by Banksia Hill were 'inconsistent, inexplicit and ineffective' (Morgan, 2017, p.3). He noted that Banksia Hill was right to assume rehabilitative and trauma-informed practices as sound and evidence based approaches (and should continue to pursue these approaches in the future). However, he observed that poor implementation undermined the approach and ultimately resulted in increased punitive practice. Key amongst the inspector's many recommendations is that the long-term transformation of Banksia Hill would 'benefit from a staged approach with a simple structure and realistic time frames' (Morgan, 2017, p. 18).

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