

Youth Review Boards for Firesetting Behavior

By Jeff Sterrett – Delaware State Fire Marshal's Office

I was fortunate enough to attend the JFS Conferences in Eugene, Oregon and Westford, Massachusetts in 1999. One subject matter that was talked about extensively at both locations was the need for cooperation between those of us who provide "front line" services to juveniles and those in the child mental health field.

Before I began working as a Juvenile Intervention Officer for the Delaware State Fire Marshal's Office, I worked as an investigator in an "urgent response" unit in the State's Child Protective Office. It was there that I first learned about the need to identify a broad range of emotional, psychological, and sociological issues that affect children. Just as importantly as identifying the problems, it was also critical to connect families to counselors and therapists who could offer comprehensive diagnostic and treatment services.

As an investigator, my job was to identify the problem, provide intervention services, and transfer the case to someone who would offer treatment recommendations and work with the children and families long term. That same type of case management can work for those of us who work with Juvenile Fire-Setters as well.

It's great to see the Juvenile Fire-Setting Problem begin to get the nationwide attention that it needs. Identifying a problem is often times the greatest challenge in the problem solving equation. But now that many areas recognize the problem, the fire service has been left the monumental challenge of dealing with thousands upon thousands of kids between the ages of 3 and 18 that need intervention services.

Most firefighters and fire marshal's don't have advanced degrees in psychology or behavioral science, yet we're being asked to evaluate a child to determine the extent of their past fire play, current fire play, and the likelihood that they'll set fires in the future. We're also asked to evaluate family history, current family dynamics and to determine outside factors that can contribute to fire-setting behavior. With Dr. Fineman's forms, we have a good tool to help us collect the right information and most times we can make a pretty accurate assessment of the type of fire-setter we're dealing with.

But what about those times when you're not quite sure? What about the kids who have serious fire-setting, emotional and psychological problems who need further evaluation and continued services? Who do you or you department turn to when you come across these types of cases, and who provides the "diagnosis" and treatment recommendations to the child's parents or caretakers?

I've heard several associates in the fire service speak of child mental health professionals who feel that every child who is involved in a fire play or fire setting incident should receive a full psychological evaluation. Those of us in the "real world" who deal with these kids every day know that this isn't possible or practical. But there are some programs across the country that have methods to help relieve this problem.

The Delaware State Fire Marshal's Office provides statewide home based evaluations of children who have been involved with fire. One part-time and two full-time Juvenile Intervention Officers administer this service. Referrals come from a variety of sources including Deputy Fire Marshal's, Child Protective, Family Court, Child Mental Health, Schools, Parents etc. The Officer goes out to the home and conducts interviews with the child and parent/caretaker and conducts a fire safety educational program. The forms that we use are based on those developed by Dr. Fineman, with a few things added to customize them to our needs. Following the interview process, cases can be presented to a Review Board for further evaluation.

The idea of the Review Board came out of a meeting held in late 1986. John Lattomus, the coordinator of the Delaware State Fire Marshal's Office Juvenile Intervention Program, along with officials from the child mental health, child protective and juvenile probation field (among others) met to discuss the issue of children and fire. It was agreed that there were a large number of child-set fires in the State, and that many of the children involved in serious fire incidents or repeated fire play, had underlying emotional, psychological and/or sociologically problems that needed evaluation beyond a simple screening. It was also agreed that parents and caretakers of children involved in fire setting, should be provided with information from trained professionals regarding the nature of their child's fire-setting behavior as well as recommendations for treatment. It was suggested that these evaluation and treatment recommendations should be provided at no charge to the parent/caretaker, just as is the case with the initial screening.

The participants at the meeting agreed that a Review Board should be created to provide these services. Three child mental health professionals agreed to serve on the panel; a psychologist and psychiatrist from a State run children's psychiatric facility, and a licensed clinical social worker from a private counseling agency. The members and Mr. Lattomus met to discuss case selection and confidentiality issues. Once the guidelines were established, the Fire Marshal's Office approached State Legislature to secure funding for the program. It was agreed that the 3 Board Members would receive \$75 each per monthly session, which meant that the entire review panel would receive \$2700 per year. The money was granted, and in early 1987 the Review Board began hearing cases.

The Review Board has been in place for almost 13 years, and the original members still serve. Cases are selected by the Juvenile Intervention Officer based on information revealed during the interview or by parents who request that case be heard. In any case, the parent or legal custodian has to give written permission for the case to go to the Review Board. Once a case is selected for review, the Juvenile Intervention Officer writes a report, which is forwarded to the panel members a few days before the Board meets. On the day of the meeting, the Board Members and Juvenile Intervention Staff from the Fire Marshal's Office have a round table discussion about each case. It is an informal meeting where ideas, suggestions and recommendations are shared freely and everybody is treated as a professional equal. This open forum is a crucial aspect of this type of process. Nobody likes to feel like their ideas aren't important and nobody in the fire service, or any other service, appreciates being talked down to by people with advanced degrees. On the other side of the coin, it is important for the Juvenile Intervention Staff to present their cases in a clear, concise manner so that the Board Members know exactly what the issues are with the child and family.

After a discussion of the case, the Board issues a written treatment recommendation that the Officer takes back to the parent/legal custodian. In most cases, it is up to the parent to follow through with the recommended services and the Juvenile Intervention Officers can assist by giving information about local counseling and treatment facilities. In cases referred by the legal system, parents can be compelled to follow through by probation officers.

The option of having JFS cases heard by child mental health professionals has several advantages. One reason is that it takes liability away from the Fire Service by giving parents the choice of professional evaluation services, and by giving the JFS Staff relief from the responsibility of making treatment recommendations. I thoroughly discuss the results of my screening interview with the parents and offer my opinion, but I also make each parent aware of the Review Board, even if I don't think the child is likely to use or play with fire in the future. Most parents whose children aren't involved in serious incidents or have a low risk of setting future fires decline the Board and most parents whose children need the Board accept its services. Occasionally I have to encourage parents who are hesitant. But because of the non-threatening nature and complete confidentiality of the Board, every parent that I've dealt with has accepted the help. Sometimes, our Review Board is the first exposure that a child and family has to evaluative services. The treatment recommendations and the help that the Juvenile Intervention Staff gives in getting families connected to these services have made a big difference in the lives of many children and families in Delaware.

Another benefit of this service is that it ensures open lines of communication between the fire service, child mental health care providers, and families. Sometimes, children whose cases are heard by the Review Board are already involved in therapy. With parental permission, Review Board Members and Juvenile Intervention Staff can contact these therapists and talk openly about the fire setting issues and treatment recommendations thus insuring continuity of services. This open communication has helped our JFS program receive statewide recognition from many of the child counseling services in Delaware, and we receive a lot of referrals from these programs because they know exactly what services we provide and they feel comfortable sending their clients to us.

The Review Board is not a substitution for individual counseling or evaluation services and it's not a cure-all. It has worked well for many years in the clearly defined role for which it was developed and it can act as a springboard for other services. Our office is currently studying some JFS treatment programs from across the country with the hopes of having one in place in the next two years. If you are interested in getting a program like this started in your community, I encourage you to take the lead by talking with child mental health professionals in your area. State Agencies such as child protective or juvenile probation are also good resources because those people are in frequent contact with counseling services and groups that work with children. The Juvenile Fire-Setting field can be exciting for these professionals, because it's a relatively new and uncharted area with a great need for new research. But it takes someone to get the ball rolling and open the lines of communication.