The Cycles of firesetting: an Oregon model

A publication of
The Oregon Juvenile Firesetter Treatment Strategies Task Force &
The Oregon Office of State Fire Marshal

Department of Oregon State Police
4760 Portland Road NE
Salem, Oregon 97305-1760
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This monograph represents the collective work of a task force of mental health and fire service professionals from across the state of Oregon. These professionals donated their time, energy and expertise to develop a comprehensive cyclic model of assessment and treatment for juvenile firesetters. Acknowledging the early work on the cycle of firesetting by Allison Stickrod-Gray and Chuck Campbell from Eugene, Oregon; a subcommittee was formed to further develop this conceptual model. The task force sincerely appreciates all who contributed to this project.

Monograph committee:
Lorrie Dukart, LPC, CCMHC
Robert Gitelson, MSW, LCSW
Timothy Kopet, Ph.D.
Linda Nishi-Strattner, Ph.D.
Judy Okulitch, M.S.
Sandy Shulmire, Psy.D.
Richard Smith, Director, Youth Guidance
Rick Van Marter-Sanders, M.A.

Task force members:
Laurie Birchill, LCSW
Chuck Campbell, Deputy Fire Marshall
Eric Elliott, B.A.
Marcia Erickson, M.A.
Robert Fleming, M.A.
Terry Green, MSW
Karen Johnston, LCSW
Richard King, Ed.NCC
Ron Lajoy, Ph.D.
Timothy Murphy, M.S.
Jay Peoples, M.S.
Don Steele, LCSW
John Humphreys, MSW

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The Oregon Office of State Fire Marshal established a juvenile firesetter intervention program to develop a continuum of care for child firesetters and their families in 1990. The goal, now as then, is to reduce the incidence of child-set fires in Oregon through prevention, early intervention and treatment.

The fire service is skilled at identifying the curiosity firesetter and providing appropriate fire safety education to the child and family. Troubled firesetters have a variety of emotional and behavioral problems. These children and their families are often first identified by fire department personnel, but require the services of the mental health community.

The Office of State Fire Marshal, in cooperation with the State Office for Services to Children and Families, assembled a task force of mental health providers from across the state to address the gaps in treatment for firesetters, especially the adolescent firesetter and the seriously disturbed child who was using or abusing fire. Their goal was to develop more prescriptive assessment and treatment strategies from least restrictive to most restrictive care. Included in this task force were psychologists, social workers, marriage and family therapists, providers from community mental health centers, residential treatment, hospital psychiatric programs and representatives of the insurance industry and health maintenance organizations.

The task force meetings identified six programmatic areas and sought to develop resources to address these needs.

1. Treatment issues. A need existed to demystify the treatment of firesetters by developing a prescriptive needs assessment protocol that would recommend therapeutic strategies and safety components for the individual, family and community.

2. Community service and restitution. A need existed to develop more community service and restitution projects for adolescent firesetters. Juveniles accounted for over 70% of all arson arrests in the state of Oregon in 1994. This percentage was significantly higher than the national figures. Emphasis on juvenile justice and delinquency prevention needs to be a number one concern in every community.

3. Risk assessments prior to placement. A need existed for more comprehensive risk assessments prior to placement of youth in residential or foster care. The label of “firesetter” often restricts a child’s opportunities for placement. Residential line staff and foster parents need to be trained in fire safety and management strategies.
Section One: Introduction

4. **Loss prevention education for residential treatment centers.** A need existed to develop more loss prevention education forums for delivery by property and liability insurers to boards of trustees and directors of residential treatment centers. Most insurance companies request only a management plan to provide coverage to residential treatment centers serving firesetters. This fact is often overlooked by most centers.

5. **Residential sprinkler demonstration project.** A need existed to research federal and state funding sources that would enable a demonstration project to install sprinklers into residential centers or foster homes housing the most acute firesetters, or to construct special treatment facilities for acute firesetters.

6. **Facilitate development of intervention networks.** A need existed to facilitate the development of community based networks that could provide early identification and intervention, referral for treatment, and follow-up after placement for the child firesetter and family in the community. Ultimately, these networks would provide the framework for the development of preventive programs aimed at parents and caregivers of at-risk youth.

The development of an assessment and treatment model based on the clinical experiences of mental health providers in Oregon who have been working with firesetters for many years was a critical step in addressing the issues identified above. This document is a product of the efforts of many professionals who volunteered their time and expertise to address the issues involved with children who use or abuse fire. It is a work in progress and the members of the treatment strategies task force welcome your comments and participation in furthering this work.
Prevalence rates of child-set fires

In 1993, children under the age of eighteen started 98,410 fires to structures, resulting in 408 deaths, 3,130 civilian injuries, and $300.7 million in structural fire losses. Sadly, 76% of these deaths were preschoolers, who were most likely to die in a fire in their own bedrooms (Hall, 1995). Fires caused by children are the leading cause of fire deaths among preschool children (Dittmar, 1991, Gaynor & Hatcher, 1987, Gaynor & Stern, 1993, Geller, 1992; Reardon, 1990; NFPA, 1995).

In the United States, children and adolescents are responsible for 40-60% of all arson fires (Cook, Hersch, Gaynor & Roehl, 1989; Dittmar, 1991; Geller, 1992; NFPA, 1995). It is possible that this is an underestimate of children’s involvement in arson, as each state independently sets the age at which children can be legally prosecuted with the charge of arson. For example, in the state of Oregon, juvenile justice authorities exercise discretion in charging a child under the age of twelve years old with serious crimes, making it less likely that a younger child would be charged with arson or reckless burning, and thus affecting the statistics that can be obtained from public records.

Incidence of fire play in the general population

Studies of children’s interest in fires and their actual experimentation with fire play have indicated that these are relatively normal activities in childhood (Cook, Hersch, Gaynor & Roehl, 1989; Gaynor, 1988; Grolnick, Cole, Laurenitis, & Schwartzman, 1990; Hersch, 1989; Kolko & Kazdin, 1988). A survey of 770 school-aged children (ages six through fourteen) revealed that 38% had played with fire during the past year, and 14% of them had played with fire sometimes during the six months preceding the self-reported survey (Grolnick et al., 1990). Unfortunately, even this seemingly innocent childhood encounter with fire can contribute to the grim statistics of fire deaths, injuries, and property losses.

Grolnick’s research group identified a “Juvenile Firesetter” as any child under eighteen years old who is involved in “any unsanctioned, non-instrumental use of fire” (Grolnick et al., 1990, page 129).

Incidence of fire play among clinical populations

Actual prevalence of rates of juvenile firesetters among outpatient mental health clinics have been reported between 15 to 20 % (Achenbach & Edelbrock, 1981; Grolnick et al., 1990; Heath et al., 1983; Kolko & Kazdin, 1988), with a predominance of male firesetters to females at a ratio of ten to one (Fineman, 1995).
Along similar lines, Wooden and Berkey (cited in Cole et al., 1993) identified three subgroups of juvenile firesetters aside from the curiosity based firesetter group (which they defined as those children who have only played with matches but who have not actually caused a fire). Wooden and Berkey define these groups as: “(a) those whose firesetting represents a cry for help, (b) those whose firesetting is part of a pattern of juvenile delinquency, and (c) those who are seriously disturbed.” Pinsonneault & Richardson (FIRE Solutions, Inc. 1990) describe the motive for firesetting behavior: curiosity-motivated, delinquency-related, crisis-response or pathological.

**Categories based on firesetting behavior:** Other researchers have found it useful to divide juvenile firesetters into two subgroups based on the types of fire-related behaviors exhibited by each child. Typically, juvenile firesetters are divided into two subgroups: “matchplayers” and “firesetters.” The “matchplayer” is identified as the child who has only engaged in this activity in a playful way, without causing an actual fire to any objects of significance. The “firesetter” is identified as the child who has caused fires to actual objects, not simply one who has just ignited matches or a lighter (Kolko & Kazdin, 1988, 1991; Kuhnley et al., 1982; Moore et al., 1994).

**Categories based upon risk level:** The most widely used category system in the United States for juvenile firesetters has been presented by the United States Fire Administration in their series of handbooks on juvenile firesetters (USFA, 1988a, 1988b, 1988c). This categorizing system consists of the following three levels of concern regarding firesetting risk: (a) Category I, “little concern”; (b) Category II, “definite concern”; and (c) Category III, “extreme concern.”

**Personality and psychological factors**

In searching for a personality profile or even for common personality elements of the child who has a problem with firesetting, it may be productive to compare and contrast the moderate to severe level juvenile firesetter (i.e., “pathological” firesetters) with the majority of juvenile firesetters who set fires out of curiosity or lack of understanding (i.e., “curiosity-based firesetters”). Recent studies have identified a number of characteristics of the higher risk, more pathological juvenile firesetter. These youngsters are more aggressive and hostile, with more external locus of control (Kolko & Kazdin, 1990), more secretive, and more impulsive than non-firesetters, and they have more experience of internal stress and higher scores on measure of psychotic or schizophrenic-like behaviors (Moore et al., 1994) than do the “lower risk,” less severe juvenile firesetter or matchplayer.
Section Two: Literature review

Associated problems and diagnoses

Research also has identified a number of associated problems of juvenile firesetters across all possible groupings or subgroups of juvenile firesetters, ranging from matchplayers and curiosity-based firesetters to the more severe or pathological firesetters. These findings should be used with extreme caution, due to the low number of subjects involved in each study, and lack of replication in the literature of these newly identified results. Keeping these cautions in mind, a link has been suggested between firesetters and temporal lobe electroencephalographic abnormalities (Milrod & Urion, 1992), attention deficit disorder (Fine & Louis, 1979; Kolko & Kazdin, 1988), and diagnosis of conduct disorder (Kolko & Kazdin, 1988; Fitzgerald & O’Hanlon, 1991). Once again, it may be helpful for future research to sort out which associated problems or diagnoses are characteristic of specific juvenile firesetter subgroups.

Psychometric measures of juvenile firesetters

Research which compares psychometric measures of firesetters versus non-firesetters is quite sparse. A single recent study published in 1994 compared MMPI-A profiles of thirteen psychiatric inpatient adolescents who were identified as juvenile firesetters with thirty-five male control group psychiatric inpatients who were identified as non-firesetters (Moore et al., 1994).

This study identified that the MMPI-A clinical scale profiles of the adolescent psychiatric inpatient males with a history of firesetting were significantly different from adolescent psychiatric inpatient males who did not have a history of firesetting. Their findings suggested that “male juvenile firesetting is indicative of more serious psychopathology characterized by hostility in interpersonal relationships, anger, confusion, and alienation as well as overactivity and acting out.” (Moore et al., 1994, p. 1). It should be noted, however, that this study examined adolescents who were receiving treatment as inpatients at a psychiatric facility, and thus probably represent the most severe levels of psychopathology. These psychological profiles probably do not apply to the 60% of all juvenile firesetters who fall into the lower levels of firesetter involvement (i.e., the “match-player” group).
Common diagnoses

The three most common diagnoses of juvenile firesetters have been identified by Kolko & Kazdin (1988) as attention deficit disorder, conduct disorder, and adjustment disorder, with outpatient juvenile firesetters having a higher percentage of attention deficit disorder (20% of the 164 outpatients in their sample), followed by conduct disorder (19% of the 164 patients), and lastly by adjustment disorder (15% of their outpatients). Of the 133 inpatients in their study, 11% received a diagnosis of attention deficit disorder, 44% were diagnosed as conduct disorder, and 14% as adjustment disorder.

Environmental stressors related to juvenile firesetting

A number of environmental stressors appear to be associated with juvenile firesetting behavior in children. Research has identified a higher frequency of family history of schizophrenia or psychotic disorders, depression, antisocial behavior, and addictions in the families of juvenile firesetters (Kolko & Kazdin, 1990). These families of juvenile firesetters also appear to encounter a higher number of family life events or problems than did other non-firesetting families (Kolko & Kazdin, 1990; Cole et al., 1986; Fineman, 1980; Gruber, et al., 1981; Gaynor & Stern, 1993a).

Finally, these families are characterized by less parental involvement with activities that enhance the child’s personal development (Kolko & Kazdin, 1991), a higher incidence of sexual abuse (Moore, et al., 1994) and a high frequency of abuse or neglect of children (Cole et al., 1986; Gaynor, 1988, Gaynor & Stern, 1993; Geller, 1992; Reardon, 1990).

Two factors that characterize the families of firesetters and which appear to directly contribute to the firesetting behavior are the lack of supervision of the child/children, and the availability of firesetting materials such as lighters and matches to the children (Cole et al., 1986; Kafy, 1980; Gaynor & Hatcher, 1987; Grolnick et al., 1990). Not surprisingly, the first treatment recommendations that usually apply to juvenile firesetters are to increase supervision and to decrease the availability of matchers or lighters. These treatment recommendations may be especially pertinent to the curiosity-based firesetter who has simply been caught playing with matches, before this behavior has progressed into the repeated and more involved use of fire by the career juvenile firesetter. It may be helpful to identify personality and psychological factors related to the problematic juvenile firesetters in order to generate treatment recommendations that would be targeted to this complex population.
Section Two: Literature review

Course of juvenile firesetting

The course or development of firesetting behavior in children is unclear. There is some speculation that if left unchecked, a child proceeds from curiosity-based to problem-oriented and/or to pathological and severe forms of firesetting behaviors (Fuller, 1993; Gaynor, 1988). One study found that 75% of children who were identified as juvenile firesetters had a lengthy history, ranging from one to several years of such behavior (Kolko & Kazdin, 1988). Another study by the same researchers (Kolko & Kazdin, 1992) identified recidivism correlates at a one year follow-up, indicating that outpatient children had a recidivism rate (n=95 children, ages six through thirteen). Other retrospective studies have reported recidivism rates between 50-65% for children in the community (ages six-thirteen) (Kolko, 1988; Parrish, Capriotti, Warzak, Handen, Wells, Phillipson & Porter, 1985).

Fineman (1995) had described a cognitive-behavioral progression that typically precedes the firestart for juvenile firesetters. The present authors have participated in the development of a “systems” model of juvenile firesetting which attempts to take Fineman’s model a step further by looking at firesetting behavior as the product of a cycle. The Oregon Model of juvenile firesetting incorporates a description of the cyclic patterns often exhibited by families of the juvenile firesetter, the community in which the juvenile firesetter lives, and the behavioral and cognitive cycles which all may contribute to the recurrence of the firesetting behavior.
Section Three: Needs Assessment Protocol

Needs Assessment Protocol

The Juvenile Firesetter Needs Assessment Protocol is designed for use by mental health professionals in assessing and planning intervention/treatment for children involved in firesetting. Broadly stated, the protocol is based on a mental health accountability model which emphasizes both the individual and social aspects of the behavior. The paramount concern of this model is for the safety of the child, the family, and the surrounding community.

The Juvenile Firesetter Needs Assessment Protocol is not a risk assessment tool and should not be used for forensic purposes. It is solely intended as a tool to help practitioners document firesetting histories, assess needs, and make appropriate recommendations for intervention/treatment. The protocol provides guidelines for gathering information and conducting an interview of a child and his/her family. The clinician uses the information to determine the type of firesetting. Each type (curiosity, crisis, delinquent, and emotionally disturbed) suggests various combinations of interventions. Finally, the protocol provides guidelines for reporting firesetting histories and making recommendations based upon individual and community needs.

Typologies

There appears to be a developing consensus among researchers and experienced clinicians that juvenile firesetters can be classified according to characteristics such as age, patterns of thinking and feeling, family interactions, and community involvement or supports. While there may be differences in details of various schemes of classification, we believe the typology presented here is consistent with those presented elsewhere and facilitates the discussion of needs for each case. The authors especially recognize the categorization schema of Pinsonneault & Richardson (FIRE Solutions, Inc., 1990).

1. Curiosity

More often than not the curiosity firesetter is under eight years old. These children are motivated by curiosity about fire and have little knowledge of its significance or danger. They may reside in any kind of family setting, from supportive and caring to severely abusive or neglectful. A momentary lapse in supervision and access to firesetting materials contribute to these incidents. Curiosity firesetters tend to respond well to education, redirection, and social support to not set any more fires.
2. Crisis

The defining characteristic of the crisis firesetter is the child’s use of fire as a means of responding to stresses, both internal and external. These children tend, by varying degrees, to act upon impulse and may lack basic skills for coping and socialization. The homes of crisis firesetters lack nurturing direction or provide insufficient supervision while family members are preoccupied with stress or conflict. Successful intervention with the crisis firesetter usually involves helping the firesetter develop personal and social skills as well as addressing family stressors and finding community supports.

3. Delinquent

Delinquent firesetters tend to show deliberate or malicious disregard for the rights or needs of others. Firesetting may be merely a single item in a delinquent firesetter’s repertoire of criminal behaviors. In general, households (parents or other guardians) may provide inadequate supervision or direction and parenting styles are often angrily controlling or neglectful. These children usually enter treatment after being in significant conflict with schools or other authorities. Interventions with delinquent firesetters often require coordination of planning with school or legal authorities as well as confrontation and restitution. At the same time, the delinquent firesetter may need training in personal and social skills such as anger management.

4. Emotionally disturbed

Emotionally disturbed firesetters suffer from characterological deficits or major mental illness. Their difficulty in managing impulses can result in chronic conflicts or social withdrawal. Details of these cases vary with the child’s particular disorder and social situation. Intervention with emotionally disturbed firesetters requires addressing social as well as mental health needs. As with all children who have set repeated fires, this group requires vigilant supervision.

The Juvenile Firesetter Needs Assessment Protocol is available for purchase from Multnomah County Juvenile Firesetter Intervention Network, c/o Marcia Erickson, Providence Medical Center, 4805 NE Glisan St., Portland, OR 97213-2967, (503) 215-6305.
The Oregon Model of juvenile firesetting incorporates a description of the cyclic pattern exhibited by the family of a juvenile firesetter, the community in which the juvenile lives and the child’s behavioral and cognitive cycles which contribute to the recurrence of the firesetting behavior. It is a framework for discussing the dynamics of firesetting.

This model grew out of clinical experience rather than out of empirical, standardized research. It illustrates the multidimensional nature of firesetting. In addition, clinicians who use this model need to take into account the physical and medical aspects of the child. That is, the cycles may be affected by physical changes due to age, disease, neurological disorders, seasonal adaptations, injury or other physical factors. For example, intervention with a child with a bipolar disorder may differ significantly from intervention with a child who is developmentally delayed. The effects and potentials of medications must also be considered.

This model illustrates the complexity of the firesetter’s internal and external environment. It provides a road map for intervention that targets specific components of the child’s ecology. The goal of such interventions would be to alter the child’s firesetting cycle(s) in order to reduce the likelihood of future fire starts.

As illustrated in Figure A, there are four concentric circles, representing the four interrelated dimensions which contribute simultaneously to produce the child’s behavior. The innermost ring of the model is comprised of the emotional and cognitive elements often identified through the interviewing process with the child. The second ring is comprised of the behaviors exhibited by the juvenile firesetter as the cycle progresses. The third ring represents the family system dynamics which impact the child. The fourth, and outermost, ring contains the community and social system factors which interact and impact the child and family. The cycles progress in a manner that leads up to the next firesetting activity by the child. By mapping out these concentric cycles, interventions can be developed to halt the progression of one or more dimensions of the firesetter’s cycle.

Section Four: Cycle Model

On the following pages, each cycle will be explained in detail.
Emotional and cognitive cycle

At the emotional/cognitive level of the firesetter cycle, emphasis is placed on the thoughts and feelings of the child. The list that follows identifies feelings which may be experienced by the child following the firesetting incident.

Satisfaction and/or fear

Some feelings to watch for:

• empowered/powerlessness
• anxiety or excitement about being caught
• momentary guilt
• remorse
• loss
• confusion about mixed messages (insurance money, support services, donations)
• smug
• calm
• excitement
• traumatized by damage or injury
• hero feelings for helping fire department

Satisfaction and/or fear

Shortly after a fire the child may experience conflicting emotions of elation or remorse. This is the period when the firesetter may receive mixed messages about his* behavior—on one hand there may be a sense of loss. On the other, social agencies and family may be providing a lot of attention and even new belongings (clothes, toys, living quarters) to replace those lost in the fire.

In the confusion of this period the child may interpret interventions in ways that are not intended. He may feel congratulated rather than confronted, or may see offers of support as threats of punishment for self-disclosure. Extra effort should be taken to be sure the child understands the interventions of those around him.

* The firesetter is referred to as male because two-thirds to three-quarters of juvenile firesetters are male.
Believes life is unfair
As the initial response to the fire fades and the firesetter is more thoroughly confronted (or, in some cases, ignored) he begins to consolidate his beliefs about the incident. Thinking errors and excuses come to the fore and the child may build resentment towards those who confront him. The child may make statements such as “It was no big deal” or “I could put it out, because I know how.” Understanding the child’s self-statements and beliefs about fire can suggest ways to confront misperceptions.

Irritations or stress
As the child’s life returns to its usual pattern, day-to-day conflicts and frustrations re-emerge—as well as the thoughts and feelings that go with them.

Boredom, anger, depression
Gradually, the child retreats from sources of positive support. Feelings of isolation and defeat increase. The child begins to feel lost in the daily round of concerns and conflicts. An “I don’t care” attitude may mask his sense of loss, frustration, or boredom. As the cycle continues the child may seek confirmation of his self-image as a criminal or a loser.

As caregivers of family members withdraw or become preoccupied with their own roles and conflicts, the child becomes more isolated and angry. He may feel powerless, insignificant, and think he has nothing to lose.

Believes life is unfair
Emerging beliefs:
- may or may not show remorse
- rationalizing and other thinking errors
- adopts a “them against the world” stance
- invincible

Irritations or stress
- triggers old thinking errors
- blames others
- avoids responsibility
- remorse quickly fades if punished
- justification overcomes remorse

Boredom, anger, depression
- feelings intensify
- overwhelmed
- apathetic
- feeling unsupported by family
- defensive
- challenged
- feeling defeated
- bored and tired
- feeling unimportant, unloved
- isolated
- feels nothing left to lose
- lack of trust
- possible intensified anger
- powerlessness
- feels really insignificant
- threatened
- hopeless
Fire-specific thinking

- unusual ideas
- reminiscing about past fire experiences with satisfaction
- fondly recalls past competencies in setting fires
- anticipates future firesetting
- thinks about materials and means
- plans possibilities for future fires
- fantasizes about firesetting situations
- ignores basic fire safety

Thinking errors

- search for power
- hopes to be the hero
- rigid repetitious thoughts
- loss of inhibition
- thinking errors
- false sense of confidence
- “Why not?”
- believes firesetting is certain to happen
- feels sense of camaraderie with firesetting accomplice

Treatment Issues

A focus on the emotional and cognitive aspects of the firesetter cycle raises the following issues.

- feeling awareness/identification
- expressive repertoire
- self-image
- anger
- stress management/coping repertoire
- thinking errors/assumptions
- defenses
- personality type or style (introversion/extroversion, etc.)
- fire safety knowledge
- judgment
- impulse control
The behavior cycle

The actions of the child are examined at the behavioral level of the cycle. Presumably, these actions are the result of internal (thoughts/feelings) and external (social/environmental) factors. Emphasis in intervention will be placed on understanding the relationship between the cycles of behaviors and the child’s thoughts and feelings as identified on the first cycle.

Honeymoon period
Get away with fire or get caught

- reduction in other behavior problems
- angelic behavior
- protest
- apparent absence of fire behavior
- defensive
- unexplained change in behavior
- outrage at the accusation
- sometimes helpful with the investigation
- blaming of others
- business as usual
- distracting behavior
- might brag to peers
- plays role of victim

Minor testing of limits

- rule testing
- arrogant and provocative behaviors
- passive or subtle defiance
- alcohol or other drug use (resurface)
**Section Four: Cycle Model**

### Acting out behavior

- “don’t push me”
- cheating
- stealing
- lying
- increased truancy

### Power struggles

- overt challenges
- outright defiance
- noncompliance with consequences
- resists therapy or medication
- frequent confrontation with authority (power struggles over behaviors, curfew, hygiene, bed-wetting, friends, school, household chores, etc.)
- increased conflicts with siblings

### Behavioral escalation

- property destruction
- specific threats of harm to self or others
- running away
- physical assault
- cruelty to animals
- suicide attempts
- self-harm

### Covert behaviors

- escalation of lying, stealing
- manipulation
- increased association with negative peer group
- gang behavior or gang wanna-be behavior
- adolescents spend less time at home
- shoplifting
- intimidation
- self-harm
- pitting one parent against another
- drug/alcohol abuse
- sneaky behavior

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**Acting out behavior**
The child returns to old patterns of misbehavior and conflict. Once the treatment begins the novelty of the situation wears off, and the honeymoon is over. Therapeutic interventions may be challenged or ignored. He may respond to parents or agency conflict by disengaging from authorities.

**Power struggles**
There is a point at which parents increase their attempts to control their child’s behavior. The child often responds by consistently upping the ante with more severe forms of misbehavior. The child rebels in an increasingly blatant and challenging manner and solidifies his self-image as a criminal or a loser. Interventions should include ways of addressing image issues.

**Behavioral escalation**
Nobody wins power struggles and it becomes clear that the child is in a no-win situation. He either capitulates to external controls from family or from other authorities.

**Covert behaviors**
Sometimes the child turns to more covert forms of misbehavior which seem to become more of a life-style than a series of specific revolts against authority. Many children lose hope of having their needs for affection met through pro-social behavior.
Section Four: Cycle Model

Firesetting preparation

- creates occasions for firesetting behavior
- time spent alone or unsupervised
- gathers or hides fire-making tools
- creates an alibi
- frequents potential sites
- gauges level of supervision
- creates a plan
- sometimes brags to peers
- pre-firesetting rituals, such as paper shredding

(Note: a more impulsive child may bypass this category.)

Treatment Issues

This cycle helps us to identify points at which interventions might interrupt the behavioral cycle that leads to repeated firesetting. The following issues focus on the behavioral aspects of intervention with juvenile firesetting.

- firesetting behavior
- firesetting relapse factors
- other acting-out patterns
- expression of affect
- use of free time/social outlets
- coping skills
The family/household cycle

At the family/household level the interactions between the child and parents, child and siblings, and among household members as a whole, are examined. This is the usual field of battle for the problem firesetter, and the arena for his conflicts and sense of loss or inadequacy. The household is also the place where the child learns about social interactions and safety. Practitioners who emphasize this area often direct their attention to boundaries, roles, and habitual interactions as shown in the following family/household cycle.

Initial response

- disciplinary action or no corrective action
- denial
- blaming
- child becomes focus of planning/discussion
- family isolation
- family puts other issues on hold
- family becomes fearful or protective
- angry action taken toward firesetter
- family call for help
- family guilt or shame

Initial response

A family’s initial response to a fire will vary greatly. If the child is known to have set a fire the family response can vary from apathetic nonchalance, to punitive and rejecting, to highly defensive. Parents may reject or demand external offers of help. The major focus is on the fire losses and/or the child.
Section Four: Cycle Model

Adjustment/stabilization
At this point treatment has often begun and the family is receiving support services. Household members may feel that problems are being addressed. This is a period during which attention drifts away from the child and parents. Caregivers relax their vigilance about supervision.

Family stresses
Gradually patterns of conflict and day-to-day problems reemerge. Family members return to old habits of miscommunication. Some family members may revert to substance abuse or seeking escape/support outside the house. Parents may feel that they have failed to establish a better home life.

Family structure breaks down
As the child’s misbehavior increases, so does the general anxiety in the household. Sibling conflicts increase and parents fear losing control. Roles in the home may become increasingly unclear and members of the family may be unsure of who is responsible for meeting their needs.

Parents revert
At this point the family is preoccupied with conflict. Parents make increasingly punitive attempts to gain control of the child. Parents choose consequences that are less relevant to the child’s misbehavior. Some firesetters may put themselves on the sidelines of family conflicts and quietly create mayhem among family members.

Parents’ discipline
Family members complain of feeling defeated. There is pressure to get one’s needs met outside of the home. Substance abuse may increase. The family may be highly resistant to outside intervention.

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Adjustment/stabilization

• family believes problem is resolved
• family works to restabilize
• focus on day to day needs
• family receives validation and support from the community
• parents lower guard

Family stresses

• communication breakdown
• rules are disregarded
• increased family conflict
• may seek relief through substance abuse

Family structures break down

• parents are frustrated with the return of child’s negative behavior
• parents may feel frightened
• siblings show anxiety
• parents feel like firesetter is running things
• escalation in sibling conflict
• boundaries and roles crumble
• shift in focus to other problem behaviors

Parents revert to controlling behavior

• family preoccupied with conflict
• family may over-punish minor behaviors
• parents choose consequences that don’t match problem behaviors

Parents’ discipline becomes ineffective

• positive interactions decrease
• parent-child interactions are more negative
• parents use interrogation style of questioning
• parents issue ultimatums
• parents make rules that they can’t follow through on
Section Four: Cycle Model

Risk for abusive behaviors

- child abuse
- domestic violence
- increasing drug/alcohol abuse
- lash out at family pets
- discipline becomes very punitive or nonexistent
- parents feel exhausted or powerless
- marital issues resurface
- parental conflict over discipline styles

Family under siege

- family cohesion dissolves
- false sense of security about firesetting behavior
- family members withdraw
- supervision is ineffective
- family members seek nurturing outside family
- children turn to outside peer group

Risk for abusive behaviors
As family members feel isolated and anxious, risks for family violence may increase. Family members continue to focus on personal needs. Marital conflicts draw parental attention away from child and discipline.

Family under siege
The family is ripe for disintegration or severe acting out. Occupied family members forget about past firesetting. Children and adults may be losing their sense of responsibility to the family and feel more affiliated to outside peer groups. Firesetting at this point may represent a call for help or resistance to family change on the part of the child.

Treatment Issues
The focus on the family and household aspects of treatment for the juvenile firesetter raises the following issues.

- family relationships/roles
- stability
- family image and goals
- stressors (conflict, changes in membership)
- medical and psychiatric problems
- substance abuse
- physical, sexual and emotional abuse
- family coping behaviors and defenses
- supervision of children
- parenting and disciplinary approaches
- ability to accurately assess problems and significance of firesetting
- fire safety knowledge
- modeling and beliefs regarding fire
- ability to access services and support
Section Four: Cycle Model

The community/social cycle

The community/social level addresses groups outside the family: churches, schools, gangs, media, family service agencies, juvenile departments, and mental health providers. The community/social cycle places an emphasis on an interdisciplinary approach to understanding the juvenile firesetter. The components of the community/social cycle are as follows:

Crisis response

- media exposure
- emergency relief
- medical treatment
- community preoccupation with fire event
- fire investigation

Community reaction and demands

- fire service screenings
- social services: mental health, protective services, juvenile justice
- threats of: lawsuits, child’s removal from home, expulsion/suspension from school
- family and/or child relocation
- actions by family to reduce community members’ fears
- parents involved in court, school staffings, treatment programs

Crisis response

If the fire involves loss of property or personal harm, the family may be overwhelmed with community involvement. Fire, social service, and disaster relief agencies will respond. Police and the media may approach the family. The focus at this time is on the fire incident.

Community reaction and demands

Social service agencies, mental health care providers and the juvenile justice system may be involved. Neighbors or school officials may be involved in the investigation process. The family may become involved in therapy and/or court proceedings.
Section Four: Cycle Model

Calm

- waiting for evaluation results, placement openings, insurance payments, court hearings
- immediate response services fade away
- treatment begins

Community attends to minor acting out

- school responds to academic and behavioral problems
- police/juvenile departments respond to minor law violations
- increased attention paid to family and child
- family resists community demands (“enough is enough” attitude)
- family asks community to take over (family gives up—tired)
- family blames agencies

Institutional conflicts

- agency territorial issues—case management
- disputes over who’s responsible, jurisdiction, funding, treatment/placement recommendations
- communication breakdown
- authority conflicts
- questions about liability arise

Calm

Treatment relationships may be established or the family may be waiting for services. People begin to feel that problems are being addressed. The community may express relief that something is being done.

Community attends to minor acting out

As former conflicts and patterns of misbehavior resurface, the community responds to renewed problems. Social service and legal agencies may be highly reactive to the child’s behavior and may respond with further demands on the family. Parents may begin to resist community demands: “He hasn’t set a fire in weeks, get off my back!” The family may demand that social service agencies take over responsibility: “I’m fed up! You take him, you fix him!”

Institutional conflicts

Interagency conflicts arise over placement. The rallying cry of “this kid is falling through the cracks, he need services we can’t provide” is often symptomatic of lack of interagency coordination. The family withdraws from the confusion by being less accessible to service providers.
Section Four: Cycle Model

**Community intensifies controlling or punitive response**
As institutional conflicts continue, the community seeks a definitive response to the child’s misbehavior. Treatment providers and juvenile justice workers become more punitive, placements fail, and supervision recedes or collapses. The child becomes more strongly affiliated with a delinquent or criminal culture that supports his withdrawal from the family and through which he attempts to meet a need for belonging or importance.

**Community resources unable to meet family needs**
As the family withdraws from external supports, the community and service providers respond in kind.

**Community disengagement**
Support institutions fade out of the picture. By this time, the family may be either so involved in conflict or denial that they are unaware that services have faded away. The child may be withdrawn, suspended or expelled from school. This completes the community cycle of engagement, cooperation, conflict, withdrawal, and alienation.

**Treatment Issues**
A partial list of issues addressed in treatment at the level of the community and social level is presented below.

- peer relationships
- affiliations or membership groups
- modeling outside of home or in communications/media
- relationships with adults outside of home
- school experiences
- changes in location or routines
- victimization or fear of abuse or other crime
- court involvement
Emotional/Cognitive Thinking errors

Community/Social Family undersiege Risk for abusive behaviors Parents' discipline becomes ineffective Parental control reverts to controlling behavior Community resources unable to meet family needs Community reaction and demands

Risk for abusive behaviors Parents' discipline becomes ineffective Parental control reverts to controlling behavior Community resources unable to meet family needs Community reaction and demands

Initial response Honeymoon period Fire-setting preparation Covert behaviors Behaviors escalate Parents revert to controlling behavior Community intensifies controlling or punitive response

Calm Adjustment or stabilization Investing in limits Believes life is unfair (if caught) Irritations or stress Power struggles

Minor testing of limits Fire-specific thinking Boredom, anxiety, depression Acting-out behavior

Fire-specific thinking Boredom, anxiety, depression Acting-out behavior

Acting-out behavior

The Cycles of firesetting: an Oregon model
Delinquent firefighters—Robert, age 15

**Presenting problems:** Robert was referred for a variety of behaviors including firesetting, theft, lying, and school problems.

**Household composition:** He lives with his mother and a ten year old sister, Janet, in a two bedroom house where they moved two years ago following his parents’ divorce. Robert sleeps on the couch because his mother “thinks girls need privacy.” According to the mother, Janet has no behavioral problems although she may annoy her brother “at times.” His father lives in California and Robert sees him approximately twice a year. His mother described Robert as out of control for the past two years and said he associates with “bad kids.”

**Legal situation:** He was arrested for Theft II three times in the past year and is currently on probation. He claims not to mind detention as it gives him a place to sleep. His school attendance has been poor this last year and he claimed he was too tired to get up most days. He reported he can get by on his own and doesn’t see the need for anything to change.

Last month, Robert was charged with two counts of Arson I, following a fire at a school and a fire outside an Elks Lodge. At first, Robert denied setting the fires but admitted to them later when the friend he was with at the time told the police what happened. The fires were set within two hours of each other and Robert, in his interview, claimed both to be sorry and not remember how he set the first fire and regret the second. Both Robert and his mother report no history for fireplay.

**Mental status:** Robert was on time for his interview and was appropriately groomed and dressed. His motor behavior was reduced throughout the interview and his speech seemed slower than normal. He responded to questions but did not offer additional information. He appeared disinterested in therapy. There was no suggestion of confusion. Robert was oriented times three. His memory is intact even though he said he did not remember how he set the first fire. His intelligence appears to be in the above normal range and his judgement, while not verified, appears to be shaky. His ability to abstract appeared to be well within the normal range. His thought processes seemed slightly depressed and he appeared to be defensive. Robert’s insight was good; he seemed to understand his current situation and the contribution he is making to it but he did not offer solutions.
Section Five: Case Presentations

His affect was slightly depressed throughout most of the interview and he reported having difficulty getting out of bed most days and experiencing feelings of guilt. He reported no suicidal ideation nor any plans or

Description of the cycle: (See page 33 for a cycle model for Robert)
The fire, as well as Robert’s other delinquent behaviors, started after the family’s move two years ago. Since that time Robert appears to have received less attention than previously as his father is quite distant and his mother works full-time and is tired when she returns home. As he has experienced displacement, including no room of his own, Robert has struggled to find a place where he does belong. As an incoming freshman he was not readily accepted by his classmates who have had years of friendships and he found himself searching for a peer group. This turned out to be a group of older boys who had left school and found most of their entertainment in crime. Joining in their acts gave Robert the peer group he sought as well as a sense of accomplishment. When caught he appeared remorseful and his mother became more involved with her son for a short time, but as soon as the crisis was over, his mother again focused on her job and Robert was left on his own.intentions of harming others unless “they harmed me first.”
Without the extra support, Robert appeared to make more poor choices, as if trying harder to be accepted by his peers while, at the same time, seeking some revenge on his mother. Each day seemed to usher new lies about his schooling, activities, and friends. He has denied alcohol or drug use but said his friends “may” use them.

Each time Robert’s mother or the police find him involved in severe behaviors the family tightens its structure. Of late, Robert can’t keep up with school even when he does attend and feels more and more defeated in attempts to succeed in traditional ways. He has been learning a new set of skills—mostly criminal—and each time his mother starts feeling burdened by the attention he requires, he looks to prove his competencies in these negative areas. Most recently that has included firesetting. After each of these incidences he has appeared to calm down for a while under the close supervision of his mother, but the behaviors are escalating and the “lull before the storm” is becoming shorter. This is evidenced by the most recent criminal behaviors of the firesets within two hours of one another. Though Robert acknowledged that he was sorry for setting the first, after a short time he and a friend went off and ignited another fire. Both of them gathered materials and the source of ignition and lit them outside of a building.

Summary of needs assessment and treatment recommendations

The Needs Assessment Protocol places Robert’s firesetting behavior clearly into the category of delinquent firesetting. However, he is not so far lost that he needs to be placed in a locked facility. Prior to the divorce, Robert appeared to be fairly successful both in academic and social areas. What he seems to be lacking now is self-esteem and a way to address his grief and loss issues over the divorce and his own feeling of being expendable within the family. Individual and family counseling to address these issues would be an important component of Robert’s treatment. In addition, he needs a fire education program to help him understand the seriousness of his behavior and a structured school setting where he can catch up on missed work and experience successes in a positive way. If these are not provided to Robert, the prognosis would then change as his anger and resentment towards his mother, the divorce, and her lack of time for him would increase with the same limited opportunities for him to get his needs met. Already a pattern of escalation has developed and unless this is interrupted rapidly and interventions occur in various areas, it is unlikely that Robert will make the necessary changes. If these interventions are not provided, it would seem that Robert will continue his criminal activity and the risk he poses to the community and himself will increase significantly.
Emotional/Cognitive

Firesetting follows other criminal behaviors; behaviors escalate.

Community/Social

Police identify Robert as an “at risk” juvenile.

Family Focus

Family power struggles.

Behavioral

Firesetting follows other criminal behaviors; behaviors escalate.

Family Focus

Mother attends to Robert.

Calm

Feels abandoned

Remorseful

Criminal activity leads to sense of accomplishment.

Emotional/Cognitive

Robert seeks group affiliation and negative behaviors resurface.

Feels loved

Mother becomes tired, focus directed toward job.

Calm

School and treatment services fail.

Family

Mother decreases supervision and attention.

School failure

Probation officer insists that Robert attend school.

School failure

Family tightens supervision.

Community

Community attends to minor acting-out.

School attendance decreases.

Behavioral

Learns new criminal behavior.

ROBERT

delinquent

Some special school services are offered.

Negative peer influences at school.

Arrest

Mother attains to Robert.

Calm

School attendance decreases.

Probation officer insists that Robert attend school.

School and treatment services fail.

Family

Family power struggles.

School failure
Crisis response firesetter—Shawn, age 4

**Presenting problems:** Firesetting behaviors, high energy level, not following instructions.

**Household composition:** Shawn lives with his mother, Nancy, Ed, his stepfather of one year and his two year old brother, Nathan. Shawn’s biological father left shortly after Nathan’s birth and has had no contact with the family. Nancy has recently completed drug and alcohol treatment for her abuse of methamphetamine and stays at home with the children. Ed provides financial resources for the family as a contractor.

Shawn has set six fires over the past year, most recently one requiring the fire department to intervene. Shawn used the barbecue starter to light a fire in a closet in the bedroom and most of the children’s toys were destroyed in that fire. Nancy reported she has taken all the matches and lighters out of the house but noted that after the first two small fires which involved Shawn striking matches that were left on the coffee table, all subsequent fires have been started with the barbecue starter. Both Nancy and Ed have no idea of how to handle the problem and said that typically they have gotten very angry with Shawn and have overreacted to a variety of his behaviors with severe punishments, including spankings. They acknowledged that this does not seem to help the situation in the long run, but they really don’t know what else to try. Nathan, to date, has shown no interest in matches or fireplay.

In addition to the problems with Shawn, the couple expressed that their marriage has been somewhat stormy and that they have had numerous fights. They had thought when Nancy discontinued her use of methamphetamine and received treatment that things would get better but they find themselves getting into very loud arguments more often than they would like. The children unfortunately are witnesses to these arguments and they would like to know if this might have something to do with Shawn’s behavior.

**Legal situation:** No charges pending.
Mental status: Shawn arrived for his appointment on time with his parents and appeared to be clean and appropriately dressed. His behavior throughout the interview was active and his speech was average for his age. He responded to questions with cooperation and he appeared to be interested in the information being exchanged.

There was no suggestion of confusion and Shawn was oriented times three. His memory, like many four year olds, is not clear in the details, but he does appear to remember the firesetting incidences. He appeared able to follow thoughts and the contents of the conversation and provided some understanding of why he was at the office.

Shawn’s affect throughout the interview was animated and appropriate. He appeared sad when he talked about the fires and happy when we talked about play activities. He said he felt sad when his parents fought and that he worries that his new daddy will go away. He had no suicidal ideation nor did he define any plans to deliberately harm another person.

Description of the cycle: (See page 37 for a cycle model for Shawn.) After talking with the parents and with Shawn it became evident that each of the fires followed one of his parents’ arguments and that during these times he was left to entertain himself. When Shawn has come out of his bedroom to ask his parents to play with him they have refused saying they are busy and Shawn is left on his own. He has taken a great deal of delight in the fire starter used for the barbecue as it will frequently set off sparks and Shawn is very interested in the different ways it responds. He has found this very reinforcing and has primarily used it as an object of play when he has nothing else to do and no one is around. When a toy in the closet ignited during this last fireplay, Shawn quickly went and got his parents to assist in extinguishing the fire. When they were unable to do so, they called 911 and the fire service responded. Shawn did not seem to attempt to set the fire to cause damage and understood that it was a serious behavior which could result in someone being harmed. However, because of his high energy level, Shawn gets bored easily and tries to find ways to occupy himself. This is compounded at times by his fear that his parents, specifically his new father, may leave and he seems to take those opportunities to engage in behaviors in which he can experience some degree of control. Both the parents and Shawn agree that when the parents are working together and cooperating there are fewer problems in the home and that Shawn’s behavior is markedly better.
Summary of needs and treatment recommendation:

The *Needs Assessment Protocol* identifies Shawn as a crisis response firesetter. The following treatment recommendations are generated by the *Needs Assessment Protocol*.

Shawn could benefit from individual play therapy to help him address his fears of abandonment. In addition, both Nancy and Ed need to participate in parent training classes and learn to make some consistent rules on how to work together effectively. All sources of ignition need to be locked away from Shawn. A psychological evaluation to determine if Shawn has attention deficits would also be helpful. His energy level may only be exacerbated by the anxiety he feels when his parents argue. Nonetheless, this would be a good time to determine if specific treatment is needed for an attention deficit hyperactivity disorder. Nancy and Ed also need to attend couple counseling to learn how to fight fairly and provide their children with a model for how one can disagree with another person.
Emotional/Cognitive
- Bored, fearful, anxious
- Unhappy that parents are mad
- Behaviors worsen as supervision decreases
- Feels rejected
- Shawn is caught

Behavioral
- Parents consider separation
- Minor fireplay or matchplay goes unnoticed
- Parents fight in front of children
- Parents cooperate with treatment
- Parents remove fire materials
- Behavior is improved
- Delighted at attention
- Angry about parents fighting
- Social services identify that family needs help
- Assessments are scheduled
- Parents resist any suggestions of out-of-home placement

Family Focus
- 911 provides immediate intervention
- Parents become angry, use physical punishment
- Parents resist any suggestions of out-of-home placement
- Parents become angry, use physical punishment
- Parents cooperate with treatment
- Parents remove fire materials
- Parents resist any suggestions of out-of-home placement

Community/Social
- School may identify him as different
- Community services fade away as family appears to not want intervention
- Mother is at risk for relapse
- Minor fireplay or matchplay goes unnoticed
- Parents fight in front of children
- Parents cooperate with treatment
- Parents remove fire materials
- Social services identify that family needs help
- Assessments are scheduled

SHAWN crisis
- firesetter
- SHAWN crisis
- SHAWN crisis
- SHAWN crisis
- SHAWN crisis
Emotionally disturbed firesetter—Kari, age 4

**Presenting problems:** Difficulty with attention, sneaky behavior, stealing, fighting with older sibling, firesetting.

**Guardianship:** Child Protective Services, residential treatment center.

**Household composition:** Kari lived with her mother, stepfather, older sibling, and younger half sister in a single family house prior to her placement in a residential treatment center.

**Legal situation:** No charges pending.

**Mental status:** Kari is a hyperactive, distractible, small-framed four year old girl with a short “unisex” haircut. She came to this interview with her shoes on the wrong feet, although she seemed oblivious to this. She spoke quickly and quietly, in a telegraphic style that is typical of younger children. She was disoriented at times, showed primitive humor and thinking, and appeared to be “spacey” and disassociated. Her reasoning was primitive and flawed. Sleep was often disrupted, which presented a supervision problem: Kari often awoke in the middle of the night and got into mischief.

**Description of the cycles:** (See cycle model for Kari on page 41.) Kari traveled from one blowup to the next in a cyclic manner. These blowups consisted of a variety of forms of acting out: she set fires, fought with other family members, stole things from her family, made huge messes in the kitchen when the rest of the family was asleep. Immediately following a blowup, Kari would seem to be feeling quite fine, as though she did not grasp the magnitude of her misbehavior nor why her parents were so upset with her. Kari’s behavior seemed to be calmest during this phase of the cycle. Her parents were preoccupied with the “cleanup” of whatever misbehavior Kari had just gotten into.
After this period of initial calm, Kari’s behavioral difficulties would slowly start up again. She grew irritated by all the attention and efforts of others to control her. Her parents would be reluctant to “come down too hard” on Kari at first, because she had so recently been in trouble with everyone. When her parents were slow to react strongly, this would be perceived by Kari as inconsistent. Her resulting confusion added to her level of irritation. School and therapists also began to interpret the parents’ behavior as inconsistent, possibly resulting from poor motivation for treatment.

In the next phase of the cycle, Kari’s misbehaviors would escalate, and her parents would escalate their punitive approach with her. Other family members might also respond to the parents’ preoccupation by acting out as well. The chaos in the family would be interpreted by community agencies as a sign that the parents were not complying with treatment, and perhaps even attempting to undermine treatment.

As the cycle continued, Kari’s behavior would revert to more secretive, sneaky approaches, as she responded to her parents’ anger and punishing efforts. The parents would begin to disengage emotionally and physically from their children as well as from the community resources.

As the cycle draws to a close, Kari was feeling and acting out of control: her thought processes were irrational, and her behavior “just didn’t make sense.” Her parents were overwhelmed, feeling as though they were under siege from all angles. The social systems were in disarray as communication broke down, information was lost, and parents lost their motivation to continue in treatment. This lack of supervision and this breakdown of communication set the stage for Kari’s next blowup.
Summary of needs assessment and treatment recommendations:

Kari’s Needs Assessment Protocol identified her as an emotionally disturbed firesetter who was in need of twenty-four hour, around the clock supervision in order to protect her from her own impulsive, unsafe behaviors. The Needs Assessment also identified a need for other specialized school services, parent training to help these parents cope with their special needs children, and assistance in coping with the array of services that could be made available to them. In order to address these treatment needs, Kari was referred for residential treatment, and she was referred for educational assessment to identify her as a “severely emotionally disturbed” certification child. The family was referred for family therapy and parent training, in order to address their needs to debrief the traumatic losses and injuries that resulted from Kari’s firesetting. Finally, a case manager was assigned to the family to assist them in accessing services and in making decisions regarding the school and treatment services that were being offered to them.
Emotional/Cognitive
- Poor reality contact

Community/Social
- Parents overwhelmed, they give up
- Parents disengage: don't tell everything to counselors
- Parents feel blamed
- Social systems are in disarray: factions disagree about level of therapy and type of therapy needed

Family Focus
- Supervision
- Gathers firesetting materials
- Hiding things
- Parents feel criticized by social services and counselors
- Parents escalate their punitive discipline
- Tantrums increase
- Rule violations as others relax the structure

Behavioral
- Irritated
- Irrational thinking
- Primitive reasoning
- Fine

Emotional/Cognitive
- Behavioral problems in response to structure
- Tantrums increase
- Social systems begin assessments
- Power struggles over rules
- Parents devote attention to child
- Some special school services are offered
- Counselors apply pressure on parents to be more consistent
- Social services may warn the parents they could lose custody of the child if problems continue

Behavioral problems in response to structure
- Parents escalate their punitive discipline
- Parents feel criticized by social services and counselors
- Parents disengage: don't tell everything to counselors
- Parents feel blamed
- Hiding things

Emotionally disturbed
- Firesetter

Social systems begin assessments
- Social services
- Some special school services are offered
- Counselors apply pressure on parents to be more consistent
- Parents escalate their punitive discipline
- Parents feel criticized by social services and counselors
- Parents disengage: don't tell everything to counselors
- Parents feel blamed
- Hiding things

Emotionally disturbed
- Firesetter
Curiosity firesetter—Jay, age 7

**Presenting problem:** Jay’s recent fireplay resulted in a house fire that quickly engulfed his bedroom and other areas of his home. He was reported by his mother to be “feeling very badly about the fire that he had caused.” School reports indicated difficulties with learning, behavior (fighting with peers), and problems with attention.

**Guardianship:** Jay lives with parents: stable, supportive professional parents who provide a loving home for Jay and his two brothers.

**Household composition:** Parents, siblings, pets.

**Legal situation:** No charges filed.

**Mental status:** Jay was a shy, polite young man of few words. He appeared truly remorseful, even crying during his description of the house fire. He had difficulty sustaining attention to boring tasks, but appeared to be earnestly trying to please. He was oriented times three with no hallucinations, delusions or thinking errors. He admitted that he should have listened to a little voice inside his head, and regretted that he had not.

**Description of cycle:** (See page 45 for a cycle model for Jay.)
Jay’s cycle began with his impulsive, poorly thought-out behavior which has gotten him into trouble with his parents or, sporadically, into fights with his younger brother ever since he was old enough to walk. Immediately after each behavioral problem, Jay felt unhappy, rejected, and in need of comforting. His parents usually responded by increasing their attention and supervision of Jay, which in turn helped Jay to be temporarily more compliant and a “good” child. The family has on several occasions sought out social, educational, and psychological consultations for Jay in attempts to understand his inconsistent behavior. The community has typically responded with a temporary increase in attention and involvement, which quickly fades away as Jay’s behavior “rights itself.”

As the cycle continued, the family’s vigilance in supervising Jay would decrease as Jay acted as though “he could be trusted.” Jay felt relieved as the pressure of constant supervision decreased. The family cooperated with the community and social services, so that at all levels, the child, family, and community all enjoyed a brief “honeymoon” period.
In the next phase of the cycle, minor difficulties would reemerge, as Jay’s impulsive approach led him to forget the rules, ignore the limits, or have difficulty paying attention. The family reacted by punishing Jay, and by becoming irritated that he was getting into trouble again in the “same old way.” The school and community responded by reporting complaints about Jay’s behavior to the family.

The parents responded to school complaints by redoubling efforts to instruct and to correct Jay. Jay became dejected as he perceived everybody to be “picking on him.” He felt that everybody was expecting him to be perfect, and he stopped trying to please others. Jay seemed surprised when his parents reacted sharply when he would forget one of their rules or requirements. He began to look dejected and unhappy, which prompted his parents to try to be more understanding of him. Jay seemed to bask in his parents’ attempts to soothe him.

Unfortunately, this approach was not always understood by school officials, who began to wonder whether the parents were working “on their side.” School interventions began to fade away as Jay’s cycle drew to a close.
Summary of needs and treatment recommendations:

Jay’s Needs Assessment Protocol identified Jay as a curiosity firesetter who set fires out of curiosity and carelessness, rather than out of defiance, anger, or malicious intent. His treatment needs included the need for a better understanding of the dangers of fires, continued supervision, removal of ignition materials from the home, and a more cooperative approach between school and family. Treatment recommendations included the provision of fire safety education through the local fire department, and a recommended discussion with the family of the materials and concepts that Jay learned through this educational approach. Jay’s family was also provided with a list of psychologists and mental health agencies that could provide services if Jay’s difficulties became more pronounced. Parents opted for a school conference with Jay’s teachers in order to increase communication and cooperation with Jay’s school program.
Emotional/Cognitive

Community/Social

Parents battle with systems in attempt to obtain services. Parents feel power struggle as their interventions fail.

Parents increase discipline in response to school reports. Caretakers assume he's deliberately defying them. Caretakers escalate to more severe forms of intervention as they assume he's deliberately defying them.

School may identify him as different. Some coordination of services may occur after the fire.

Busy rebuilding and repairing; parents feel defeated. Family seeks help. Caretakers asume he's misbehaving on purpose.

Uncomfortable

Irritated

Minor difficulties arise

Feel like a failure

Depressed

Victimized by others

Gathers firesetting materials

Behavioral

Very good

Emotional/Cognitive

Curiosity

Firesetter

JAY
Section Six: Treatment Planning Strategies

General Outline
The following checklist is an example of the treatment components that should be incorporated into an outpatient psychotherapy treatment program for a juvenile fire setter. Readers are encouraged to develop their own specific items or additional techniques which they may wish to incorporate into their standard treatment program for juvenile firesetters.

1. Referral and initial contact
This phase consists of preliminary information gathering, greetings, and obtaining releases to contact all who will be involved in the case. (See appendix)

2. Identifying the team
Here the clinician begins designing a process for information gathering and community response/planning. The response team or groups of people can include any of the following:

- family members
- fire department
- school
- juvenile court
- SCF (child and family services)
- treatment facilities
- other clinicians
- juvenile firesetter network

3. Needs assessment
This phase includes active information gathering by reviewing records and interviewing.

- reviewing records
- consultation with other providers and agencies
- interviews with the child and family

4. Initial fire safety phase
This phase is a continuation of the initial response to the fire and emphasizes both individual and community safety. The following steps are usually taken at this point:

- initial firesetting interventions
- develop a treatment agreement with the child and family
- coordinate services with other agencies (fire, school, court, etc.).
- discuss fire prevention and fire survival strategies
(See page 48, Tips for Caregivers of Juvenile Firesetters)
5. Review of case with team members

6. Interventions with the child

- identify cyclic behavior patterns
- identify and eliminate negative peer influences
- restitution and/or empathy-building work
- teach/support adaptive coping behaviors and social skills
- anger management training

7. Family intervention

- improve communication among family members
- increase use of authoritative and logical discipline
- increase supervision
- decrease or eliminate ineffectual or punitive discipline practices
- provide education about fire safety and firesetting

8. Fire department interventions

- fire safety education and assignments
- anti-firesetting contract

9. Make needed referrals
This requires continued coordination among providers to maintain the level of services needed to maintain community safety.

10. Backup plans
This includes a family agreement regarding responses to future firesetting or other dangerous behavior.

11. Follow-up plan
The follow-up plan is to ensure continued supervision and compliance with agreements as well as to gather information on the effectiveness of the intervention.
Install smoke detectors in the child’s bedroom, closet, hallways and common living areas. Do this immediately. Check with your fire department for a smoke detector giveaway program.

Teach children how to check to see if the smoke detector is working. This should become a regularly scheduled activity for you and your child.

Install 2A:10BC fire extinguishers accessible on every level of the house, but especially near bedroom areas.

Remove all matches from the home. If matches are needed to start a gas stove, substitute a welder’s flint, easily obtainable at a hardware store.

Deny availability of lighters to children. Smokers should keep any lighters on their person at all times and use only child-resistant lighters.

Keep ashtrays cleaned out.

Keep household trash in metal containers with lids.

Lock up all flammable chemicals such as turpentine, gasoline, lighter fluid, or charcoal starter fluid for barbecues.

Remove closet doors to avoid a hiding place.

Increase supervision for firesetting children. Do not let them play alone or play unsupervised in other children’s homes where matches and lighters may be easily available.

Set firm rules that children are not to touch matches, lighters, the stove, barbecue lighters, flares, fireworks, or any other object that could potentially start a fire.

Forbid children to touch or play with cigarette butts.

Instruct children to tell you immediately if they find matches or lighters. Firesetters should never be told to pick them up and give them to the parent or caregiver. They are never to have firesetting tools in their possession.

Forbid firesetting children to watch shows or videos with provocative fire themes.

Inform firesetting children that you will engage in randomly scheduled searches of their pockets, backpacks and room (between the mattress and box spring and in the closet) to search for caches of matches and lighters.

Inform firesetters of these fire safety rules and decide on the consequences for breaking them. Discuss the rules and consequences with your child to check for understanding.

Give permission to all the children in the home to tell on someone who is engaging in fireplay.

Make and practice a fire escape plan with your family. Pick a safe family meeting place away from the house and the street.

Teach children basic fire safety behaviors such as stop, drop and roll, crawl low in smoke, and how to dial 911.

Provide fire education, what fire is, how fast it spreads, appropriate and inappropriate uses. This instruction should be non-judgmental. Never threaten to punish a child with fire as a way to demonstrate the dangers of fire. Your local fire department can help you provide basic fire education to your family.

Acknowledge and reward the child who has abstained from fireplay or firesetting activity for a predetermined period. A monthly contract works well.


### Section Seven: References

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