

## **Forensic and Clinical Service Challenges in a Juvenile Arson Explosives and Research Center (JAERIC)**

*Geopsychological Profiling of Juvenile Fire Setters and Bomb Makers in San Diego County for Schools*, **ERIC JACOBS\***, **ADRIANA DEL VECCHIO\***, and **CHRISTINE COLLINS\*** (University of San Diego, 5998 Alcala Park, San Diego, CA 92110; Ronnjohncts@gmail.com, jacobs@sandiego.edu and Grace@sandiego.edu).

Juvenile fire setting and bomb making behavior has been closely monitored in San Diego for approximately the last ten years through the Burn Institute's Juvenile Arson Education Research Intervention Research Center (JAERIC). When juvenile fire setters and bomb makers are identified through the community (e.g., schools, churches, parents, and legal authorities), they are often referred to JAERIC for assessment and treatment. In response to these JFSB behaviors, youth are exposed to risk assessments in treatment aimed at reducing the risk for public safety. A significant number of these fire setting incidents occur near or on the campuses of schools located in San Diego County. The deployment of public safety resources could be informed by strategically oriented assessment of the location of these fire-setting incidents. With geopsychological profiling, the County of San Diego would be better informed as to which school districts and areas contain various types of fire setting and bomb making behaviors. This information will allow for more proactive and preventative programs, which could be crafted to address these issues. This presentation examines a research-based model that facilitates geopsychological profiling of JFSBs.

*Use of a DSM-5 Quadrant with Juvenile Fire Setters and Bomb Makers*, **DERRICK YOUNG\***, **PATRICIA JONES**, **KORI RYAN\***, and **JESSICA MUELLER\*** (University of San Diego, 5998 Alcala Park, San Diego, CA 92110; Ronnjohncts@gmail.com, Ejacobs@sandiego.edu and Grace@sandiego.edu).

Forensic mental health specialists have an ethical and legal obligation to develop assessment and treatment protocols that take into account the full ranges of symptoms that point to psychopathology. These symptoms are assessed using the DSM-5. The DSM-5 is the most commonly used diagnostic reference for mental health practitioners. With the DSM-5's transition away from the five axis, (dichotomous) diagnoses, toward a continuum-based standard with sometimes overlapping symptoms and/or diagnoses, it is important to re-evaluate how the DSM-5 is used in terms of forensic cases. This is especially relevant when public safety behaviors such as fire setting or bomb making are targeted for treatment. Motivations for these behaviors are largely stemming from psychopathology, and must be adequately identified and disentangled from other risk factors. The DSM-5 is a resource that provides detailed information regarding the types of symptoms, characteristics, and potential treatments for various mental health diagnoses. In relation to juvenile fire setters and bomb makers, the DSM-5 can function as a continuous assessment guide for mental health professional. When developing assessments for juveniles, mental health professionals will have the ability to determine what particular clinical features of four JFSB-relevant disorders may be present in these juveniles. A DSM-5 Quadrant approach can result in a more precise assessment that also leads to evidence-based treatment.

*Geopsychological Profiling of Juvenile Fire Setters and Bomb Makers in San Diego County*, **ANDI FESSLER\***, **PATRICIA JONES\***, and **YASMIN SAADATZADEH\*** (University of San Diego, 5998 Alcala Park, San Diego, CA 92110; Ronnjohncts@gmail.com, Ejacobs@sandiego.edu and Grace@sandiego.edu).

Nearly 46% of all deliberately set fires set within the United States occur at the hands of children and adolescents, with 1 in 4 fire related deaths attributed to children inappropriately playing with fire. As such, the ability of mental health professionals to identify and critically assess potential risk factors (e.g., individual, peer, family, school, and community influences) when working with juvenile offenders, specifically fire setters and bomb makers, remains paramount. As static (e.g., prior fire setting/bomb making behavior, abhorrent interests) and dynamic (e.g., family lifestyle instability, relational conflict) risk factors unique to a particular region are assessed to attain a more comprehensive and thorough biopsychosocial risk assessment rating, clinicians may then employ more appropriate and specialized clinical interventions given the population of interest. More specifically, professionals must effectively employ a balanced utilization of standardized, empirically based instruments, and professional judgment as they analyze the unique characteristics of each individual and construct a clinical picture of the offender. Our goal is to explore the unique geopsychological risk factors present within juvenile fire setter and bomb maker populations of San Diego County, as well as the forensic implications regarding evidence based risk assessment procedures. Finally, implications for the development of specialized and empirically supported clinical intervention will be explored with respect to programs created to treat such offenders and reduce the potential for future risk.

*Clinical Decision Making in the Treatment of Juvenile Fire Setters during the Treatment Termination Phase: A Second Risk Assessment*, **DERRICK YOUNG\***, **ANDI FESSLER\***, **CHRISTINE COLLINS\***, and **ALEXIS WILSON\*** (University of San Diego, 5998 Alcala Park, San Diego, CA 92110; Ronnjohncts@gmail.com, Ejacobs@sandiego.edu and Grace@sandiego.edu).

Juvenile fire setters in treatment may exhibit characteristics that indicate additional at-risk behaviors still present post treatment. As mental health professionals, determining the appropriateness and necessity of additional assessments during the treatment termination phase may aid in a better understanding of the risk level of juveniles in treatment. This will also indicate necessary steps to be taken in order to reduce the likelihood that a juvenile fire setter will relapse into pre-treatment behaviors. Psychological and cognitive developmental stages can be used in identifying factors that may influence the behavior of juveniles who start fires. For example, a juvenile in the early adolescence stage might verbally express a desire for match play or show nonverbal excitement when exposed to images of fire. Clinical practitioners need to be able to identify the at-risk characteristics in juvenile fire setters that indicate a need for additional treatments. Additionally, risk factors associated with recidivism (e.g., family conflict, limited parental acceptance/support, and peer group influences) must be critically assessed as well. Given an aggregation of risk factors, practitioners must be able to determine which treatments can be implemented in order to reduce the possibility of harm and ensure the safety of the juvenile under little to no supervision. It is important for practitioners to be able to identify at-risk behaviors,

risk factors, and cognitive behavioral intervention effectiveness to reduce the likelihood of harm through fire setting actions. Our goal is to examine clinical decision making of mental health professionals in the treatment of juvenile fire setters during the treatment termination phase.

*The Forensic Psychological Patterns of "No Shows" in Juvenile Fire Setters and Bomb Makers*, **CINDY KIM\***, **YASMIN SAADATZADEH\***, **ANDI FESSLER\***, and **JESSICA MUELLER\*** (University of San Diego, 5998 Alcalá Park, San Diego, CA 92110; Ronnjohncts@gmail.com, Ejacobs@sandiego.edu and Grace@sandiego.edu).

Each year fires and bombs made by youths in the United States are responsible for hundreds of fire deaths, thousands of burn injuries, billions of dollars in property loss, and claim more than half of all internationally set fires. In order to understand the motivations and intentions of juvenile fire setting and bomb making occurrences, individual factors (e.g., social and cognitive experiences reflecting social meanings, expectations, and temperament), behavioral factors (e.g., characteristics of the fire-setting behavior itself), and environmental factors (e.g., support systems, methods of control, and expectations of others) must be critically examined. Some premises posit that aberrant behavior, such as fire setting and bomb making, occurs as a result of weak or nonexistent bonds to society, which causes adolescents to behave in socially unacceptable ways. In addition, nonattendance by these delinquent juvenile fire setters and bomb makers has been a continuous struggle for clinical intervention delivery and forensic psychological reviews. While steps have been taken to reduce the number of "no shows," the numbers of truancy continue to escalate, paralleling escalating recidivism and the increasing costs and impact. In an effort to reduce recidivism and "no shows," the forensic psychological patterns of the absences in juvenile offenders are examined with attention to the juvenile's developmental stages and age, biopsychosocial factors, and typical fire setting behaviors.