

STABILIZING HIGH-NEEDS YOUTH

Described below are strategies for helping stabilize high-needs youth in detention and residential treatment facilities.

Note: Many of the interventions are also relevant in other settings including homes and schools.

Common struggles of high-needs youth include:

- *Chronic conflicts with family, peers, staff
- *High frequency of self-destructive, self-injurious behaviors
- *High frequency of aggression towards people and property
- *Poor emotional regulation
- *Impulsive behaviors
- *Impaired social skills
- *Limited family support
- *Limited coping skills
- *High need for staff attention

1) Mobilize STAFF SUPPORTS

Utilize a *collaborative, multi-provider approach* in which multiple staff are assigned to work with a high-needs youth.

Youth are assigned a Mental Health (MH) Professional AND other supportive staff, which may include Direct care staff; Teachers; and secondary MH professionals with expertise to meet youth's individualized needs (i.e., family therapy, ACE-informed work, substance abuse services, sex offense-specific services, psychological assessment, etc.).

2) Establish and Maintain POSITIVE RELATIONSHIPS with Youth & their Caregivers

- *Show interest in youth- Spend time exploring youth's interests, talents, life goals.
- *Maintain frequent contact with high-needs youth
 - Mental Health Staff: Instead of meeting with a youth for 1 time a week for an hour, break it up into shorter more frequent contacts (e.g., meet 3-4 times a week for 10-15 minutes each time)
 - Direct Care Staff: Check-in with youth each shift for at least a couple minutes
- * Utilize an Authoritative (Democratic) Interpersonal Style, which not only communicates high warmth and responsiveness but also provides good supervision and limits (and provide a rationale when implementing limits and consequences).
- *Make connections and engage with a youth's primary Caregiver(s) (i.e., Place them in expert role; Give compliments; Explore their self-care; Collaborate; Empower; Be patient and understanding of their mistrust & guardedness)

3) REGULAR CHECK-INS when Youth are STABLE, POSITIVE, and PROSOCIAL

When youth are exhibiting stable behaviors make check-ins longer and more positively reinforcing (e.g., meeting off the unit, eating animal crackers). *NOTE:* If staff only interact with a youth when they are out-of-control and in-crisis, it can unintentionally reinforce instability and disruptive behaviors. Do not reinforce the 'squeaky wheel' phenomenon.

4) POSITIVELY REINFORCE Youth for STABLE, POSITIVE, PROSOCIAL behaviors

Utilize Social Reinforcers (e.g., verbal praise; positive attention & time with stable, positive staff) and Activity Reinforcers (e.g., shooting baskets; computer time; playing musical instruments).

5) PROMOTE HOPE & SELF-EFFICACY within Youth (and their Caregivers)

- *Explore youth's Hopes/ Dreams/ Life goals. Emphasize *Approach Goals*, as opposed to avoidance goals.
- *Educate about *Neuroplasticity* and how repeatedly practicing stable behaviors will help wire their brain in healthy ways.

*Educate about additional reasons youth and families should believe in their capacity to make positive life changes (e.g., brain's prefrontal maturation; protective factors linked to resilience; post-traumatic growth outcomes; low sexual re-offense recidivism rate) (Powell, 2015, 2026a, 2026b).

6) Ensure that Youths' BASIC HUMAN NEEDS are being met

Physiological Needs: Ensure youth is eating and sleeping well

Safety Needs: Ensure youth is feeling physically and psychologically safe on the unit, in school, at home

Social Needs: Ensure youth is getting regular support/acceptance from prosocial family, peers, and staff

7) Conduct a FUNCTIONAL BEHAVIOR ASSESSMENT of Problem Behaviors AND Positive Behaviors

The goal of a Functional Behavior Assessment (FBA) is to gather information about the 'function' (purpose) of a youth's identified behavior. Behaviors are often strengthened by either *getting something* (positive reinforcement; secondary gain) or *getting out of something* (negative reinforcement).

*Gather information about the ABC's of the youth's identified behavior:

A= **A**ntecedents- what happens before

B= **B**ehavior- what happens during

C= **C**onsequences- what happens after

*Gather information regarding the What, When, Where, How, & Why of the youth's identified behavior:

Onset (When did the behavior first occur?)

Frequency (How often does the behavior occur?)

Time of Day/ Shift that the behavior occurs?

Level & Type of Activity when the behavior occurs? (e.g., when around peer groups vs. when alone)

Presence or Absence of Certain staff when the behavior occurs? (e.g., staffing patterns & characteristics)

How do Others (staff, peers, family) Respond to the behavior?

Rejection or Acceptance from Peers when behavior occurs?

What steps have previously been taken to address the behavior?

NOTE: An FBA should not only be conducted on a youth's *problem* behaviors but also their *positive, prosocial* behaviors. Explore the ABCs of a youth's positive and less disruptive behaviors.

8) Be SOLUTION-FOCUSED with Youth (and their Caregivers)

Ask questions about the exceptions to a youth's problems (e.g., incidents when a youth has effectively managed their aggression, self-injurious behaviors, or other struggles).

Questions to ask youth who are struggling with Aggression:

*Tell me about times you have managed your anger well (or when your anger has been less disruptive).

How did you do it? What coping skills did you use to better manage your anger? What thoughts/ feelings/ behaviors/ situations helped you to manage your anger?

*Tell me about times when you have been kind to others?

Questions to ask youth who are struggling with Self-Injurious Behaviors:

*Tell me about times you have felt like inflicting harm onto yourself, but you did not do it. How did you stop yourself? What thoughts/ feelings/ behaviors/ situations helped you to not self-harm?

*Tell me about times when you have been kind to yourself (used good self-care)?

9) Utilize BONUS RESPONSE-COST Interventions

The meaning of the three words in the term, '*bonus response-cost*' helps to better understand this intervention. *BONUS* refers to the addition of a new activity/ privilege that is set up (bonus reinforcer). The term *RESPONSE* refers to the 'specified problem behavior', which when committed results in a *COST* (the loss of the 'bonus reinforcer').

The 'bonus reinforcer' is pre-scheduled for specific days and the only thing that will cancel the activity is if the youth commits the 'specified problem behavior'. Youth are motivated to NOT 'act out', in order to keep (rather than earn) the 'bonus reinforcer'. For example, for a youth who likes basketball and is struggling with aggression problems, the 'bonus reinforcer' could be scheduled basketball time with their counselor every Tuesday and Friday. And the only thing the youth must do to keep the scheduled basketball time is to *not* assault anyone. If the youth does assault someone prior to the Tuesday (or Friday) meeting, the counselor still checks-in with the youth but without the scheduled basketball activity, and for a shorter amount of time.

Make sure the newly added activity/ privilege (bonus reinforcer) is *Personally Meaningful & Motivating* for the youth:

For a youth who likes computers = set up computer time

For a youth who likes basketball= set up time to shoot baskets

For a youth who likes music= set up time to listen to music or play a musical instrument

Note: Bonus Response-Cost interventions are NOT to be used in an "ALL OR NONE" fashion regarding contact with youth. When a youth commits the 'specified problem behavior', staff still maintain regular contact with the youth but without the prescheduled bonus reinforcer.

10) Utilize LOGICAL CONSEQUENCES for Youths' Behaviors

Implement 'logical consequences' to help youth learn how their behaviors (both positive and negative) directly influence their environment and their life outcomes.

E.g., A youth who threatens to stab a peer with a pencil

Logical Consequence = youth is restricted to only using crayons until their behavior stabilizes

E.g., A youth who is chronically aggressive towards others

Logical Consequence = youth has restricted access to others (temporary removal from community); counselors meet with youth on the unit (rather than off the unit) until their behaviors are safe and stable.

E.g., A youth who maintains safe, stable, prosocial behaviors

Logical Consequence = youth is provided more opportunities to participate in activities off the unit and interacting with others due to their safe, prosocial actions.

Have discussions with youth about the logical and natural consequences of our life choices. Explain that *"One of the cool things about life, as we age into our teenage years and beyond, is that we all have the freedom to make choices for ourselves. And then we live with the logical and natural consequences of those choices"*. For example, a person can choose to burglarize homes or be physically violent towards others, must then accept the consequences of their actions, which likely will include legal charges, incarceration, poor relationships, and lost jobs. Conversely, a person can choose to lead a stable, prosocial life will benefit from different consequences that are likely to include personal freedom, positive relationships, and a more successful work life.

11) Utilize Successive Approximation (SHAPING)

Reinforce a youth's behaviors that are gradually moving closer to a desired behavior. We cannot expect youth to completely change overnight, so set up and positively reinforce youth's actions that are moving increasingly closer to the desired behavior.

For example, for youth struggling with aggression problems, reinforce behaviors that increasingly move closer to the target behavior (being respectful & kind toward others). That is, first positively reinforce youth when they exhibit *no physical assaults*. Then increase the expectation and reinforce youth when they not only refrain from physical assaults, but also exhibit *no verbal threats*...then *no cussing*...and then when they exhibit *respectful, kind behaviors*.

12) Utilize DISTRACTION and SELECTIVE ATTENDING to assist Youth who chronically 'Elicit Support through Crisis and Victimhood'

Some youth who have a childhood history of inconsistent, non-responsive, and/or unstable caregiving, learn to elicit support from others through crisis, behavioral instability, and a victimhood worldview. This can be a very maladaptive way to go through life. The goal is to help youth cope with life adversity in a stable, resilience manner, and NOT reinforce a crisis-oriented, victimhood lifestyle.

Strategies for working with these youth include:

- *Begin conversations with positive observations and/or compliment, in order to 'prime conversations' in a positive direction
- *Selectively attend to any content of a youth's communication that is positive
- *Redirect conversations to positive topics in which youth have a personal interest
- *Distract away from chronic victimhood talk (change the subject)
- *Shorten conversations when youth are communicating in a deficit-based, chronic victimhood manner
- *Have conversations about resilience research and how people who have been impacted by past adversity can cope in resilient ways

13) Help Youth (and their Caregivers) to be INFORMED CONSUMERS

- *Help youth (and caregivers) to be 'their own best therapist'
- *Be Collaborative
- *Provide a Rationale/ Psychoeducation about the... what, when, where, how & why of youth services
- *Discuss the benefits (short- and long-term benefits) for people who cope in stable, resilient, prosocial ways
- *Educate about Protective Factors linked to Resilience. The RPF2 (Resilience Protective Factor Checklist-2nd edition) can be used to help youth and caregivers to identify their individual, family, and community protective factors (Powell, 2026b).

Powell, K. M. (2015). *A Strengths-Based Approach for Intervention with At-Risk Youth*. Champaign, IL: Research Press.

Powell, K. M. (2025). Strengths-based, resilience-enhancing services: Key components for treating youth impacted by adverse childhood experiences. *Journal of Aggression, Maltreatment & Trauma*, 34(7), 1011-1029. <https://doi.org/10.1080/10926771.2024.2428182>

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Powell, K. M. (2026b). *RPF2-2: Resilience Protective Factors Checklist [User's Manual]*. [https:// www.kevinpowellphd.com/resources](https://www.kevinpowellphd.com/resources)