

**Recommendations for Eliminating the Use of Solitary Confinement by Developing  
Alternative Treatment Programs for Juveniles**

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Recommendations for Eliminating the Use of Solitary Confinement by Developing Alternative  
Treatment Programs for Juveniles

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### **Abstract**

This research paper examines the use of solitary confinement in institutions and the effect it has on juveniles. It discusses what solitary confinement is and its prevalence in the United States. Reasons why it is detrimental to juvenile's health are explained as well as why it is an ineffective form of punishment. Theoretical perspectives associated with this practice are discussed and current programs are explained, including the Milwaukee County Diversion Program, Juvenile Breaking the Cycle Program, Mentally Ill Offender Treatment Program, Project BUILD, the Big Brothers Big Sisters Program, and the Parent-Child Interaction Therapy Program. Recommendations for what makes a program successful are made and it addresses the limitations and recommendations for future studies as well.

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## **Introduction**

Segregation, isolation, lockdown, solitary, detention, special housing units, 'D' Block; what these terms all have in common is that they mean the same thing: solitary confinement. The term "solitary confinement" refers to the isolation of an individual both physically and socially. They are locked in a small cell for 22 to 24 hours a day, with the rest of the time being spent outside usually in a small, caged area (Shalev, 2017). Their cells may be as small as seven by ten feet (only slightly larger than a parking space), with a lightly padded concrete slab as a bed. Individuals are not allowed to bring in many personal items, nor do they have access to educational programming or reading materials, leaving them with little to do (Shalev, 2017). A person can spend any amount of time in solitary confinement ranging from a few hours, days, weeks, to even years as there are little to no regulations on how long an individual can stay in solitary confinement. The longer an individual is placed in solitary confinement, the greater the harmful effects can be.

## **Statement of the Problem**

As an alternative to solitary confinement, there is a need for more effective treatment programs for juveniles. Around 60,000 youth under the age of 18 are incarcerated in the United States and roughly 1 out of every 5 of those youth are in solitary confinement (Applebaum, 2015). Research has shown that in 2015, 76% of juveniles reoffend within three years (Anderson et al., 2019). This study also found that 40% of juveniles were sent to an adult prison by the time they were 25. A large cause of this is because many juvenile offenders do not complete high school. Programming that focuses on life skills, drug and alcohol treatment, and mental health services would increase the success of juveniles in the future, therefore, decreasing chances of recidivism.

The American Academy of Child and Adolescent Psychiatry (AACAP) warns that placing juveniles in solitary confinement can lead to high rates of depression and anxiety, which in turn can lead to suicide attempts, psychosis, and the inability to integrate back into society (Solitary confinement of juvenile offenders, 2017). Their data shows that in 2009, there were 100 juveniles who died by suicide, along with multiple juveniles who tried and were unsuccessful. This is similar to data collected between 1995 and 1999. Gordon (2013) explains that in those four years, 110 juveniles died by suicide. Half of the individuals were in solitary confinement at the time and 62% had a history of solitary confinement. In another survey, it was found that 50% of juveniles were in solitary confinement at the time of their deaths (Bryan-Hancock & Casey, 2010). A juvenile's age combined with the length of time they are in solitary creates an increased risk of self-harm.

When thinking about victims, incarcerated juveniles do not usually make the list, however, they are subject to state-sanctioned victimization. Barak et al. (2018) explain that a review of literature on incarceration found solitary confinement can intensify conditions for inmates who have mental illnesses and can cause those without mental health problems to develop them. In 2018, a national report revealed that about 8.6% of all individuals held in segregated settings are diagnosed with serious mental illness (National Alliance on Mental Illness, 2018). Inmates who are considered to be dangerous, including those with untreated mental illness are separated from the general population and live in small cells with tiny windows or no windows at all. They get locked up in these cells for 23 hours a day with very little human contact, which is extremely detrimental to both their psychological and physical health along with their overall well-being. There are also no human rights-based guidelines for the maximum number of days an offender can stay in solitary confinement in a row (Barak et al.,

2018). In the United States, solitary confinement affects 5% of inmates, with only a few prison systems evaluating inmates for mental health issues before moving them into confinement.

### **Purpose of the Study**

The purpose of this research paper is to explore the existing issues with using solitary confinement for juveniles and discuss the benefits of treatment programs. Solitary confinement is used in almost every state in America, affecting thousands of juveniles each year. This research highlights different programs that are in effect now, including the Milwaukee County Diversion Program, Juvenile Breaking the Cycle Program, Mentally Ill Offender Transition Program, Project BUILD, Big Brothers Big Sisters Program, and Parent-Child Interaction Therapy, as well as what components make a program successful. This study also explores theories explaining why juveniles commit crimes, such as the social bonding theory and the general strain theory.

### **Significance or Implications of the Study**

Many individuals believe solitary confinement does more harm than good and has no effect on the rates of reoffending. Other individuals believe it is a necessary practice and should be continued. Many facilities use solitary confinement as a punishment technique and are not given enough funding to provide the proper programming for juveniles. The significance of this research is that it provides information on how the juvenile justice system can be improved. It also argues that alternative methods for punishment/reform should be implemented to decrease the rate at which juveniles recidivate as well as decrease the amount of harm done to their health and wellbeing from the use of confinement.

### **Methods of Approach**

To find relevant information for this research, past studies were used to compile data.

Secondary data was compiled from scholarly journals and governmental websites/records pertaining to solitary confinement and other treatment programs. These secondary sources address the history of solitary confinement, psychological/emotional impacts of solitary confinement on juveniles, alternatives to solitary confinement, and the influences that treatment programs have on juveniles. The research methods used during the research process consisted of analyzing quantitative and qualitative data from literature reviews through the evaluation research design. As this research comes from past studies, no names or identifying factors of juveniles were shared within the results.

### **Contribution to the Field**

The largest contribution to the field is the recommendations of effective components for ideal treatment programs. Past research has shown that treatment programs have been effective at reducing juvenile recidivism rates. Another contribution is addressing the harmful effects of solitary confinement and reasons why it should be put out of practice.

## **Literature Review**

### **Solitary Confinement History and Statistics**

The idea of solitary confinement originated in the early 1700s by Quaker leaders. It was first implemented at the Eastern State Penitentiary in 1829 and was the first prison built entirely for solitary confinement (Basso, 2017). At that time, it was believed that the isolation would lead to feelings of sorrow and regret and would lead to penitence (hence where the word penitentiary originated). Juveniles in solitary confinement create multiple drawbacks and can be extremely detrimental to both their psychological and physical health and well-being. Their current mental state is affected as well as their future outcome and their ability to get back on the right track.

This puts them at an even greater disadvantage than the adults enduring the same punishments when they are released back into the public.

The Eighth Amendment to the United States Constitution, which states cruel and unusual punishment is prohibited, can be questioned through the Supreme Court cases of *Roper v. Simmons* and *Graham v. Florida* (Giannetti, 2011). In these two cases the Supreme Court upheld the juvenile's Eighth Amendment rights. The Supreme Court ruled that the death penalty and certain life in prison sentences cannot be given as punishments to a juvenile. This is because juveniles are less responsible and less accountable than their adult counterparts (Giannetti, 2011). The Eighth Amendment and protecting juveniles' rights to remain clear of unjust penalties, can be seen as a contributor to why juveniles should not be held to the same prison standards and solitary confinement conditions as adults.

In order to be upheld to the level of standards the Eighth Amendment requires, it needs to be proven that conditions and confinement are more extreme than regular loneliness and boredom. Solitary confinement has been thought to be around since as early as 1703 where it was used in a hospital in Rome (Giannetti, 2011). The Supreme Court acknowledged the harm and highly unfavorable outcomes isolation can have on inmates in 1890. Suicide, aggressive behavior, and going insane are just a few of the documented outcomes to adults being in solitary confinement (Giannetti, 2011). The unjust punishment of the Eighth Amendment can be applied to juveniles because of the fact that if adults are being subjected to the conditions of solitary confinement and going insane and developing mental disabilities, then juveniles will suffer the same, if not greater, detrimental fate. Mental illness and the pain and suffering from isolation and psychological deprivation are significant.

### **Cognitive Development**

Compared to adults, juveniles under the age of eighteen lack the brain development which is oftentimes a key factor in leading them to make socially responsible decisions. This in turn leads them to behave criminally and commit offenses because juveniles are not functioning at adult levels of maturity. Young people typically develop skills surrounding maturity between ages sixteen and nineteen (Bryan-Hancock & Casey, 2010). This includes self-reliance and independence as well as temperance and perspective (Bryan-Hancock & Casey, 2010). Juveniles whose brains are not fully developed oftentimes do not evaluate situations before acting. Therefore, they are more likely to act on impulses which then lead to criminal acts. These same impulses are what cause them to end up in solitary confinement. In addition, this lack of brain development at such a young age also prohibits youth to take the points of view of others into perspective.

### **Psychological/Emotional Impacts of Solitary Confinement on Juveniles**

Juveniles outside of the prison system are not fully developed in the psychological sense. When you place a juvenile in the prison system their development is going to be stalled. Solitary confinement inhibits the development substantially. Risk and reward, response planning, and the regulation of emotions are all traits that are still being grown in adolescence (Farrington et al., 2012). Permanent damage to the adolescence occurs once the brain is matured but has not acquired the abilities it needs to be a fully functioning adult. Solitary confinement halts the process and ability to continue to fully develop the brain. Once the damage is done there is no reversing the ability to fully regain normalcy (Farrington et al., 2012). When the juvenile is set to return to society, they do not possess the abilities to be a functioning adult.

Being on the same level as the death penalty, solitary confinement is an extreme punishment and should be reserved to prison officials as the highest form of punishment. It is unlikely that juvenile offenders are the worst of the offenders in the prison system. Less severe restraints should be placed on the juveniles to ensure the Eighth Amendment is being followed and unjust punishment is not being given. Based off findings from the 2016 Juvenile Residential Facility Census, it was revealed that 46% of all facilities reported locking youth in their rooms (Hockenberry & Sladky, 2018). The data showed that 47% of detention facilities and 46% of training schools isolated youth to control unruly behavior (Hockenberry & Sladky, 2018). Outside of the prison system, adolescents are not given the same opportunities and liberties as adults. Driving, drinking, and voting are all regulated for adolescents because they do not possess the ability to make decisions regarding these activities. Therefore, in the prison system, juveniles should not be required to adhere to the strictest and most severe forms of punishment such as solitary confinement.

In Washington, a 16-year-old boy was repeatedly placed into solitary confinement. It was stated that between 2013 and 2016, the minor was placed in solitary confinement more than 40 times for a total of 75 days (Roe, 2018). The minor had been in and out of the detention facility and placed in confinement each time, which shows just one example of how solitary confinement has no effect on deterring juveniles from reoffending. Gordon (2013) explained that one reason solitary confinement might increase recidivism is due to the “rage hypothesis”. Individuals get so angry by their confinement that they act out and want to seek revenge on society, causing them to end up back in prison.

A more recent case that has sparked controversy over the use of solitary confinement is that of Kalief Browder. Browder was 16 when he was wrongly accused of stealing a backpack

one night. Although he was never tried or convicted of the crime, he was arrested and spent three years in Rikers Island, the main prison in New York City (Shalev, 2017). Out of those three years, Browder spent two of them in solitary confinement and was often beaten by guards (Shalev, 2017). The time spent in solitary had had permanent effects on Browder who struggled with mental health issues after his release. He took his own life at the age of 22, two years after he was released due to the horrible conditions and treatment he endured.

### **Alternatives to Solitary Confinement**

Researchers have agreed on the fact that there are better alternatives for punishment than solitary confinement and most agree that it is an unconstitutional practice (Tsui, 2017). Researchers are also in agreement that solitary confinement has negative effects on brain development, mental health, and the overall well-being of an individual. What needs to be given more attention is the relationship between solitary confinement and recidivism rates. In general, statistics show that inmates who have spent time in solitary confinement are more likely to reoffend than inmates who were just in general population (Tsui, 2017). However, there is little research on the statistics of juveniles specifically. Researchers also argue whether this correlation is due to the use of solitary confinement, or if these individuals are just predisposed to commit more crimes. Research conducted by a former Attorney General and a former Chief Judge revealed that the use of segregation is counterproductive, as it often causes violence in facilities and higher recidivism rates after release (Appelbaum, 2015). There is little research on how much time it takes in solitary confinement for brain development to be affected, and if that has anything to do with recidivism rates as well. Coppola (2019) explained that studies have revealed social and environmental deprivation can cause the brain to start to deteriorate even after a short period of time.

### **International Perspectives on Juvenile Solitary Confinement**

The biggest disagreement between researchers is whether solitary confinement actually is a negative sanction. Some researchers argue that it is used as a form of protection and prevention in addition to punishment. Sometimes juveniles are placed there to avoid being victimized by adults, and other times individuals in the LGBTQ+ community or pregnant offenders are placed there to protect them from harmful people in the general population (Cloud et al., 2015). Others explain that the idea of solitary confinement is not a cruel and unusual punishment, but rather the way the United States has altered it is what makes it cruel. Changing the environment such as providing proper bedding, furniture, and other amenities to make it feel more like home might reduce the amount of recidivism (Coppola, 2019). The U.S. is known for its overuse of solitary confinement. Other countries such as Norway and Sweden have lower recidivism rates as they treat their inmates more humanely. At about 20 percent, Norway has one of the lowest recidivism rates in the world while the United States has one of the highest rates at 76.6 percent (Davis et al., 2021). Sweden's recidivism rate falls in the middle at 40 percent (Davis et al., 2021). Some prisons are designed with more of an open concept and use bright warm colors instead cold grey cells (Johner, 2019). This encourages offenders to rehabilitate while keeping positive physical and mental health.

### **Proponents of Solitary Confinement**

Supporters of juveniles in solitary confinement argue that it adds extra security to the institution. If juveniles are acting out, they can be separated from the rest of the population where they cannot become a threat to others. If a juvenile is considered dangerous, solitary confinement not only protects the other juveniles in the institution but the staff as well. Another argument for solitary confinement is that it is a form of discipline. Juveniles were sent to the to the institution

to be rehabilitated and if they act out, solitary confinement is their resulting punishment. As solitary confinement is viewed negatively by most offenders, being subject to it once would be enough to deter offenders from acting out in unwanted ways again (Basso, 2017). Using solitary confinement as a method of punishment also allows order to be maintained throughout the institution. Proponents argue that solitary confinement is a part of the rehabilitation process as well. When placed in solitary confinement, juveniles have plenty of time to sit with their thoughts and think about the crime they committed. Supporters believe this is the perfect time for reflection and reformation.

### **Opponents of Solitary Confinement**

Those who oppose the use of solitary confinement argue that it violates human rights. Locking offenders up essentially like animals is inhumane and strips that individual of what dignity they have left. They also say that solitary confinement is in violation of the Eighth Amendment to the United States Constitution as stated previously. Other opponents argue that placing juveniles in solitary confinement does nothing to rehabilitate offenders, which is the goal of their incarceration. If a youth offender is sent to solitary confinement, they are unable to attend classes to keep on track with their education. Solitary confinement also prohibits them from attending programming that is designed to help the offender learn from their mistakes and become less likely to recidivate. Lastly, people argue that the solitary confinement negatively impacts juvenile's mental health. Research has shown that brains are not fully developed until the age of 25 (Bryan-Hancock & Casey, 2010). Placing a juvenile in an institution will slow that development and placing them in solitary confinement can halt development altogether. During adolescence, the cognitive processes such as risk and rewards, impulse inhibition, and the regulation of emotions are all still being developed and refined. Bryan-Hancock & Casey (2010),

concluded that permanent damage to the brain occurs when it has fully matured but has not fully developed the abilities to be a fully functioning adult. This is exactly what solitary confinement does. It halts crucial brain development processes as offenders are not getting the stimulation they need. Once the damage is done, there is no returning to complete normalcy. This is problematic for many reasons but most importantly, once the juvenile can be released from the institution, they are missing important processes to be able to be a function properly in society.

### **Theoretical Framework**

Criminological theories are focused on helping one to understand crime and why a person might be more likely to commit a crime than others (Schmallegger, 2019). There are four main categories of theories including classical theories, biological theories, psychological theories, and sociological theories. All theories are based off crime rates, crime cycles, and offender and victim characteristics. There are many key factors that play a role in delinquent behaviors and can deeply affect the way a juvenile matures and behaves. Some of these factors include the juvenile's home environment and economic status. Additional factors include any substance abuse issues and the parent-child relationship (Bryan-Hancock & Casey, 2010). This can include whether or not the parents have criminal backgrounds or delinquent behaviors themselves. Individuals who are more likely to offend oftentimes have low levels of personal responsibility and antisocial peers (Bryan-Hancock & Casey, 2010). They show difficulty in viewing decisions from a perspective that includes seeing the long-term consequences for their actions and show a lack of restraint for aggressive behaviors.

### **Social Bonding Theory**

The social bonding theory was introduced by Travis Hirschi in 1969 and is also sometimes referred to as the social control theory. This theory states that individuals can be

socialized to bond to family, school, and communities (Tibbetts & Hemmens, 2019). The stronger the bond a person has in society, the less likely they are to participate in criminal offenses. The social bond theory has four elements: attachment, commitment, involvement, and moral belief (Tibbetts & Hemmens, 2019). Attachment is the most important element and relates to relationships with others. Commitment has to do with what an individual might lose if they offend and get caught. The third element is involvement, pertaining to how many activities an individual is involved in. The more activities a juvenile is involved in, the less time they will have to commit crime. The fourth element refers to whether someone believes the rules of society are important or whether the violation of those rules is wrong (Tibbetts & Hemmens, 2019). The social bonding theory can help explain why placing juveniles in solitary confinement does more damage than good. When a juvenile is locked in solitary confinement, they do not have access to visitation, programming, or positive influences. The longer they spend in solitary confinement, the less time they have to form positive bonds with mentors and other youth who want to improve their lives.

### **General Strain Theory**

The general strain theory was developed by Robert Agnew in 1992. This theory states that certain strains can increase the likelihood that an individual will commit a crime (Tibbetts & Hemmens, 2019). Negative stimuli, the removal of positive stimuli, and the lack of positive goals are all associated with committing crimes. Transitioning into juvenile facilities can be a very stressful experience for some youth. The loss of privacy, freedoms, and material goods and services can all be causes of strain. Solitary confinement can be the biggest strain, as it removes all positive stimuli and prevents juvenile offenders from working towards their goals. When juveniles are placed in solitary confinement, they are left alone with no one to talk to or interact

with. Instead, their mental health and overall health start to decline, causing them to take a step back in their rehabilitation process.

### **Program Evaluation: Current Examples of Juvenile Treatment Programs**

There have been hundreds of programs aimed at rehabilitating juveniles which have shown to be successful. The problem is that many juvenile facilities either do not have enough funding to implement these programs or do not think the programs are important enough and spend their funding elsewhere. In a study conducted by Calvert and Bauer (2019), results showed that treatment programs for juvenile sexual offenders showed low recidivism rates. Juveniles who completed the program had a 7.2% recidivism rate and showed that participation in a treatment program is better than no participation at all. The facilities that do not use treatment programs are the ones that still place juveniles in solitary confinement. The Milwaukee County Diversion Program, Juvenile Breaking the Cycle Program, Mentally Ill Offender Community Transition Program, Project BUILD, Big Brothers Big Sisters Community Based Mentoring Program and Parent-Child Interaction Therapy are all juvenile programs that have produced successful results at reducing the amount of reoffending youth and show the significance of implementing programming in youth facilities. Through these programs and more, research has shown that prevention and early intervention are the most effective and that delinquency prevention programs are good financial investments.

### **Milwaukee County Diversion Program**

The Milwaukee County Diversion Program is a pretrial diversion program led by the prosecutor instead of filing charges with the court (CrimeSolutions, National Institute of Justice, 2022). This program was developed in 2007 in Milwaukee, WI and targets juveniles with a variety of misdemeanors and felonies who are considered low risk for reoffending. Each juvenile

that is arrested and booked into the Milwaukee facility is screened to determine if they are low, medium, or high risk for reoffending (CrimeSolutions, National Institute of Justice, 2022). For those individuals classified as low risk, they are given the option to participate in this individualized diversion program which lasts for six months. If a juvenile is successful at completing this program and stays crime free throughout the duration of the program, their case stays out of court. If the juvenile fails to complete the program, their case will be filed in court.

This program was found to be effective as at their two year follow up, juveniles had a significant reduction in their rearrest rate, days to rearrest, and dismissed cases compared to those that did not participate in the program. In a study conducted by Davis et al., (2021), it was found that after the two-year follow up, 91 percent of the treatment group was successful at completing the program and had their case dismissed, compared with 26 percent of the comparison group.

### **Juvenile Breaking the Cycle Program**

The Juvenile Breaking the Cycle Program (JBTC) was created in 1998 in Lane County, Oregon. Department services specifically focused on providing services for high-risk juveniles involved in substance abuse (CrimeSolutions, National Institute of Justice, 2016). “The primary goals of this program were to increase treatment, reduce substance abuse, and reduce delinquency among high-risk, antisocial youths via intensive case-management services” (CrimeSolutions, National Institute of Justice, 2016). This was a program available to juveniles after their arrest with the help from county and state organizations.

The main four objectives of this program were to immediately identify youths’ substance abuse problems at the time of their arrest, assess the severity of their substance abuse problems and other psychological/criminogenic risk factors, coordinate and integrate individualized

services, and use sanctions, incentives, and rewards to encourage youth to follow the treatment program and prevent them from recidivating (CrimeSolutions, National Institute of Justice, 2016). This program was designed to last 12 months; however, some juveniles took longer to complete it than others. In a study conducted by Lattimore et al., (2004) it was found that youth participating in the JBTC program were 2.36 times likely to be re-arrested, 3.78 times more likely to be receiving substance abuse treatment and 6.52 times less likely to be using marijuana, classifying it as an effective program.

### **Mentally Ill Offender Community Transition Program**

The Mentally Ill Offender Community Transition Program (MIOCTP) was created to target individuals whose mental illnesses played a role in their offenses. The goal of this program was to reduce recidivism rates for these individuals (CrimeSolutions, National Institute of Justice, 2017). Individuals were referred to this program by mental health-risk management specialists from the Department of Corrections. There were five main components to this program including prerelease planning, post-release case management services, structured programming, daily contact, and goals for avoiding more criminal activity (CrimeSolutions, National Institute of Justice, 2017).

In a study conducted by Theurer and Lovell (2008), it was found that 39 percent of participants in the MIOCTP were convicted of any new offense (misdemeanor or felony) compared with 61 percent in the comparison group. It was also found that 23 percent of program participants were convicted of a new felony offense, compared with 42 percent of the comparison group (Theurer & Lovell, 2008). This program was implemented by the Washington State legislature in 1998 and is still used today.

**Project BUILD**

Project BUILD started out as Broader Urban Involvement and Leadership Development and is now referred to as the BUILD Violence Intervention Curriculum (CrimeSolutions, National Institute of Justice, 2013). This program is aimed to help youth already in detention overcome obstacles including gangs, violence, crime, and substance abuse. Project BUILD's target population consisted of both males and females ages 10 to 17 who were being held in the Cook County Juvenile Temporary Detention Center. The goal of Project BUILD was to provide various activities such as career training, after school sports, and teaching the Violence Intervention Curriculum (CrimeSolutions, National Institute of Justice, 2013). The four main components of this curriculum were self-esteem enhancement, communication skills, problem solving techniques, and goal setting/decision making skills.

Lurigio et al., (2000) conducted a study based on the 1998-1999 treatment group. After a one year follow up, it was found that the juveniles who participated in the program had lower rates of recidivism (33 percent), along with longer spans of time between recidivation for those who did recidivate (9.6 months) in comparison to those that were not a part of the program (57 percent and 7.6 months). Over the years, there have been adjustments made to the curriculum, but overall, the goals of the program have stayed the same and it still is considered effective.

**Big Brothers Big Sisters Community Based Mentoring Program**

The Big Brothers Big Sisters (BBBS) Community Based Mentoring Program offers one-to-one mentoring in a community setting focusing on at risk youth. The program is targeted towards youth between 6 and 18 who many times come from single parent households and low-income neighborhoods. The program also targets youth who are at a higher risk of trauma and violence exposure at home (CrimeSolutions, National Institute of Justice 2011). The goal of this

program is to match a youth (Little Brother/Sister) with an adult (Big Brother/Sister). These adults are usually volunteers between the age of 22 and 49 who provide support and become a constant in the youth's life (CrimeSolutions, National Institute of Justice 2011). Together, the Big Brother/Sister and the Little Brother/Sister spend time doing activities out in the community, creating a meaningful relationship that the youth might be lacking at home.

In a study conducted by Tierney, Grossman, and Resch (2000), it was found that youth who participated in the BBBS program were “less likely to have initiated drug use and 27 percent less likely to have initiated alcohol use, compared with non-mentored youth in the control group at the follow up.” It was also found that mentored youth were less likely to exhibit antisocial behavior, a significant reduction in drug and alcohol use, improved academic performance, and improvements within family relationships (Tierney, Grossman, & Resch, 2000). This program is considered effective as it has almost 400 agencies nationwide, serving nearly 250,000 children.

### **Parent-Child Interaction Therapy**

This program is aimed towards parents and teaches them “new interaction and discipline skills to reduce children's problem behaviors and parental physical child abuse by improving parent-child relationships and parental responses to difficult child behavior” (CrimeSolutions, National Institute of Justice, 2011). The goal of this program is to change parent practices to prevent the recurrence of the physical abuse of their children, which could lead the child to become violent as well. This program involves two phases of training. In phase one, parents are taught and coached on how to enhance their relationship with their child. They are taught positive interactions such as specific praise, noncontrolling reflection, and selective attention. In

the second phase, parents are taught how to give specific discipline practices like timeouts (CrimeSolutions, National Institute of Justice, 2011).

Two different studies were conducted about this program. In a study conducted by Nixon et al., (2003), it was found that children of parents who participated showed lower levels of problem behaviors. It was also found that participants were less likely to use overreactive discipline than those who were not in the program. In the second study conducted by Chaffin et al., (2004), it was recorded that there were fewer re-reports of child physical abuse compared with parents who were not in the control group. Due to the results of these studies, this program is also deemed effective.

## **Recommendations**

### **Law Reform**

Overtime, adjustments have been made to laws that have slowly prevented the use of solitary confinement. For example, in 2016, President Barack Obama announced a ban on using solitary confinement for juvenile offenders in the federal prison system (Teigen, 2022). States like Connecticut have laws that ban the use of solitary confinement; however, “seclusion” may be used once in a while only if it is approved and the juvenile is checked on every 30 minutes (Teigen, 2022). Out of the 50 states, 23 have statutes in place to limit or completely ban the use of solitary confinement. In 32 states and the District of Columbia, the use of unnecessary restraints on juveniles is also prohibited.

In 2021, the Senate passed the Humane Alternatives to Long-Term Solitary Confinement Act (HALT Act) in New York. This limits the use of segregated confinement for all incarcerated offenders to a maximum of 15 days (New York State Senate, 2022). It also eliminates the use of solitary confinement for vulnerable populations including individuals 21 or younger, individuals

55 and over, individuals with a disability, and those who are pregnant, postpartum or who are caring for children in a facility (New York State Senate, 2022). The HALT Act requires staff on segregated confinement units to take 37.5 hours of training before they are assigned, and 21 hours of training each year after they are assigned.

### **Ideal Components for Programs**

As talked about in the Program Evaluation section, there are a variety of programs in place to help juveniles correct their behavior and decrease rates of reoffending. However, what determines the successfulness of the program is how the program is run and what components the program consists of (content, length of program, program size).

#### ***Juvenile Involvement***

Programs aimed towards juveniles should include classroom and behavior management, bullying prevention, mentoring, and violence prevention to name a few. These programs should teach positive conflict resolution techniques allowing juveniles to learn how to identify the problem, communicate their emotions, and solve the conflict in a non-violent matter. They should also include both educational and hands-on skill development such as budgeting, cooking, hygiene, social skills, and manners. Many times, juveniles come from struggling families that may not have the time to teach these presumably basic skills. According to 2020 estimates, more than 11.6 million youth under 18 were living in poverty (Office of Juvenile Justice and Delinquency Prevention, 2021). In Wisconsin alone, 14.2 percent of the juvenile population were living in poverty.

#### ***Parent/Guardian Involvement***

Programming that includes parent/guardian involvement is also an important part of juvenile rehabilitation. These programs should promote healthy bonds with their children and

improve family problem solving skills. Proper communication can allow each party to understand where the other is coming from and create stronger relationships. Having parents participate in the programs also allows them to learn warning signs of substance abuse, mental health decline, and/or other delinquent activities. As mentioned in the Parent-Child Interaction Therapy Program, parents can sometimes be part of the problem. Allowing them to be involved in the programs provides them with the knowledge on how to properly praise their children as well as discipline them without turning to abuse.

### **Conclusion**

Research has shown that the use of solitary confinement does more harm than good, creating multiple drawbacks for juveniles and has a high likelihood of being extremely detrimental to every aspect of their health and well-being (Flaherty, 1983). Not only is their current mental state affected, but the future of their mental stability and ability to get back on the right path are affected as well. Plenty of research has proven solitary confinement has many negative effects on offenders that can either be short-term or permanent. These effects can include the development of mental illnesses, brain deterioration, and even death (Flaherty, 1983). Subjecting juveniles to solitary confinement will continue to be a heavily debated topic of discussion. Taking all these issues into account, it is clear that solitary confinement is a form of child maltreatment and raises the question of whether this aspect of the criminal justice system will ever be eliminated.

### **Limitations and Future Research**

All studies have their flaws and this one is no different. One limitation of this study is that no new research was conducted. This research was based off secondary analysis, where all information and statistics were collected from previous studies. Due to this, many of the statistics

collected are the most recent statistics, however, they are still four or more years old which is another limitation. For future research, new studies should be conducted to allow for the most accurate data to be collected as well as having the ability to compare how trends have changed over time.

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