



The University of Vermont

January 3, 2019

Senator Dick Sears, Jr.  
Representative Ann Pugh  
Vermont State House  
115 State Street  
Montpelier, VT 05633-5301

Dear Dick and Ann,

Because of my unique participation in the development of services for juveniles in state custody including the creation and management of the Woodside Juvenile Rehabilitation Center, several people both currently and formerly involved with Woodside have suggested that I write this letter. The goals of this letter are to (1) provide a factual historical perspective on the difficulty providing effective services to adolescents with emotional and behavioral problems between the closing of Week's School and its replacement by the Woodside Juvenile Rehabilitation Center to the present and (2) actual evidenced-based programs that work for this population, then and now. The main theme of this letter is that research has consistently shown that locked, correctionally oriented programs are ineffective as a response to most juveniles engaging in violent behaviors toward others. Then and now, evidenced-based treatment programs using positive, strength-based methods are effective to most adolescents.

You may recall some of my work from the late 70's to my retirement from state service in 2013, but I will provide a brief history of the role I played in Woodside when I was known as Judy Candido. In 1979, my supervisor, Department of Education Special Education Director Jean Garvin, asked me to work collaboratively with Social and Rehabilitation Services (SRS) Commissioner Kent Stoneman and his staff on the development of a continuum of services for adolescents in state custody. This was prompted by a very progressive legislative mandate that closed Weeks School and transitioned responsibility for delinquents in state custody to the jurisdiction of SRS. However, this transfer was problematic because SRS relied mainly foster care services at the time. Adolescents, particularly those who demonstrated significant emotional and behavioral problems, had been served at Weeks School, but the outcomes were very questionable at best. When built, Weeks School was ahead of its time but interventions became increasingly based on correctional methods which evidence showed did not work as a deterrent or remediation of criminal behavior. Therefore, the Weeks School was deemed too big, too punishment based, too expensive and no longer relevant. The closing of Weeks and reorganization of state government meant that SRS needed to develop a continuum program services for this population. Why was Jean Garvin interested? Newly passed Federal mandates put DOE on the hook for educational costs which were also showing that costs to states – especially those related to education – would be coming from other agencies such as SRS. There was also pressure – both political and in scientific research - to move away from large, costly institutions, sometimes referred to as warehouses, to be replaced by community-based services –



closer to home, more family oriented and most importantly it seemed, less expensive. It was the elixir that everyone, certainly including me, thought would solve the problems.

The deinstitutionalization shift being made at the time favored therapeutic interventions capable of addressing individual needs. Jean Garvin was aware of my experience in Massachusetts with the development of such program options in large institutions (e.g., McLean Hospital, Metropolitan State Hospital, Fernald School) so she offered our collaboration because ultimately working together was in the best interests of both departments. Later in 1982, Commissioner John Burchard, my UVM professor and mentor, asked Jean Garvin to consider transferring me from my consulting position specializing in advising schools on interventions for children with emotional and behavior disabilities to a new position in SRS (now DCF). This position was created specifically to continue the development and implementation of programs for adolescents in state custody. This transfer occurred in January 1982.

Both Commissioners Stoneman and Burchard specifically supported “staff secure” programming at the highest level but did not support either directly or indirectly by contract any services requiring locked doors. This was made quite clear that the highest level of therapeutic intervention should be “staff secure”. In the summer of 1981 when special committees were meeting and then later shortly after the 1981 Legislative Session opened, I presented a proposed continuum of services for adolescents ranging from truancy prevention to residential interventions designed to reduce the number of adolescents being sent out of state to such programs as Northern Tier in Pennsylvania and Elan School in Maine. (I believe that both of these programs were closed because of their questionable strategies.) Both programs professed to use a “therapeutic community” approach, but on closer inspection both used highly questionable, coercive methods (e.g., boxing to problem solve, segregation, hands on restraint, etc.). As a result, there was serious concern in SRS, DOE and the legislature about relying on out of state programs with little, if any, oversight by our agencies to attend to the welfare and therapeutic improvement of our youth. It should also be noted that SRS did have a small short-term detention program, known as the Juvenile Detention Unit (JDU), in Waterbury. It was originally subcontracted to Washington County Mental Health and used strength-based intervention methods. Reluctantly, SRS had to take control of this program to heighten security to a locked level. This was mainly necessitated to prevent youth from running away before court. Despite employing a level of security that was fundamentally the antithesis of SRS values, staff were trained and supervised to use positive intervention techniques. Most of the original staffing at Woodside was comprised of these employees.

The continuum of services we developed in 1980-81 at the tertiary intervention level (children and adolescents engaging in harm to self or others) specifically proposed a staff secure 10-bed program in the north and a 6-bed program in the south. Neither locations were specified in the proposal, but reflected what we thought was needed at the time based on children and adolescents previously served by the closed Vermont State Hospital Child and Adolescent Unit and those transferred to our care and custody from Corrections. I was the main architect of the program elements, which were plainly outlined, as follows:

- Therapeutic milieu: Clearly described according to the best science of the time, but based mainly on creating an environment in which there would be little to NO replay of the anger, chaos or inconsistencies of previous experiences. All staff are counselors. Disputes between children and anyone else (peers, staff, families) would be mitigated by understanding the problem and setting up a way to resolve the perceived problem. This would occur whether or not the youth acted inappropriately. In fact, this was a good start to “retrain the brain” to react differently the next time. In other words, the goal was to replace inappropriate problem-solving with appropriate outcomes.



- Cognitive behavioral therapy (CBT): At this point, this idea was its infancy but the idea was being researched actively. There was research being pursued in the Corrections Department by Samenow and Yochelson (1975) based on “thinking errors” as an intervention. This research was not supported by other studies, but other CBT approaches that used similar strategies were supported in outcome literature. SRS chose the line of research which showed better outcomes.
- Family involvement: In those days, there was some bias in SRS to treat the child without as much in the way of family involvement. Both Kent Stoneman and John Burchard were very concerned and opposed to this approach. Both recognized that the family must be included and so did many front-line social workers at the time. From the start, anything being proposed by SRS for this level of intervention included family work. This was one of the most important aspects of the therapeutic work being done at Woodside.
- Healthy, positive environment: The idea here was to include youth in developing the environment. It might range from healthy eating (a huge problem for many of our clients) to how to resolve a dispute. As an aside, although Woodside Treatment Program implemented a level advancement system, it was never based solely on points or solely tangible rewards. In fact, the most important parameters had to do with the goals and communication occurring between line staff who are so important in motivating clients in the change process and out clients. Although doctors (PhD or MD) and social workers are critical in treatment, it is the front-line workers who make the difference (positive or not). Therefore, the main focus of supervision was to the front-line workers. We retitled their job title from Youth Worker and job description to Youth Counselor with a description emphasizing their important role in the therapeutic change process.
- Education: Both programs would provide specialized individualized educational services. We recognized then, as now, that this population showed significant educational deficits resulting from longstanding failure in prior educational settings and a variety of other factors such as socioeconomic status, lack of adequate support, etc. Services would be imbedded in the programs, but would work with local school and vocational centers to gradually move students into more mainstream programming.

All of these elements were presented to the 1981 Legislature only a few months before May 15 when Louis Hamlin, Jr. and Jamie Savage savagely attacked Melissa Walbridge and Meghan O'Rourke. Melissa Walbridge died as a result. This changed everything. Hamlin's father was in jail at the time waiting prosecution for pornographic material he created which included pictures of his own children having sex with each other. These events were so disturbing that many Vermonters understandably wanted a result that would prevent such a heinous crime. A special Legislative session set the age to 10 at which a juvenile could be prosecuted as an adult. Furthermore, the wheels to create Woodside were set in motion.

In the end and much against Commissioner Stoneman's and Burchard's views and mine, a bill was passed to create what is now known as Woodside. The press referred it to as a “juvenile jail” even though SRS could nor operate a jail per se. All we could do was to try to modify the new mandate to come as close as possible to what we first proposed in 1981. Commissioner Burchard was not reappointed because he remained opposed to opening Woodside and the building sat dormant for over a year. Then with the appointment of Bill Young as Commissioner, I was directed to open the building that is currently Woodside. Much has happened since Woodside opened, but over the most of that time the Treatment Program, using the same design as originally proposed for a staff secure, much smaller program, was widely recognized as effective with positive outcomes for hundreds of Vermont's most challenging adolescents.

I am writing you now – 2019 asking that we please do not repeat the mistakes we made in 1981. We were on the best track possible before a horrible event sent us down a path we neither recommended nor supported. Yes, there are some very rare instances of behaviors by humans – no matter their age – that make no sense and we find intolerable. But does this mean we have to design a system as though this is the rule and not the exception? I think not. Now is the time to close Woodside or repurpose it (as we tried to do in 2009) and return to a therapeutic multidisciplinary service model in an appropriate physical setting which builds on youth strengths based on acquiring self-control, not on external punishment practices. I would be privileged to assist with this process in any way I can. Please let me know what I can do to help.

Sincerely,

A handwritten signature in cursive script that reads "Judith A. Christensen, Ph.D." followed by a small circular mark.

Judith A. Christensen, Ph.D.

p.s. I also have correspondence with Commissioner Schatz from 2015 expressing concerns about the specific methods being implemented at Woodside if you are interested. Staff who saw an erosion of Treatment Program methods and increasing reliance on coercive practices reached out and asked help to raise the concerns.