The reluctant or resistant caregiver

Considerations

As a clinician, you will invariably encounter caregivers who indicate either an inability or reluctance to follow through with intervention suggestions, such as home searches for fire materials, restricting access to ignition sources, and/or increasing the supervision of the child. In these instances, it is important to explore with the caregiver the reasons for the apprehension or reluctance to complete the assigned tasks or intervention recommendations.

For instance, if a caregiver's reluctance to comply with treatment recommendations is a motivation issue, find ways to engage the caregiver in the treatment, and help him or her to understand the importance of fire safety.

Likewise, some caregivers may not feel a specific intervention is necessary in their home or for their child. Discussing this openly with the caregiver may help clarify any (mis)conceptions they have about fire-related behaviour.

Others may feel unable to succeed with an intervention, expecting that their child will not comply or that they do not have the resources to meet certain treatment requests.

Another common complaint that caregivers voice is the lack of time or energy to complete certain interventions.

The parents of children who engage in firesetting often have limited resources to cope with the demands of their daily life, and feel overwhelmed. To ask them to perform further household and parenting tasks (like searching the home for fire materials and increasing the supervision of their child) can often strain an already weary parent. Part of the clinician's job is to access the caregiver's internal resources and build in more external resources so that they can follow through on necessary interventions. Asking the caregiver who else in his or her life may be able to help institute various recommendations is often a beginning to making a fire-safety treatment plan with a caregiver.

Intervention modifications

For instance, supervision is often an issue for working parents in the late afternoon, after their child returns home from school but before the parent gets home from work. The clinician could use a problem-solving approach with the caregiver to brainstorm a number of supervision possibilities for the child during the late afternoon. Drawing on extended family members, family friends and neighbours, or taking advantage of after-school groups or structured activities are often viable supervision alternatives when caregivers are unavailable.

Another practical suggestion for supervising children is to establish a "safe" area in the home in which the child can play, and not be directly supervised by an adult. It is imperative that the "safe" area be void of any fire materials, as well as other potential safety hazards, so that the caregiver can take care of other demands or duties in the home while the child is allowed to play safely.

The clinician will need to work collaboratively with the caregiver to understand the nature of the resistance or reluctance, break down the problem or obstacle into manageable pieces, and use a problem-solving approach to develop strategies to implement needed intervention.

In addition to the direct benefits of the fire-safety interventions themselves, following through on such interventions sends an important message to the child or teenager that fire safety is important in the family's home. It also allows the caregiver to model fire-safe behaviour.

In an effort to prevent obstacles from interfering with a caregiver's (or child's) participation in the program, and to increase the family's chances of success, it is helpful to continuously ask for client input, especially regarding the likelihood of their being able to implement the suggested interventions. Treatment recommendations can then be adapted accordingly.

Religious, spiritual and cultural fire-related practices

Considerations

Many families may engage in fire-related activities associated with their religious, spiritual and/or cultural beliefs and practices. These activities may include burning candles, sweetgrass, incense or other materials on a regular basis and/or for long periods of time.

These activities increase a child's risk for fire involvement because they require the availability of ignition sources, and the burning materials themselves may be used as ignition sources.

Moreover, families may not immediately view these activities as potentially risky, since they may have engaged in them for many years and/or many times without any difficulty. Caregivers may also mistakenly assume that children would never misuse something of great value or sacredness.

Fire is dangerous regardless of the meaning assigned to it and must be handled safely.

Intervention modifications

Religious, spiritual and/or cultural fire-related practices are important to consider in the intervention process. These practices should be viewed as positive uses of fire.

These activities provide opportunities for caregivers to model appropriate fire-related behaviours, particularly fire-safe behaviours. Caregivers can use these practices as opportunities to articulate the fire-safety measures they are taking, thereby modelling fire-safe attitudes and behaviour. As well, if the practices have positive fire-related teachings associated with them, these may be shared with children, if appropriate.

Caregivers should be encouraged to find out how to practise their activity in the safest way possible; for example, candles that will be burning for a long period of time need to be in sturdy, non-flammable candle holders in safe, stable locations. They may benefit from consulting with their local fire service professional about safe ways to conduct these fire-related activities.

Since access to fire materials is not likely to be completely eliminated in situations where fire is being used as part of religious, spiritual and/or cultural practices, supervision of the child becomes especially important.

Children should never be left unsupervised in the presence of burning materials. Children should, however, be encouraged to participate in religious and/or cultural fire-related practices with appropriate fire-safety measures and adult supervision in place.

Rural and remote communities

Considerations

In rural and remote communities, children may be more exposed to fire-related activities, such as burning garbage, fire pits and wood stoves for household heating.

Children may also be more likely to have greater access to fire, fire-related materials and accelerants. Indeed, they may be expected to routinely use fire or fire-related materials as part of household responsibilities, and/or they may be taught to carry matches or lighters for safety or survival.

Caregivers and other community members may perceive the notion of attempting to limit access to fire materials as unrealistic and even impossible because of extensive reliance on such materials in daily life and their ready availability throughout the community.

Intervention modifications

Restricting access is still a fundamental component of any intervention to reduce fire involvement by children and teens.

Special attention should be paid to working collaboratively with parents in order to determine an access restriction plan that is *workable* for the family. If it is unlikely that the child's access to fire materials can be restricted, especially in the community, then it may be necessary to work with the family to ensure high levels of supervision.

It may also be especially important to involve other adults from the community with whom the family is connected in order to develop an effective plan. Moreover, some education may need to take place at the community level to address community attitudes toward restricting access to fire materials.

While it is essential to emphasize restricting access in the short term, it is also important to plan how to gradually reintroduce fire-related responsibilities as soon as is appropriate. Reintroduction should be done in a planned, supervised manner.

The clinician should become familiar with resources available in the family's community, if necessary.

Group homes and residential facilities

Considerations

Group homes and residential treatment facilities present both special advantages and special challenges for managing children and youth who have been involved with fire. Many facilities have the capacity to provide high levels of supervision and control over materials in a child or youth's living environment. In addition, they may provide children and youth with planned, positive fire-related activities. Lastly, they offer opportunities to integrate modifying fire-related behaviour into already existing behaviour-modification plans.

As children with severe difficulties are more likely to have been involved in fire-related behaviours, it is quite likely that there will be more than one firesetter in a particular facility at a given time. These youth may work together to circumvent measures put in place to reduce fire involvement and may exacerbate each other's conditions. They may continue to perpetuate anti-social fire related beliefs and attitudes and work together to disrupt efforts to emphasize fire-safe beliefs, attitudes and behaviours.

In addition to these difficulties, these facilities are sometimes staffed by young, relatively inexperienced people who may have very little clinical training. Some of the staff may themselves have inappropriate beliefs and attitudes about fire safety and fire-related behaviours. For example, in one situation that came to clinical attention, a group home staff member showed a youth how to explode aerosol cans in a campfire. Other examples include group home staff failing to take fire drills seriously, smoking with residents, showing residents lighter tricks and/or leaving fire materials accessible.

Intervention modifications

All of the interventions designed to be used in family homes should also occur in group home and residential facilities. If a child is having weekend visits at the family home, or the intention is to have the child eventually return to the family home, the interventions should also be used in the family home.

Fire-safety routines will benefit all children in a facility, not just the children involved with fire.

Group home staff should receive training on the importance and implementation of fire-safety procedures. Fire-safety procedures need to be followed routinely and reviewed with each new resident and staff person as soon as they move into the facility, not just in response to the admission of a juvenile firesetter.

In the group home, fire materials should be locked at all times, except when they are being used by staff or residents under direct staff supervision. This includes cigarettes, as lit cigarettes can be used to ignite other materials.

The group home should have a smoking policy for staff and residents, and all staff should receive training in implementing the smoking policy. Cigarette lighters should be removed from group home vehicles used by residents.

All resident responsibilities and chores should also be examined to ensure that residents are not intentionally or unintentionally given access to fire-starting materials, such as gasoline for the lawnmower or flammable cleaning products.

Fire-safe behaviour, such as checking to ensure the escape plan is posted and practised, that the smoke alarms are working, and that exits are clear, should be integrated into existing chore routines and rewarded with praise and other appropriate reinforcers.

Fire-dangerous behaviour, including possessing fire materials and/or providing fire materials to others should be integrated into existing behaviour-management plans and responded to with appropriate consequences.

Children and youth with histories of fire involvement should not have unsupervised access to each other.

Comorbid conditions

Considerations

Fire involvement typically occurs in the context of other psychopathology or difficulties. Accordingly, it is essential that children and youth involved with fire receive a comprehensive assessment not only of their fire involvement, but also of their general mental health needs.

In the context of disruptive or anti-social behavioural difficulties, fire involvement may be just one example of many difficult behaviours that the child is exhibiting.

Often, fire involvement occurs in the context of difficulties with impulsivity. In rarer circumstances, fire involvement may be part of a mood and/or thought disorder. Sometimes fire may be used as a self-harming technique. At other times, fire involvement may occur in the context of pervasive developmental disorders or limited intellectual functioning. A child or youth may also develop symptoms of post-traumatic stress following a particularly serious fire episode.

Intervention modifications

Despite the presence of other difficulties or conditions, restricting access to fire materials and improving supervision and monitoring of the child are still key to eliminating fire involvement in the short term. This ensures the safety of the child, allowing caregivers and others to focus on the child's other mental health needs. Appropriate treatment for other difficulties should reduce the likelihood of further fire involvement. Appropriate referrals for additional treatment should be facilitated, as appropriate.

In situations where a child's fire involvement has resulted in significant trauma to the child, it may be necessary to reduce, delay or eliminate some of the child treatment components. It is important, however, that the caregiver treatment component proceed.

Preschoolers

Considerations

Preschoolers are more likely to be injured or killed by fire than older children, adolescents and adults.

They are at increased risk because of their poor understanding of the consequences of fire, limited ability to escape from fire, smaller body size and more sensitive skin.

They may play with matches or fire in enclosed spaces, such as under a bed, behind a sofa or in a closet where fires are more likely to start and more likely to spread quickly and where escape is less likely.

In addition, caregivers may underestimate their preschoolers' capacity for seeking out and using fire-related materials, because they are perceived as too young to engage in these behaviours. Thus, it is important to view fire involvement by preschoolers as an especially high-risk and concerning behaviour in need of immediate attention.

Intervention modifications

Increased emphasis on parental interventions

Caregivers need to be made aware of the heightened risk for injury faced by their young children, and the need for them to take immediate and comprehensive action. Caregivers of preschoolers may need to be reminded that it is not developmentally appropriate to expect a preschooler to not touch fire materials that are available in the environment. Instead, it is absolutely essential that caregivers take responsibility for eliminating their children's access to fire materials.

Because preschoolers are not usually in the community unsupervised, their access to fire materials is often limited to residential settings. Successful implementation of access restriction strategies in these settings can be very effective at eliminating fire involvement.

Since preschoolers may engage in fire involvement in enclosed spaces, it may be necessary to suggest unconventional interventions, such as removal of the closet door, removal of the contents of a closet, installation of a smoke alarm in the closet (or other enclosed locations of fire involvement) or putting a lock on the door to the furnace room or basement.

Cooking fires started by unsupervised preschoolers can be a red flag for inadequate, perhaps neglectful supervision by a caregiver. In such situations, the clinician should investigate other unsafe and dangerous behaviours secondary to inadequate caregiver supervision. Associated unsafe behaviours might include wandering, dangerous climbing, ingestion of chemicals or medication, poisonings and playing with unsafe implements such as knives. Involving child welfare authorities is often warranted in such cases.

Preschoolers' limited understanding of fire, as well as their physical and mobility needs, require special attention to home fire escape planning. Caregivers should take responsibility for developing an appropriate escape plan to ensure their preschoolers' exit from a house fire. Fire service professionals can assist with this escape plan.

Increased need to ensure that parents follow through with intervention

Since preschoolers are at high risk for serious injury and/or death due to fire involvement, it is important from a child welfare perspective that caregivers participate in interventions to eliminate this behaviour.

It may be necessary to involve child protection authorities if caregivers are unwilling or unable to follow through with interventions to eliminate their child's fire involvement.

Simplification or elimination of child intervention

Depending on the developmental level of the child, it may be necessary to greatly simplify and/or eliminate the child intervention. For example, it is likely not appropriate to attempt the child treatment component with a three-year-old. Again, this increases the importance of comprehensive work with caregivers.

Adolescents

While we have indicated that this manual is perhaps better suited for use with school-aged children, our experience over the years has shown that the intervention methods outlined are also useful and quite successful for adolescents as well. However, several considerations need to be made when working with adolescents.

Considerations

Clinical issues that distinguish adolescents from children often include adolescents' greater resistance to intervention, their level of maturity and need for independence, less stringent supervision, greater access to fire materials outside of the home, peer influences and peer pressure, and opportunity to smoke and subsequent need to carry matches and lighters.

Furthermore, it is important to note that many adolescents with histories of fire involvement also exhibit other antisocial behaviours and have had some contact with the legal system.

Intervention modifications

In contrast to younger children, adolescents seem initially to be more resistant to intervention. However, ensuring the following general steps are taken often helps to reduce the adolescent's reluctance to participate in the program and motivates them to alter their fire-related behaviour:

1. Make sure that they understand that the interventions are not punishments and can actually help keep them out of trouble in the future.
2. Identify individual motivators to eliminate fire involvement.
3. Ensure that specific intervention strategies and case examples are relevant to them.
4. Establish a collaborative relationship with them, encouraging their input and direction regarding the course of treatment.

Given that adolescents are typically granted more freedom, supervised less often, and have greater access to fire materials than children, it is particularly important to have the adolescents motivated to change their fire-related behaviour.

Engaging the adolescent in treatment may present some challenges. While getting acquainted with the youth during the initial portions of the program, the clinician should attempt to identify key motivators for their adolescent client. For instance, many teenagers are tired of getting into trouble for their behaviour, and wish to avoid (further) contact with the law. Others are motivated to keep themselves or family members safe. The first, and often the most difficult, step in working with adolescents involved with fire is to help them understand that altering their fire-related behaviour may help them achieve certain goals (such as staying out of trouble).

The clinician will want to adapt the SNAP™ program for use with older and more mature individuals. For instance, a greater focus on problem-solving strategies may be more applicable to adolescents. Hypothetical vignettes presented to adolescents to practise problem-solving skills during sessions should be relevant to the individual adolescent and his or her life experiences.

Scenarios may include situations involving peers and the social pressure to participate in fire involvement within a group, how to handle the wider access to fire materials outside of the home (e.g., in stores), and issues inherent to smoking cigarettes (e.g., asking for someone to light their cigarette or to borrow a lighter rather than carry one).

It is important to encourage adolescents' input on intervention suggestions throughout treatment, and to work collaboratively with them. For instance, if an adolescent indicates that a specific intervention is not realistic, or he or she disagrees with a recommendation, it is imperative to explore this with him or her.

A common complaint from adolescents who smoke is the recommendation that they refrain from carrying matches or lighters to light their cigarettes. They often report this is an excessive and unnecessary limitation. A strategy that has met with some success is to have the adolescents see how this restriction could actually work for them. For instance, many of these youth report being frustrated in the past for being blamed for offences they did not commit. They also recognize that they are likely to become a suspect for any future fire-related offence given their fire history. Inform them that if they never carry matches or lighters (and refrain from other fire involvement), they are less likely to be blamed for future fire-related transgressions in their neighbourhood.

Ultimately, you as the clinician may feel strongly about a particular recommendation to which the adolescent remains opposed, but it is important that the adolescent has a voice in his or her treatment and feels listened to and respected.

It is often appropriate to allow older youth some involvement with sanctioned fire-related practices. Clinical judgment will determine the extent of supervision needed for such fire contact. Some common examples are adolescents helping to safely start a campfire with caregiver supervision, or cooking using a stove or barbecue. Such appropriate fire-related activities should be planned and agreed upon by the caregiver.

For families with an adolescent involved with fire, working directly with the youth is vital for behavioural change. However, it remains important to also involve the youth's caregiver in treatment. Although some caregivers report having little control over their teen's behaviour and access to fire materials outside of the home, they can still convey the message that fire involvement is a serious matter, and that fire safety is an important family goal.

Furthermore, when working with caregivers who indicate being unable to supervise their teenager because he or she will not comply with parental requests (e.g., to stay in or near the home or to check in regularly with the caregivers when in the community unsupervised), it is important to explore this problem with the caregiver. When caregivers report that their child or teenager leaves the home without permission (or without the caregiver's knowledge), it often indicates that further help is needed for this very important issue. For instance, the clinician may be able to elicit support from probation services (if involved with the youth), child welfare agencies or, if necessary, the local police, to help caregivers maintain their teenager's safety and ensure that either the teen is being supervised or that his or her whereabouts are being monitored by the caregiver or another appropriate adult.

It is particularly important to review the limits of confidentiality with adolescents at the outset of each session so that they understand that information given by them may be shared with their caregivers.

Child welfare

Considerations

Fire involvement by children and youth is a very serious matter. Some caregivers become highly alarmed and struggle to find appropriate ways to manage their child's fire involvement, particularly if it continues despite using their typical caregiving and disciplinary strategies. As a result, caregivers may respond to their child's fire involvement with inappropriate strategies. Some examples include the following:

1. harsh or abusive discipline in response to an episode of fire involvement by the child
2. threatening to use or using exposure to heat or fire; for example, forcibly touching a child's hand to a hot stove to "educate" a child regarding the dangers of firesetting and
3. locking a child with a history of fire involvement into his or her bedroom in order to manage night-time wandering or other behaviours. This child may have hidden fire-starting materials in the bedroom. If a fire were to start in the bedroom with the door locked, this child's ability to escape the fire would be compromised.

There is no evidence that these drastic strategies by caregivers are effective in eliminating fire involvement. There is, however, very good evidence that harsh discipline is counter-productive in stopping antisocial behaviour in general.

These types of caregiver responses usually require involvement of local child welfare authorities.

Other situations that may warrant consulting child welfare authorities include the following:

1. fire involvement that is targeted toward siblings
2. caregiver non-compliance with treatment recommendations, such as eliminating the child or youth's access to fire materials and/or unsupervised time in the community and
3. withdrawal from, or failure to attend, treatment.

Intervention modifications

Clinicians need to be proactive by preparing before becoming aware of such caregiver responses. This includes ensuring that caregivers and children are aware of the limits of confidentiality and knowing your child welfare reporting requirements.

In addition, it is helpful to become familiar with your local child welfare agencies so that, should these situations arise, you can respond in a routine, matter-of-fact way.

It is important for children's mental health and child welfare professionals to work collaboratively to ensure that the best interests of children and families are protected.

These measures should help to ensure that families continue to participate in your service in a meaningful and effective way.