



# HOT · ISSUES



## Have you seen this deodorant?

Firesetter interventionists in Oregon report a minor “trend” of juveniles using the Axe brand of deodorant to create torches.

We are interested in running a case study about a youth involved in this activity in a future edition of *Hot Issues*.

If you have such a case and are willing to write it up for publication, please contact the editor.

## Office of State Fire Marshal and CARES Northwest collaborate

by Dr. Linda Nishi-Strattner

**Note:** Our thanks to Research Assistant Theresa Baker, B.J., of CARES Northwest for her expert collaboration in this research.

For purposes of this research project, children in the “abuse” category include those children who were diagnosed to have been abused or possibly abused, including physical and/or sexual abuse and/or neglect.

In 2003, the Oregon Office of State Fire Marshal began a collaborative research effort with the CARES Northwest Research Department in order to examine the coincidence of juvenile firesetting and child abuse. This innovative approach is one of the first of its kind nationwide, and we are excited to offer some preliminary observations of our data. Other studies have reported a high frequency of child abuse history within the juvenile firesetter population (see *Hot Issues* article in volume 11, No.3, 2001) which suggests that when we intervene with juvenile fire-setters, we should be assessing for a history of child abuse. This also suggests that we should be prepared to provide treatment for the abuse-related issues in our interventions with firesetters, or at a minimum, we should be prepared to provide referral information for such services whenever we address a juvenile firesetter’s treatment needs.

We became interested in looking at the relationship between juvenile firesetting and child abuse from the other direction: Is it possible that a significant number of child abuse victims are also reporting behaviors related to juvenile firesetting? If so, it might be important to coordinate juvenile firesetter screening services with a program such as CARES Northwest, which screens over a thousand youngsters each year for child abuse. We would want to stand ready to identify the juvenile firesetter treatment needs of any child who was identified as the victim of child abuse. Furthermore, it would be helpful if we could anticipate which children from the child abuse population were more likely to report firesetting behaviors, so that we could provide treatment to this sub-population.

CARES Northwest is a community-based medical center for the assessment, treatment,

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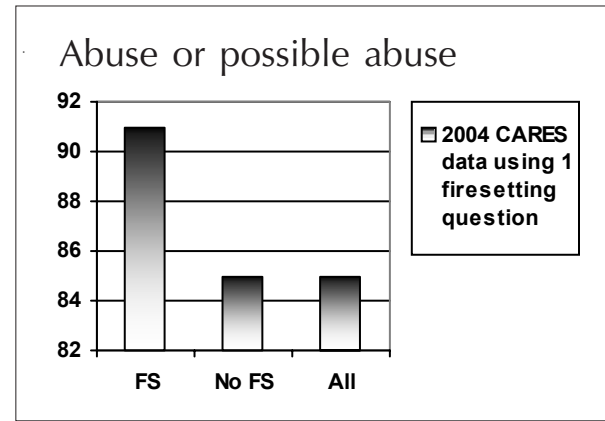
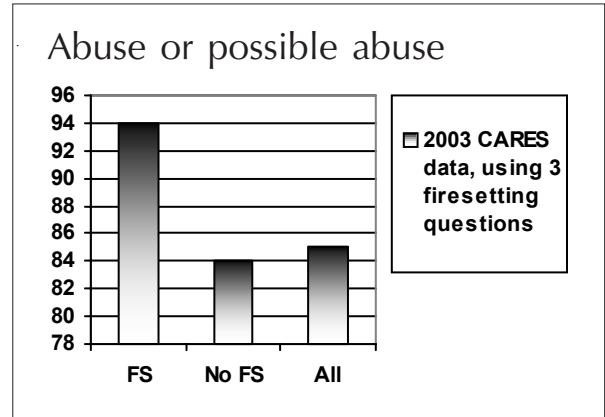
and prevention of child abuse. It is a regional center for services for children for whom there are concerns of physical or sexual abuse, neglect, and exposure to domestic violence, serving the greater Portland area and surrounding counties. This program was founded in 1987 as a collaborative effort of three regional health systems, including Legacy Emanuel Children’s Hospital, Oregon Health Sciences University, Doernbecher Children’s Hospital, and Kaiser Permanente Health Systems. CARES Northwest was the first program in Oregon to pair physicians and nurse practitioners with mental health professionals in a medical setting to provide child abuse evaluations. Experts in mental health, medicine, child protective services, and law enforcement work together in a collaboration that takes place under one roof, which speeds communication and the coordination of services. CARES Northwest currently evaluates over 1,200 children yearly; in 2003, 1,362 children were evaluated for child abuse.

Starting in 2003, all CARES Northwest child abuse evaluations incorporated a set of three firesetting questions into the routine medical history questionnaire which is administered orally during the parents’ interviews. Interviewers asked parents if their child: 1) had been involved in match or fire play, 2) had burned anything such as toys, paper, grass, or household items, or 3) had left burn marks on things. In 2004, the second and third firesetting questions were eliminated from the medical history questionnaire. CARES Northwest has continued to gather data using the single remaining firesetting question through 2005, with the plan to continue to gather this information during this current year.

CARES Northwest has provided our research project with data that has been carefully “de-identified” by the removal of all names, addresses, and other identifying information, and which has been summarized in the form of group counts or statistics. Particular care has been taken to insure that no confidentiality has been violated, and that there would be no possible way for any information to be linked to any single child’s case.

Of the 1,108 children whose parents responded to these firesetting questions, in 2003, 7 percent were identified by their parents as having displayed firesetting or match play. Of these 83 firesetting children, 94 percent were ultimately identified by the comprehensive CARES Northwest evaluation team as having been abused. Interestingly, a lower percentage (84 percent) of the non-firesetting

children were identified by the comprehensive CARES Northwest evaluation team as having been abused.



Similar results were obtained in 2004, although it is possible that fewer firesetter children were identified as the result of the elimination of the other two firesetting questions. In 2004, 5 percent of the children who were evaluated by CARES Northwest were identified as firesetters. Of these 56 firesetting children, 91 percent were eventually identified by the CARES Northwest evaluation team as having been abused. Once again, a lower percentage (85 percent) of the non-firesetting children were identified by the comprehensive CARES Northwest evaluation team as having been abused.



*\*Note: This Venn diagram is offered as a possible illustration of the problems of abuse and firesetting, and is not drawn to scale.*

## Office of State Fire Marshal and CARES Northwest collaborate

What does all this mean? Perhaps the most important finding thus far is that the addition of even a single question about juvenile firesetting in a regional child abuse assessment agency may help to identify scores of children who might need firesetting education and/or intervention each year. We will need to develop programs and materials to facilitate the referral of these possible juvenile firesetters that can be used easily and quickly by the staff of child abuse assessment units.

This research raises more questions than it answers, and we are anxiously awaiting the data from 2005 and from the next upcoming years to help us to identify other trends. At present, it appears that only a small percentage (6 percent in 2004, and 9 percent in 2003) of all abused children are firesetters, while a much larger percentage of firesetters are abused (91 percent in 2004, and 94 percent in 2003).

What makes some abused children set fires, while many abused children do not? Also, in both 2003 and 2004, 85 percent of all the children evaluated by CARES Northwest were eventually identified as

abused, while a larger percentage of the children who were identified with firesetting concerns were identified as abused. These data raise the question of why children who are reported to have firesetting concerns are more likely than non-firesetting children to be determined by CARES Northwest to have been abused.

While it is simply possible that firesetting might be an additional risk factor or warning sign in the identification of abuse in children, it is also possible that other factors might emerge to explain these results. We will be busy at work during the upcoming year taking a closer look at some of these possible factors.

### Collaborators on the study:

Dr. Linda Nishi-Strattner is a psychologist in private practice in Portland, Oregon, and a member of the Office of State Fire Marshal's Treatment Strategies Task Force.

Theresa Baker, B.J., is a research assistant at CARES Northwest.

Judy Okulitch, Juvenile Firesetter Intervention Program Coordinator at the Office of State Fire Marshal, initiated the research project.

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## Oregon Meth Watch Program targets matches

The Oregon Meth Watch Program may impact the methods juvenile firesetters use to set fires by making matches more difficult to acquire.

The Oregon Meth Watch Program, created in 2004 by the chemical diversion unit of the Oregon State Police and modeled after a similar successful program in Kansas, aims to discourage theft and large-quantity purchases of ingredients used to make methamphetamine and raise public awareness of the methamphetamine problem in Oregon.

In the Meth Watch Program, participating retailers around Oregon voluntarily remove products or tag the shelves of products known to be used in making meth. Although the program is voluntary, many retailers have gone an extra step and have stopped selling some of the products on the Meth Watch list altogether.

Because match tips may be broken off or the striker plate on a book of matches may be used in the production of meth, matches have been included

on the Meth Watch product list. Now a large wholesaler of matches and lighters to Oregon convenience stores has elected to stop distributing matches to their stores and to distribute only cigarette lighters.

In Oregon, over the past four years from 2001 through 2004 (inclusive), there has been a steady decrease in matches used as the heat source in juvenile set fires, from 37 percent in 2001 to 25 percent in 2004. However, this has been matched by an equal increase in lighters used as the heat source, from 45 percent in 2001 to 57 percent in 2004.

It will be interesting to keep an eye on these statistics to note if an increased difficulty of obtaining matches at Oregon convenience stores will correlate in a more rapid or significant increase in lighters used by juveniles who set fires.

For more information visit [www.oregonmethwatch.org](http://www.oregonmethwatch.org).

# Measuring a program's success

by Michele Corby, Deschutes County, Oregon,  
Juvenile Department

The start of 2006 begins the fourth year of classes for the Accountability Leads to Empowered and Responsible Teens (ALERT) program in Deschutes County, Oregon.

ALERT is a six-week, twelve-session program for youths who exhibit fire-related behaviors. The program was modeled after Clackamas County's SAFETY program, with minor changes made to reflect the dynamics of Deschutes County.

The curriculum encompasses the elements of balanced and restorative justice: holding youths accountable for their fire behavior, helping them build competencies in an effort to avoid future fire behavior and providing fire safety education to the youths and their families.

Program facilitators follow the progress of program graduates by contacting students and their families at three months, six months, and one year following their graduation from the class to obtain social information regarding the youths such as school behavior, compliance at home, and any new referrals or demonstrated fire behaviors.

Community partners—Deschutes County Juvenile Department and Bend and Redmond Fire Departments—collaborate to make this program a success. Communication between departments and the sharing of information to help the greatest number of youths in the community has improved significantly since the program's beginning.

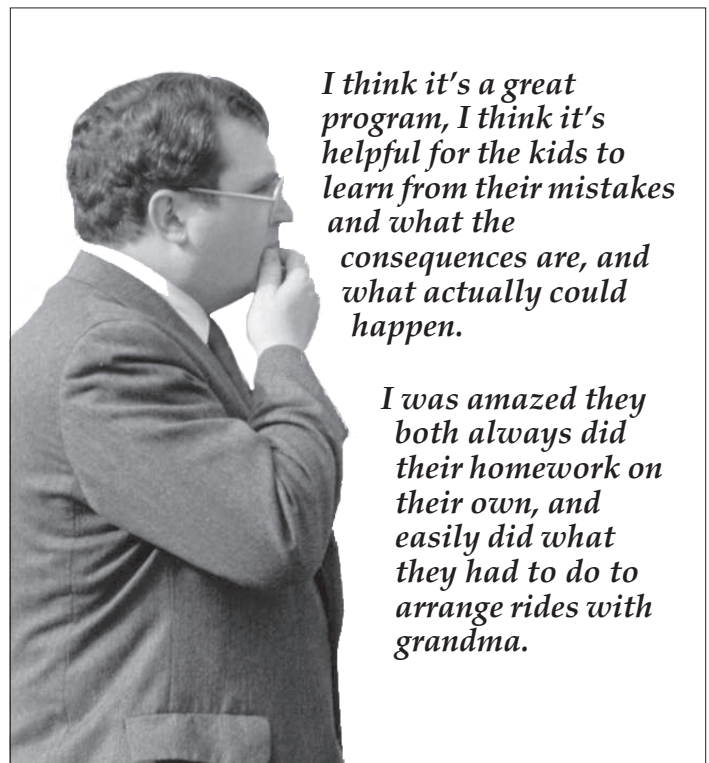
The community partnership has resulted in benefits for the ALERT program: 1) Staff at the Office of State Fire Marshal give frequent trainings to new ALERT personnel on how to administer the *Juvenile with Fire Screening Tool*, ensuring that the screening tool is used consistently. 2) The involvement of juvenile department staff in ALERT ensures a cohesive process that encompasses as many youths as possible, without anyone "falling through the cracks." 3) Part of Oregon law (ORS 419A.255) identifies the juvenile department as the custodian of records, providing ALERT with an effective means to retain and track the *Juvenile with Fire* screenings. Anyone completing a screening forwards the completed screening tool, their final

summary, and any other documentation to the juvenile department. If a youth has a juvenile file, the screening tool is incorporated into their file. If no juvenile file exists, the records are kept in one location at the juvenile department for easy access.

The juvenile department maintains a spreadsheet as a continuous record of the screenings received. It includes, name, DOB, age at time of screening, screening date, score, name of evaluator, location of youth, recommendations/outcome of screening and what involvement youth had in the juvenile department for purposes of locating the screening tool in the future.

The spreadsheet is emailed to evaluators on a quarterly basis to help ensure that they are sending their screenings to the juvenile department and to double check that the information is accurate. It also provides an end-of-year summary on the number of screenings completed in Deschutes County.

Since 2002, ALERT staff have tracked data about the youths who participated. Juvenile department records and the Juvenile Justice Information System (JJIS) track recidivism rates for the youths along with other demographic information.



*I think it's a great program, I think it's helpful for the kids to learn from their mistakes and what the consequences are, and what actually could happen.*

*I was amazed they both always did their homework on their own, and easily did what they had to do to arrange rides with grandma.*

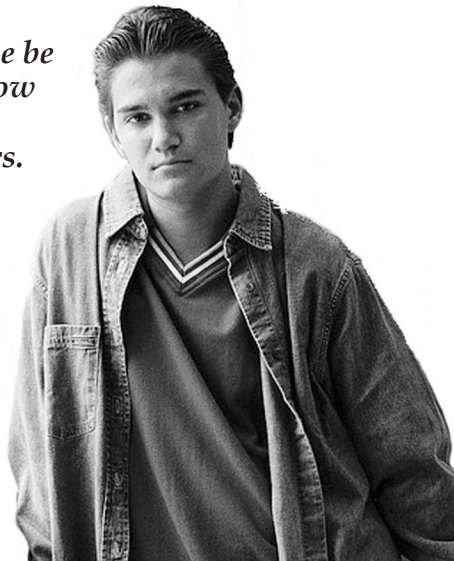
**I**nformation is collected for each graduating class and is broken down by individual student, by class and for the entire program.

Some statistics on ALERT since 2002 show:

- 7 classes have been held.
- 37 youths have been referred into ALERT.
- 36 youths completed the program.
- One youth did not complete the program.
- The average age is 14.3.
- 31 males and 5 females have participated.
- The average fire screening score is 23.1.
- 78.7% of youths who completed the class had no new referrals to the juvenile department within one year of completion of the class (No violations were counted; only criminal referrals.)
- Of the youths who received new referrals—15.8% were felony referrals and 84.2% were misdemeanor referrals.
- None of the new referrals were fire related.

*It was useful in a ton of ways because they got to the bottom of things.*

*It helped me be aware of how my actions affect others.*



ALERT program staff are considering adding a risk assessment tool to the program in order to determine if there are any trends with problem areas in the lives of the youths who participated. This aspect of the program, and how to accurately reflect such an assessment, are proving difficult to implement for a couple of reasons: 1) JJIS uses a risk assessment tool that considers five domains: school issues, peer relationships, behavior issues, family functioning and substance abuse. Each youth coming through the juvenile department has been required to receive this assessment. However, not all youths going through the ALERT program are involved with the juvenile justice system and creating a record in JJIS in order to complete a risk assessment is not appropriate. 2) Deschutes County is moving to a new risk assessment tool with different domains for risk and different questions.

The idea of using a risk assessment tool to pinpoint trends has not been discarded, but ALERT staff are still in the process of determining how to best use the information and which assessment tool to use.

Program goals in 2006 include continued service to the community through the ALERT program, further curriculum development, and advances in record collecting for the purpose of evaluating and demonstrating the success of the program.

For additional information or specific data information, please contact Michele Corby, Deschutes County Juvenile Department (541) 385-1722 or at [michelw@deschutes.org](mailto:michelw@deschutes.org)

Comments from students and parents in end of class evaluations:

"I think it's a great program, I think it's helpful for the kids to learn from their mistakes and what the consequences are, and what actually could happen." (Parent)

"It was useful in a ton of ways because they got to the bottom of things." (Youth)

"I was amazed they both always did their homework on their own, and easily did what they had to do to arrange rides with grandma." (Parent)

"It helped me be aware of how my actions affect others." (Youth)

# CPSC to develop mandatory standard for cigarette lighters

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In 2004, the U.S. Consumer Product Safety Commission (CPSC) voted unanimously to start development of a mandatory safety standard for cigarette lighters.

The mandatory standard could be based on the current voluntary “Standard Consumer Safety Specification for Lighters” (ASTM F-400) to prevent mechanical malfunction of lighters. The voluntary standard for lighters addresses the risk of fire, death, and injury associated with mechanical malfunction of lighters. A mandatory standard would apply to imported as well as domestically-manufactured products.

There are approximately one billion cigarette lighters sold in the United States annually. About 400 million of those are imported from China. From 1997 through 2002, CPSC estimated that 3,015 people went to hospital emergency rooms for injuries resulting from malfunctioning lighters. Most of these injuries involved thermal burns to the face, hands, and fingers.

For the same time period, CPSC received 256 incident reports related to cigarette lighter malfunctions and failures; 65 percent of these cigarette lighter failures resulted in fires, leading to three deaths and six serious injuries.

CPSC already has a mandatory standard for child-resistant cigarette lighters which addresses the hazard of children under five years of age starting fires with lighters. That standard for child-resistance applies to imported as well as domestically-manufactured disposable and novelty lighters.

Fire deaths associated with children playing with lighters dropped dramatically since the mandatory standard for child-resistance became effective in July 1994—from 230 in 1994 to 130 in 1998. Children under age five accounted for 170 of the deaths in 1994 and forty of the deaths in 1998. In 1994, there were 10,400 residential fires associated with children playing with lighters. By 1998, that number declined to 5,500 fires.

Even lighters with child-resistant mechanisms are not child-proof, so all lighters should always be kept out of the reach of children.

- To report a dangerous product or a product-related injury, call CPSC's hotline at (800) 638-2772 or CPSC's teletypewriter at (800) 638-8270, or visit CPSC's web site at [www.cpsc.gov/talk.html](http://www.cpsc.gov/talk.html).

- To join a CPSC email subscription list, please go to [www.cpsc.gov/cpsclist.asp](http://www.cpsc.gov/cpsclist.asp). Consumers can obtain this release and recall information at CPSC's Web site at [www.cpsc.gov](http://www.cpsc.gov).

# Conference Announcement and Call for Papers

Second annual  
Children's Hospital Juvenile Firesetters Conference  
September 28 - 30, 2006  
Steamboat Grand Hotel  
Steamboat, Colorado

## A Comprehensive Approach to Juvenile Firesetting ... Prevention, Intervention, and Beyond!

Sponsored by:  
The Juvenile Firesetter  
Assessment and Treatment Program  
The Children's Hospital Burn Program  
Denver, CO

The conference will bring attendees together from diverse professions who are working with youths involved with the high-risk behavior of firesetting.

As professionals working in a variety of roles and settings tackling this community issue, we recognize the valuable information available through research, clinical experience, and community resources.

The problem of juvenile firesetting does not occur in a vacuum. It involves our communities on a multitude of levels. The impact of this behavior is felt in the home and schools and threatens the community at large. Therefore, to successfully address the problem, prevention and intervention must occur on a comprehensive level ... from fire education, to risk assessment, to therapeutic treatment and beyond. As interested professionals, we aim to identify the complexities of the problem, evaluate various interventions, and disseminate information about the most promising methods used for prevention and intervention.

### Call for Presenters/Posters

This is an opportunity to share new ideas, common dilemmas and challenges, innovative solutions, and strategies for networking/professional support.

Presentations/posters will include assessment and treatment, community safety, legal and juvenile justice issues, prevention, research, multiple systems and their approach to the problem (fire department, police, social services, mental health, etc.). Particularly timely will be strategies for maximizing services with scarce resources, use of research on risk and protective factors, community programming, and therapeutic interventions—both in and out of the home.

### Subjects of interest include:

- Basic and applied research
- Fire risk assessment
- Fire education/prevention programs with outcomes
- Legislative progress and dilemmas
- Court: advocacy, justice, and protection
- Assessment and treatment planning
- Risk factors and assessment
- Community programs and outcomes co-occurring psychiatric disorders
- Treatment planning and techniques
- Residential and correctional settings
- Family issues and interventions
- School interventions
- Treatment integrity and outcomes
- Creative approaches to the problem
- Taking care of the professional

### Guidelines for Submissions

#### Page 1

- For each presenter: Name, degree, title, affiliation, address, phone, fax, & email.
- Title, type of session (Poster; 1½ hr workshop; 3 hr seminar)
- Level of audience (all, intermediate, advanced, new)
- Type of session (research, practice, experiential)
- A.V. requirements

#### Page 2

- Title of presentation
- Presenters' names with degrees
- One page abstract suitable for printing directly in the syllabus

#### Page 3

- One paragraph bio for each presenter
- Two references with phone number for each presenter
- Attach curriculum vitae/resume (first two presenters)

#### Page 4

- Title of presentation and presenters
- One learning goal for the presentation
- Three objectives (steps to achieve the goal)

Primary presenter will have registration fee waived in appreciation of presenting.

### Deadline for receipt of proposals: April 1, 2006

Submit via email to: Vavrina.Kathy@tchden.org or mail to: The JFS Program, The Children's Hospital, 1056 East 19th Ave., B467, Denver, CO 80218

Questions? Contact Kathy Vavrina: 303-861-6661 or vavrina.kathy@tchden.org



Oregon Office of State Fire Marshal  
Department of Homeland Security  
Juvenile Firesetter Intervention Program  
4760 Portland Road NE  
Salem, OR 97305-1760

# Resources

## ***Save the date!***

Third Texas Biennial  
Juvenile Firesetter Intervention  
Conference  
Austin, Texas  
June 21, 22 and 23, 2006

Conference information was unavailable at the time of printing.

Information and a registration form will be posted on the Texas State Fire Marshal's Web site:  
[www.tdi.state.tx.us/fire](http://www.tdi.state.tx.us/fire).

## CFMA Annual

### Partnerships in Prevention

Connecticut Grand Hotel  
& Conference Center  
Waterbury, Connecticut  
April 24 - 25, 2006

Connecticut Fire Marshal's Association annual conference will feature sessions on electrical fire investigation, Firehouse software for fire marshals, and the court system's view of the fire marshal: meeting the Daubert challenge. Judy Okulitch, Oregon Office of State Fire Marshal, will present sessions on *The Oregon Screening Tool* and the middle school fire awareness curriculum, *It's Up to You!*.

Registration fee is \$200. The deadline is April 3. Send checks made payable to the Connecticut Fire Marshal's Association to Kathy Huber, Milford Fire Department, 72 New Haven Avenue, Milford, CT 06460. Info: [khuber@ci.milford.ct.us](mailto:khuber@ci.milford.ct.us).

*Hot Issues* is a quarterly newsletter of information and ideas for those concerned about juvenile firesetting. It is published by the Oregon Office of State Fire Marshal. Please submit news, announcements, articles, suggestions or resources for review to *Hot Issues*. In compliance with the Americans with Disabilities Act, this publication is available in alternate formats by calling 503.373.1540, ext. 240. Subscriptions are free of charge.

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