Master Thesis:

Rehabilitation of the Incarcerated Youth Diagnosed with Conduct Disorder in a Juvenile Detention Centre in China

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Abstract

Since 1989, psychological treatments have been brought to juvenile detention centres in China. Therefore, the rehabilitation of the incarcerated youth in juvenile detention centre, especially those who are diagnosed with conduct disorder (CD) is attracting more and more attention in Chinese society and becomes urgent to be evaluated and improved. This empirical study focused on the perceived effects of the rehabilitation of the incarcerated youth who are diagnosed with CD in a juvenile detention centre, by qualitative interviews with their staff members. Results showed that although the incarcerated youth in this juvenile detention centre could not meet all the three required standards of psychologically rehabilitation set up by government, namely disappearance of symptoms of mental illness, capability of completing compulsory education, and capability of assimilating into social activities, they have been making progress, and most of them are able to avoid recidivism in future. Nevertheless, there is still room for their rehabilitation to be improved, mainly with regard to requirements of extra professionals and funds by the government, specifically adapted education programmes according to former academic levels of the incarcerated youth, more diversified vocational education, and family-detention centre cooperation. With these improvements there is a reasonable prospect that the effects of the rehabilitation could be strengthened.

Keywords: juvenile detention centre, conduct disorder, psychological treatment

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Introduction and Theoretical Background

Introduction

Juvenile delinquency has attracted more and more publicity in recent years in China and, correspondingly, the juvenile detention centres have been brought to public notice. Effectiveness of the rehabilitation of the incarcerated youth in detention centres is an overriding concern (Li, 2013, p. 23). The juvenile detention centres aim at educating and rehabilitating minor criminals and misbehaving youth under 16 (Zhang, 2017, p. 14). Most of the juvenile delinquents and misbehaving minors are aged 14 to 16, and held in the detention centres, and 93.6% of them are male (Guo, 2015, p. 35). There are two different groups of juveniles rehabilitating in detention centres. (A) According to Article 17 of the *Criminal Law*[1], 'a person who has already reached the age of 16 when he commits a crime shall bear criminal responsibility; A person who has reached the age of 14 but not the age of 16 when he commits the crimes of killing, serious injury, rape, robbery, drug trade, arson, causing an explosion, and poisoning shall bear criminal responsibility' (*Criminal Law 2017 People's Republic of China*, s. 17). (B) According to Article 38 of the *Juvenile Delinquency Prevention Law*[2], 'if a person who has not reached the age of 16 when he commits serious misbehaviour and does harm to the community but not serious enough for criminal punishment, and his guardians are considered to be incapable of subjecting him to strict discipline, he shall be sheltered for rehabilitation by the government' (*Law on Prevention of Juvenile Delinquency 2012 People's Republic of China*, s. 38)[3].

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[1] In Chinese '中华人民共和国刑法'.

[2] In Chinese '中华人民共和国预防未成年人犯罪法'.

[3] The quotation is translated by the author of this article. The original text in Chinese is '未成年人因不满十六周岁不予刑事处罚的，责令他的父母或者其他监护人严加管教；在必要的时候，也可以由政府依法收容教养'.

The purpose of the detention centres is to reform the incarcerated youth mainly through education and labour and make them become 'new people', rather than simply to apply punishment to incarcerated youth and to make them pay for their crimes (Chen, 2000, p. 341). The education in detention centres concentrates on providing the incarcerated youth with a compulsory program. Police officers with a teaching certificate are assigned to be teachers. The delinquents are divided into different grades and classes based on their former education background. If an incarcerated youngster passes an examination designed by the local education bureau, he or she can also acquire the diploma (Wang, 2015, p. 30). Besides education, the incarcerated youth are expected to be trained in working skills in the detention centres in order to have more opportunities when they will be released. Juvenile detention centres have a 'half-day education and half-day labour' schedule (Dong, 2015, p. 84).

In the early 1980s child psychologists in China noticed that a large proportion of the incarcerated youth also had mental health problems, and one study on a juvenile detention centre in Jilin Province showed that around 42.5% of the cases are related to mental health problems (Kou, 2006, p. 108). As other professionals seemed to be unable to be effective in the rehabilitation of incarcerated youth, psychologists were introduced in the process of re-education in juvenile detention centres, thus in 1987 the first juvenile delinquent psychological clinic opened in Shanghai Detention Centre and started with a pilot scheme. The clinic provided psychological testing and treatment to the incarcerated youth, an approach that has been promoted since then throughout the country (Li, 2012, p. 60). At the National Conference on Prison and Detention Centres held in 1989, it was decided that psychotherapy was required to be provided in all juvenile detention centres. If a young offender in a detention centre is diagnosed with a psychiatric disorder by a psychiatrist assigned by the court or the police, the psychological counsellors of the juvenile detention clinics, who are police officers with a certificate of psychotherapy, will provide treatment (Wu, 2015, p. 89). By 2000, 93% of the juvenile detention centres in China have established psychological clinics (Kou, 2006, p.108). Today psychotherapy is considered a necessary approach to rehabilitation by education professionals (Zeng, Liu, Xu, Chen, Qiu, & Chen, 2013, p. 128). In detention centres in China, mental health lectures and group psychological

counselling are held regularly for all incarcerated youth; every delinquent or misbehaving child should have a psychological test before he or she is interned in the detention centre, and files of psychological treatments for every incarcerated youth must be recorded by the psychologist in the detention centre. Based on the file, including the incarcerated youth's personal information and data on his psychological problems, temperament and characteristics, the psychologist of the clinic in the detention centre has to design adequate treatment for the youngster (Liu & Li, 2000, April 10).

Many comprehensive studies have indicated that there are certain types of mental diseases common among the incarcerated youth, including depression, anxiety, obsessive-compulsive disorder, post-traumatic stress disorder, conduct disorder, oppositional defiant disorder, and attention-deficit hyperactivity disorder (Underwood & Washington, 2016, p. 3). Among these mental illnesses, Grisso noted that conduct disorder is quite prevalent in youth incarcerated in juvenile justice systems (Grisso, 2008, p. 146). Conduct disorder (CD) is a psychiatric syndrome that most commonly occurs in childhood and adolescence. It is characterised by symptoms of aggression toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules (Lillig, 2018). Grisso's finding is not surprising, considering the features of CD. According to the DSM-5, while CD is a mental disorder diagnosed in childhood before the age of 15, its symptoms may predict antisocial personality disorder when children with CD reach adulthood, which is considered to be among the most difficult personality disorders to treat (DSM-5, 2013). Kratzer and Hodgins also suggested that CD cannot be simply dismissed as 'not really a mental disorder, but merely bad character,' because while only about one-third of adolescents with CD eventually develop antisocial personality disorder in adulthood, about two-thirds have nonviolent or violent offense records as adults (Kratzer and Hodgins, 1997, p.77).

A Chinese study on psychiatric testing used a random sample of 6911 children (3670 boys and 3241 girls) aged between 7 and 16. This study showed a rate of prevalence of CD of 1.45% (Luo et al., 1994, p. 227). The worldwide percentage of children affected by CD in general is, according to Hinshaw and Lee's research, likely to vary between 1% and 10%

(Hinshaw & Lee, 2003, p. 183). According to a study conducted in a juvenile detention centre in Shanghai, no less than 45.1% of the incarcerated youth were diagnosed with CD (Ji, Xin, & Yuan, 1999, p. 50). Another study into incarcerated youth in detention centres in Changsha and Chengdu showed an even higher prevalence: 90.0% and 73.6% respectively (Zhou et al., 2012, p. 54). According to a report of the Department of Justice of the United States, among US incarcerated youth and youth in juvenile detention facilities, rates of conduct disorder are estimated to vary between 23% and 87% (Teplin et al., 2006). About the gender difference, the majority of research on conduct disorder suggests a significantly greater number of males than females with the diagnosis, with some reports demonstrating a three to fourfold difference in prevalence (Lahey, 1999, p. 42).

Theoretical Background

According to a 2022 research, the CD incidence in China showed an overall increase from 1990 to 2019 (Wang et al., 2022, p. 342). The authors suggested that, besides the genetic factors and maternal smoking, alcohol use, drug use, and mental disorders during pregnancy, an increasing number of children in China experience the risk of CD because of severe family disadvantages such as single-parent family and being ignored by parents (Wang et al., 2022, p. 345). Additionally, Chinese school education often pays too much attention to the academic achievements, instead of the cultivation of personality. Heavy study burden, prolonged stress, and monotony result in boredom also lead to the incidence of CD among children and adolescents (Hu et al., 2012, p. 15).

According to Sagar, Patra, and Patil (2019, p. 274), in the US, contingency management programs, cognitive behavioural skill training, and parent management training are three specific treatment approaches which are found to be beneficial in treating CD. By contingency management programs, behaviour goals are set for children with CD, who will be systematically monitored to achieve these goals. Positive reinforcements and punishments will be imposed accordingly. In cognitive behavioural skill training, children with CD are taught to recognise and solve problems, and reduce impulsive and angry responding. Parent management training teaches parents the skill of developing and implementing a systematic

contingency management plan in the home setting. It aims to improve the interaction between parent and child at home and to change the antecedents to behaviour to increase the possibility that the child will show pro-social behaviour.

In psychological clinics in China, both inside and outside of the juvenile detention centres, the psychotherapy provided to CD patients is usually similar to citizenship education programs in China which aim to develop personally responsible citizens (Su & Zhang, 2002, p. 19). According to Su and Zhang, these treatments frequently focus on individual acts of compassion and kindness and on building characters showing honesty, law-abidance and responsibility. Compared with ordinary citizenship education programs, the dreadful impacts on incarcerated youth themselves, their families, the victims, and the society are more underlined by these treatments. As compared to American scientists, who focus on violent behaviour, clinicians and rehabilitation personnel in China also pay a lot of attention to the academic functioning of the patients. The rehabilitation of academic functioning is considered as an important assessment indication for progress in the psychotherapy, because Chinese psychologists believe that it represents the recovered ability of personal development of the patient (Guan, 2020, p.3). According to the research of Zhou (2016), besides the cognitive behavioural therapies, the youth diagnosed with CD in detention centres also have to recognise the importance of studying, build self-confidence in learning, and develop a good study scheme with the teachers' help.

The combination of psychological treatment and education (both school education and vocational education) is widely used during the rehabilitation in Chinese juvenile detention centres, and it is seen as an effective rehabilitation method through which not only CD could be cured but also recidivism could be prevented (Li, 2012, p. 78). A 2019 research analysed the relationship between recidivism rate and rehabilitation methods of 400 incarcerated youth in a province in China, and the results showed that the incarcerated youth who had received both psychological treatments and education programmes in detention centres could integrate into social life and avoid recidivism after being released much better than those who did not participate in educational activities (Zhang & Huang, 2019, p. 108). In addition, by surveying

875 released incarcerated youth, Yu's research also indicated a negative correlation between the quality of the psychological treatments/ education programmes and the recidivism rate, and most of the non-recidivism youth approved of the rehabilitation (Yu, 2012, p. 110).

Although many research results have shown that the rehabilitation of combining psychological treatment and education is a promising approach, there are still some problems. On the one hand, research shows that the treatment effect may not be as good as expected, compared with clinics outside the judicial systems, because some incarcerated youth show distrust and antipathy towards the activities that organised/ conducted in detention centres (Li, 2013, p. 25). Personnel in Chinese detention centres are legally defined as police officers, including the psychological therapists and the teachers. Thus it is not inexplicable that the incarcerated youth show distrust and antipathy, under the circumstances that all the daily rehabilitating activities are conducted by people who wear police uniforms. On the other hand, many detention centres do not have enough professionals (mainly the psychological therapists), or sufficient budget to improve their rehabilitation facilities, and as a result, the rehabilitating effects are negatively affected. Through the examination on some juvenile detention centres in under-developed regions in China, Li (2012) figured that nearly 70% of the professional psychological therapists were overloaded with the heavy work, meanwhile the therapy hours a patient could have were inadequate. Besides, Li also noticed that the teaching equipment and facilities in those detention centres were ageing and in poor condition (Li, 2012, p. 77).

In summary, in the context of China, a plausible research on rehabilitation in juvenile detention centres is required to involve not only psychological treatments and recidivism rate, but also the recovery of academic function and other related aspects.

Context of This Study

The effectiveness of treatment provided to incarcerated youth with CD in Chinese detention centres and a comparison between the treatments provided to children with and

without CD seem worth of delving into. The purpose of this project is twofold. Firstly, the main research question concerns the rehabilitation of incarcerated youth in one particular detention centre: X Juvenile Detention Centre (XJDC), located in Qinghai Province, China (Name of this juvenile detention centre has been anonymised). A 2019 governmental report of the Department of Justice of Qinghai Province makes clear that (a) the average age of the inmates is 15, and about 96% of the incarcerated youth are male; (b) the main criminal offences are intentional assault, rape and drug-related crime; (c) 47% of the incarcerated youth are from minority ethnic groups, such as Hui, Tibetan, Dongxiang, Salar etc., which is consistent with the ethnic composition of the population of the province; and (d) there are incarcerated youth who are diagnosed with a mental illness (including conduct disorder, by consulting a XJDC personnel), but the rate is not mentioned (Department of Justice of Qinghai Province, 2019). The report also shows the overall numbers of psychotherapy applied in XJDC. In 2019, (a) the group psychological counselling in the clinic hosted more than 100 incarcerated youth; (b) 13 incarcerated youth were having individual psychotherapy; (c) and since 2018 all incarcerated youth are psychologically assessed, and they attended more than 48 hours of mental health group meetings[4] in 2019 (Department of Justice of Qinghai Province, 2019). According to this report, XJDC can be considered a common juvenile detention centre in China, which makes it an appropriate research object.

Research Questions

This research aims to analyse how XJDC professionals perceive the effectiveness of the psychotherapy treatment of incarcerated youth who are diagnosed with CD, compared to the effectiveness of the treatment of incarcerated youth who are not diagnosed with CD. The first question will be:

A) How are the incarcerated youth without conduct disorder (CD) treated in XJDC and what are the perceived effects?

[4] Mental health group meeting is a common treatment approach in prisons and juvenile detention centres in China. During the meeting, the patients are organised to get together, share their experiences, symptoms and feelings, help each other to make correction plans, and encourage each other's improvement (Fu et al., 2006, p. 45).

Sub-questions:

1. How are the incarcerated youth without CD rehabilitated in XJDC and which are the aims of their rehabilitation?

2. Which role does the juvenile detention clinic play in the process of rehabilitation of juveniles without CD?

3. How successful is the rehabilitation in XJDC of juveniles without CD, according to XJDC personnel?

4. Provided that not all cases are successful, which improvements of the rehabilitation of incarcerated youth without CD in XJDC are necessary according to XJDC personnel?

Secondly, according to the *Regulation on Management of Juvenile Detention centres*, 'Psychological clinics should be established in incarcerated youth detention centres to provide physical and mental health education, psychological testing, psychological consultation and psychological correction for incarcerated youth' (*Regulation on Management of Juvenile Detention Centres 1999* (PRC), s. 39). Psychotherapy is supposed to be an essential element in the rehabilitation process for all the incarcerated youth. Since conduct disorder appears as closely related with juvenile delinquency, the second question will be:

B) How are the incarcerated youth with CD treated in XJDC and what are the perceived effects?

Sub-questions:

1. How often is CD diagnosed among the incarcerated youth in XJDC and which treatment is provided to them?

2. Compared with other incarcerated youth, how are the incarcerated youth with CD rehabilitated in XJDC and which are the aims of their rehabilitation?

3. Which role does the juvenile detention clinic play in the process of rehabilitation of juveniles diagnosed with CD?

4. How successful is the rehabilitation of the incarcerated youth with CD in XJDC, according to XJDC personnel?

5. Provided that not all cases are successful, which improvements of the rehabilitation of incarcerated youth with CD in XJDC are necessary according to XJDC personnel?

Methods

Recruitment and Study Participants

In order to gain insight into the current status and practices of diagnosing and rehabilitation of the incarcerated youth in X Juvenile Detention Centre (XJDC), through personal recommendation, I networked with the head of reformatory education section (RES) in XJDC. After introducing the research proposal, which showed the head of RES that this research aims at analysing how XJDC professionals perceive the effectiveness of the psychotherapy treatment of incarcerated youth who are diagnosed with/ without CD, the head of RES immediately showed enthusiasm for the project. The head of RES forwarded the proposal to all the personnel, and almost all of them were interested in participating the research. Since XJDC is quite a small detention centre, there are only a limited number of personnel (the warden, the head of reformatory education section (RES), three psychological counsellors, three psychologists/ psychiatrists, and three police officers). Therefore I recruited all of the personnel as the interviewees, except for one police officer, who was very busy taking charge of anti-epidemic of COVID-19.

Data Collection and Instrument

Before the interviews, I sent several antecedent survey questions (see Appendix 1-1) by e-mail to the warden, the head of reformatory education section, the psychological counsellors and the teachers to investigate the numbers of total incarcerated youth, youth that diagnosed with a mental illness (especially conduct disorder), and youth that committed crimes again after being released in past three years.

The interviewees were divided into four groups, and also the interview topic lists were designed separately: For the group of the warden and the head of RES, the topic list (see Appendix 1-1) was designed to gain a comprehensive and administrative view of the general situation on the detention centre. For example, they were asked to evaluate the effectiveness of the treatment for incarcerated youth who were diagnosed with/ without conduct disorder, and explain it. For the group of the psychologists/ psychiatrists, the topic list (see Appendix 1-3) aimed to access information on the psychological treatments and assessments of the incarcerated youth from a psychological view. For example, the psychologists/ psychiatrists were asked what kind of treatment do the incarcerated youth with a mental illness (CD or otherwise) receive during a mental health group meeting and how does it work.

For the group of teachers, the main objective of the topic list (see Appendix 1-2) was the information about combination of academic education and reformatory education, which is deemed an essential part of the rehabilitation in juvenile detention centres (Zhou, 2016, p. 28). For example, the teachers were asked how to understand the outcomes of the combination of academic education and reformatory education.

For the group of police officers, the topic list (seen Appendix 1-4) focused on the self-discipline training, and observations of the rehabilitation process, because, as the daily supervisors of the incarcerated youth, the police officers have more contact with the incarcerated youth (*Regulation on Management of Juvenile Detention Centre 1999* People's Republic of China, s. 15). For example, the police officers were asked if the incarcerated youth had been changed after the process of rehabilitation and how.

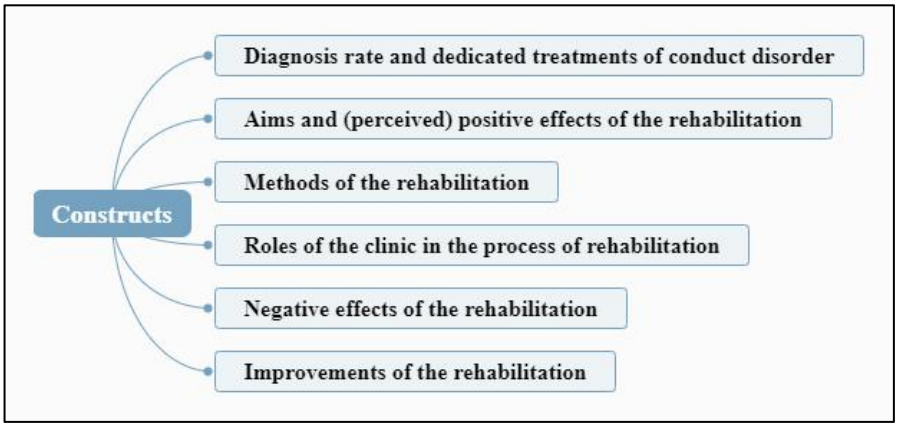
I conducted ten semi-structured interviews in total. Interviews with the warden/ the head of RES and psychologists/ psychiatrists groups lasted around 40 minutes, and interviews with the teachers and police officers groups lasted shorter, with an average time of 25 minutes. The interviewees in the same group discussed the same topics, but there was enough free space to explore their individual thoughts (Flick, 2018). The interviews were audio-recorded and transcribed into Chinese verbatim after permission of the participant. The topic lists (English translations) can be found in Appendix 1.

Analysis

Qualitative coding was done on the transcribed interviews with the use of ATLAS.ti. Through the transcriptions of the interviews, vital information that could be used to derive results were extracted. To answer the research questions and the sub-questions, the information could be further classified into six constructs which were deductively derived from the interview conversations: 'Diagnosis rate and dedicated treatments of conduct disorder in X Juvenile Detention Centre (XJDC)', 'Aims and (perceived) positive effects of the rehabilitation', 'Methods of the rehabilitation', 'Roles of the clinic in the process of rehabilitation', 'Negative effects of the rehabilitation', and 'Improvements of the rehabilitation', as shown in Figure 1.

Figure 1

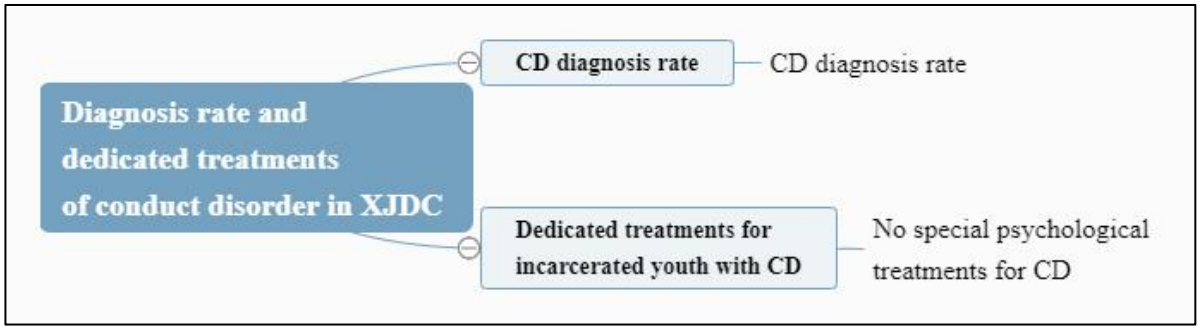
Constructs



Subsequently, every construct was built based on the interviewees' indications, and lastly was further subdivided into codes. For the first construct of 'Diagnosis rate and dedicated treatments of conduct disorder in XJDC', the construct could be deemed as a combination of indications 'CD diagnosis rate' and 'Dedicated treatments for incarcerated youth with CD', which directly led to two codes: 'CD diagnosis rate' and 'No special psychological treatments for CD', as shown in figure 2.

Figure 2

Coding Example of the Construct of 'Diagnosis Rate and Dedicated Treatments of Conduct Disorder in XJDC'

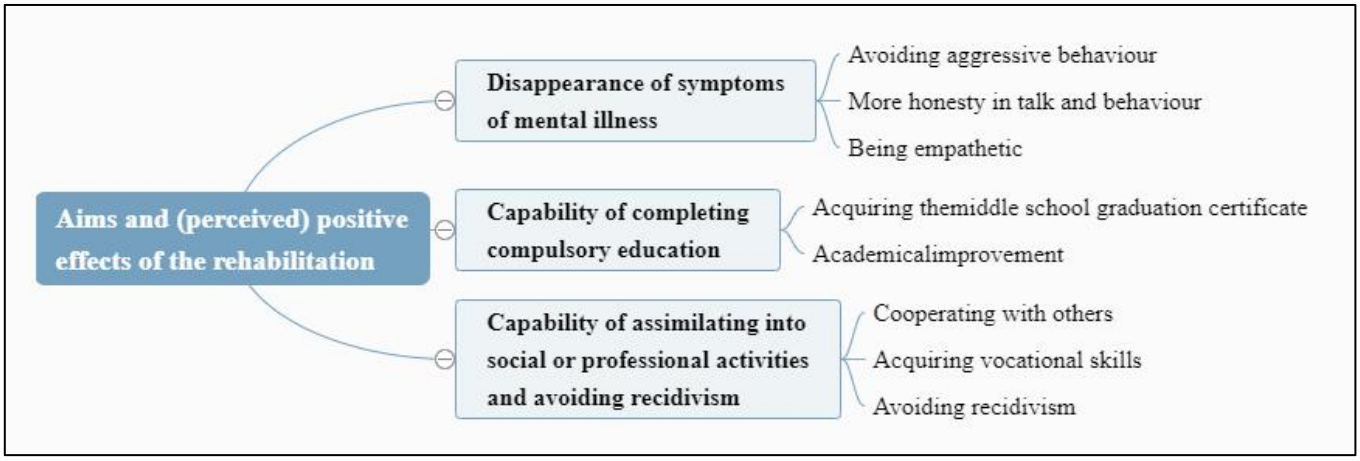


According to Department of Justice of Qinghai Province, the healed criteria for the incarcerated youth with mental illnesses are: (A) symptoms of the mental illness have disappeared, (B) being able to accomplish the compulsory education, and (C) being able to be integrated into the community after being released (Department of Justice of Qinghai Province, 2019). Thus the second construct of 'Aims and (perceived) positive effects of the rehabilitation' could be considered as a combination of indications of 'Disappearance of symptoms of mental illness', 'Capability of completing compulsory education', and 'Capability of assimilating into social or professional activities and avoiding recidivism'. Then, the indications further formed the codes 'Avoiding aggressive behaviour', 'More honesty in talk and behaviour', 'Being empathetic', 'Acquiring the middle school graduation

certificate', 'Academical improvement', 'Cooperating with others', 'Acquiring vocational skills', 'Avoiding recidivism'. The construct, indications and codes are shown in Figure 3.

Figure 3

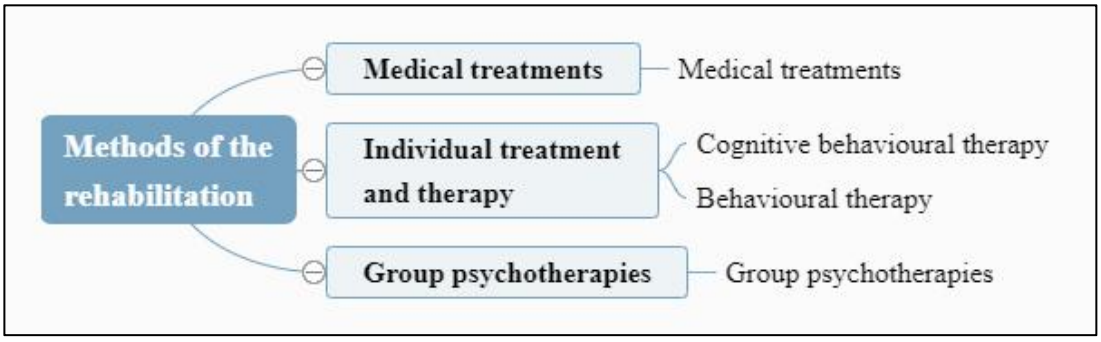
Coding Example of the Construct of 'Aims and (Perceived) Positive Effects of the Rehabilitation'



According to the interviews, the third construct 'Methods of the rehabilitation' includes the indications of 'Medical treatments', 'Individual treatment and therapy', 'Group psychotherapies'. Among them the indication of 'Individual treatment and therapy' is able to be divided into codes of 'Cognitive behavioural therapy' and 'Behavioural therapy'. Figure 4 shows the division of this construct.

Figure 4

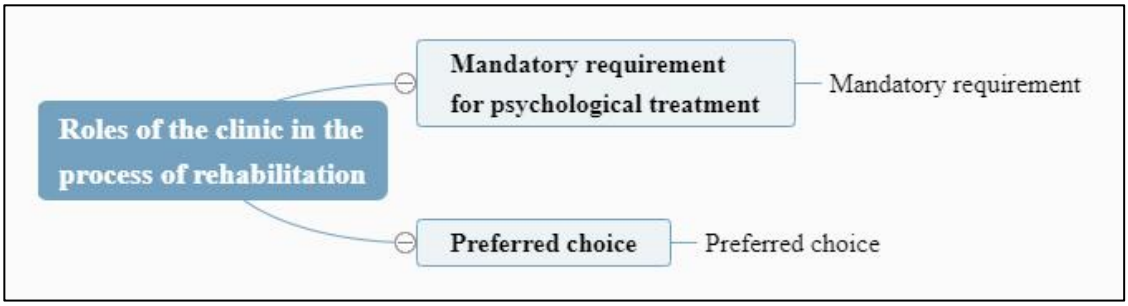
Coding Example of the Construct of 'Methods of the Rehabilitation'



The indications (codes) of 'The treatments provided by the clinic is required by law' and 'The treatments provided by the clinic are deemed as a preferred solution' constitute the fourth construct 'Roles of the clinic in the process of rehabilitation', as shown in Figure 5.

Figure 5

Coding Example of the Construct of 'Roles of the Clinic in the Process of Rehabilitation'

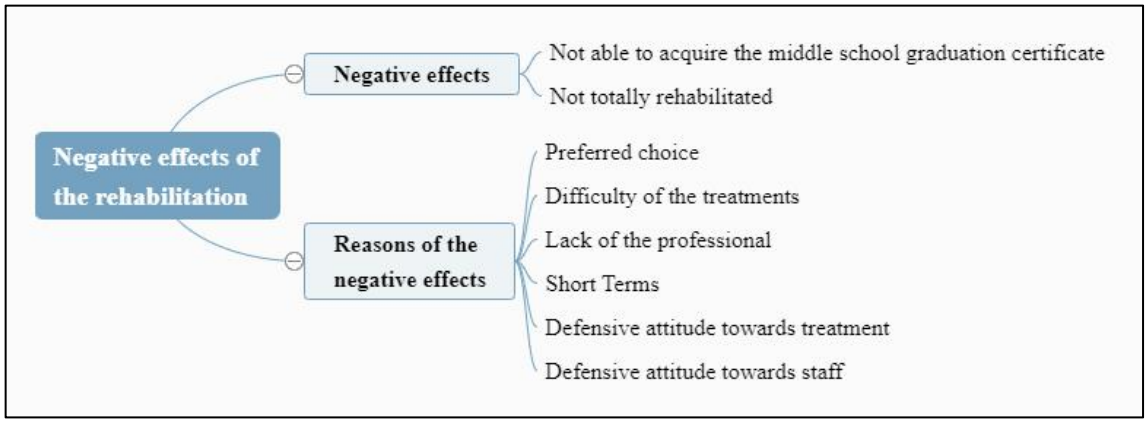


The fifth construct 'Negative effects of the rehabilitation' could be split into two parts: indications of 'Negative effects' and 'Reasons of the negative effects'. The 'Negative effects' mentioned by the interviewees could be sorted and coded as 'Not able to acquire the middle school graduation certificate' and 'Not totally rehabilitated'; and the reasons of these negative effects could be summarised in codes 'Difficulty of the treatments', 'Lack of the professional', 'Short Terms', 'Defensive attitude towards treatment', 'Defensive attitude

towards staff', and 'Poor former academic performance'. Figure 6 shows the coding of this construct.

Figure 6

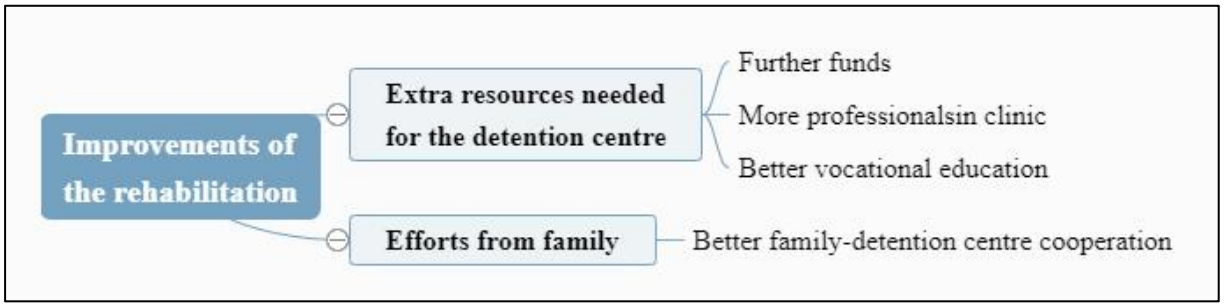
Coding Example of the Construct of 'Negative Effects of the Rehabilitation'



When the interviewees talked about the potential improvements of the rehabilitation, which is the sixth construct, their expectations could be classified into two kinds. Firstly, some improvements need to be made by the government and the detention centre, which form the codes of 'Further funds', 'More professionals in clinic', and 'Better vocational education'. Secondly, improvements that need to be made by the families of the incarcerated youth, and it forms the code of 'Better family-detention centre cooperation'. This constructs and codes are shown in Figure 7.

Figure 7

Coding Example of the Construct of 'Improvements of the Rehabilitation'



The coding scheme is presented and explained in Appendix 2. It contains the indications of the interviewees and definitions, the codes and corresponding information such as the criteria, the examples, etc.

Ethical Aspects

All the interviewees have read and signed the *Informed consent*, and all the data was treated confidentially. Name of the juvenile detention centre, and names and other personal details of the interviewees in this research were changed to preserve anonymity.

Results

Diagnosis Rate and Dedicated Treatments of Conduct Disorder in X Juvenile Detention Centre (XJDC)

Conduct disorder (CD) diagnosis rate

Survey questions for the warden, the head of reformatory education section (RES), and the three psychologists/ psychiatrists before the interviews, showed that in 2021, there were 20 incarcerated youth in the detention centre, and three of them were diagnosed with CD. Therefore the CD diagnosis rate in XJDC was 15%. The data is not given from the interviewees' memories, but actually from logs of XJDC.

Dedicated treatments for incarcerated youth with CD

According to the interview data, XJDC clinic did not provide any special treatments for incarcerated youth who diagnosed with CD. Besides medical treatments for few mental illnesses such as attention deficit hyperactivity disorder (ADHD), depression and bipolar

disorder, all the incarcerated youth were receiving the same psychotherapies. A psychologist said in the interview:

'For some (mental) illnesses, such as ADHD, there is medication that could be used, but no matter which (mental) illness they are diagnosed with, we use the nearly same therapies like psychological counselling.'

The head of reformatory education section also expressed the same answer:

'Actually, in our detention centre, the psychological treatments for CD are same with treatments for other illnesses such as ADHD.'

About the fact that in XJDC there was not dedicated CD treatments, a psychologist pleaded:

'CD as a mental illness just attracted the attention among psychological professionals (in China) in recent years, and there is not a definitive standard of the treatments since it is still under discussions. The best we can do here is to provide the incarcerated youth sustained psychological counselings.'

Aims and (Perceived) Positive Effects of the Rehabilitation

According to the interview with the warden, aims of XJDC rehabilitation followed the *Qinghai Juvenile Detention: Status and Recommendations*. These recommendations refer to rehabilitation provided by the detention centre; incarcerated youth's symptoms of mental illness should be cleared; they should complete compulsory education, and be able to assimilate into social activities and avoid recidivism (Department of Justice of Qinghai Province, 2019). Because of the overlap between the aims and the positive effects of the rehabilitation, this part of the results will be enumerated together.

Disappearance of symptoms of mental illness

According to the informants, main indicators of disappearance of symptoms could be classified into three types: avoiding aggressive behaviour, more honesty in talk and behaviour, and being empathetic.

Firstly, the most significant point is that all the ten interviewees have mentioned the indicator of avoiding aggressive behaviour, which was mentioned in total 34 times during the interviews. Professionals perceived that through the treatments, incarcerated youth in XJDC obtained the ability of avoiding aggressive behaviour. For example, a psychologists said:

'You can feel their anger, and the unwillingness to our treatments when they have newly arrived here. Sometimes you can see them cursing each other, or even shouting insults at the police officers. Through a period of the therapy, it is obvious that their aggressive behaviour towards no matter our staff or other inmates has decreased.'

Being asked his opinion on what kind of changes the incarcerated youth showed after rehabilitation, a teacher said in the interview:

'For me, I can feel that incarcerated youth who have received therapies are always easier to be managed in my class. The newcomers are relatively difficult to be taught. I have to admit that it is very obvious to be noticed.'

Another professional, a police officer also talked about the sign of the decline of aggressive behaviour:

'At first some of them tend to form gangs, and these gangs usually are opposing each other. This phenomenon usually will be gone gradually in the first year. I think the psychotherapies could be one of the causes of the disappearance of the phenomenon.'

Secondly, after a period of rehabilitation, the incarcerated youth could show more honesty in their talk and behaviour, as more than half of the interviewees observed. For example, one of the police officers said:

'If you ask me about the very first feature I can observe when a incarcerated youth arrive at the detention centre, I would like to say 'lies after lies'. However, when they are

ready to leave here, they have become more honest, at least from my observation, though I cannot be sure if they are pretending to be so or not.'

Since the police officer was the only XJDC staff who doubted the authenticity, I asked the reason, and the police officer answered:

'We have visited the released several times, and we found that few of them still had some problems, including cheating. From a positive aspect, they did avoid recidivism successfully, however they still have some other problems. I think the problems, like lying, may come from their distrust of others, for example their parents, they lie to cover up their mistakes because they do not want to be punished by their parents.'

A psychologist also noticed this change during the psychotherapies:

'During the therapy some incarcerated youth start to trust in me more and more. At first most of them want to cover up their true feelings, especially when it comes to misbehaviour and improper ideas. With the increasing trust, they are more likely to share their thoughts with me.'

Thirdly, by receiving treatments, the incarcerated youth were able to overcome symptoms of being cold and unfeeling, and with help of training they would show empathy or more readily comprehend others' mental states. For example, a psychologist said:

'Incarcerated youth diagnosed with CD usually have a similar symptom: when making decisions, they tend to be more self-centred, and they don't know how to put themselves in others people's shoes. After a series of therapies, some of them can make accurate predictions about other people's feelings about their talks and behaviour.'

In another example, a teacher of XJDC mentioned her experience of feeling the effects of the treatments on being empathetic:

'One time I felt unwell during my class because of cholecystitis. And the other day I got several cards with good wishes on my desk from my students, and I knew that they were making progress.'

Capability of completing compulsory education

Completing compulsory education was one of the major aims for the incarcerated youth in XJDC. According to the interview data, most of the incarcerated youth however did not qualify to finish compulsory education, only few of them achieved this goal. The head of RES said:

'During the term, though many of them have been struggling with their studies, about a quarter of the incarcerated youth will get the middle school graduation certificate.'

Although nearly three quarters of the incarcerated youth failed to complete their compulsory education, a positive point is that they were making progress regardless. A teacher said during the interview:

'Their former academic performances were too bad to have the ability to finish the compulsory education. I even have to teach elementary school knowledge to these middle-school-aged boys. I could only make sure that all of them can reach the Grade 6 level in the detention centre, instead of Grade 9. At least, they will not be illiterate in the future.'

About the academic improvement of the incarcerated youth, another teacher added:

'The incarcerated youth are better at the Chinese course than at Maths. Through continuous learning and training, they could almost reach the average level of students in ordinary schools. They are making progress, and there's a reasonable prospect that they can avoid being illiterate.'

Capability of assimilating into social or professional activities and avoiding recidivism

Incarcerated youth in XJDC are receiving many different kinds of cooperation training sessions to gain capability of assimilating into social activities. These training sessions occur in almost every part of the rehabilitation, such as psychotherapies, classrooms, and daily rest time. There are reasons to believe that through the training they are getting well. For example, a psychologist said:

‘In my (group) therapies, I designed a lot of activities that combined with cooperation skill training. An easy example: sometimes a incarcerated youth shares a dilemma he is facing, then I will encourage others to put themselves in his place, and try to find a way out without hurting anybody. They will come up their own ideas and explain why they think it could work. When they are able to think about others before take actions, they gradually start to be inclined towards not only a sense of empathy but also team spirit, which is a very positive signal.’

Cooperation training is also a focus point in their vocational education. A teacher said:

‘In the vocational courses we have set a lot of activities that require cooperation of them. Through these activities we believe they will recognise the advantages of helping others and being helped, and finally become conditioned to the society.’

A police officer talked about his observation during the incarcerated youth’ time for recreation:

‘In the basketball team, the youth play quite well, especially regarding cooperating with each other.’

Informants also deemed acquiring vocational skills as very important for the incarcerated youth to get prepared for future. The head of RES said:

‘They have to learn how to make a living in the detention centre, such as cooking and hair-cutting, or it will be very hard to find a job after being released. With the help of a vocational school, we provide them some very basic and simple knowledge. Most of them are able to pass the entry-level test of cooking qualification. There was a boy who has been released in 2018, and recently I met him by chance. He was working in a restaurant as a cook. He was doing quite well, and he told me that he was preparing to open his own restaurant.’

XJDC has paid a lot of attention on the future career of the incarcerated youth. The warden explained:

‘Six months before a incarcerated youth being released, we will start assessing whether their working skills will qualify. If they have still not qualified when they leave here, we will continually track them until they have stable jobs. It is not only for their own well-being, but also for avoiding recidivism. As a rule of thumb, if a released youth becomes a idler, it would be only a matter of time before he come back here.’

The low recidivism rate was also interpreted by the informants as a proof of XJDC rehabilitation effects. As the warden explained:

‘In the past three years, only one of the released youth committed a crime and was in jail again. I believe that most of them will be more careful after their detention time here. Not only because of they can understand the law much better now, but also the psychotherapies they have received here.’

The head of RES thought that their success is due in large part to the psychological clinic:

‘Before the psychotherapies were conducted, there were more cases of recidivism than it now. So I believe the doctors are making great contributions.’

On this matter of psychotherapy, a psychologist said:

‘We have spent much time on correcting their cognition, on helping them to understand life, society, and themselves better. In practical terms of the recidivism rate, it is working. Incarcerated youth who does not improve is very rare, because they have been trained so hard to understand that every action causes a result.’

Methods of the Rehabilitation

Medical treatments

There is no medical treatment for incarcerated youth with CD in XJDC. In fact, medical treatments are applied for only few diseases, such as ADHD, depression and bipolar disorder, according to a psychological:

‘Incarcerated youth with ADHD, depression and bipolar disorder are provided with medical treatments. For example, Treatments for the incarcerated youth with ADHD are composed of medical treatments and psychological treatments, and the medication are playing the main role there.’

Being asked how they decide to implement medical treatments or not, a psychological explained:

‘It is not XJDC clinic who can make the decision to give the incarcerated youth medication or not. We are supposed to follow the guidance and suggestions of local Health Department. Because all of our patients are minors, medications are usually prescribed very, very carefully. We have no problem giving incarcerated youth with ADHD medication, as it is also suggested, but it is not applicable to incarcerated youth with CD due to the lack of real evidence.’

Individual treatment and therapy

Incarcerated youth in XJDC receive individual psychotherapies, which ‘aims at correcting their cognition towards obstacles, and helping them have a more peaceful attitude to solve problems’, according to the head of RES.

A psychologist explained about cognitive behavioural therapy during the interview:

‘One’s action or emotion is influenced by their cognition, and if the cognition towards people and things is not correct, or not comprehensive, it will easily cause wrong decisions. In the cognitive behavioural therapy session, a incarcerated youth will be guided to know the relationship between action and cognition, and develop proper judgement on his cognition. I encourage the incarcerated youth to examine problems they have met completely and carefully. They are trained to find other acceptable cognition to replace some irrational cognition they used to have.’

Another psychologist also gave an example that shows how he conducted cognitive behavioural therapies:

‘Some of the incarcerated youth have smoking problems. Through the therapy, they need to know that the cognition that smoking behaviour could alleviate some negative effects, like the distressing symptoms of anxiety, is not true. Then we encourage them to cut the connection between the behaviour and the wrong cognition, and they can try come up with other ways to relieve negativity. I personally like listening music and singing, and I always introduce it to incarcerated youth who smoke.’

Besides cognitive behavioural therapy, behavioural therapy is also used in XJDC. The head of RES introduced the aims of it:

‘Improper behaviour such as lying, being aggressive, and violating other regulations, is designed to be corrected through the (behavioural) therapy. Here positive reinforcement is more often used than punishment, since positive reinforcements are more effective, and sometimes punishment will provoke a defensive reaction and make things more difficult.’

Police officers in XJDC are implementing the specific measures of the behavioural therapy by keeping a record of the incarcerated youth’ behaviour. A police officer introduced:

‘We have strict rules in the detention centre. If a incarcerated youth complies with the rules, they accumulate points as a reward, which could be used to get longer rest or recreation time, and even the chance to go back home for one day for example. Punishments will be given when they break the rules. For example, a incarcerated youth will be in solitary confinement and rethink his misbehaviour.’

Group psychotherapies

Informants attached great importance to group psychotherapies in XJDC. The group psychotherapy sessions held by the psychologists is usually had the form of a support group, in which the incarcerated youth share their problems, experiences, and feelings, and learn from each other under the guidance of the psychologists. A psychologist said about group therapy in the interview:

‘In the group session, the incarcerated youth with the similar problems sit together, share their recent feelings and things in mind, and they can communicate with each other. We also discuss recent good or bad behaviour conducted by them. They learn good ideas and reactions from each other, and advise each other. I hope they could learn positive points from each other during the group meeting, and feel empowered as a group.’

The activities suggested in group psychotherapies are not only conducted with the psychologists. The therapies were expected to be combined with as many other daily activities as possible, as the psychologist who is in charge said:

‘We try to organise as many activities as we can for the incarcerated youth who are facing similar problems. They can be together and share their reflections in the psychological therapy room, and they can also help each other in many other places, like classrooms, or just practise social skills while playing football.’

In regard of these social activities, a teacher mentioned:

‘The incarcerated youth are required (by the psychologists) to be in groups in the classroom, and it is a must for them. Learning activities and tasks are designed to be done in teams.’

A police officer also said:

‘We pay great attention on building team spirit. This is part of the group psychotherapy conducted by the doctors. They told me that more team activities are good for them to be rehabilitated. For example we have basketball teams and football teams, sometimes we even have the chance to play friendly matches with teams from other ordinary schools. I believe it is useful, because when I see them sticking together, they are very active and positive.’

Roles of the Clinic in the Process of Rehabilitation

Mandatory requirement for psychological treatment

According to *Regulation on Management of Juvenile Detention Centre*, a juvenile detention centre should establish a psychological clinic to carry out psychological testing, counselling and treatment for incarcerated youth (*Regulation on Management of Juvenile Detention Centre 1999,* People's Republic of China, s. 39). Clinic of XJDC is established and operating with the full rigour of the regulation. A psychologist said:

'When a incarcerated youth arrives here, he must be assessed by me. If a incarcerated youth is diagnosed, a long-term tracking record will be created, and he has to receive our treatments. This is required by law, and it is non-negotiable.'

The treatments a incarcerated youth receives follow these regulations equally, according to the psychologist:

'There are regulations on treatments that the incarcerated youth receive, for example, treating plan A is for a kind of mental illness, and treating plan B for another mental illness.'

Preferred choice

Besides being a mandatory feature of the clinic, it was also a preferred choice for the rehabilitation in XJDC for the informants. A psychologist said:

'Many people think that after being punished, like being in detention, a incarcerated youth will naturally change to be better. But it is not true. Psychotherapy is the fundamental solution. Detaining is a method, but psychotherapy leads to reform.'

Many other interviewees expressed the same point, especially compared with the circumstances before the clinic was established. The warden said:

'From my own 10-year experience, I can say that psychotherapy is a better solution, comparing with the situation when we did not have the clinic. At that time, the detention centre had no essential difference with regular jail, and the most obvious point is, without the psychological treatments, the effects of the rehabilitation were much worse than it now.'

A police officer had similar opinion:

‘I have been working here before the clinic was established. At that time, the incarcerated youth were much more difficult to be tamed. We did not have any psychological knowledge, and the incarcerated youth were only locked up here, unlike now, they can be cured. From my angle, the clinic is not only preferred, it is necessary.’

Negative Effects of the Rehabilitation

Negative effects

Although informants emphasized positive effects of the rehabilitation of XJDC, two main negative effects were also plain for them to see. Firstly, most of the incarcerated youth were not able to finish the compulsory education and acquire the middle school graduation certificate. One of the teachers said:

‘I have to admit that most of them can not get a (middle school) diploma. Their former school performances are too poor to be improved. For example, last year there were four of them released from here, but none of them were qualified to get the (middle school) diploma.’

Another teacher said:

‘It’s no exaggeration to say that it is like a miracle that a incarcerated youth managed to get the middle school graduation certificate, considering they barely learnt anything before being sent to this detention centre. Only few can reach the middle school graduation standard. Personally I see elementary graduation certificate as a victory.’

Additionally, many of the incarcerated youth were not totally rehabilitated when they were released from XJDC. Even though the incarcerated youth were improving, and their symptoms were decreasing, they still did not meet the standards of being totally cured. One of the psychologists said:

‘Although almost all the incarcerated youth can and will get better, however, actually we do not have any totally rehabilitated cases (in the past three years). There was a former

inmate, after leaving here, he did not try to get a stable job, and he just muddled along on the street. Though he did not commit any crimes again, I still can not say that he has been rehabilitated totally.'

Another psychologists became somewhat pessimistic when being asked how many of the incarcerated youth diagnosed with CD were healed:

'If you ask if there is anyone's mental illness fully healed, I would say no one. Or maybe one or two.'

Reasons of the negative effects

In the interviews, all the three teacher interviewees and the head of RES expressed similar points about the reason why the incarcerated youth in XJDC could not reach the standard of compulsory education, namely their long term academic deficits, and it was very difficult for them to catch up with the regular student learning level. The head of RES said:

'A large number of the incarcerated youth had problems of poor academic performance before their detention. When they were at the middle-school age, some of them had not been even graduated from elementary schools. So here in our detention centre, we have to start over, teaching them elementary school knowledge, while normally, 14-year-old students are studying in middle schools.'

One teacher expressed her astonishment at the academic level of the incarcerated youth in XJDC:

'When I first came to work here I was shocked by their poor academic performance. They almost knew nothing. Some of the incarcerated youth at first cannot read, and they do not know how to use a dictionary[5].

Also, another teacher linked the incarcerated youth' bad school performance to their family background:

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[5] Usually Chinese first-grade students have already learnt to use dictionaries.

‘Most of the incarcerated youth come from terrible families. Some incarcerated youth’ parents were divorced, some incarcerated youth’ parents were irresponsible, some incarcerated youth’ parents even used domestic violence. Because of really bad family background, some incarcerated youth do not even know why they should learn.’

Further, informants also pointed at the stability of mental health problems to explain why negative effects occurred. For instance, the psychologists explained that CD is difficult to be cured, which is one of the reasons of patients not being totally healed. A psychologist said:

‘Changing someone’s cognition is not an easy thing, especially the long-term-formed cognition of incarcerated youth with CD. Some incarcerated youth’s cognition is quite negative, even violent, and it is very hard to be corrected. What I can do is to keep treating them, and they are also improving, but I don’t know when they can be completely healed.’

Informants also suggested that a lack of professionals in XJDC clinic is another reason for the negative effects of rehabilitation. Though there were only 17 incarcerated youth in XJDC, from the data, informants expressed that XJDC was short-handed at the moment. The warden said:

‘We only have one full-time psychologist in the clinic, and he is fully occupied with all the incarcerated youth. We also have two psychologists who were temporarily assigned by government, and they will only work in XJDC for two years. In two years, there will be two additional psychologists. Since these two psychologists in the clinic are not regular personnel, the continuity of the treatments is kind of weak.’

The only full-time psychologist also expressed her weariness:

‘Because we are trying to make the psychotherapies an integrated part of all the activities here in the detention centre, I have to help to train the teachers and police officers to do so. I am overburdened.’

Besides the lack of personnel, sometimes the terms of the incarcerated youth were too short for them to be totally healed, since their terms were four years at most. A psychologist gave an example in the interview:

'Psychotherapy is a long-term treatment. A at most four-year term is way not enough. Last year an incarcerated youth with ADHD had not finished his treatment in our clinic yet, when his detention was terminated. I have persuaded him to keep receiving treatments, but I could not make sure whether he did it or not. I hope after the incarcerated youth being released from the detention centre, they can keep visiting psychological clinicians to receive more treatments until they are completely healed.'

In addition, some incarcerated youth showed a defensive attitude towards the psychotherapy, and it also could cause the negative effects of the rehabilitation. A psychologist said:

'Some incarcerated youth refuse to accept the fact that they have mental health problems. They refuse to receive treatments. One of the incarcerated youth with CD always does not cooperate with us, and sometimes he even tries to interrupt his treatments by intentional ramblings and lies.'

Another psychologist also noticed that antagonism towards the treatments sometimes were spread among the incarcerated youth:

'One time, an incarcerated youth told me that some other youth discussed in private how to receive the treatments easily by concealing their improper thoughts and pretending that they were getting cured by mouthing some sweet talk.'

Lastly, the incarcerated youth's defensive attitude towards XJDC personnel led to the negative effects as well. In China every personnel in a detention centre essentially is a police officer, including the teachers and the psychologists, and XJDC was no exception. The personnel sometimes could feel the hostility to them because of their police capacity. The head of RES said:

‘You know, we are police officers, even the psychologists are formally police officers as well, so some of the incarcerated youth are distrustful of us. During the treatments, they tend to be offhand with the psychologists.’

A psychologist remembered an experience of being turned against by an incarcerated youth:

‘There was an incarcerated youth who had been receiving individual psychotherapy for almost a year. One time during the therapy, he told me, with a teasing smile, that I was the one who was mentally sick, a sick cop. I suddenly realised that he was always distrustful of both me as well as my treatments for him.’

Even though the psychologists did not wear police uniforms all the time, sometimes they were still approached with hostility, not to speak of the ‘real’ police officers who were responsible for order and discipline in the detention centre. A police officer said:

‘Some of them do not trust me. I am always regarded as their opponent. I am required to wear the police uniform, so I am more ‘cop’ than other staff members.’

Improvements of the Rehabilitation

Extra resources needed for the detention centre

According to the interviewees, further funds from the government are needed. Limited budget of XJDC caused the problems of the lack of professionals in the clinic, the primitive facilities and treating methods, and the unattractive vocational skill training courses.

Firstly, referring to the lack of professionals in the clinic, the only full-time psychologist said:

‘Now we are facing a shortage of the professionals. I think our treatment results can be improved if we have more professionals in our team.’

The head of RES expressed similar opinion:

‘If we could have more full-time professionals, I believe that the effects will be better than the current situation. But it is very difficult for us to recruit more of them, because within our limited budget we are not able to provide an attractive salary.’

Secondly, the warden expressed the thought that the insufficient fund was restricting their capacity for providing better treatments. For instance, he said:

‘Because the lack of funds, our psychotherapy facilities are primitive, compared with the formal psycho-clinics outside of the detention centre. Last year we bought some Lego bricks and put them in the individual psychotherapy room for the incarcerated youth to use during therapies. They (the incarcerated youth) were really interested in the toys, and I heard the treating sessions were tremendous. Later the psychologists asked me to buy more of the toys, but I turned her down because we had to spend money on other necessities.’

Correspondingly a psychologist mentioned:

‘We have a very tight budget. Sometimes when I propose to use some new treating methods, the warden has to refuse my proposal.’

Thirdly, vocational skill training courses that the incarcerated youth love to participate also cost money. But if the vocational education is to succeed, extra money has to be spent on the center. The head of RES expressed his opinion in the following way:

‘We do not have enough funds to hire more vocational education professionals to teach the incarcerated youth. We only have one free vocational education teacher who is assigned by the Education Department. In some juvenile detention centres in more developed provinces, there are many fancier vocational education courses, even drone operating courses. Incarcerated youth there are much more enthusiastic, and I think, of course they have a chance to get better jobs. Incarcerated youth in our detention centre show lower interests in the cooking and hair-cutting training.’

A police officer talked his thought based on his observation on the vocational training:

‘Having a working skill is very important to assimilate into social activities. Now we are not doing well. Incarcerated youth here do not have many choices when they starting to learn some working skills. A cook, that’s what they are going to be in the future, if they do not plan to learn something else. It is quite normal for them to be negative about the vocational education. We need better resources of vocational education.’

Efforts from family

Besides the lack of funds, many interviewees pointed out that families of the incarcerated youth should be included as well in the current rehabilitation mode as a supplement. The head of RES talked about the importance of better family-detention centre cooperation:

‘I can assure you that every incarcerated youth here in the detention centre has a lousy family. It is important for their parents to participant in the rehabilitation if we want to cure them fundamentally. We can not do this alone, because eventually the kid will go back to his family.’

A psychologist thought that the parents should also be trained, not only the incarcerated youth:

‘Because I have known their family backgrounds well, so I won’t blame them (the incarcerated youth). I blame their families more. We want their parents to join some parts of the treatments. Most of their parents are not qualified, and lack of a sense of responsibility is the main problem of the parents. The minors can be easily influenced by them. The parents should be improved, even though it is super hard.’

Another psychologist pointed out that the incarcerated youth’s families need to be improved to help with the rehabilitation:

‘For example, if the parents are divorced and do not care about their children, or have very poor and even violent parenting skills, how come the incarcerated youth here in XJDC think with much pleasure and excitement about going back home? Many parents of the

incarcerated youth should be involved to improve their parental skills and provide a positive family environment for their children, and help them to be healed.'

Conclusions

Through analysing interviews with ten X Juvenile Detention Centre (XJDC) staff members, this thesis aims at answering the following research questions:

A) How are the incarcerated youth without conduct disorder (CD) treated in XJDC and what are the perceived effects?

B) How are the incarcerated youth with CD treated in XJDC and what are the perceived effects?

For the research questions, data collected from different interviewees shows basic consistency in the contents of their answers, and there was no significant differences between the interviewees' opinions. The consistency may be explained by two reasons: firstly, XJDC staff members shared and discussed their working logs in the weekly meetings, so every of them was very familiar with matters in the detention centre; secondly, because XJDC tried to integrate psychological elements into as many activities for the incarcerated youth, the psychologists could be considered as the actual commanders, thereby other staff members' understanding of psychological treatments were roughly the same.

Treatment of youth in the centre included both social, psychological, medical and peer group based approaches. In the interviews, topics that were discussed around these four aspects of treatment including situation of incarcerated youth, aims and positive effects of the rehabilitation, methods of the rehabilitation, roles of the clinic in the process of rehabilitation, negative effects of the rehabilitation, and improvements due to the rehabilitation.

Firstly, in XJDC, incarcerated youth diagnosed with a mental illness receive psychological and psychiatric treatments including psychotherapies and medical treatments. Incarcerated youth diagnosed with and without CD receive almost the same psychological treatments (individual psychotherapy and group psychotherapy), and there are no special CD treatments. Psychological treatment is required by law, and at the same time it is considered as a preferred choice - every interviewee showed positive attitude towards it. However, when

it comes to medical treatments, many of the interviewees have some reservations. Though they admitted that medicines were used for incarcerated youth diagnosed with mental illnesses such as attention deficit hyperactivity disorder and bipolar disorder in XJDC and the effects were tremendous, they thought that the effects of medicines for CD are still deemed uncorroborated. In addition, the staff was quite cautious regarding providing medication in the case of minors because of the concern about potential risks to their growth and development.

Further, signs of perceived positive results of XJDC rehabilitation were mentioned in the interviews. The disappearance of symptoms of the patients is one of the very apparent positive results. All the interviewees indicated that through the psychological treatments, the incarcerated youth are able to avoid aggressive behaviour, to be more honest in their talk and behaviour and be more empathetic. Another obvious point is that the incarcerated youth are becoming more adept in cooperating with other people, which is considered as very important part of social assimilation training. The interviewees were very positive about the group activities in the detention centre, because through the psychological treatments and practices in many different kinds of group activities such as group learning and team sports, the incarcerated youth show astonishing improvements in cooperation skills. For example, they were able to complete their learning goals in the form of study groups, advise each other to solve problems together in group psychological training sessions, and make concerted efforts slickly in sport matches. Also, the recidivism rate is kept low, and the interviewees expressed confidence that the incarcerated youth will be able to avoid recidivism.

Nevertheless, negative aspects towards the rehabilitation were also mentioned. The academic performance and the amount of progress of many incarcerated youth was less than satisfactory. Although the teachers indicated that the incarcerated youth were making some progress in their study, only few can reach the law-required standard of completing mandatory education (middle school graduation), and the main reason was attributed to the very poor previous academic levels upon entry of the centre. Another problem of XJDC rehabilitation is that many incarcerated youth with CD cannot be totally healed there, because on many occasions they got released before fully meet the recover standard. The interviewees

mainly suggested the lack of professionals, the short-term (at most 4 years), and the complexity of mental illness among young people enrolled in the centre as reasons for the inferior academic performance.

Lastly, the interviewees mentioned a number of improvements that could be made: The interviewee indicated that the clinic was faced with the lack of professionals and funds. If XJDC's budget could be revised upwards, it will be able to recruit more professionals in their clinic, and at the same time the further funds from the government and would also bring more advanced facilities and better treating methods, and lead to better rehabilitation effects. In addition, the current vocational education offered in the clinic is so monotonous that the incarcerated youth are not very interested, and more choices of vocational skill training would appeal to them. Also, the interviewee indicates that they need the cooperation with the families of the incarcerated youth, because at present parental involvement is quite a big missing link in the rehabilitation. Astonishingly, none of the XJDC staff members suggested any improvements on the poor academic performance of the incarcerated youth. This will be discussed in the next part of the thesis.

Altogether, although the result of XJDC rehabilitation does not meet all the three required standards (disappearance of symptoms, capability of completing compulsory education, capability of assimilating into social activities) set up by Department of Justice of Qinghai Province, almost every incarcerated youth there more or less has been making progress. There's a reasonable prospect that with further investment by government, the clinic could develop further professionally and a compulsory/ vocational education system in XJDC could be developed, which would strengthen the effects of the rehabilitation.

Discussion

Comparison of the Conduct Disorder Treatments with Other Scientific Studies

Treatments for conduct disorder patients

According to Hill and Maughan, there are four treatments of conduct disorder (CD), and every of them is considered to be validated, empirically supported and evidence based: cognitive problem-solving skills training, parent management training, functional family therapy, and multisystemic therapy (Hill & Maughan, 2001, p. 413).

Firstly, the recommended cognitive problem-solving skills training is very close to the cognitive behavioural therapy (CBT) applied in XJDC. The CBT in the centre aims at decreasing an incarcerated youth's aggressive behaviour and increasing pro-social behaviour by training the patient to solve problems with great deliberation of consequences an action could cause. Research shows that children older than 10-11 years of age profit more from the treatment than younger children, perhaps due to their cognitive development (Durlak, Fuhrman, & Lampman, 1991). Since the incarcerated youth were all aged between 14 and 18 years of age, this suitable developmental stage may be the reason of the perceived positive performance of cognitive behavioural therapy in XJDC.

The remainder of evidence based treatment for conduct disorder all are family based programs. In a parent management training (PMT), parents are trained to alter their child's behaviour in their home by a therapist. Parents learn how to alter interactions with their child, to promote prosocial behaviour, and to decrease deviant behaviour. Functional family therapy (FFT) is another effective treating method for CD patients. Comparing with PMT, FFT is designed to increase reciprocity and positive reinforcement among family members, to establish clear communication, to help specify behaviours that family members desire from each other, to negotiate constructively and to help identify solutions to interpersonal problems (Hill & Maughan, 2001, p. 424).

Next, multisystemic therapy (MST) is also a family-systems based approach to treatment, which aims at helping parents develop pro-social behaviour of the adolescent, to overcome marital difficulties that impede the parents' ability to function as parents, to eliminate negative interactions between parent and adolescent, and to develop or build cohesion and emotional warmth among family members (Hill & Maughan, 2001, p. 425). Research shows that PMT and FFT offer the most promising research evidence to date (Hill & Maughan, 2001, p. 418.; Liabø, Richardson, & FOCUS, 2007, p. 98), and instituting MST for serious juvenile offenders significantly reduces recidivism (May, Osmond, & Billick, 2014, p. 298). However, these hopeful methods do not apply to the situation of J Juvenile Detention Centre (XJDC) because of the current missing link of family-detention centre cooperation.

Although evidence shows that the foregoing four types of treatment are effective solutions for youth with CD, it is certainly a tremendous task to implement them in detention centre clinics, since parents of the incarcerated youth are required to be involved in parent management training, functional family therapy, and multisystemic therapy. Matthys suggested that these treatments should not directly transferred to detention centre clinics, because these treatments need to be adapted to the characteristics of the youth and the parents, and integrated with other training processes provided by detention centre clinics (Matthys, 1997, p. 520-521). Thus when an incarcerated youth is sent to the juvenile detention centre, the parents should also be involved in the treating process. Matthys indicated that because the ultimate goal of the treatments is adequate functioning in the home rather than in the detention centre, learning outside the detention centre is a central issue, for example, frequent weekends at home are necessary (Matthys, 1997, p. 521). To make it work, collaboration between the parents and the clinics is a necessity. Besides the CBT training for the incarcerated youth, the parents need to be coached and trained in learning the parenting skills that are synchronously used by the psychologists and in applying these skills during weekends at home (Matthys, 1997, p. 522). If possible, it might be wise for XJDC to have a try, even though they probably have to be strenuous to get the parents to see the reason and make them willing to be involved at first.

Juvenile delinquency and academic performance

Besides the family-detention centre cooperation, compulsory education situation in XJDC is another problem worth analysing. According to earlier research, a clear relation exists between poor academic achievement and juvenile delinquency, and increasing academic achievement and school success may be important factors in combating delinquency and recidivism (Katsiyannis, Ryan, Zhang, & Spann, 2008, p. 190). In XJDC case, the academic performances of the incarcerated youth were reported to be behind the average level. Although XJDC staff members did not mention any future plans for the education situation, there is still room for improvement. Currently the educational content in XJDC is the same with that in other public schools. There seems to be a substantial need for the curricula to be prepared specifically to learning context of a juvenile detention centre. For most public school settings, the emphasis for instruction is on knowledge, skills, and attitudes (Hoge, Guerra, & Boxer, 2008, p. 253). It is an appropriate trajectory for a developing child, as it follows a natural developmental path. However, students in juvenile detention centres are usually older and have demonstrated that they have not been good community members. Instead, they need a curriculum that emphasises attitudes, skills, and knowledge (Hoge, Guerra, & Boxer, 2008, p. 253). Though the educational content in juvenile detention centres should be the same with that in public schools, it need to be adapted to the incarcerated youth and the detention centre environment. Neves suggested that the educational qualifications of the incarcerated youth are usually already below average, so downgrading of educational expectations, the relegation of schooling to a matter of low priority, and the decline of the rehabilitation ideal seem reasonable (Neves, 2013, p.107). From the XJDC point, because of the low average academic performance of the incarcerated youth, it would do no harm to focus more on educational activities that could train the incarcerated youth to have a more positive attitude on learning while levelling the academic standards down from finishing compulsory education to avoiding illiteracy. Consequently, if better academic interventions are implemented in XJDC, it is prospective that the rehabilitation would be more effective, and the recidivism rate will be addressed further in particular. This intriguing relation

between juvenile delinquency and academic performance is worthy of working for future research.

Limitations of the Study

First of all, though I have interviewed ten out of eleven of the XJDC staff members, the sample of this research was still very small, so the perspective presented by the interviewees may be limited. Therefore, it is arguable that the findings of the research was not representative enough for any other juvenile detention centres, and it may only be applied to XJDC situation.

Secondly, the effectiveness of the rehabilitation, for example, the recidivism rate, was limited to the past three years, because of the lack of investigations of longer tracking records. The results of the rehabilitation may get less efficient with the retrospection and evaluation of the cases in the remote past.

Lastly, all the interviewees were personnel of XJDC, while the incarcerated youth and their families also have important voice in the results of the rehabilitation. If the incarcerated youth and their families could be involved in this research, for instance, providing assessment of the effects and potential improvements of XJDC rehabilitation from their perspectives, I believe that the findings would be more authentic and accurate.

Recommendations for Practice and Further Research

XJDC is located in a province that has one of the smallest population in China, and the local economic development is relatively backward compared with other regions. I suggest that future research could be done in other detention centres that located in more developed regions with more samples, in order to get more data and more diversified results.

In addition, since this thesis did not collect information from any incarcerated youth and their families, I recommend doing so in future research to offer more thorough findings on rehabilitation results of juvenile detention centres from different perspectives.

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Appendix 1: Interview Topic Lists

Topic lists in the semi-structured interviews with the different categories of X Juvenile Detention Centre (XJDC) staff members:

Appendix 1-1 **Topic list for the warden and the head of the Reformatory Education Section of XJDC**
Survey Questions[6]
How many incarcerated youth are there in 2021 in the juvenile detention center?
How many of these incarcerated youth are diagnosed with a mental illness besides CD in the juvenile detention clinic?
How many of the incarcerated youth with a mental illness besides CD are receiving/ have received psychotherapy in the juvenile detention clinic?
How many of the incarcerated youth with a mental illness besides CD have been healed?[7]
How many incarcerated youth without CD currently in the juvenile detention center have the experience of being detained before?
Of the released youth without CD in the past three years, how many commit a crime again within up to two years time?[8]
How many incarcerated youth are diagnosed with CD in the juvenile detention clinic in 2021? Can you make an estimation in terms of a proportion?
How many of the incarcerated youth with CD are receiving/ have received

[6] The survey questions will be sent to the interviewees before the interviews.

[7] The criteria for being healed are: (A) symptoms of the mental illness have disappeared, (B) being able to accomplish the compulsory education, and (C) being able to be integrated into the community after being released (Department of Justice of Qinghai Province, 2019), similarly hereinafter.

[8] The XJDC warden has agreed to provide relevant data for the research, the same below.

psychotherapy in the juvenile detention clinic?
How many of the incarcerated youth with CD will probably be healed? Can you make an estimation in terms of a proportion?
How many incarcerated youth currently in the juvenile detention center have the experience of being diagnosed with CD and detained before?
Of the released youth diagnosed with CD in the past three years, how many commit a crime again within up to two years time?
Interview Questions
How are the incarcerated youth psychologically examined in the juvenile detention center? Who performs the diagnosis?
What are the most common mental illnesses diagnosed by the psychological clinic in XJDC among these inmates?
What kind of treatment do the children diagnosed with a mental illness besides CD receive? What is the content of their treatment? (Double-check the interviewee's answer)
How does the treatment for children diagnosed with a mental illness besides CD work? (Double-check the interviewee's answer)
What is the basis for the the treatment? Are theories or research relevant to this? (Double-check the interviewee's answer)
What are the aims of the treatment of children diagnosed with mental illness besides CD? (Double-check the interviewee's answer)
Of the incarcerated youth with a mental illness besides CD who receive(d) psychotherapy in the juvenile detention clinic, have you observed that therapy impacts mental illness symptoms? How? (Double-check the interviewee's answer)
What could be behind the 'success' of rehabilitation of delinquents? (Double-check the interviewee's answer)

What could explain the lack of progress in other delinquents? (Double-check the interviewee's answer)
What kind of treatment does the children diagnosed with CD receive? What is the content of their treatment?
How does the treatment for children diagnosed with CD work?
What are the aims of the treatment of children diagnosed with CD compared to that of other inmates with and without another mental illness?
Why is psychotherapy (individual or in a group) a good intervention for incarcerated youth with a mental illness (CD or otherwise)?
Considering we offer them psychological treatment, should we perceive delinquency as the responsibility of an individual to work through, or is there a need for society and families to change?
Of the incarcerated youth diagnosed with CD in the juvenile detention clinic, have you observed that therapy impacts CD symptoms? How?
What could be behind the 'success' of rehabilitation of delinquents diagnosed with CD?
What could explain the lack of progress in other delinquents diagnosed with CD?
Does society need to play a role in helping youth with CD to rehabilitate? If so, what role would this be?
Which improvements can be made in the treatment of incarcerated youth in XJDC with and without CD?

Appendix 1-2 **Topic list for the teachers of XJDC**
Survey Questions
How many incarcerated youth are there in 2020 in each grade/ class in the juvenile detention center?
Questions
What does compulsory education look like in XJDC? What does reformatory education look like in XJDC? Are they combined? If so, how?
For those incarcerated youth diagnosed with CD or with any other mental illness, will the curricula be specially adjusted for them? What adjustments are made? How were these adjustments chosen? Did theory play a role in these choices? Did regulation play a role in these choices? (Double-check the interviewee's answer)
How does the rehabilitation of incarcerated youth with CD compare to that of other delinquents (with or without a mental illness)?
How do you as teachers understand the outcomes of the combination of compulsory education and reformatory education?
What could be behind the 'success' of the combination of compulsory education and reformatory education?
What could explain the lack of progress in other delinquents?
What role does society need to play in helping youth to rehabilitate?
Which improvements can be made in the treatment of incarcerated youth in XJDC with and without CD?

Appendix 1-3 **Topic list for the psychological counsellors of XJDC**
Survey Questions
How many incarcerated youth with a mental illness besides CD have been registered in the clinic in 2020?
How many of the incarcerated youth with a mental illness besides CD have been healed? Can you make an estimation in terms of a proportion?
How many of them are diagnosed with CD? Can you make an estimation in terms of a proportion?
How many of the incarcerated youth diagnosed with CD will probably be healed? Can you make an estimation in terms of a proportion?
Questions
What proportion do the psychologically assessed incarcerated youth account for in 2020 in XJDC? Are all delinquents psychologically assessed?
Why is psychotherapy (individual or in a group) a good intervention for incarcerated youth with a mental illness (CD or otherwise)?
How to decide whether a incarcerated youth is supposed to benefit from individual psychotherapy or mental health group meetings?
During an individual psychotherapy, what kind of treatment do the incarcerated youth with a mental illness (CD or otherwise) receive? How does it work?
During a mental health group meeting, what kind of treatment do the incarcerated youth with a mental illness (CD or otherwise) receive? How does it work?
Of the incarcerated youth with a mental illness besides CD who receive(d) psychotherapy in the juvenile detention clinic, what proportion you have observed that therapy impacts mental illness symptoms? How? (Double-check the

interviewee's answer)
What could be behind the 'success' of rehabilitation of delinquents diagnosed with a mental illness besides CD? (Double-check the interviewee's answer)
What could explain the lack of progress in other delinquents diagnosed with a mental illness besides CD? (Double-check the interviewee's answer)
Of the incarcerated youth diagnosed with CD in the juvenile detention clinic, what proportion you have observed that therapy impacts CD symptoms? How?
How can we understand the outcomes of the rehabilitation of delinquents diagnosed with CD?
What could be behind the 'success' of rehabilitation of delinquents diagnosed with CD?
What could explain the lack of progress in other delinquents diagnosed with CD?
Do you feel there is a need for you and families to change in order to make an impact on youth delinquency?
Does society need to play a role in helping youth to rehabilitate? If so, what role?
Do you feel there is a need for society to change in order to make an impact on youth delinquency?
Are there any cases of mental illnesses, particularly CD, who reappear in the facility within up to two years time? What do the psychological counsellors think of these cases?
Can you estimate and compare the recidivism of incarcerated youth rehabilitated in XJDC with and without CD?
Which improvements can be made in the treatment of incarcerated youth in XJDC with and without CD?

Appendix 1-4 **Topic list for the police officers of XJDC**
Questions
Do you pay attention to teaching the incarcerated youth self-discipline in the juvenile detention center in 2020? If so, how?
Are there any differences in the methods of self-discipline training between the ordinary incarcerated youth and incarcerated youth diagnosed with a mental illness, particularly CD? If so, which and why?
Is psychotherapy integrated into the self-discipline training of incarcerated youth diagnosed with a mental illness, particularly CD? Why or why not?
Have any of the incarcerated youth been changed after the process of rehabilitation? How?
How can we understand the outcomes of the self-discipline training in the rehabilitation of incarcerated youth diagnosed with a mental illness, particularly CD?
What could be behind the 'success' of the self-discipline training in the rehabilitation of incarcerated youth diagnosed with a mental illness, particularly CD?
What could explain the lack of progress in other incarcerated youth diagnosed with a mental illness, particularly CD?
Does society need to play a role in helping youth to rehabilitate? If so, what role?
Do you feel there is a need for society to change in order to make an impact on youth delinquency?
Which improvements can be made in the treatment of incarcerated youth in XJDC with and without CD?

Appendix 2: Coding Schemes

Construct	Indications of	Definition	Code (sub-theme)	Sub-questions that the code (sub-theme) applies to	Criteria	Examples	Number of interviewees who endorsed this code (sub-theme)	Total number of occurrences of the code in data	Type of professional who endorsed this sub-theme
Over all situation of incarcerated youth in J Juvenile Detention Centre (XJDC)	Conduct disorder (CD) diagnosing rate	The proportion of incarcerated youth diagnosed with CD.	CD diagnosing rate	B1	The interviewee talks about the total number of incarcerated youth or the number of incarcerated youth with CD.	'Currently there are 20 incarcerated youth in our detention centre.' 'The number of patients who has been diagnosed with CD is 3.' 'Three of them are diagnosed with CD.'	5	5	• Warden • The head of reformatory education section (RES) • Psychologist/ psychiatrist
	Differences between treatments for incarcerated youth with and without CD	The treatments for incarcerated youth with CD are special compared with the treatments	No special psychological treatments for CD	B1	The interviewee indicates that there is no special psychological	'Actually, in our detention centre, the psychological treatments for CD are same with treatments for other illnesses such as ADHD.' 'No matter which (mental) illness he is diagnosed with, we use the nearly same	4	12	• RES • Psychologist/ psychiatrist

		for incarcerated youth without CD.			treatment for incarcerated youth with CD.	therapies.’ ‘Actually no difference, at least no clear difference.’			
Aims and positive effects of the rehabilitation	Disappearance of symptoms	Through the rehabilitation, incarcerated youth who have been diagnosed with a mental illness should be treated, and the symptoms of the illness should be disappeared.	Avoiding aggressive behaviour	A1, A3, B2, B4	The interviewee indicates that an incarcerated youth has obtained the ability of avoiding aggressive behaviour.	‘When facing a problem, some of them started to find a proper solution, instead of being angry and finger-pointing others.’ ‘Through a period of the therapy, it is obvious that their aggressive behaviour towards no matter our staff or other inmates has been decreased.’ ‘For me, I can feel that inmates who has received therapies are always easier to be managed in my class. The newcomers are relatively difficult to be taught.’ ‘At first some of them tend to form gangs, and these gangs usually are opposing each other. This phenomenon usually will be gone gradually in the first year. I think the psycho-therapies could be on of the causes of the disappearance of the phenomenon.’	10	34	• Warden • RES • Psychologist/ psychiatrist • Teacher • Police officer
			More honesty in talk and behaviour	A1, A3, B2, B4	The interviewee	‘Some of the delinquents,on their own initiative, started to be more honest	6	16	• Warden • RES

					indicates that an incarcerated youth has shown more honesty in his talk and behaviour.	with the personnel of the detention centre. '			• Psychologist/ psychiatrist • Police officer
						'After a period of time in the detention centre, most of the inmates are willing to talk or chat with me quite frankly. They are willing to tell me what they are thinking deep in their hearts.'			
						'During the therapy some delinquents start to trust in me more and more. At first most of them want to cover up their true feelings, especially when it comes to misbehaviour and improper ideas. With the increasing trust, they are more likely to share their thoughts with me.'			
						'If you ask me about the very first feature I can observe when an incarcerated youth arrive at the detention centre, I would like to say 'lies after lies'. However, when they leave here, they are more honest, at least from my observation, though I cannot be sure if they are pretending to be so or not.'			
			Being empathetic	A1, A3, B2, B4	The interviewee	'After a series of therapies, some of them can make accurate predictions	6	13	• Warden • RES

					indicates that an incarcerated youth has been able to show empathy or ready comprehension of others' states.	about other people's feelings according to their planned choices.'			• Psychologist/ psychiatrist • Teacher
						'One time I felt not good during my class because of cholecystitis. And the other day I got several cards with good wishes on my desk from my students, and I knew that they were making progress.'			
						'When they start to think about others when making decisions, they are gaining the ability of being empathetic.'			
						'Sometimes in my group therapy sessions we listening music together. Usually the music is about meaning of life, and the delinquents are asked to feel the emotions in the music. With more practices, I can see positive results.'			
	Capability of completing compulsory education	The compulsory education will not be stopped in juvenile detention centres.	Acquiring the middle school graduation certificate	A1, A3, B2, B4	The interviewee indicates that an incarcerated youth has acquired the	'During the term, though many of them have been struggling with the study, about a quarter of the inmates got the middle school graduation certificate.'	5	7	• Warden • RES • Teacher
						'Though their academic performances are very, very poor compared with students outside, some of them still			

					middle school graduation certificate in the detention centre.	managed to graduate.’ ‘I can see that there are some quite smart students, and if they are able to focus on their study, they can get the middle school diploma. Few students really did it.’			
			Academical improvement	A1, A3, B2, B4	The interviewee indicates that an incarcerated youth has been academically improved.	‘Compared with their former academic results, they have improved a lot.’ ‘All of them can reach the Grade 6 level in the detention centre.’ ‘The students are better at Chinese course than Maths. They are making progress, and avoiding being illiterate.’ ‘The pass rate of Chinese course has been increasing all the time.’	5	13	• Warden • RES • Teacher
	Capability of assimilating into social activities	After being released, a incarcerated youth should be able to assimilate into social activities and avoid recidivism.	Cooperating with others	A1, A3, B2, B4	The interviewee indicates that an incarcerated youth has been able to cooperate with others.	‘In the basketball team, the delinquents play quite well, especially on cooperating with each other.’ ‘In the vocational courses we have set a lot of activities that require cooperation of them. Through theses activities we believe they will recognise the advantages of helping others and being helped, and finally become conditioned to the society.’	7	12	• Warden • RES • Psychologist/ psychiatrist • Teacher • Police officer

						‘When they are able to think about others before take actions, they gradually start to be inclined towards sense of team spirit, which is a very positive signal.’			
			Acquiring vocational skills	A1, A3, B2, B4	The interviewee indicates that an incarcerated youth has learnt at least a working skill.	‘They have to learn how to make a living in the detention centre, such as cooking and hair-cutting, or it will be very hard to find a job after being released.’ ‘With the help of a vocational school, we provide incarcerated youth some very basic and simple knowledge. Most of them are able to pass the entry-level tests...’ ‘Six months before an incarcerated youth being released, we will start assessing whether his working skill is qualified. If it is still not qualified when leaving here, we will track him until he has a stable job.’	3	5	• Warden • RES • Teacher
			Avoiding recidivism	A1, A3, B2, B4	The interviewee indicates that an incarcerated	‘In the past three years, only one of the released committed a crime and was in jail again.’ ‘I believe that most of them will be more careful after the jail time here. Not only	7	15	• Warden • RES • Psychologist/ psychiatrist • Police officer

					youth has been able to avoid recidivism.	because of they can understand the law much better now, but also the psychotherapies they have received here.' 'Before the psychotherapies were conducted, there were more cases of recidivism than it now. So I believe the doctors are making great contributions in it.' 'We have spent much time on correcting their cognition, on helping them to understand life, society, and themselves better. In practical terms of the recidivism rate, it is working.'			
Methods of the rehabilitation	Medical treatments	Analyse if medical treatments are used in the rehabilitation.	Medical treatments	A1, B1	The interviewee indicates that medical treatments are used.	'Medicines are also used in the treatments of ADHD delinquents.' 'Treatments for the ADHD patients are composed with medical treatments and psychological treatments, and the medicines are playing the main role here.' 'Because all of our patients are minors, we have many misgivings about medical treatments. We have no problem giving ADHD patients medicines, but it is not applicable to CD patients due to the lack of real evidence.'	5	17	• Warden • RES • Psychologist/ psychiatrist

	Individual treatment and therapy	Details of the individual psychotherapies conducted by the detention centre clinic.	Cognitive behavioural therapy	A1, B2	Information introduced by the interviewee about the cognitive behavioural therapy aims at correcting incarcerated youth' cognition.	'The therapy aims at correcting their cognition towards obstacles, and helping them have a more peaceful attitude to solve problems.'	4	23	• Warden • RES • Psychologist/ psychiatrist
						'One's action or emotion is influenced by his cognition, and if the cognition towards people and things is not correct, not comprehensive, it will easily cause wrong decisions. In the cognitive behavioural therapy session, an incarcerated youth will be guided to know the relationship between action and cognition, and develop proper judgement on his cognition.'			
						'I encourage the patients to examine problems they have met completely and carefully. They are trained to find other acceptable cognition to replace some irrational cognition they used to have.'			
						'For example, some of the patients have smoking problems. Through the therapy, they need to know that the cognition that smoking behaviour could alleviate, like the distressing symptoms of anxiety, is not true. Then we encourage them to cut the connection			

						between the behaviour and the wrong cognition, and they can try come up with other ways to relieve.'			
			Behavioural therapy	A1, B2	Information introduced by the interviewee about the behavioural therapy aims at correcting incarcerated youth' behaviour.	'Improper behaviour such as ... is designed to be corrected through the (behavioural) therapy.'	10	38	• Warden • RES • Psychologist/ psychiatrist • Teacher • Police officer
						'We have strict rules in the detention centre. If the delinquents comply with the rules, accumulated points will be rewarded. The points could be used to get longer resting time, and even the chance to go home for one day.'			
						'Punishments will be given if they break the rules. For example, a delinquent will be in solitary confinement and rethink his misbehaviour.'			
						'Here positive reinforcement is more often used than punishment, since positive reinforcements are more effective, and sometimes punishment will provoke a defensive reaction and make things more difficult.'			
	Group psychotherapies	Details of the group psychotherapies	Group psychotherapies	A1, B2	Information introduced by the	'We organise activities for the incarcerated youth who are facing similar problems. They sit together and	8	19	• Warden • RES • Psychologist/

		conducted by the detention centre clinic.			interviewee about the therapy aims at helping incarcerated youth communicating and cooperating with others.	share reflections, or practise social skills while playing football.’ ‘In the group session, the patients discuss the good or bad behaviour conducted by them. They learn good ideas and reactions from each other, and advise each other.’ ‘The students are required to be in teams in the classroom, and it is a must for them. Learning activities and tasks are designed to be done in teams.’ ‘We pay great attention on building team spirit. This is part of the group psychotherapy conducted by doctors.’			psychiatrist • Teacher • Police officer
Roles of the clinic in the process of rehabilitation	Mandatory requirement	The treatments provided by the clinic is required by law.	Mandatory requirement	A2, B3	The interviewee indicates that the law requires the clinic to conduct related treatments for the delinquents.	‘All the incarcerated youth who have been diagnosed with a mental illness have to receive treatments conducted by our clinic, according to the law of ...’ ‘When a delinquent arriving here, he must be assessed by me. If a delinquent is diagnosed, he has to receive our treatments. This required by law, and it is non-negotiable.’ ‘There are regulations on treatments that the patients receive, for example,	5	7	• Warden • RES • Psychologist/ psychiatrist

						treating plan A is for a kind of mental illness, and treating plan B for another mental illness.'			
						'According to related law and regulations, once a delinquent is diagnosed with a mental illness, a tracking record will be created. The record will be long-term.'			
	Preferred choice	The treatments provided by the clinic are deemed as a preferred solution.	Preferred choice	A2, B3	The interviewee indicates that treatments provided by the clinic are their prime choice even if law were no object.	'From my own 10-year experience, I can say that psychotherapy is a better solution, comparing with the situation when we did not have the clinic.'	9	27	• Warden • RES • Psychologist/ psychiatrist • Teacher • Police officer
						'I have been working here before the clinic was established. At that time, the delinquents were much more difficult to be tamed. From my angle, the clinic is not only preferred, it is necessary.'			
						'Many people think that after being punished, like being in jail, an incarcerated youth will naturally change to be better. But it is not true. Psychotherapies is the fundamental solution.'			
						'Detaining is a method, but psychotherapy leads to reform.'			
Negative effects	Negative effects	Negative effects	Not able to	A3, B4	The	'Most of them have fallen behind in	5	15	• Warden

of the rehabilitation		of the rehabilitation, and the reason concluded by the interviewee.	acquire the middle school graduation certificate		interviewee indicates that an incarcerated youth has not acquired the middle school graduation certificate in the detention centre.	their studies, and it is difficult for them to reach the standard and get a middle school graduation certificate.'			• RES • Teacher
						'It's no exaggeration to say that it is like a miracle that an incarcerated youth managed to get the middle school graduation certificate.'			
						'I have to admit that most of them can not get the diploma. Their former school performances are too poor to be improved.'			
						'Only few can reach the middle school graduation standard. Personally I see elementary graduation certificate as a victory.'			
			Not totally rehabilitated	A3, B4	The interviewee indicates that an incarcerated youth has not been rehabilitated during the term in the detention	'Although almost all the delinquents can get better and better, however, actually we do not have any totally rehabilitated cases.'	5	18	• Warden • RES • Psychologist/ psychiatrist
						'If you ask if there is anyone's mental illness fully healed, I would say no one. Or maybe one or two.'			
						'Are they making progress? Yes. Are they totally rehabilitated? Some of them may be, some of them may be not.'			

					centre.	‘There was a former inmate, after leaving here, he did not try to get a stable job, just muddled along on the street. Though he did not commit any crimes again, I still can not say that he has been rehabilitated totally.’			
	Reasons of the negative effects	Reasons of the negative effects concluded by the interviewee.	Difficulty of the treatments	B4	The interviewee indicates that a mental illness is difficult to be cured.	‘Some CD incarcerated youth’ cognition is quite negative, even violent, and it is very hard to be corrected.’	4	16	• RES • Psychologist/ psychiatrist
						‘Changing someone’s cognition is not an easy thing, especially the long-term-formed cognition of CD patients.’			
						‘Unlike ADHD patients, it is too difficult to deal with some CD patients. What I can do is keep treating them, and they are also improving, but I don’t know when they can be completely healed.’			
			Lack of the professional	A3, B4	The interviewee indicates that there is a lack of professional	‘We only have one full-time psychiatrist in the clinic. She is besieged with everyone of them.’	4	6	• Warden • RES • Psychologist/ psychiatrist
						‘We are trying to make the psychotherapies be integrated into all the activities here in the detention			

					psychologists and psychiatrists.	centre. I have to help to train the teachers and police officers to do so. I am overburdened.'			
						'Because two of the doctors in the clinic are not our stationary personnel, so the continuity of the treatments is kind of weak.'			
			Short Terms	A3, B4	The interviewee indicates that the term is too short for the treatments.	'Last year an ADHD inmate had not finished his treatment in our clinic when his detention was terminated.'	4	14	• RES • Psychologist/ psychiatrist
						'Psychotherapy is a long-term treatment. A at most four-year term is way not enough.'			
						'I hope after a delinquent leaves the detention centre, he can keep visiting psychological clinicians to receive more treatments.'			
			Defensive attitude towards treatment	A3, B4	The interviewee indicates that an incarcerated youth shows a defensive attitude towards	'One of the CD delinquents always does not cooperate with our psychiatrists, and sometimes he even tries to interrupt his treatments.'	3	5	• Psychologist/ psychiatrist
						'Some patients refuse to accept the fact that they have mental health problems. They refuse to receive treatments.'			
						'Some patients discuss how to perfunctorily receive the treatments in			

					psychotherapy.	private.'			
			Defensive attitude towards staff	A3, B4	The interviewee indicates that an incarcerated youth is distrustful of the staff.	'You know, we are police officers, even the psychiatrist is a police officer, so some of the incarcerated youth are distrustful of us. During the treatments, they tend to be offhand with the psychiatrist.'	8	8	• Warden • RES • Psychologist/ psychiatrist • Teacher • Police officer
						'Some of them do not trust me. I am always regarded as their opponent.'			
						'A patient told me that I was the one who was mentally sick.'			
						'I do not feel good when they think not cooperating with me in the classroom is cool.'			
			Poor former academic performance	A3, B4	The interviewee indicates that the former academic performance of an incarcerated youth is far behind the standard, and	'A large number of the delinquents had problems of poor academic performance before their detention. When they were at the middle-school age, some of them had not been even graduated from the elementary school.'	5	9	• Warden • RES • Teacher
						'Some of the students at first cannot read, and they do not know how to use a dictionary.'			
						'Because of really bad family background, some of them do not know			

					it has affected his study in the detention centre.	why they should learn.' 'When I first came to work here I was shocked by their poor academic performance. They nearly knew nothing.'			
Improvements of the rehabilitation	In terms of government/ the detention centre	What the government and the detention centre could do to improve the rehabilitation	Further funds	A4, B5	The interviewee indicates that further funds from the government is needed.	'Because the lack of funds, our psychotherapy facilities are primitive, compared with the formal psycho-clinics outside of the detention centre.' 'We have a very tight budget. Sometimes when I propose to use some new treating methods, the warden has to refuse my proposal.' 'We do not have enough funds to hire more vocational education professionals to teach the incarcerated youth. We only one vocational education teacher who is assigned by government.'	4	5	• Warden • RES • Psychologist/ psychiatrist
			More professionals in clinic	A4, B5	The interviewee indicates that more professional psychiatrists	'If we could have more full-time professionals, I believe that the effects will be better than the current situation.' 'Now we are facing a shortage of the professionals. I think our treatment skill	5	5	• Warden • RES • Psychologist/ psychiatrist

					may help the better effects of the rehabilitation.	can be improved if we have more professionals in our team.’			
						‘I am overburdened. I can not make sure all the patients could be well cared.’			
			Better vocational education	A4, B5	The interviewee indicates that current vocational education in the detention centre is not good enough.	‘incarcerated youth here do not have many choices when they starting to learn some working skills. A cook, that’s what they are going to be in the future, if they do not plan to learn something else. It is quite normal for them to be negative about the vocational education.’	3	6	• Warden • RES • Police officer
						‘In some juvenile detention centres in more developed provinces, there are many fancier vocational education courses, such as drone operating courses. Their incarcerated youth are much more enthusiastic, and I think of course they have a chance to get better jobs. incarcerated youth in our detention centre show lower interests in the cooking and hair-cutting courses.’			
						‘Having a working skill is very important to assimilate into social activities. Now we are not doing well.			

						We need better resources of vocational education.'			
	In terms of society/ the family	What the society and the family could do to improve the rehabilitation	Better family-detention centre cooperation	A4, B5	The interviewee indicates that they need the cooperation with the families of the incarcerated youth.	'I can assure you that every young kid here in the detention has a lousy family. It is important for their parents to participant in the rehabilitation if we want to cure them fundamentally.' 'Because I have known their family backgrounds, so I won't blame them. I blame their families more. We want their parents to join some parts of the treatments.' 'Most of their parents are not qualified. Lack of a sense of responsibility is the main problem of the parents. The minors can be easily influenced. The parents should also be improved, though it is super hard.'	8	11	• Warden • RES • Psychologist/ psychiatrist • Teacher • Police officer