# What Every Clinician Needs to Know About Juvenile Firesetters

Michael L. Slavkin, Ph.D.

The number of juvenile firesetters is growing each year (1), and the amount of psychological and financial damage they cause is substantial. Thus it is essential that clinicians be aware of the characteristics of juveniles who set fires. The purpose of this column is to help educate mental health professionals about the etiology and treatment of juvenile firesetting and to discuss various predictors of firesetting, which include age, sex, aggression, internalizing behaviors, level of deviancy, family dynamics, and sociability.

Each year, fires set by juveniles account for a large proportion of deaths and damage to public property. Fires set by children and adolescents are more likely than any other household disaster to result in death (1). In 1998, fires set by children and juveniles in the United States resulted in an estimated 6,215 deaths, 30,800 injuries, and \$2 billion in property damage (1).

# **Individual characteristics**

It is believed that individual and environmental predictors need to be examined simultaneously in order to provide an adequate explanation for juvenile firesetting (2).

#### Aggression

Firesetting behaviors have been closely related to antisocial behaviors among youths (3). Patterson (4) asserted that firesetting may occur at the later stages of a pattern of antisocial symptoms that progress from

Dr. Slavkin is affiliated with the department of teacher education at the University of Southern Indiana, 8600 University Boulevard, FA 159, Evansville, Indiana 47712 (e-mail, mslavkin@usi.edu). Charles Huffine, M.D., is editor of this column.

high-rate, overt symptoms such as disobedience to low-rate, covert symptoms such as lying, stealing, and vandalism. Kolko and Kazdin (5) reported a relationship between childhood firesetting and heightened aggression and deficits in social skills.

#### Social skill deficits

Juvenile firesetters often are found to have difficulty interacting with others, including family members, their peers, and their teachers (6). These limitations in sociability are likely to reduce the opportunity for these youths to develop socialization skills (7). Such limited opportunities for communication and friendship may limit their psychosocial stability, thereby increasing their firesetting tendencies and other maladaptive behavior (7).

# Deviance and vandalism

Firesetting has long been considered a form of social deviance among youths (3). Loeber and associates (8) asserted that deviance can be classified as behavior that is bothersome to adult caregivers, such as highly stubborn behavior, lying, truancy, and running away from home, or that inflicts harm or property loss on others, such as physical aggression, vandalism, theft, and violent acts.

#### Covert antisocial behavior

Studies have shown that firesetters tend to have conduct problems, such as disobedience and aggression (9). Sakheim and colleagues (10) found that firesetters had feelings of anger and resentment about parental rejection and that such feelings were largely expressed covertly through the use of fire. The presence of neglect, abuse, or emotional deprivation is often internalized, and when negative

internalized feelings are expressed destructively the most likely expression is through the use of fire.

# **Environmental issues**

Further consideration needs to be given of the environmental characteristics and interindividual dynamics related to firesetting among juveniles. Environmental characteristics are defined as supports, controls, models, and expectations of others that are thought to be meaningful phenomena to the juvenile (11). Fire play and firesetting behaviors usually can be predicted by characteristics of the firesetter's environment (12).

Moderate firesetting among youths has been associated with limited family sociability, whereas recidivism defined as multiple instances of firesetting—has been associated with lax discipline, family conflict, limited parental acceptance, and poor family affiliation (13). Kolko and Kazdin (5) have identified correlates between parents' maladaptive behaviors and their children's maladaptive behaviors. However, few professionals have examined such environmental factors when working with firesetters (14). Poor supervision and lax child care were found to be better predictors of recidivism among children than were individual characteristics (6). Moreover, it was found that the adults who were responsible for juvenile firesetters spent a limited amount of time keeping track of incendiaries in the home, which increased the number of opportunities for firesetting (15).

Other environmental factors have been identified as being associated with juvenile firesetting. Exposure to fire at an early age may increase the likelihood that children will engage in maladaptive firesetting behavior (5).

Kolko and Kazdin (13) found that access to incendiaries, lack of adolescent remorse, and lack of parental consequences for negative behavior were associated with recidivism. Saunders and Awad (16) asserted that adolescent firesetters are likely to have experienced parental separation, violence in the home, parental alcohol and drug abuse, or some form of physical or sexual abuse. Firesetters are also likely to have experienced significantly more emotional neglect and physical abuse than other children of similar socioeconomic and geographic backgrounds (9).

# Recommended mental health strategies

As is apparent from the literature, children's involvement with fire is a multidimensional behavior motivated by a variety of circumstances. Mental health treatment needs to be sensitive to these various motivations if it is to be maximally effective.

The literature describes many "types" of firesetters. Any attempt to categorize the firesetter should serve the pragmatic purpose of helping assess the individual's risk of future dangerous fire-related behavior (3). Dangerous behavior includes behavior that destroys property or results in physical or emotional harm. Dangerousness also involves the probability that the juvenile will set more fires. Thus the specification of type of firesetter should alert the clinician to the characteristics of the firesetting sequence that are most salient (17).

Because firesetting is related to such a broad array of child and family problems, it has been recommended that a comprehensive, structured initial interview be conducted with the juvenile firesetter (14). Moreover, it is imperative that those who work with juvenile firesetters maintain a relationship with the fire and police departments, both of which are important sources of information about the child, the family, and the fire incident. The fire service also can provide well-targeted fire safety education.

# Conclusion

Juvenile firesetters can be offered a range of proximal and distal supports, from short-term counseling, daytreatment programs, and inpatient hospitalization to residential treatment programs. A partnership of many different types of agencies that incorporates fire department funds as well as creative funding for all components of a firesetter program, especially the mental health component, provides direct and indirect benefits to all members of our communities. Further information about initiatives under way throughout the United States can be obtained from SOS Fires (http://www.sosfires.com) or through the Vandenburgh County Juvenile Firesetter Task Force in Evansville, Indiana. •

### References

- National Fire Protection Association: Statistics on the National Fire Problem. Available at http://www.fema.gov/library/femainfo.shtm
- Barnett W, Spitzer M: Pathological firesetting 1951–1991: a review. Medicine, Science, and the Law 34:4–20, 1994
- Fineman KR: A model for the qualitative analysis of child and adult fire deviant behavior. American Journal of Forensic Psychology 13:31–60, 1995
- 4. Patterson G: A Social Learning Approach, vol 1. Eugene, Oreg, Castilia, 1982
- Kolko DJ, Kazdin AE: Motives of child-hood firesetters: firesetting characteristics and psychological correlates. Journal of Child Psychology and Psychiatry 32:535– 550, 1991
- Showers J, Pickrell E: Child firesetters: a study of three populations. Hospital and Community Psychiatry 38:495–501, 1987
- 7. Kazdin AE: Conduct disorder in childhood,

- in Handbook of Child and Adult Psychopathology: A Longitudinal Perspective. Edited by Hersen M, Last CG. New York, Pergamon, 1990
- Loeber R, DeLamatre MS, Keenan K, et al: A prospective replication of developmental pathways in disruptive and delinquent behavior, in Methods and Models for Studying the Individual. Edited by Cairns RB, Bergman LR. Thousand Oaks, Calif, Sage, 1998
- Thomas A, Grimes J: Children's Needs: Psychological Perspectives. Silver Spring, Md, National Association of School Psychologists, 1994
- Sakheim GA, Vidgor MC, Gordon M, et al: A psychological profile of juvenile firesetters in residential treatment. Child Welfare 64:453–476, 1995
- Jessor R: Problem-behavior theory, psychosocial development, and adolescent problem drinking. British Journal of Addiction 82:331–342, 1987
- Achenbach TM: The classification of children's psychiatric symptoms: a factor analytic study. Psychological Monographs 80: 615, 1966
- Kolko DJ, Kazdin AE: Children's descriptions of their firesetting incidents: characteristics and relationship to recidivism. Journal of the American Academy of Child and Adolescent Psychiatry 33:114–122, 1994
- Federal Emergency Management Agency: Interviewing and Counseling Juvenile Firesetters. Washington, DC, US Government Printing Office, 1996
- Squires T, Busuttil A: Child fatalities in Scottish house fires 1980–1990: a case of child neglect? Child Abuse and Neglect 19:865–873, 1995
- Saunders EB, Awad GA: Adolescent female firesetters. Canadian Journal of Psychiatry 36:401–404, 1991
- Fineman K: Firesetting in childhood and adolescence. Pediatric Clinics of North America 3:483–500, 1980

# **Electronic Table of Contents Service**

Readers of *Psychiatric Services* can register online to receive the journal's table of contents via e-mail each month. To sign up for this service, please go to http://psychservices.psychiatryonline.org/cgi/etoc and enter your e-mail address. You will be able to choose to receive the full table of contents or simply an alert when each new issue of the journal is published online.