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NEWS

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*****UTHSCD Psychotherapists show success
treating young "firebugs"

DALLAS--The old saw "Where there's smoke, there's fire" is taken quite literally by psychotherapists who work with child and adolescent "firebugs," a popular nickname for fire-setters. In an overwhelming number of cases these young firesetters aren't just playing with matches--they know exactly what they're doing and set the fires deliberately.

Fires are a major cause of death and serious injury in this country with 13,000 victims who fail to survive their injuries and another 300,000 who are seriously hurt each year. Arson is the leading cause of traumatic injury in children, and many of these accidents were caused by the children themselves when they started fires that got out of control.

There is no way to accurately gauge this number, however, because of the way our national fire statistics are compiled. Children playing with matches is rated the fourth cause of fire behind smoking, faulty electrical wiring and accidents with heating and cooking equipment. Suspected arson, lower on the list, also includes a high percentage of the fires set by children and adolescents, say fire officials.

Unfortunately, there has not only been a large reluctance on the part of parents in recognizing firesetting behavior as a problem with their children, but up to now there has been very little help that psychiatry had to offer. Now psychotherapists at The University of Texas Health Science Center at Dallas report that studies with children and teenagers have shown that a new technique of stopping the firesetting behavior is working with those who use setting fires as a way of dealing with "bad" feelings.

Dr. Eugene Bumpass, clinical associate professor of Psychiatry, and his associates have developed a simple technique that can be used in as short a time as one hour-and-a-half counseling session with the child or teenager and sometimes the parents. The technique helps the child to pinpoint the feelings that led to the firesetting and substitute a positive kind of activity leading to a change in mood. This kind of firesetting behavior, Bumpass cautions, is not to be confused with the natural curiosity displayed by a child just learning about fire and its appropriate use. And the method does not work with teenage arsonists who burn for money.

Bumpass and Drs. Royanna Just Brix and Diane Fagelman, psychiatric social worker and clinical associate professor of Psychiatry respectively, have been seeing patients through the Child and Adolescent Psychiatry Clinic, as well as in private practice. The patients cut across a wide socio-economic spectrum of the community. While some are referred through the juvenile justice system because of a history of firesetting, many others come because of parents, friends and teachers who are concerned about a variety of problems, including starting fires.

For the past eight years, team members have seen 29 children and teenagers who had set fires--nearly all more than once--as a way of dealing with uncomfortable feelings. Ages at the time of the firesetting ranged from six-and-a half to 14. Twenty-five of the cases have been followed to see if there were any repetitions of the firesetting behavior. Of this number only three have repeated the incident(s), and none of the three is known to have set more than one fire since seeing members of the therapy team.

Working over the years with children and adolescents who set fires, Bumpass and his team have discovered that there is a definite cause and effect relationship between feelings and behavior in these cases.

(over)

Usually, says the psychiatrist, a triggering event--something that may seem insignificant to the parents, such as Mother's sleeping late or lying down for a daytime nap--causes the child to feel sad and lonely. Then these feelings are replaced by intense angry feelings that give way to a destructive fantasy or urge to set a fire. These feelings in turn are significantly reduced by the firesetting. Panic or fear usually precedes the actual setting of the fire and continues for a while afterwards. This feeling may be related to a fear of getting caught or what may happen if the fire gets out of control. After the fire some children feel guilt, while others seem to have no guilt feelings at all.

The method, aimed at the child's recognizing the sad and lonely feelings that set off the chain of firesetting events and then heading off the destructive behavior by substituting an activity that will make him or her feel good, is simple. The therapist or therapists (Bumpass and Brix often work as a team) meet with the child or the child and parent(s). In the session they work toward helping the child realize the feelings that triggered the cycle of firesetting behavior.

Bumpass asks the child to remember the day of the fire and the events before and after the fire. Then he draws a graph on a blackboard representing the flux of the child's feelings during the sequence of events. He asks the child to remember the day that he set the fire and to tell him how he had been feeling before the firesetting. "Sad," "bad" and "lonesome" are typical answers.

If the child has trouble remembering or has difficulty being in touch with his feelings, the psychiatrist will ask questions, such as what he or she was wearing or doing, to help evoke the memory. It is not unusual for tears to start as the child begins to relive the experience. The therapist writes the sequence of events on the graph in relation to lines representing the change of the child's feelings. This helps the young firesetter understand the relationship between what he or she felt and what he or she did--that is, set a fire to make the "bad" feelings go away.

The next step is to help the child find appropriate activities that will substitute for the destructive behavior and affect a mood change. He generally asks the child what he or she likes to do: go outside and ride a bicycle, watch a favorite program on TV, find a friend to play Monopoly with.

The children are almost always eager to cooperate, says Bumpass. They don't like being out of control and generally are frightened of both their bad feelings and the compulsive firesetting behavior. Recommendations for further sessions may be made whenever the psychotherapists feel it appropriate.

"Most of the kids want to be able to control their feelings, and the brighter the child, the easier it is to teach him to recognize the 'bad' feelings and do something about them."

Contrary to popular psychiatric opinion, Bumpass and his associates have not found firesetting in adolescents to be a sexual phenomenon as the Freudians have labeled it. Nor does he think child and adolescent firesetters fit the other stereotypes generally associated with adult firesetting.

For example, the central character in the popular movie/novel Endless Love views himself as a "rescuer" of his girlfriend and her family when he sets fire to the porch of their gingerbread home. Many traditional psychiatric therapists would agree. However, an interpretation of this case using the new therapeutic approach would focus on the teenage firesetter, frustrated and depressed at being separated from his love object and surrogate family and overcome with anger at the separation. In the story he felt panic when no one discovered the fire. After starting the blaze the young man experienced a release of tension in addition to his fear.

Although most of the patients seen by the Dallas team are much younger than the 17-year-old firesetter in Endless Love, Bumpass says he has seen a local teenager who was involved in a similar incident within the last several years.

The Dallas team has discovered certain characteristics the young firesetters have in common, some of which have been reported previously in psychiatric literature. There are also patterns in the homes of the young firesetters that can give insight to the therapist working with these patients.

One common characteristic among these young people is a problem with delayed gratification. For example, these children seem to have trouble waiting until Mother wakes up to give them attention, a common pattern among children in the study's patient population. They also seem to have less rich fantasy lives than other children their ages and have difficulty in using symbolic concepts. Many of them have an inability to understand time concepts: they may not be able to read a clock with numbers or even understand the concept of "before" and "after." The group also has a large number of children with recognized learning disabilities, including reading problems, or seizures.

A high percentage of the children and adolescents who are starting fires also exhibit other acting-out behavior. These may include such things as running away, stealing or skipping school. The same process may take place from triggering event to tension release, and the same therapeutic techniques may be used in combating these other negative behaviors.

In the home there is generally a problem of expressing emotion, says Bumpass. In most cases the mother may present a picture of depression, helplessness and inability to cope. Often the father in this situation is alcoholic and usually has trouble with emotional commitments.

"This father may be out on the town every night, chasing around and closing bars."

There may be repeating patterns of divorce and remarriage in this situation, but the partners seem to keep marrying the same kinds of spouses the second--and even third--time around.

Another typical family situation involves the mother who keeps busy to keep these feelings at bay, but whose manic activity masks her depression. The father in this home is often the busy corporate-executive type. He usually has trouble expressing his feelings, and he's not home much. When he is there, he demands obedience. His idea of communication is to challenge his son or daughter: "Have you cleaned your room?" "Have you done your homework?" His goal for the child is productivity at all times.

There is, however, a danger of oversimplifying the matter, Bumpass says. Not all the families of firesetters are severely pathological. Usually when firesetting is a problem with children in healthy families, these children have experienced more trauma than most at an early age or have more obvious organic problems. And just because some of these elements are present in the individual physical and psychological make-up of a child does not mean that firesetting will be the result. Nor does it mean that homes where there have been divorce and remarriage or where families are trying to cope with alcohol and/or depression problems will always produce a young "firebug."

"We certainly don't mean to say that," Brix emphasizes.

Bumpass agrees. "All the pieces to this intricate puzzle aren't in yet. But we have isolated some of the elements. No one, however, can predict what will cause firesetting in any given situation."

Enough is known, however, that the therapy is working. The psychotherapists are excited about their patient results. Last fall Bumpass reported on the therapeutic technique at the annual meeting of the American Association of Psychiatric Services for Children.

In addition, the therapists have been working with the support services section of the Dallas Fire Department's prevention bureau in founding a program unique to Dallas. Officers in the division are trained by the UTHSCD psychotherapists to use their method for intervention in firesetting behavior. Fire department counselors are seeing about 100 juveniles a month in voluntary counseling sessions. The program began August, 1981.

According to Dallas Fire Department statistics, \$1.6 million in damages resulted from the 405 reported fires set by juveniles in the city last year. These 405 fires account for more than half the overall arson blazes in Dallas.

Children and adolescents in the Fire Department program are seen on court referral or brought by worried parents who learn about the program through word of mouth. Bumpass says that both his clinic and private patients may come for counseling through these avenues, but strangely enough, some parents are more concerned with other acting-out problems than the fire-setting, whether they be stealing, truancy or sexual experimentation.

"We consider the firesetting behavior primary," says Bumpass. "This is the area we want to intervene in immediately. It's a serious business--they can kill someone, including themselves."

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