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# OSELOTOS

Specialized Unit for Psychosocial Intervention

Scientific Responsibility for the Unit:

Konstantinos Bolias, Child Psychiatrist

Fani Passia, Sociologist

# “ Oselotos” Specialized Unit for Psychosocial Intervention

- **Founded** in January 2018 as a structure of the "Center for Children and Adolescents" and, since January 2022, continues its operation as a structure of the non-profit organization "Functional Communication, Therapy and Education Society, Non Profit Civil Company" (F.C.T.E. Society).
- **Supports** teenagers, young adults, along with their families, who belong to high-risk groups for developing deviant or delinquent behavior, or are in conflict with the law.
- The **goal** of the Unit is a holistic approach to the deviant behavior and delinquency of adolescents and young adults with mental disorders and psychosocial problems through primary mental health care services and psychosocial support.

**F.C.T.E. Society:** Was founded in March 2021 with the aim of promoting the principles of functional communication as a means to enhance mental health and social cohesion. The founding members incorporated the Unit into a non profit organization and took full responsibility for continuing its operations, committing to uphold and preserve its charitable and non-profit nature.

[Founding Members:](#)

K.Bolias, M. Agrafioti, N. Mantesi, D. Patsiala and F. Passia

# An Interdisciplinary unit

- Staffed by a comprehensive range of specialists in psychiatric and neurodevelopmental disorders
- The unit collaborates with external associates for specialized interventions such as legal consultations.
- Expertise is transferred from the more experienced to the less experienced members in a process of sharing experience, knowledge and supervision
- The latest scientific literature is regularly reviewed. The members receive consistent individual and group supervision from both internal and external supervisors with high specialization (e.g., ASD, ADHD, etc.).
- Continuous communication and harmonious cooperation among the members of the interdisciplinary team are ensured.
- Scientific responsibility is shared by two specialists for the most comprehensive and timely coverage of the needs of both team members and beneficiaries.

# The Interdisciplinary Team

- Child Psychiatrist
- Sociologist
- Psychologist
- Social Worker
- Family Therapist
- Criminologist
- Lawyer
- Speech - Language Therapist
- Occupational Therapist
- Special Education Teacher
- Art Therapist
- Administrative Assistant



## Volunteers

**The institution of volunteering plays a crucial role in the operation of the Specialized Unit “OSELOTOS”**

Since its inception, **50 Volunteer Mental Health Specialists (with an average stay of 2 years)** have been engaged with stability and consistency in their collaboration.

Currently, there are **30 active members** who contribute significantly to the development and operation of the facility.

**During Volunteer Work, they are required to adhere to the internal regulations of the Unit, such as:**

- Participation in individual and group supervision
- Participation in meetings of the Interdisciplinary Team
- Participation in internal and external trainings



# Services

- Diagnosis
- Child Psychiatry / Psychiatric follow-up
- Psychotherapy
- Parent and Family Counseling
- Mental Empowerment and Social Support Program
- Family Therapy
- Coaching – Mentoring
- Career Counseling Program
- Social Reintegration Program
- Occupational Therapy, Speech Therapy, Special Education, and other specialized therapies
- Training, Supervision, Practical Training, Seminars

# Intersectoral Collaboration

Within the framework of our operations, we develop intersectoral collaboration initiatives aimed at providing comprehensive and integrated coverage of needs and ensuring continuity in care.:

## Educational Frameworks

Center for Diagnosis,  
Evaluation, and  
Support.

Judicial and Law  
Enforcement Authorities

Social Services

Shelter Facilities  
for Adolescents &  
Young Adults.

Mental Health  
Organizations, Mental  
Health Centers, Child  
Psychiatry Clinics



- **SCHOOLS:** This program offers targeted support to educators. It aims to enhance their understanding and management of "challenging behaviors" associated with psychiatric conditions.
  - Collaboration is encouraged for managing specific cases within the school environment
  - Regular meetings with the Teachers' Team
  - Informative Lectures - Discussions (Primary Schools, Secondary Schools, High Schools)
- **JUVENILE OFFICERS SERVICE:** Ongoing collaboration for case management, with a focus on maintaining medical confidentiality and the therapeutic relationship. Responsible: Jouveline Officers Service (Quarterly written updates, 73 referrals).
- **POLICE DEPARTMENTS:** In the case of arrest and during detention. Immediate issuance of certificates and collaboration aimed at better managing the case based on the underlying psychopathology. Support for the adolescent and their parents.
- **CHILD PSYCHIATRIC CLINICS:**  
Oselotos Unit → Clinic → Oselotos Unit.
- **Special Detention Facilities for Youth:**  
Oselotos → Special Juvenile Detention Center → Oselotos
- **Shelter Facilities:** Oselotos → Shelter Facility → Oselotos





Based on our clinical  
experience and bibliography



# Risk Factors

- The factors associated with the development of deviant behavior have been sought in the psychological and biological characteristics of the adolescent, as well as in the family, school, and society.
- **No single factor is solely responsible for juvenile delinquency**; however, the likelihood of a young person engaging in offenses increases as the number of risk factors rises.
- **Risk factors are not linked to delinquency in a cause-and-effect relationship.**

# Mental Disorders and Delinquency

- Attention Deficit Hyperactivity Disorder (ADHD)
- Conduct Disorder (CD)
- Pervasive Developmental Disorders (PDD) with moderate and high functionality
- Specific Developmental Disorders of School Skills (Dyslexia)
- Generalized Learning Difficulties
- Intellectual Disability
- Bipolar Disorder
- Schizophrenia
- Organic Psychosyndrome
- Acute Intoxication
- Epilepsy

# Recipients of service

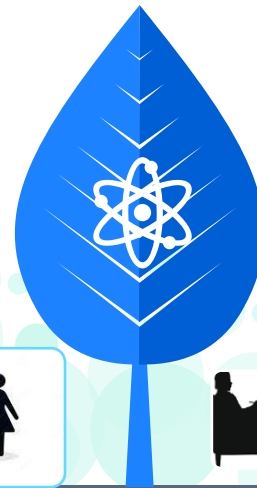
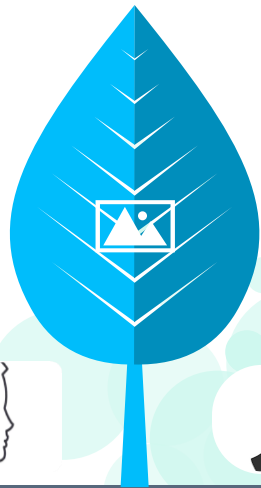
The Unit has **so far** welcomed 393 adolescents, young adults, and their families.

90% exhibit learning difficulties

**78% have some form of psychiatric disorder**

- ✓ **63.64%** (ICD10 F90-F98) Emotional disorders and behavioral disorders with onset during childhood and adolescence..
  - **82.14%** (ICD10 F90.0 or ADHD according to DSM) Attention Deficit Hyperactivity Disorder (ADHD) and Conduct Disorder, Hyperactive Type (ICD10 F90.1).
- ✓ **41.67%** (ICD10 Z62) Other problems related to the upbringing of the child.
- ✓ **43.33%** (ICD10 Z63) Other problems related to the primary support group, including family circumstances.
- ✓ A large percentage of beneficiaries present comorbid conditions (more than one diagnosis).

# The Therapeutic Model of the Oselotos Psychosocial Intervention Unit



# Our Approach

The operation of the Unit is based on the principles of community psychiatry - child psychiatry, and a synthesis of approaches that meet the needs of the beneficiaries according to the scientific literature and our clinical experience.

**We adopt a multisystemic model, where interventions target the adolescent and the systems they are part of.** The therapists support the caregiver to empower them to take initiative, set boundaries, and provide structure for the adolescent, improve family relationships, and develop support networks among the extended family, friends, and the community. (Multisystemic Therapy (MST) (Hangeller et al, 2009).

# Our Approach

## Therapeutic Principles

- **The young person is not necessarily required to enter therapy for intervention.**
- Complete individualization of the therapeutic program.
- **Flexibility in the intervention process.**
- Holistic approach to the “problem”

Our approach emphasizes and maximizes the importance of interdisciplinary and intersectoral collaboration, which ensures continuity of care, prevention of relapse, and facilitates access to mental health structures and psychosocial rehabilitation services.

# Clinical Findings

- Interventions with clearly defined protocols that are regularly evaluated tend to be more effective.
- When parents are engaged in the therapeutic process, delinquent behavior is more effectively managed (Henggeler et al., 2009; Ogden et al., 2007).
- The combination of therapeutic intervention and external monitoring has been shown to be effective (Pardini, D 2016).
- Psychodynamic therapies and techniques are not effective during the initial stages of intervention.
- Group therapies are effective only for younger children. In adolescents, they can be detrimental, as they may reinforce antisocial behavior.
- The "history" of juvenile delinquents typically involves multiple risk factors.
- Judicial authorities have begun to consider the presence of neurodevelopmental and generally psychiatric disorders in their work.
- Early intervention programs for children with "challenging behaviors" prevent the emergence of delinquent behaviors.



# Clinical Findings

- There is a lack of timely diagnosis and, consequently, a lack of early and targeted intervention and management.
- Insufficient continuity of care is a barrier to the young person's involvement in the therapeutic process, as they transition from one service to another without being accompanied by records and a therapeutic plan (YJB, 2006a).
- In school-based actions, the need for collaboration with specialists emerged. We observed that the majority of teachers feel helpless, inadequate, and frustrated.
- The need for mediation between parents and educators was identified to establish a relationship of trust and foster collaboration.
- There is a lack of structures and services specialized in interventions for young people with **psychiatric morbidity and delinquency**.

The timely detection of difficulties and the provision of combined interventions can guide young people toward a constructive organization of their lives, as opposed to a future “criminal career”.

This investment in supporting the developmental path of the child yields significant long-term benefits for the state and society, while also relieving the Criminal Justice System and the Healthcare System.



The Ocelot is a small carnivorous mammal of the feline family. Its adaptability allows it to thrive in various environments. It is nocturnal and solitary. The Ocelot is beautiful and wild; it can be domesticated without losing its independence.

# Indicative Bibliography

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## Presentation

M. Tsalamaniotis (2023), Experience from Abroad: Applied Models and Interventions (Prevention & Treatment) Seminar: Working with Delinquent Youth with Co-occurring Psychiatric Disorders, Child’s and Adolescent Center

On behalf of the Interdisciplinary Team of  
the Oselotos Unit, we thank you for your  
attention!

