Family Check-Up

Parenting Support In Small Doses Improves Child Conduct And More

Seven years ago, researchers began investigating whether, they could, in only a few sessions, promote more effective and positive parenting among at-risk families and, in turn, help prevent young children from developing problem behaviors later in life. What they didn’t anticipate was that important school readiness skills would also improve for many children in those families.

The intervention, known as the Family Check-Up, addresses disrupted and unskilled family management practices in early childhood by motivating and helping parents to make constructive changes.

More than 730 families eligible for a national food supplement program in Pittsburgh, rural Virginia and a suburban Oregon community were offered the intervention beginning when their child or children were 2-years-old. The intervention is relatively brief with parents averaging about four in-home sessions with a therapist a year.

In recently published studies, researchers report that those parents made gains in positive parenting and their children showed a decrease in behavior problems compared to children in families who did not participate in the intervention. Researchers also report that a family’s participation promoted self-regulation and literacy skills among children aged 2 to 4 years.

“The beauty of this to me is that we are getting families who traditionally had been very hard to reach. We are getting them to start to connect with...”

(Parenting continued on Page 2)

In Managua, Nicaragua

Improving Orphanage Quality With Warmth And Sensitivity

The orphanage in Managua, Nicaragua offered little in the way of environment, stimulation, and care that would please a child development specialist. Inside, rooms were spacious enough, but spartan. Furniture was scarce. The few available toys were stored in cardboard boxes that were usually kept in closets, out of sight. The hard-working caregivers tended to focus on routine caregiving—feeding, bathing, changing. Schedules were rigid. Meals were often rushed. So, few children enjoyed the warmth of an adult.

It was under these conditions that Whole Child International, a non-profit devoted to improving orphans and children’s development, began a pilot intervention in late 2006 aimed at improving the social-emotional climate of the orphanage and, in turn, the developmental outcomes of children who live within the concrete-and-barbed-wire walls that enclose the compound.

The task proved challenging. However, a recent evaluation conducted by the University of Pittsburgh Office of Child Development found the year-long intervention succeeded in improving both the quality of care the orphanage offered and the developmental scores of children.

“It demonstrated that certain changes that promote...”

(Managua continued on Page 3)
Parenting’s Key Role
For the studies, researchers narrowed participation to families dealing with poverty and other serious risk factors. Families must be income-eligible for the federal Women, Infants and Children Nutrition program. Parents can’t have completed more than two years of college. They must have a child they believe has behavior problems. And they are screened for other deficits such as maternal depression, having become a parent while a teenager and a history of drug or alcohol abuse.

In addition to struggling with such circumstances, these families usually don’t have primary care physicians or a regular pediatrician for their children and they don’t typically seek help from mental health professionals. Researchers designed the Family-Check Up as a brief intervention to strengthen these parents’ use of positive behavior support strategies during the early years of a child’s life.

Its focus on parenting is supported by substantial scientific evidence that suggests parenting practices are central to behavior and adjustment problems that develop in children. Studies have found, for example, that negative and neglectful parenting can predict problem behavior later in children’s lives. And harsh and punitive parenting has found to make it much more likely that children already at genetic risk of problem behaviors will develop them.

On the other hand, promoting appropriate parenting practices during early childhood has emerged as a solution to the development of problem behaviors.

Helping parents develop warm, trusting relationships with their young children, become more attentive and involved and to reinforce skill development in positive ways have all been found to help prevent later conduct problems. Studies suggest, for example, that when parent-child play and social contact is increased during the ages of 1 and 2 years children show fewer conduct problems at age 4.

Family Check-Up
The Family Check Up begins with a comprehensive assessment of family functioning, that includes observation of parenting practices, relationships, child characteristics and other factors related to the family, child and home environment. Families were randomly chosen to participate in the intervention and a non-intervention control group.

Those offered the intervention also initially receive a Get-To-Know-You visit during which parents explore their perceptions and concerns related to their family setting and children’s behavior. This visit is followed by a longer feedback visit, at which time parent consultants share data obtained from the comprehensive assessment, focusing on the parent’s and family’s strengths and possible areas of change. Skills commonly emphasized include using positive reinforcement to promote children’s prosocial behavior, and learning to anticipate and prepare for situations when behavior might become a problem, such as going to the grocery store or when a parent is preoccupied with making dinner.

“The idea is to motivate positive parent behavior,” said Dr. Shaw. “We try to channel most issues parents bring up into parenting and everything is framed around the child’s welfare. If we talk about the depression of the parent, instead of saying, ‘You’re depressed and should do something about it,’ we say, ‘You know, that could be affecting your child’s welfare. It’s all about the child.’”

Families are offered the option to take part in additional interventions to address “red areas” – issues identified as needing improvement that they decide to work on. Their participation helps to link them to services they may need and provides them with a contact who they can call if they need help or advice.

The intervention, which is based on a health maintenance model, also provides for an annual check-up, which gives families an opportunity to address previously identified concerns they initially chose not to work on.

‘Terrible Twos’ A Concern
Behaviors associated with children around the age of two years are among the most common concerns of parents participating in the intervention. These include children not listening or minding their parents, oppositional behavior and aggression.

“Most of it is aggression toward siblings and not listening to parents, which is normative for that period,” Dr. Shaw said. “We know that a lot of kids will just grow out of it. We also know parental response can magnify the original problem, making it much worse than the initial complaint, so we want parents to get a handle on it.”

The most common identified concern families tend not
consistency of fewer caregivers and the way caregivers interact with infants and young children you can certainly improve the children’s development,” said Robert McCall, Ph.D., who with Christina Groark, Ph.D., co-directors of the University of Pittsburgh Office of Child Development (OCD), led the evaluation.

An increased frequency of behavior problems and other developmental delays among children raised in orphanages is an issue worldwide. Studies suggest that the lack of warm, caring, sensitive, and responsive interaction with caregivers is responsible for the delayed development and higher frequencies of long-term behavioral problems seen among these children. Improving such conditions has been the focus of OCD’s work over the past decade in three orphanages in St. Petersburg, Russia. There, a partnership with Russian researchers has led to promising, sustained outcomes, including rearranging staff schedules to provide children with fewer, more stable caregivers and training that has resulted in caregivers providing more nurturing and responsive care and marked improvements in the physical and emotional development of orphanage children.

‘Dismal By Any Standard’
The Managua orphanage was chosen for the pilot intervention by Whole Child International. WestEd, a nonprofit research, development, and service agency, contributed to caregiver training, which sought to enhance the children’s development by improving the way their caregivers interact with them.

Prior to the intervention, OCD traveled to Managua to conduct baseline assessments of the physical and behavioral environment of the orphanage and children’s developmental levels. The Infant-Toddler Environmental Rating Scale and the Early Childhood Environmental Rating Scale, both common assessment tools, were used to measure the environmental quality of the orphanage. Those assessments found the environmental quality scores in all six wards to be “nearly as low as possible and dismal by any standard.”

The wards, for example, were described as “spartan” and “stark” with each being poorly lighted and empty except for a few adult-size chairs. Children were fed on a strict schedule, regardless of age. They were often rushed to finish meals, forbidden to talk at mealtime, and required to use utensils even if they were too young to do so. Caregivers kept a measured distance that few children were allowed to penetrate. They often left children unattended. And it was rare to find them casually talking with children about such things as their day or what they wanted to do. Wards lacked appropriate materials for activities. Staff were afforded few opportunities for professional growth and given no in-service training.

Not surprisingly, the children in the orphanage scored poorly at pre-intervention on the Battelle Developmental Inventory Scores. The total Developmental Quotient for 82% of the children was below 70. Only 2% of parent-reared children in the United States would be expected to score so low.

Taking On The Challenge
The intervention focused on promoting one-on-one warm, caring, sensitive and responsive interactions between caregivers and the children, particularly during routine chores, such as feeding, bathing, and changing. It was designed primarily for children 3 years of age and younger, although caregivers serving older children were trained as well.

Caregivers were given training and technical assistance that reflected best practices in the group care of children and emphasized respectful, responsive caregiving. Training was guided by four general principles: Caregiving routines are important moments for adult-child interactions; continuity of care is important; children need freedom of movement to grow and learn; and children should have access to ample safe and developmentally appropriate materials.

Several bumps in the road were encountered during implementation. The directorship of the orphanage changed shortly after the intervention was begun. Although it became clear more technical assistance, monitoring, and encouragement of caregivers needed to be incorporated in the training, that need could not be fully addressed. New arrivals to the orphanage kept a measured distance that few children were allowed to penetrate. They often left children unattended. And it was rare to find them casually talking with children about such things as their day or what they wanted to do. Wards lacked appropriate materials for activities. Staff were afforded few opportunities for professional growth and given no in-service training.

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or 3 babies to feed. The older kids could play on their own,” Dr. Groark said.

“What is being attempted in Russia and in Managua is to change mindsets and procedures that have existed possibly for decades,” she said. “They have characteristics that have been common for a long time: A lot of different, changing caregivers; homogeneous age groups; large child-to-caregiver ratios; and perfunctory, business-like caregiving – don’t get close to the child.

In view of that, trying to change an orphanage is a monumental task.”

Improvements Are Made

Despite the challenges encountered, OCD’s evaluation of the Managua intervention found that ward environments improved, caregiver-child interactions became more sensitive and responsive and children of all ages increased their Developmental Quotient scores on the Battelle.

However, the challenges and other limitations likely limited the extent of improvement in outcomes. For example, environmental scores rose from a very low 1.14 to 1.83 on a scale from 1 to the highest rating of 7, and caregiver ratings, as measured by an assessment tool developed at OCD, improved from 1.3 to a score of about 2 on a scale of 1 to 3, both results suggesting room for further improvement.

Nevertheless, the children increased their Developmental Quotient scores by an average of 13.5 points, and the percentage of children whose Developmental Quotient scores were 70 points or lower was reduced from 82% to 27.8%.

And even though the intervention was designed for children under the age of 3 years, older children’s Developmental Quotient scores improved as much as younger children’s.

But more substantial gains are possible. For example, the larger, more comprehensive intervention implemented in St. Petersburg, Russia, resulted in more significant and sustained improvements in caregiving and ward environment and larger gains in children’s Developmental Quotient scores, which increased from a mean of 57 to 92 points.

Evaluators noted, however, that children who had moved from wards for younger children to wards for older children during the intervention tended to benefit less than children who remained in the same group. Analysis of those children showed their Developmental Quotient scores improved by only about 5 points instead of 13.5. The finding suggests the common orphanage practice of segregating children by age, which often means some children move to a new set of caregivers and peers periodically as they grow older, may slow their development.

Despite limited gains, the Managua pilot is another indication that an intervention that is primarily directed at the social-emotional nature of caregiver-child interactions can improve children’s development in orphanages. It also has implications for early care and education, said Dr. McCall. “Many have argued that social-emotional relationships and promoting them are actually the way you do skill building in very young children. This is further evidence of the value of developing these relationships and making sure that relationship-building is part of the training of people going into the field of early care and education.”

The University of Pittsburgh Office of Child Development is offering a series of easy-to-use parenting guides offering information and advice on 50 parenting topics. These guides are available free of charge to parents and organizations, agencies and professionals who work with children and families.

The You & Your Child parenting guide series, written and edited by the University of Pittsburgh Office of Child Development, covers topics ranging from how to deal with children’s fears, finicky eating habits, and aggressive behavior to getting a child ready to read, setting rules, and coping with grief.

Each guide is based on current parenting literature and has been reviewed by a panel of child development experts and practitioners. The series is made possible by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education.

To receive a printed set of all 50 guides by mail, send a request along with your name, organization, mailing address and telephone number to:

Parenting Guides
University of Pittsburgh
Office of Child Development
400 North Lexington Avenue
Pittsburgh, PA 15208.

The You & Your Child parenting guides are also available on the OCD website as portable document files at: www.education.pitt.edu/ocd/family/parentingguides.asp.
Nearly two decades after a spike in juvenile crime led states to adopt tougher, more punitive juvenile justice policies, evidence suggests there are ways of dealing with young offenders that are more effective and less costly than prosecuting them as adults and imposing harsh sentences.

The number of youth under the age of 18 years sentenced to time in adult prisons soared in the wake of “get tough” reforms that included widespread legislation relaxing the requirements for transferring young offenders from juvenile courts to adult criminal courts, where mandatory minimum sentences and other factors make incarceration more likely. That population remains historically high today, despite a recent decline in the number of youth sent to adult prisons.

The shift toward a more punitive approach toward youth justice has raised several concerns. Criminal courts give little consideration to the nature of adolescence, despite evidence that youth are not similar to adults in ways important to determining culpability, such as having an under-developed ability to understand the consequences of their actions. Research suggests that those making important juvenile justice decisions rely largely on intuition rather than evidence-based models when assessing the risks posed by juvenile offenders and matching them with sanctions and interventions. Finally, studies in several states suggest that laws that led greater numbers of young offenders to be prosecuted as adults in criminal court have not lowered juvenile crime rates or reduced recidivism.

Although many of the punitive reforms that swept the nation in the 1990s remain in place, there are signs that enthusiasm for such policies is weakening as states begin to consider their effectiveness and cost. This special report examines the reforms that reshaped juvenile justice in the United States, the fairness and effectiveness of those reforms, and alternative policies and interventions that show promise. It is largely based on a series of recent studies published in *The Future of Children*, a collaboration of Princeton University and The Brookings Institute.

**Juvenile Justice Transformed**

Early juvenile justice systems in America began to appear at the dawn of the 20th century. The reformers who established them did so with the belief that the nation needed to deal compassionately with youth accused of crimes through a separate court that considered them more worthy of rehabilitation than punishment and was focused on steering them away from becoming repeat offenders.

As these juvenile courts developed over the following decades, specialized facilities for young offenders were also established, such as juvenile detention centers, training schools and centers that provided a structured environment for addressing the educational, psychological and vocational needs of children who had committed crimes.

In addition, judicial decisions over that period provided juveniles charged with crimes with many of the same legal protections found in adult courts to ensure fair treatment under the law, including the right to legal counsel, the right to confront and cross-examine witnesses and the privilege against self-incrimination.

This trend began to shift in the late 1980s, when the nation experienced a steady increase in juvenile crime, particularly violent crime. Between 1985 and 1995, the nation witnessed a nearly 80% rise in arrests of juveniles 17 years old or younger for violent crimes, including murder, forcible rape and aggravated assault. Contributing to public alarm was the idea advanced by the news media and a few academics that a new generation of young “super predators” had emerged that was more violent, cold-hearted, and less amenable to rehabilitation than their predecessors.

**Trying Juveniles As Adults**

The most widespread policy response to such concerns to
enact new judicial transfer statutes that made it easier or mandatory to send the cases of young offenders charged with felonies to adult criminal courts. All but six states enacted such statutes between 1992 and 1997. These statutes were typically designed to increase the certainty, length and severity of punishment.

The momentum toward making it easier to try juvenile offenders in criminal court was so strong that states continued to expand the reach of the court through expanded transfer statutes even as juvenile crime across the nation declined steadily and steeply, beginning around 1994. This trend included a significant and prolonged decline in the number of juveniles arrested for violent crimes, which challenged the validity of the “super predator” theory. Between 1994 and 1998, for example, juvenile arrests for Violent Crime Index offenses—murder, forcible rape, robbery, and aggravated assault—fell 19% compared to a 6% decline in adults arrested for similar felonies.

Today, all states today have adopted mechanisms to handle juveniles in adult criminal court.

The most common is the judicial waiver, which is found in Pennsylvania and 45 other states. Such waivers authorize or require juvenile courts to waive jurisdiction over certain criminal cases involving minors so they can be prosecuted as adult in criminal courts. In 15 states, laws give prosecutors the choice of whether juveniles charged with certain felonies are tried in juvenile or criminal court. Pennsylvania and 28 other states exclude serious felonies from being tried in juvenile court, requiring that they be sent straight to criminal court.

Impact On Juvenile Offenders And Crime

Such statutes had a profound impact on the U.S. juvenile justice system. The original intent of establishing a separate juvenile court was to keep adolescents out of adult prisons, limit their exposure to adult criminal activity and poor role models, and provide interventions aimed at diverting them from further anti-social behavior and toward more positive outcomes.

Widespread revision of transfer and other juvenile justice statutes in the 1990s blurred the line between the juvenile and criminal courts. Expanded transfer laws eliminated much of the discretion in charging young offenders. Who prosecuted a case was determined more by the nature of the offense, not the characteristics or needs of the individual juvenile offender.

These reforms led to greater numbers of juvenile offenders having their cases heard in adult criminal courts that do not share the same emphasis on rehabilitation found in the juvenile court system. Estimates suggest that the cases of as many as 25 percent of juvenile offenders in the United States are adjudicated in adult criminal courts.

Unlike their colleagues in juvenile court, criminal court judges work under federal and state laws that set rigid sentencing guidelines and prescribe mandatory minimum sentences—rules that limit their ability to consider circumstances specific to adolescents that might mitigate the sentence of convicted juvenile offenders.

Young Offenders Are Different

As a result, factors such as the minor’s age, education, maturity and other developmental factors, as well as family history, typically have little, if any, impact on the sentencing of juvenile offenders who are convicted in criminal court.

Research suggests, however, that such factors are important considerations in assessing the blameworthiness of adolescents.

Adolescents who commit crimes do so during a tumultuous stage in their development marked by profound biological, psychological, emotional and social changes. Puberty, for example, is accompanied by physical changes, the onset of sexual maturity, and new drives, impulses, emotions, motivations, changes in arousal, and behaviors and experiences that challenge an adolescent’s self-regulation abilities. Changes in arousal and motivation during adolescence tend to outpace more slowly-developing self-regulation abilities.

Compared to adults, adolescents are more susceptible to peer influence, and are less mature when it comes to judging risk, adopting a future orientation and managing their emotions and actions. Their character is unformed; their decision-making capacity, undeveloped.

Researchers have found that risk taking and poorly regulated behavior tend to lessen with maturity, suggesting that as children age they are amenable to change. Several studies show that antisocial behavior increases almost ten-fold during adolescence and then rapidly declines as they get older. Only a small group of adolescents who commit antisocial acts during their childhood continue to do so into adulthood.

The standard for judging culpability under criminal law is whether “reasonable people” would have been unlikely to commit the same crime under comparable circumstances. In criminal court, the basis of analysis when applying that standard to a juvenile offender is the likely behavior of an adult, not the likely behavior of another adolescent.

Reliance On Intuition

Another concern is the decision-making processes used by juvenile justice professionals in most states when determining important issues, such as whether young offenders are likely to pose a future risk to the community and whether they will benefit from services designed to help them turn
their lives around. Judging risk and amenability to treatment involves making a variety of determinations. These include deciding whether an offense represents a misdemeanor or a felony and, in cases where statutes offer a choice, whether to charge a young offender as a juvenile or as an adult. Other decisions include whether to refer a juvenile for more in-depth evaluation, and choosing the appropriate disposition, such as the type of supervision, treatment and placement.

Research suggests that juvenile justice professionals today continue a long-standing tradition of relying largely on their intuition to make such decisions. In general, making decisions about risk and amenability based on a consistent set of carefully assessed, empirically verified data is rare in today’s juvenile court system.

This reliance on intuition rather than data has led to the limited use of several “structured” decision-making tools, including rating scales and decision trees, that are widely used in other fields, such as medicine and adult corrections. The reluctance to use such tools stems, in part, from the limited resources of the U.S. juvenile court system, which struggles under the heavy demand of having to handle nearly 950,000 cases filed each year.

**Incarcerated In Adult Prisons**

Tougher reforms that made it easier to try young offenders in criminal courts has resulted in a surge in the number of juveniles sentenced to adult prison terms. Between 1990 and 1999, the number of youth under the age of 18 years incarcerated in adult prisons rose from an estimated 2,000 to nearly 9,500, before falling to 7,200 in 2004.

The nation also witnessed a significant increase in the number of juveniles sentenced to the harshest prison sentence available to the court. Between 1990 and 2000, the number of juveniles receiving a sentence of life in prison without the chance of parole increased by 216%, despite a nearly 55% decline in the number of juveniles convicted of murder. The estimated 2,380 U.S. inmates serving life with parole for crimes committed when they were under the age of 18 is by far the largest such population in the world.

**High Rate Of Mental Disorders**

Recent studies reveal a troubling picture of mental illness in the juvenile justice system. About 50% of juveniles in various types of juvenile justice settings meet criteria for one of more mental disorders. By comparison, the prevalence of mental illness among youth in the general U.S. population is estimated to be about 15% to 25%.

Researchers offer several clinical, social, legal, and systemic reasons for the high prevalence of mental disorders in the juvenile justice system. The possible reasons include the following:

- Youth who have mental disorders are at greater risk of committing crimes than those who do not have mental disorders. Studies suggest, for example, that affective disorders are strongly associated with an increased tendency toward anger, irritability, and hostility. Such mood disorders – mostly forms of clinical depression – are found in about 10% to 25% of youth in juvenile justice settings.
- The more punitive juvenile justice reforms of the 1990s that eroded the discretion authorities have when dealing with juveniles charged with certain offenses have resulted in less emphasis being placed on the characteristics and needs of individual adolescents.
- At about the same time tougher juvenile justice reforms were being enacted across the nation, most states experienced a reduction in public mental health services for children, particularly inpatient services.

**Crime Rates Unchanged**

Most studies that have examined the impact of tougher juvenile justice reforms find that measures such as state laws that make it easier to try young offenders as adults have not resulted in reducing juvenile crime rates as expected. The research suggests among the reasons crime rates remained largely unchanged is that young offenders, regardless of their age, seem unresponsive to the increased risk of being incarcerated.

Studies conducted in the states of New York and Washington, for example, found no difference in juvenile arrest rates after tougher juvenile justice laws were enacted. In Idaho, researchers reported that juvenile crime rates actually increased after the state enacted a law that required adult criminal courts to adjudicate the cases of juveniles who were 14 to 17 years old and charged with violent crimes. Transferring more juvenile offenders to criminal court has also failed to reduce recidivism. In fact, research suggests that tougher reforms may make the problem worse. For example, several studies report that adolescents transferred to criminal courts subsequently commit violent crime at higher rates than adolescents whose cases were tried in juvenile court systems.

**Implications For Policy And Practice**

Research shows there is a wide gap between science and juvenile justice policy and practice and suggests the gap is one of the major reasons why more punitive approaches to adolescent offenders have failed to meet expected outcomes of reducing juvenile crime and recidivism.

The MacArthur Foundation Research Network on Adolescent Development and Juvenile Justice was established in 1997 to help close that gap by identifying ways in
which scientific knowledge about adolescent development and juvenile crime could inform policy and practice within the juvenile and criminal justice systems. The studies published in the 2008 volume of The Future of Children dedicated to juvenile justice issues grew out of that work.

Those studies, and others, identify several proven options that hold the potential to promote a justice system that is more effective, less costly and embraces a developmental perspective that recognizes it is counterproductive to ignore the differences that separate adolescent offenders from adults criminals.

Revisiting Transfer Laws
There are signs that policymakers are beginning to consider evidence that expanded transfer statutes have not reduced juvenile crime and may contribute to higher rates of recidivism.

Some states are taking action to reverse the trend begun in the 1990s to lower the age boundary between juvenile and criminal court to adolescents as young as 16 years old. In 2007, Connecticut passed legislation that moved that boundary from age 16 years back to age 18. Missouri, Illinois, New Hampshire and North Carolina have begun debating similar legislation.

Pennsylvania is one of 25 states with laws that provide some mechanism for criminal courts to consider transferring the case of a juvenile back to juvenile court. These reverse waivers allow an attorney for a juvenile charged in criminal court to petition to have the case transferred to a juvenile court.

The alternative to the wholesale transfer of offenders under the age of 18 to criminal court is to rely on case-by-case assessments, which was an approach adopted by early juvenile courts to determine which young offenders warrant expulsions from the juvenile court.

Decision-Making Tools
Among the practices that can be improved is the way decisions are made related to the risk adolescent offenders pose to the community and how amenable they are to treatment. Today, juvenile justice practitioners make those decisions based more on intuition than available data.

Several instruments for assessing future risk and amenability to treatment are becoming readily available, including actuarial methods and combined actuarial and clinical judgment methods. The actuarial approach uses a consistent and systematic method for gathering and combining data to rate and group individuals for the purpose of predicting the likelihood of a particular outcome, such as a juvenile offender being arrested again in the future. The approach is similar to what actuaries do in setting insurance rates. The clinical approach, in contrast, attempts to predict an outcome, such as re-arrest, by drawing a coherent picture of how different characteristics of an individual and his or her situation make that outcome more or less likely. Such characteristics might include a history of fighting and being returned to the custody of a dysfunctional parent with a history of violence.

Neither approach is a panacea and implementation is not without challenges. However, both offer methods for structuring judgment based on data that are more consistent and more equitable than relying on the intuition of various practitioners.

Juvenile Mental Health
Youth with mental disorders in the juvenile justice system make up a very heterogeneous population whose illnesses placed them at risk for a variety of reasons. For example, some mental illnesses, particularly those that compromise the ability to regulate emotions and impulses, elevate the risk of criminal behavior. Other illnesses have causes that contribute to offending. Mal-treatment is associated with conduct problems and depression, for example.

The most common treatments for youth in acute distress because of mental disorders include professional clinical care, psychopharmacological treatment and structuring an environment to protect the adolescent and reduce stress during a time of crisis.

During the 1990s, public mental health services for children, particularly in-patient services, were reduced in most states and many communities began using the juvenile justice system to fill the gap caused by the shortage of services.

Research suggests, however, that providing treatment for delinquent youth with mental disorders should not be the burden of the juvenile justice system alone. Instead, treatment should be a shared responsibility with the broader community. Collaboration with community agencies and institutions is supported by research that suggests the most successful methods of treating delinquent youths with mental disorders involve community-based interventions that assist them in the context of their everyday social interactions within the community.

Many youths have multiple needs that do not fit neatly within the boundaries of individual agencies. When coordination is lacking, they may not receive services from various agencies. In recent years, approaches to treating
delinquent youth with mental disorders have begun to focus on a community system of care that integrates services across mental health, child protection, education and juvenile justice agencies.

In that scenario, the primary role of the juvenile justice system is one of identifying young offenders with mental disorders, including those who are seen as a risk to themselves or others at intake and require emergency mental health services, those who need long-term treatment that can be safely delivered outside the juvenile justice system, and those with problems severe enough to warrant secure confinement designed to treat violent, mentally ill offenders.

Promising Interventions

Preventing juvenile delinquency offers several benefits in addition to sparing youth from the consequences of committing crimes. Because many adult criminals begin their careers in crime as juveniles, interventions that prevent delinquency have the potential to reduce adult crime. In addition, preventing delinquency can reduce the cost of arrest, prosecution, incarceration, and other expenses associated with offending. Cost-benefit studies suggest taxpayers can save $7 to $10 in such costs for every $1 invested in effective delinquency-prevention programs.

The good news is that high-quality studies in recent years have identified more than a dozen programs that are effective at preventing delinquency and diverting first-time juvenile offenders from further encounters with the justice system.

Research suggests the most effective community-based programs are those that emphasize family interactions. For example, Functional Family Therapy, a well-documented 25-year-old program, has been effective at helping 11-year-old-to-18-year-old youth overcome delinquency, substance abuse, and problems with violence. Therapists, often through home visits, focus on improving family functioning by helping family members develop better problem solving skills, enhance emotional connections and by improving the ability of parents to provide appropriate structure, guidance and limits for their children. Another program, Multisystemic Therapy has helped to reduce recidivism rates and out-of-home placement rates for a range of troubled youth. The intervention is designed to help parents deal effectively with their children’s behavior problems, including poor school performance and their associations with deviant peers.

Other effective interventions for delinquent youth include alternatives for placing them in an institutional setting, such as a group home. Studies suggest, for example, that Multidimensional Treatment Foster Care is effective in reducing arrest rates among adolescents who participate. The program recruits families in the community to take in one youth and provides the foster parents with case management, ongoing supervision and training that emphasizes behavior management methods to create a structured and therapeutic living environment.

For longer than a decade, a growing body of evidence has demonstrated that these and other available interventions can be used effectively to prevent delinquency and reduce the likelihood of juvenile offenders committing further crimes. However, studies suggest that as few as 5% of eligible youth participate in such programs across the nation. The fact that effective programs largely go unused is an indication of the lingering gap between what researchers know about the causes and treatment of juvenile crime and the policies and practices that remain entrenched in communities across the nation.

References


This Special Report is largely based on the publications cited above. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:


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12 Teplin, op. cit.
to address in the first year is the issue of a parent’s depression. Instead, families often chose to address parental depression during subsequent annual check-ups.

**Outcomes Show Promise**

Researchers recruited the 731 families who agreed to participate in the Family Check-Up at WIC sites in Pittsburgh, Eugene, Ore. and Charlottesville, Va. Of those families, 90% were available for the first-year follow-up and 85% were still involved at the end of the second year when children were age 4.

Overall results suggest their decision to participate paid off. Parents improved their ability to provide positive behavior support at child ages 2 and 3 years. And problem behavior among children decreased at ages 2, 3 and 4 years. The percentage of children with high scores for problem behavior, for example, fell from more than 48% at age 2 years to less than 24% at age 4.

In a follow-up study, researchers reported that children in families who received the Family Check-Up also showed improved inhibitory control and improvement in language development from age 3 to 4, suggesting that the benefits children enjoy from improved positive parenting practices are not limited to reducing problem behavior.

The outcomes were seen among families who averaged only 3.7 sessions with a therapist during the first year. One of those sessions was devoted to assessment and observation and another was the feedback session. In other words, families averaged two or fewer additional intervention sessions to work on specific concerns.

The precise reasons for the outcomes are unclear. “In terms of the intervention, it seems to be loaded around parents learning to be more positive to their kids and learning to anticipate, which are skills that are fairly easy to teach,” Dr. Shaw said. He also said the feedback sessions, parents having contact with a therapist and their knowing someone is available to call, if needed, all likely played key roles in achieving the outcomes.

Another interesting finding is that there appears to be a dose-response — the number of sessions parents participate in does not predict better outcomes. In a recent, about-to-be-published study, researchers analyzed individual factors, such as single-parent status, maternal depression and poverty to determine whether the brief intervention only works well with families who are not as badly off as others. The data suggest it is just as effective for families facing extreme poverty and social risks as it is for families with less severe levels of risk.

Researchers also looked at cumulative risk, analyzing families with multiple stressors and those with fewer. They determined that the Family Check-Up works equally well for both.

“What these families are doing is doing the work themselves,” Dr. Shaw said. “They must be, given the small number of sessions. We don’t believe things just happen overnight and are sustained. So, they are finding some kind of meaning in these changes — it makes sense to praise my child five times for every time I yell at him or to know not to give a 15-minute time out to a 3-year-old. Little hints like that are making their lives a little easier.”

TO LEARN MORE about the Family Check-Up and reported outcomes, see the following publications:


Family Support Conference Returns To Pittsburgh In May

The annual Family Support Conference returns to Pittsburgh in May with a focus on parent leadership.

The 16th annual conference, “Unlocking Resources: Parent Leadership is the Key,” will be held May 19 at the Westin Convention Center in downtown Pittsburgh. The conference features the return of keynote speaker Dr. Adolph “Doc” Brown III.

Dr. Brown is a former university professor and administrator, author, family therapist, consultant and speaker who is dedicated to helping others overcome major stumbling blocks in their lives through self-motivation and self-improvement.

Allegheny County is home to one of the largest family support networks in the United States with more than 30 centers, which are primarily funded by the county Department of Human Services.

The annual conference is designed for parents, human service agencies, neighborhood leaders, faith-based groups, family support participants, community and economic development organizations, advocacy groups, foundations, child care practitioners, educators, counselors, mental health providers, social services workers, public agency staff, policymakers, and elected officials.

Early Bird registration is $85 if completed by April 6, 2009. The standard registration fee is $95. Standard registration deadline is May 1, 2009.