



American Psychological Association

# news CYF

Children, Youth, and Families Office



WINTER 2011

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## PSYCHOLOGY AND EFFORTS TO DIVERT CHILDREN AND YOUTH FROM STATE LEGAL SYSTEMS



This issue of *CYF News* is focused on the topic of diversion of children and youth from state legal systems (e.g., juvenile justice, child welfare) to community-based services, like therapy, vocational training, and educational advocacy. Alternatives to detention, residential placements, and more formal and restrictive state systems have a great deal of theoretical and humanistic appeal. However, strong diversion models – and rigorous evaluations of such approaches – have yet to flourish.

That appears to be changing, as psychologists and other social scientists have begun to collaborate with states in some innovative ways. For years, APA has worked – with some degree of success -- to encourage the Office of Juvenile Justice and Delinquency Prevention to consider and respond to mental health needs of youth involved in

the juvenile justice system. At the 2010 APA Convention in San Diego, I was pleasantly surprised to see data presented by psychologists on mental health needs, service utilization, family influences, and evaluations of service delivery models for youth involved with state legal systems; all of these studies were relevant to the diversion papers presented in this newsletter. In my own state, I have been encouraged by attempts to create and to study the effects of diversion models.

In this issue, Gavazzi reviews his primary prevention model that is family-focused and strengths-based and which has accrued strong evidence of success. Hughes and Sutton remind us that not all youth are the same; they make the case for how unique characteristics of children with autism must influence the juvenile justice system's response and treatment approach. Sander explains



Preston A. Britner, PhD

### About the editor:

Preston A. Britner, PhD, (CYF Member—2010-2012) is a developmental and community psychologist and an Associate Professor of Human Development and Family Studies at the University of Connecticut. He holds joint appointments in Educational Psychology and Public Health and is co-chair of UConn's Public Engagement Forum. A Fellow of APA, he is Editor Emeritus for *The Journal of Primary Prevention* and serves on a variety of editorial boards and university, state, and national committees. He has published in the areas of child-parent relationships, child maltreatment prevention, and social policy affecting children and families. From 2006-2010, he served as co-chair of the Families With Service Needs (FWSN) Advisory Board, coordinating Connecticut's status offender diversion efforts.

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how decisions to divert are complicated, especially due to the quality and availability of effective mental health, educational, and vocational options available to youth in their communities. Within Connecticut, two sets of researchers describe parallel efforts to attend to those very concerns. Vanderploeg and Bracey describe a thoughtful and capacity-building school-based diversion initiative which is improving mental health service utilization. Randall presents the state's coordinated effort to divert status offenders from the court and child welfare systems, the development of intensive family support centers, and some very encouraging outcome data.

Although these efforts are promising, there is much more work to be done by psychologists. It is my hope that readers of this issue will consider how they might bring relevant theories (e.g., attachment, positive youth development), interventions (e.g., specific therapeutic models, mentoring), approaches to service delivery and coordination (among the interveners, with the family), rigorous assessment from intake to outcome (including socioemotional outcomes like relationship quality and self-efficacy), and methodological designs to study what works, for whom, and how. I believe that psychologists, and psychology, have much to offer to this evolving field.

## DIVERTING ATTENTION TO STRENGTHS AND ASSETS: FAMILY FOCUSED INITIATIVES FOR JUVENILE JUSTICE, MENTAL HEALTH AND EDUCATION PROFESSIONALS



Stephen M. Gavazzi, PhD

A primary prevention program known as the Growing Up FAST: Families and Adolescents Surviving and Thriving™ Program (GFAST: Gavazzi, 1995) has focused necessary attention on the strengths and capabilities that families with adolescents can use to meet the challenges of this developmental period. The centerpiece of the GFAST initiative is the development

regarding what it means to become a successful adult (Law & Gavazzi, 1999). Here, families are asked to reach consensus about the most important components that together comprise their family's ideology about what it means to become a capable grown up.

This program is structured within the solution-focused perspective, a conceptual framework that originally came out of intervention-oriented work with individuals and families (de Shazer, 1985). Applied more broadly in the context of the GFAST prevention effort, family members are placed in the positive of being the experts about their own family, and finding "exceptions" to problems and concerns becomes a critical ingredient in the process of outlining strategies for defining successful adulthood. Because families drive the content of this type of work, great respect is given to each family's values and attitudes as their strengths and assets are identified and further clarified for use within the program. This follows similar forms of family engagement activities

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Stephen M. Gavazzi, Ph.D. is Professor of Human Development and Family Science in the College of Education and Human Ecology at The Ohio State University. Professor Gavazzi has been involved in research over the past twenty-five years that focuses on how families influence the healthy development of teenagers. Also a trained family therapist, Dr. Gavazzi has developed and evaluated a number of family-based programs that inform his perspective on working with the families of adolescents. He is the author of *Strong families, successful students: Helping teenagers to reach their full academic potential*, and his first textbook on families with adolescents will be published by Springer Press in early 2011. As of January 1, 2011, he assumes the role of Dean and Director of The Ohio State University at Mansfield.

that seek to give families "voice and choice" in their lives, efforts that invariably are labeled as "family empowerment" (Scheer & Gavazzi, 2009).

The techniques of the GFAST program have been adapted for use in more selective prevention work with court-involved youth and their families. Although most of the initial modifications were designed for use in a diversion program targeting the families of first-time misdemeanant youth (Gavazzi, Wasserman, Partridge, & Sheridan, 2000), probation and parole-based versions of this program also followed from these efforts (Gavazzi, Yarcheck, Rhine, & Partridge, 2003; Partridge, Gavazzi, & Rhine, 2001). While the focus of these juvenile justice oriented programs remains squarely centered on the family's definition of what it means to be a successful adult, there also is a significant amount of work that is done on "healing the harm" caused by the adolescent's

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involvement in illegal behavior (Gavazzi, Yarcheck, Wasserman, & Partridge, 2000). Hence, GFAST program modification for work with the families of court-involved youth follows a more “balanced and restorative” model (Bazemore & Walgrave, 1999).

Juvenile justice oriented diversion programs are based on the assumption that recidivism rates for adolescent offenders are lowered when their cases (especially for first-time offenses) are “diverted” out of the courts and into alternative settings (Lipsey, Wilson, & Cothorn, 2000), and those diversion programs that provide family-based services are thought to be particularly effective (Latimer, 2001). It is argued here that the adoption of a solution-focused and family-based approach to diversion offers not only an additional way to avoid the negative labeling that is inherent to penetration of the criminal justice system (Potter & Kakar, 2002), but also a method for moving family members away from “shame and blame” interactions and thus toward more shared responsibility for future success.

There are other applications of this type of approach that highlight the multiple needs of these at-risk youth and their families. For example, there is ample empirical evidence regarding the co-morbidity of mental health issues in the juvenile justice samples with whom our research and implementation teams have worked (Gavazzi, Bostic, Lim, & Yarcheck, 2008; Gavazzi, Lim, Yarcheck, Bostic, & Scheer, 2008). These findings lent support to the development of more clinically-oriented models (Gavazzi & Law, 1997) for working with the families of at-risk youth coming into contact with any number of youth-serving systems. Here again, however, the role of family members as “experts” remains a

paramount issue. In the midst of dealing with any number of internalizing and/or externalizing problem behaviors, adolescents and caregivers are encouraged to remain focused on their strengths and abilities in order to retain a solution-focused framework that aims toward recovery and other markers of success.

As well, the strong connection between educational risks and recidivism in our juvenile justice samples (Gavazzi, Yarcheck, Sullivan, Jones, & Khurana, 2008) have led our research team to become more aware of the possibility of a “school to prison pipeline” that may exist, especially for African American males (Gavazzi, Russell, & Khurana, 2009). For this reason, our most recent programmatic attention has been shifted to more school-based phenomena, including the recent publication of a self-guided book for parents that focuses more narrowly on helping families to create definitions of what it means to be a successful student (Gavazzi, 2010). These more educationally-oriented efforts are designed to give parents and teens the opportunity to incorporate “five facts” about strong families, including:

1. Strong families have a shared positive identity about themselves
2. Strong families understand their members’ talents and abilities
3. Strong families are patient and kind
4. Strong families are able to find and use resources
5. Strong families can work together

This type of programming helps families directly apply these five facts in ways that can help teenagers

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reach their full academic potential. Based on the first fact, parents and teens can create their own family's unique definition of what it means to be a successful student. The second fact is used to identify things that already are going right in school for the teenager, as well as what the parents already are doing to support their son or daughter's academic achievements. The third fact lays the groundwork for parents and teens to identify actions to be taken by all family members that could support further educational gains. The fourth fact recognizes that it takes both a family and a village to raise a teenager successfully, and therefore underscores the need to identify present and new resources to encourage greater school success. Finally, the fifth fact helps families to use a solution-making "tool kit" when family members become stuck on some school issue, concern, or event.

In sum, each version of our program efforts – juvenile justice programming, mental health service delivery, and educationally focused activities – retains its solution-focused perspective and its concentration on working to empower families. Therefore, the greatest "diversion" component of this body of work very well may be the focal point of the prevention and intervention effort itself; that is, away from deficit based work and thus toward the identification and use of family strengths and assets.

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## BRIDGING THE GAP IN SERVICES FOR INDIVIDUALS WITH AUTISM: ADVOCACY FOR ASSESSMENT AND DIVERSION PROGRAMMING



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Although juvenile justice facilities typically focus on treatment services, a traditional treatment protocol is usually inappropriate for youth diagnosed with Autism Spectrum Disorder (ASD). Specifically, the traditional treatment services offered for youth who are adjudicated for sexual offenses often follow a protocol aimed at increasing empathy for the victim

and managing inappropriate (e.g., anger, arousal) patterns and coping with stress through cognitive behavioral techniques to prevent reoffending (Hunter, 2000; U.S. Department of Justice, Center for Sex Offender Management, 2006). For youth with ASD, these traditional treatments present several challenges including participating in the very common group format that relies heavily on peer interactions, social perspective-taking, and socialization development. The theory of the mind difficulties common for individuals with ASD impairs their ability to benefit from traditional treatments and do not adequately address delayed social functioning deficits that can result in the expression of inappropriate sexual behavior (Haskins & Silva, 2006).

A pilot study designed to identify youth with ASD was conducted in a Pennsylvania juvenile justice center after it became apparent to staff that several youth were atypical in their responses to treatment (Sutton et al., under review). In one specific 67 bed statewide unit within the center, 43% of the youth housed met the criteria for autism. Authors found that executive functioning deficits interfered with the more traditional treatment, as did inherent social deficits. Our investigation showed that issues of depression, anxiety states, and forms of self-abuse with ASD youth were not uncommon after interventions began.

Subsequent to these findings, a comprehensive review of the screening and treatment needs of ASD youth involved with juvenile justice programs is now underway. This effort includes the establishment of diagnostic protocol for those suspected of an autism disorder (Pennsylvania Department of Public Welfare, 2007) and the development of prevention programming for youth with ASD focusing on understanding sexual development and the peer relationships and dating challenges for this group. In fact, the Commonwealth of Pennsylvania began to seek the development of formal diversion programs to redirect youth with ASD from traditional criminal justice settings in 2008.

At present, the authors have developed a curriculum that is sensitive to the learning styles of ASD youth that also addresses parent and sibling training needed to support the sexual development and socialization needs of this group. We seek to clarify how the core deficits of autism, including impairments in communication and social interaction and sensory processing challenges may result in individuals with ASD behaving in a manner which is against the law and/or contrary to societal norms (Bleiberg, 2001; Haskins & Silva, 2006; Price, 2003; Realmuto & Ruble, 1999) and thereby increasing the risk that these individuals will become involved with

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law enforcement.

As we seek to clarify the needs of this group, we are challenged by the general public's lack of understanding of the disability against a backdrop of a "zero tolerance" society. These factors combine to result in a trend that is alarming, with more frequent interactions between youth with ASD and law enforcement and increased instances of incarceration without tailored treatment services. However, we are encouraged by the Commonwealth's effort to focus on assessment and treatment services for ASD youth and plan to use data collected to advocate treatment recommendations as well as promote diversion programming to decrease juvenile justice contact.

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## ON THE ISSUE OF YOUTH DIVERSION FROM JUVENILE JUSTICE: IT'S COMPLICATED



Janay B. Sander, PhD

On the question of whether youths involved in juvenile crime should be sent to juvenile placements, including detention, the answer is complex. Similar to many questions in the area of child psychology, the answer is "it depends." There are a myriad of diversion programs and juvenile justice settings, and at times diversion is appropriate; in other cases, juvenile justice services may

indeed provide necessary conditions for rehabilitation. A brief look at some of the considerations will be helpful. The three main areas relate to mental health, education and vocational training, and peer or community influences.

As an overview, the vast majority (approximately 85%) of youths involved in juvenile justice systems

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are already served via juvenile probation, not detentions (Office of Juvenile Justice and Delinquency Prevention [OJJDP], n.d.). Services offered by juvenile justice systems, both residential and community-based, may include mental health treatment, educational interventions, and job training. The overall purpose of juvenile justice is to

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prevent eventual adult criminal activity in youth who engage in crime and delinquency (Bilchik 1999). Clearly, for some proportion of youths engaged in crime, the outcomes are quite bleak, including continued crime, adult incarceration, and high mortality rates (Ramchand, Morral, & Becker, 2009). Under certain conditions, however, there are some encouraging findings about juvenile interventions, including some potential benefits to juvenile justice and residential placement settings. The positive outcome potential includes an important caveat: it holds only if the services are available, are offered via a therapeutic framework or approach rather than strictly punitive in nature, and are delivered with integrity (Lipsey, 2009).

First, mental health concerns are rampant in the juvenile justice population. Exact rates of mental illness are difficult to obtain, but in some studies up to 70% of juveniles in detention meet criteria for a psychiatric disorder (Cocozza & Skowrya, 2000). This is an important aspect of intervention and eventual success via lower recidivism. In one of the most comprehensive studies of juvenile delinquency interventions, it was clear that a counseling approach, versus punitive or disciplinary control, was helpful in reducing criminal activity, regardless of setting (Lipsey, 2009). On one hand, when programs address the mental health needs of youth, those youth tend to have lower incidence of future criminal activity (Lipsey, 2009). On the other hand, when mental health services are inadequate to meet the needs of youths in detention, this exacerbates

existing problems. In some cases, detention may be seen as a way of receiving mental health services that families could not gain access to in the community. Sadly, mental health service delivery is often not available and the juvenile justice system does not, as a whole, have the capacity and resources to meet the mental health needs of all juvenile offenders (Cocozza & Skowrya, 2000). Yet, there are some examples of model programs that have gained national attention for addressing mental health needs of the juvenile residents. Due to the nature of juvenile justice, and the 58 separate juvenile justice systems of states and territories, mental health services may be available in less than half of those facilities (Sedlak & McPherson, 2010). When the services are available, recidivism rates may be as low as 7%, such as in the state of Missouri with its highly atypical, but also very mental health focused, group home format of residential juvenile corrections (Missouri Department of Social Services, 2006). Thus, outcomes depend largely on the actual facility and what services are available; mental health intervention is not standard across all juvenile settings.

Next, educational outcomes are important. Juvenile justice may serve to improve educational outcomes via the compulsory attendance and individualized education programs, including vocational training. Over 80% of all juveniles and adults in the criminal justice system have experienced school failure or drop out (Coalition for Juvenile Justice, 2001). Nearly one third of juvenile

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offenders who are in residential facilities have been expelled from school (Sedlak & McPherson, 2010). In many juvenile facilities high school completion or equivalency and vocational training are part of the overall milieu. For youths who do gain educational attainment and job training, outcomes are likely to improve (Katsiyannis et al., 2008). Educational attainment is one of the most salient predictors of positive outcomes for juvenile offenders (Foley, 2001). There are some successful programs in communities as well. In a large-scale meta-analysis of juvenile offender programs, some community programs that provide educational programs and job skills as a prevention approach were helpful in reducing juvenile delinquency. Again, it depends on the unique programs available within any given community, many of which are not large scale, empirically studied, or widely known programs (Lipsey 2009).

Lastly, the influence of peers and prevalence of drug use is substantial for juvenile criminal activity (Hawkins et al., 2000; Herrenkohl et al., 2000). Gang involvement is a significant predictor of future criminal activity. It is extremely difficult for many adolescents to refrain from gang-affiliated criminal acts while remaining in the community. Drug use is also a challenge when remaining in the home and neighborhood. Detention and residential placement can be useful in helping youths eat nutritious foods and avoid drugs, at least while in detention. Removal is time-limited and is not a permanent solution. The peer influences remain present even when youths return to their communities after detention. Detention and juvenile justice programs, when they serve the myriad of needs of the adjudicated youths, can provide opportunities that would otherwise not be possible, including improving mental health, education and training, and reducing negative peer influences, even if temporarily (Lipsey, 2009).

In conclusion, it is important to consider the severity of the youth's mental health needs, educational and vocational options, and level of criminal involvement when considering diversion. Depending on the types of services available in the community and/or juvenile justice, the match with needs of the youth, and the integrity of interventions themselves through which the youth would be served, diversion may or may not be the appropriate choice.

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## SCHOOL-BASED DIVERSION INITIATIVE



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The connection between juvenile justice involvement and mental health needs is well established. In the general population, approximately 20 percent of youth will experience a mental health need sometime before age 18; in contrast, approximately 50 to 75 percent of incarcerated youth have a diagnosable mental health condition (Huber & Wolfson, 2000). Recent reports suggest an increase in the number of referrals from schools to juvenile courts, often for minor incidents of misbehavior. Schools present an ideal setting for prevention programming in that they are one of the primary referrers to the juvenile justice system. Thus, initiatives that increase school connections to community-based resources and enhance knowledge and skills among school professionals can have important benefits for at-risk youth and for the juvenile justice system as a whole (Teplin et al., 2006).

The Connecticut School-Based Diversion Initiative (SBDI) is a component of the John D. and Catherine T. MacArthur Foundation Models for Change Mental Health/Juvenile Justice Action Network. The SBDI was designed with one primary goal in mind: to reduce the number of children and youth with mental health

needs who are arrested in school settings and/or referred to the juvenile justice system. The project is overseen jointly by two state agencies: the Judicial Branch's Court Support Services Division and the Department of Children and Families. Project coordinators from the Connecticut Center for Effective Practice of the Child Health and Development Institute (CHDI) coordinate all implementation activities in participating schools and communities. This article reviews the core elements of SBDI and discusses implementation tips and lessons learned.

### Overview of the School-Based Diversion Initiative

Since 2009, SBDI has been implemented in five Connecticut schools representing urban and suburban school districts and middle and high school settings. Although the participating schools have varied in terms of geographic setting, demographic characteristics, and access to resources, we have found that schools likely to have success with the initiative share at least three foundational characteristics.

1. **Need:** Participating schools demonstrate a history of student arrests, concerns about unmet mental health needs, and/or substantial numbers of youth who are at-risk for initial or ongoing juvenile justice involvement.
2. **Interest:** School leaders demonstrate that they are interested in pursuing SBDI goals and activities. More specifically, schools that volunteer for participation are preferable to schools who are nominated by an external source.
3. **Capacity:** Administrators and teachers have the openness and the time to engage in SBDI's core activities and are willing to shape their policies and practices to achieve SBDI's ultimate goals.

Once a school has been selected, project coordinators work with school professionals to identify a core group of leaders including a "champion" who serves as the lead contact throughout implementation. This core leadership group also includes family members, students, and community partner representatives. Project coordinators then guide this leadership group through three core activities over approximately 18 months including: capacity building, professional development, and data collection and evaluation.

First, project coordinators facilitate capacity building among participating schools. This involves identifying mental health, law enforcement, and other community agencies that can provide enhanced

## SCHOOL-BASED DIVERSION INITIATIVE

access to resources to help students avoid arrests and increase involvement in prosocial, supportive, and treatment-oriented activities. Gaps in access to resources are identified through a needs assessment which includes data review, an original survey, key informant interviews, and focus groups. Memoranda of agreement/understanding are signed with key community agencies, including police and local community-based mental health clinics, in order to specify roles and responsibilities for moving schools toward SBDI goals. One of the end products of the capacity building process is a resource guide that helps schools identify at-risk youth, determine their needs, and link them to appropriate services and supports in the community. This initial capacity building process can take as long as six months.

SBDI places a strong emphasis on establishing a connection between the participating school and the Emergency Mobile Psychiatric Services (EMPS) team that serves their community. EMPS is a statewide mobile crisis response program that deploys teams of specially trained and licensed mental health professionals to respond immediately to requests for crisis stabilization, behavioral health referral, and linkage to ongoing care. EMPS providers respond directly to homes, schools, and emergency departments and their services are intended to reduce inappropriate referrals to juvenile justice and emergency department settings. As such, EMPS is a key resource available to every school in the state; however, existing data suggest that EMPS has been underutilized in the past, particularly by schools. This underutilization is due to a lack of awareness of EMPS services and, in some cases, a history of poor collaboration with the mental health provider community in general. SBDI seeks to strengthen the connection between schools and EMPS as a key community resource.

Next, the core leadership group uses findings from the capacity building phase as well as the needs assessment survey and focus group results to develop a comprehensive professional development series for school staff. This professional development series is also open to families and other community stakeholders. Expert trainers for each training module are sought from among the community partnership team or from other local agencies. By selecting trainers from the community in which the school is located, the school establishes stronger connections with these partners and enhances the sustainability of the initiative. Final selections of the training modules are determined based on school interests and needs, as informed by the needs assessment findings. As many as ten trainings are delivered to each participating school during the school year. Past

modules include, but are not limited to the following topics:

- Increasing Empathy for Children and Families with Mental Health Needs
- Principles of Adolescent Psychological Development
- Recognizing Mental Health Symptoms in Children
- Effective Crisis De-Escalation in the Classroom
- Updates on Juvenile Law
- Improving Home-School Coordination and Parent Engagement
- Understanding and Preventing Youth Substance Abuse
- Multicultural Competence in Schools
- Crisis Prevention Planning
- Effective Collaboration with Community-Based Agencies
- Effective Collaboration with Juvenile Justice
- Reducing Violence and Youth Engagement in Antisocial Activities

Third, project coordinators facilitate data collection and evaluation to assess program impacts throughout the course of the year. Data are collected at multiple levels. In addition to the needs assessment data described earlier, data also are collected to reflect impacts on the school (including changes in policies and practices), school professionals, and students. In most cases, data are compared to the school year just prior to SBDI implementation.

- School-Level Data: Data are collected for the total number of arrests, in-school suspensions, out-of-school suspensions, and referrals to EMPS and other community-based supports and services. In addition, the team examines changes in school policies and practices, including whether formal relationships were established with EMPS and other service providers, as well as the development of new or enhanced guidelines such as a graduated response protocol for school disciplinary actions.
- School Professionals: Teachers, guidance counselors, social workers, and other school professionals are asked to complete a brief measure of knowledge and attitudes regarding youth with juvenile justice and mental health needs as well as their awareness of community-based resources for these youth. Pretest and post-test results are examined for change throughout the intervention.
- Students: The core leadership team is asked to identify a group of 25 high-risk students from the

## SCHOOL-BASED DIVERSION INITIATIVE



year before implementation and for the year of SBDI implementation and report data on arrests, suspensions, services referrals, and services received. SBDI seeks to contribute to lower arrests and higher service referrals and utilization among these at risk youth.

Project coordinators have compiled a program and resource manual for the purpose of replication. This manual describes core elements of SBDI, identifies implementation steps as well as barriers and facilitators to implementation, describes the training modules, and outlines basic elements of the evaluation plan.

### Preliminary Findings

SBDI has produced some encouraging preliminary results from year one. For example, in one school, EMPS referrals increased from zero referrals prior to SBDI implementation to nine referrals in the last three months of the 2009-2010 school year. Of those nine youth, six received services or supports following referral. Another school demonstrated a 30% increase in EMPS referrals compared to the prior year, even though data have only been examined through June. Additional data through the end of calendar year 2010 are likely to demonstrate an even greater increase in EMPS referrals. This school also collected data at the district level due to their belief that the message about EMPS had spread to other schools within their district even though they were not formal participants in SBDI. These analyses indicated a 44% overall increase in EMPS referrals from all schools within the district, even though data have only been collected through June 2010. Although this is partially reflective of overall

utilization increases in EMPS across the state, qualitative data suggest that the whole district has benefitted from SBDI. The evaluation plan was enhanced for the second year participants and we anticipate strong outcomes in the three domains described above: schools, school professionals, and at-risk students.

### Conclusion

Youth with mental health needs are at increased risk for juvenile justice involvement. Schools are a critical ecological context for these youth, and are one of the primary referrers to the juvenile justice system. Many youth with mental health needs who are arrested or referred to the juvenile justice system are in need of appropriate services and supports that can prevent initial or further system involvement. The Connecticut School Based Diversion Initiative is one example of how better coordination between the education, juvenile justice, and mental health systems can help identify needs among at-risk youth and ensure that those needs are addressed in a way that can prevent juvenile justice involvement.

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## STATUS OFFENDER DIVERSION AND THE FAMILY SUPPORT CENTER MODEL



Kellie Randall, BA

### About the author:

Kellie Randall, BA, is a doctoral student in the Department of Human Development and Family Studies at the University of Connecticut. Her research interests are in programs and policies that affect youth and their families.

Connecticut is an active participant in the national movement to divert status offenders from the courts and instead provide this population with resources and support. Status offenses are acts that are only illegal because of the age of the person who commits them. In Connecticut, status offenses include acting out beyond the control of parents/guardians, habitual truancy, running away from home, and indecent or immoral conduct. In 1974, Congress passed the Juvenile Justice and Delinquency Prevention (JJDP) Act; one of the core requirements of the law was the deinstitutionalization of status offenders. States were encouraged to reduce the processing of juvenile status offenders and exclude them from incarceration or being held in secure detention. Instead, states were encouraged to divert status offenders from the courts and into community-based programs. In response, Connecticut created the Families With Service Needs (FWSN) program in 1979 with the enactment of Public Act 79-567 (FWSN Report, 2008). This act allowed certain types of behavior of youths under 16 years of age to be classified as status offenses rather than delinquent acts; youths who engaged in such behaviors were designated as being from a Family with Service Needs, recognizing that these youths and their families were in need of supportive rather than punitive measures.

Although the intent of both federal and state legislation was good, the reality of most states' treatment of status offenders did not wholly change. Many exceptions were found that allowed states to treat status offenders as delinquents, circumventing the spirit, without breaking the letter, of the law. For instance, FWSN-involved youth in Connecticut could be held in secure detention failing to follow a court order (FWSN report, 2008). This resulted in many youths being held even though they had not committed a crime. Additionally, this punitive approach was clearly not working; approximately half of all FWSN-involved youth went on to face delinquency charges.

In response to these disturbing circumstances, legislation was introduced in 2005 that mandated change in how Connecticut handled status offenders. The Court Support Serviced Division (CSSD) of the Judicial Branch and the Department of Children and Families (DCF) were charged with developing programs and services to meet the needs of FWSN-involved youth and their families (FWSN Report, 2008). Additional legislation was passed in 2007, which mandated that all status offenders be diverted from the court in the first instance. The FWSN Advisory Board was created by the legislature to monitor the progress that was being made in developing a new service delivery plan and shifting to the new model.

### New Diversion Process

Under the new FWSN model implemented in 2007, schools, families, or community providers can make FWSN petitions. A probation officer reviews each case before any official FWSN petition is filed. Schools must complete a series of legally required steps and interventions before they can file a FWSN petition with CSSD. Parents and other community members are encouraged to seek out community-based services before filing a FWSN petition. CSSD and DCF can usually give families advice about options to try before filing a FWSN petition. This process for entering the system is meant to hold referral sources accountable for seeking alternative solutions before filing a FWSN petition; this ensures that only those youth truly in need of services enter the FWSN system.

After a petition is filed, an assessment is done to determine the level of needs demonstrated by the youth and the family. When a youth and the family are deemed to have a moderate to low level of need, the probation officer connects families to any of a wide variety of previously existing community-based services. Families deemed to be the highest need, those who would have previously gone to court, are now referred to newly developed Family Support Center (FSCs).

### Family Support Centers

FSCs are critical to the new FWSN model. If youths are no longer to be placed in detention, some form of support needs to exist as an alternative. Four FSCs were established in 2007 in the cities of Hartford, Bridgeport, New Haven, and Waterbury. The FSCs provide immediate response to referrals and a wide array of services that work with the youth and the family to foster growth and help change problematic behaviors. Services offered at the FSCs include screening and assessment, 24-hour crisis

## STATUS OFFENDER DIVERSION AND THE FAMILY SUPPORT CENTER MODEL

intervention, mediation, educational advocacy, community-based mental health treatment, pro-social activities, and short-term respite beds for boys and girls. These extensive offerings are intended to meet the needs of the highest risk youth and their families. If families and youth initially referred to community-based services are not successful at solving their problems, they can then be referred to an FSC.

### Evaluation Findings to Date

The reforms in Connecticut are new, but preliminary data show that the FWSN program changes are leading to positive results. An evaluation by the Justice Research Center (2010) found the new FWSN system had made progress in meeting three essential goals: preventing any involvement in the system, diverting FWSN cases from the court system, and providing effective services swiftly to families.

In terms of the first goal, there has been a reduction in the number of FWSN complaints. Between State Fiscal Year (SFY) 2006-2007 and SFY 2008-2009, the number of FWSN complaints dropped 41% (Justice Research Center, 2010). This suggests that through fostering positive and prosocial goals and holding schools and other referral sources more accountable, the FWSN model has been successful in reducing the number of cases rising to the level of an initial FWSN complaint.

Once FWSN complaints are filed, the second major goal is to divert FWSN cases from the courts. From October 1, 2006- April 1, 2009, the percentage of FWSN cases being handled by the courts dropped from 50% to 4%. In fact, 96% of all FWSN cases in 2008-2009 were being handled non-judicially (Justice Research Center, 2010). This is especially important because this diversion and avoidance of the courts is the essential component of the diversion model. In a relatively short period of time, the state has also made drastic improvements in the number of FWSN youth in secure detention. In SFY 2006-2007, 14% of FWSN cases had subsequently been placed in secure detention; this number was down to 0% (no cases) by SFY 2008-09 (Justice Research Center). Given that the high number of youths in detention without having committed a crime was one of the disturbing figures that spurred the legislative changes in the state, this improvement is especially telling of the success of the model.

The ultimate goal is to improve the lives and outcomes of the children and families in the FWSN system. This cannot be accomplished by diversion alone and instead relies on an efficient and effective service delivery model. Since the FSCs were

introduced, fewer families are experiencing the kinds of problems which would result in being referred back to the court. Additional FWSN complaints within 6 months, referrals/arrests within 6 months, and adjudication/conviction within 6 months have all sharply declined (Justice Research Center, 2010).

### Recognition and Expansion

Based on the demonstrated success of the FSCs, in 2010 the legislature authorized funding to expand this number to eight to provide statewide services. It is notable that Connecticut saw fit to find the additional prevention dollars to expand the program, even while the state dealt with the budget crises of the recession. The justification was based on the model's efficacy and potential for short- and long-term cost savings, in addition to improved youth and system outcomes.

The Families with Service Needs program has been named a national model and serves as an example for the development of similar programs (Mogulescu & Caro, 2008; OJJDP, 2009). If the model continues to see success on the scale it has thus far, there may be implications for how Connecticut handles juvenile delinquency cases. Although there is more research needed to study the mechanisms of the diversion model for status offenders, the initial results are certainly promising.

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## NEW APA REPORT HIGHLIGHTS RESILIENCE AND RECOVERY AFTER WAR IN REFUGEE CHILDREN AND FAMILIES

In the ongoing contentious debate surrounding immigration, the lives and experiences of resettled refugees are often an afterthought. War and armed conflict affect millions of people around the world each year, tens of thousands of whom flee their home countries to seek a better life in the U.S. With these concerns in mind, the Council of Representatives approved the creation of the *APA Task Force on the Psychosocial Effects of War on Children and Families Who are Refugees from Armed Conflict Residing in the United States* in 2008.

The task force's just released report, *Resilience and Recovery after War: Refugee Children and Families in the United States*, does the following:

- reviews the research on the psychosocial effects of war,
- identifies areas of needed culturally and developmentally appropriate research, and
- provides recommendations for culturally and developmentally informed practice and programs.

The full report, its executive summary, and a treatment overview for mental health professionals are all available for download at: [www.apa.org/pi/families/refugees.aspx](http://www.apa.org/pi/families/refugees.aspx).

Psychology is just beginning to understand the full impact of armed conflict, displacement, and resettlement on children's development and overall well-being. However, despite the mental health risks of the unimaginable hardship and trauma associated with war, there is evidence to suggest that war-affected children demonstrate tremendous resilience.

Psychologists and other mental health professionals can assist refugee children and their families with recovery by:

- Recognizing and understanding the factors involved in psychosocial adjustment following war and violence
- Providing comprehensive mental health services that are culturally and linguistically appropriate
- Partnering with members of the refugee community in performing research, advocacy, and mental health care
- Adhering to strong ethical standards in the research, practice, and advocacy to protect human rights of refugee communities

The treatment needs of refugee populations resettled in America are complex and diverse. Consequently, psychologists and other mental health



providers must provide comprehensive services that are culturally competent and that integrate evidence-based practice with practice-based evidence. Sample vignettes in the report bring to life scenarios that war affected children and families face everyday. Each vignette is followed by a mental health care principle that takes theory and puts it into practice.

Researchers must utilize a wide range of methodologies to identify and understand cultural variations in well-being and distress and instill ethical considerations of the power disparities and vulnerabilities that exist for refugee populations in the conduct of their work. The report concludes with recommendations for advancing services and supports, the research and knowledge base, and education and training opportunities for refugee children and families.

APA is grateful to the Aja Project for its licensing of various photographs of displaced youth for use in the report. The Aja Project is a nonprofit organization that utilizes photography-based educational programs to transform the lives of refugee and displaced youth by getting them to see themselves as agents of personal and social transformation. Please visit [www.ajaproject.org](http://www.ajaproject.org) to support this organization's vital work.

## MEET OUR NEWEST COMMITTEE MEMBERS



Roseanne Flores, PhD

**Roseanne L. Flores, PhD**, is an Associate Professor in the Department of Psychology at Hunter College of the City University of New York. She received her PhD from the Graduate Center of the City University of New York. She is a Developmental Psychologist by training and was a National Head Start Fellow in the Office of Head Start in Washington, DC in 2009-2010. As part of her assignment in the Office of Head Start she was a member of a workgroup that was organized to promote the collaboration of Early Head Start/Head Start programs and Child Welfare agencies. She was the research liaison between the Office of Head Start and the Office of Research Planning and Evaluation at the Administration for Children and Families. She worked with federal staff in the Educational Development and Partnership Division on issues related to family and community partnerships and assessment. Moreover, she was part of a workgroup that was organized to oversee the research to practice section of the Early Childhood Learning and Knowledge Center, an online information resource for the Office of Head Start.

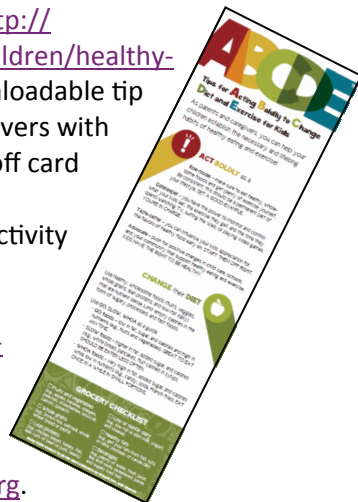


Patti Johnson, PhD

**Patti L. Johnson, PhD**, is the Director of the Training Division of the U. S. Army Medical Command's Child, Adolescent, and Family Behavioral Health Office (CAF-BHO) at Joint Base Lewis-McChord, WA. The CAF-BHO is responsible for policy and program development of Child and Family Behavioral Health Programs throughout the Army Medical Department. Of particular focus is assisting children and families to cope with stressors of deployment and war-related trauma, promoting resiliency, and implementing interventions targeting military-related adjustment issues. Embedding behavioral health into children's and family's natural environments (e.g., schools, primary care clinics), is an essential goal of CAF-BHO programs. In her role, Dr. Johnson oversees development and implementation of a training program for Primary Care Providers in the prevention, early identification, evaluation, and management of common behavioral health problems. She and her colleagues are also responsible for identifying and disseminating evidence-based practices throughout Army Child and Family Behavioral Health Programs.

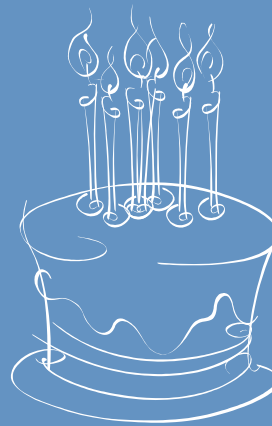
## NEWS & NOTES

**Acting Boldly to Change Diet and Exercise (ABCDE) for Kids** is a brand new tool for parents and caregivers to encourage healthier eating and physical activity in children and youth. **ABCDE** consists of an online overview of the importance of good nutrition and exercise for children (<http://www.apa.org/topics/children/healthy-eating.aspx>) and a downloadable tip sheet for parents/caregivers with an easily portable tear-off card containing healthy food shopping and physical activity checklists (<http://www.apa.org/topics/children/healthy-eating-tips.pdf>). Hard copies of tip sheet are available upon request. Please email [achatman@apa.org](mailto:achatman@apa.org).



## 25 Years of Working for Children, Youth, and Families

Since 1986, the CYF has focused on disseminating information concerning the psychological status of children, youth, and families; offering consultation to relevant APA boards and committees; encouraging psychological research on the factors involved in the development of individual and family competence; formulating and supporting policies for the optimal development of children and youth; and designating priorities for APA involvement in the issues affecting children, youth, and families. Please join us at the 2011 APA Convention to celebrate this milestone. Stay tuned!



## 2012 CALL FOR NOMINATIONS

The Committee on Children, Youth, and Families (CYF) is anticipating two vacancies in 2012. CYF welcomes nominations from individuals interested in linking research and policy for children and families within APA and the profession. The Committee is particularly interested in candidates with substantial expertise and demonstrated experience in applying psychological knowledge to the well being and optimal development of children, youth, and families; and in issues advancing psychology as a science and profession in the area of promoting health and human welfare. Candidates are sought who have particular expertise in contemporary issues facing children, youth, and families in the context of their socioemotional and cognitive development and mental health. Candidates who have particular interest in culturally and linguistically diverse, understudied, underserved and diverse populations are especially encouraged to apply.

Members are expected to participate in a targeted project directly related to CYF's work and mission and to APA as a whole. The project is to be completed during their three-year term on the Committee. Some examples of topics previously addressed include immigrant children, youth, and families; school drop-out prevention; psychological implications of disasters; early mental health interventions; violence against children in the family and community; child maltreatment; the mental health needs of all children and adolescents; systems of care; bullying and violence in the media; homeless youth and families; spirituality and resilience; and promotion of healthy active lifestyles and prevention of obesity in children and youth. Areas of interest to the Committee at present include education, mental health, and health disparities; suicide prevention; cultural diversity; and social media. Potential candidates are encouraged to visit the CYF website (<http://www.apa.org/pi/families/committee>) to learn more about CYF's mission and prior initiatives.

The Committee places a priority on maintaining representation within the Committee's membership that reflects the diversity of psychology and society (e.g., ethnicity, culture, gender, age, disability, sexual orientation, geographic location, and those who are employed less than full time). The candidates selected to serve on the Committee will serve for three years and will be required to attend two Committee meetings a year in Washington, DC, with expenses reimbursed by APA, and to participate in conference calls. The successful candidate is expected to attend, if possible, the informal CYF meeting held during the APA convention at the member's own expense. In addition, members are



expected to work on projects and Committee business between meetings.

Each candidate is asked to submit:

1. a letter indicating his/her willingness to serve;
2. a brief statement describing the applicant's expertise and interest in one or two contemporary issues facing children, adolescents and families that they would bring to the Committee;
3. two letters supporting their nomination; and
4. a current curriculum vita.

Nomination materials including a letter from the candidate indicating a willingness to serve, an issues statement, two letters supporting their nomination, and a current CV must be received by **Monday, August 29, 2011**. Nomination materials received after August 29 will be held for consideration the following year. Material may be sent to CYF Nominations, c/o Amani Chatman, Public Interest Directorate, American Psychological Association, 750 First Street, NE, Washington, DC, 20002-4242, by email [achatman@apa.org](mailto:achatman@apa.org) or fax (202) 336-6040.

Nomination materials including  
a letter indicating willingness to serve,  
an issues statement,  
two letters of support,  
and a current CV must be received by  
**Monday, August 29, 2011.**