



# Occasional Paper

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## ***MOVING BEYOND ASSUMPTIONS:***

### ***Using Strength-Based Assessment***

### ***To Reduce Disproportionate Minority Contact***

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#### **Introduction**

The Office of Juvenile Justice and Delinquency Prevention (OJJDP) reports that although African American and Hispanic youth represent approximately 30 percent of the U.S. population, they comprise nearly 66 percent of the nation's detained youth. Federal legislation is targeting the longstanding phenomenon, now formally designated as disproportionate minority contact (DMC), by stipulating that funding be tied to a jurisdiction's demonstration of effective programmatic efforts to reduce it.

In Wayne County, youth of color comprise 88 percent of the detained youth population, while comprising 75 percent of the 2009 adjudicated population currently receiving treatment. The statistics, though reflecting room for improvement, compare favorably to other major urban centers throughout the country, which have concentrations of youth of color. The progress in reducing DMC is the result of Wayne County's using structural changes in the collaborative mechanism for funding juvenile justice with the State of Michigan to:

1. Reduce the number of formal adjudications via diversion services, and
2. Use appropriate assessment and risk analysis to determine more carefully which adjudicated youth require more intensive out-of-home placement and which adjudicated youth can be safely treated in community-based programs.

#### **Inaccurate Perspective**

Research shows that adjudication in the juvenile justice system is a phenomenon that profoundly affects both a youth's developing self-identity and the manner in which others regard him or her in the community. Detainment in residential, out-of-home placement represents the deepest penetration within the system and features two undesirable consequences:

- Residential placements are often geographically remote from a youth's community of origin, thus making consistent participation by family members and significant others in rehabilitative treatment almost impossible;
- Such placements are financially costly, straining state and county budgets and resources that could be spent on youth and family prevention and treatment.

Without careful attention to risk and acuity of treatment needs, the costs of out of home care often greatly exceed the less costly, in-home supervision and treatment.

In fiscal year 2009, 59 percent of the probation and committed juveniles of Wayne County's 1,758 newly adjudicated youths were convicted either of status offenses (i.e. an offense that is a crime only because of the perpetrator's age) or misdemeanors. By contrast, only 6 percent of the youths committed serious Class 1 and 2 felonies. From the standpoint of risk to community and severity of adjudicated offense, Wayne County's emphasis on careful assessment of treatment need and community risk demonstrates a successful convergence of two

agendas that are often at odds in governmental policy and budgetary decision-making: what is ideal from a humanistic, developmental standpoint and what is sound from a fiscal perspective.

When considering the phenomenon of DMC, it is important to note that often the public perspective on the nature of juvenile delinquency may be contaminated by racial and ethnic biases perpetuated by the media and popular culture. In 2001, Dorfman and Schiraldi examined 77 studies on how the media report crime. The following summarized their findings:

*“Overall, the studies taken together indicate that depictions of crime in the media are not reflective of the rate of crime generally, the proportion of crime which is violent, the proportion of crime committed by people of color, or the proportion of crime committed by young people.”*

Various studies reveal that the evening news and major media markets have exaggerated the growth of both the murder rate and the crime rate in general when both rates were actually sharply decreasing (Center for Media and Public Affairs, 2000; FBI, 2000). African Americans and Hispanics were overrepresented as perpetrators in news reports involving violent crime and underrepresented as victims (Dorfman and Schiraldi, 2001).

Such distortions often encourage a climate of anger and fear regarding juvenile delinquency and young minority offenders in particular. They also contribute to either a harshly punitive attitude or a sense of hopelessness about young minority offenders. Thus, it is crucial to understand DMC as a consequence of inaccurate perception fed by institutional racism, ethnocentrism and racial misunderstanding, each of which gives rise to attitudes such as:

- *“Members of a particular race/ethnic group are just bad people; we’ve got to get as many of them off the street as possible”* or;
- *“Things have been so difficult for members of the particular race/ethnic group; They’re doing the best they can and things like this are just bound to happen in their community.”*

Both perspectives form a basis for rationalizing why little can or should be done to help minority youth. The premise, in turn, supports a philosophy that may represent an act of benevolence; in accordance with a misguided paternalistic notion that minority communities are so fraught with dysfunction and strife that appropriate, law-abiding behavior cannot be nurtured in them.

### **Moving beyond assumptions**

The prospect of reducing DMC from a clinical perspective entails moving beyond racially and/or ethnically stereotypical assumptions about the causes of illegal behavior. Clinically, it is important to recognize that illegal behavior can be viewed as *communication of distress* or as a *sign or consequence of impaired functioning*; and the response to such behavior should be therapeutic vs. punitive.

The nation’s juvenile justice population features elevated rates of serious emotional disturbance (SED) and substance abuse relative to youth in the general population (Teplin et al., 2002). Among Wayne County’s newly adjudicated youth in fiscal year 2009, 489 (i.e. 27.8 percent) of newly adjudicated youth were diagnosed as SED and assigned to a CMH community-based provider for mental health treatment services, with an additional 559 juvenile offenders placed in residential mental health facilities in 2009.

Regarding illegal substance use, 59 percent of youth who were drug screened at the Wayne County Juvenile Detention Facility in 2009 had positive (i.e. “dirty”) urinalysis results (overwhelmingly for marijuana); 81 percent self reported substance abuse. SED and substance abuse greatly impair functioning, resulting in poor decision-making and maladaptive behavior. Therefore, in addition to the ethical and humanitarian responsibility that society bears to alleviate the suffering of its children, there is also the practical consideration that by improving the functioning of youth with assessment targeted treatment, their recidivism can be reduced and quality of life improved.

In light of the data concerning SED and substance abuse, one aspect of Wayne County's juvenile justice policy that has profound implications for DMC is that all adjudicated youth, regardless of race, ethnicity or gender receive a comprehensive biopsychosocial assessment before treatment begins. In many jurisdictions, access to evaluation and care by licensed mental health or substance abuse treatment professionals is determined well after a youth's placement in out-of-home care. By Wayne County's mandating universal assessment for all youth at the point of adjudication, the impact of subjective bias on the question of who deserves access to treatment and where such treatment can be successfully provided is thus eliminated, thereby addressing a critical issue of health care disparity pertaining to DMC.

### Mitigating bias in clinical decision-making

In order to reduce DMC and address the related phenomenon of disparate access to health care, the juvenile justice system must adopt clinical practices that are data driven. Thus, assessment methodology, such as psychological testing or clinical interviewing, should feature:

- Sound psychometric properties
- Standardized administration procedures
- Normative referencing to demographically representative sample populations
- Use of objective rather than projective techniques which rely too greatly on the subjective interpretation of the examiner to determine a correct response, and
- Very timely reporting of assessment results so that recommended services can be initiated rapidly.

The collection of accurate, objective assessment data is critical in the reduction of DMC when utilized in the service of appropriate decision-making. It is strongly recommended that for systems to adopt the aforementioned procedures, they develop protocols dictating the course of action that should be taken if certain score levels are achieved and/or if particular information is revealed.

The development of protocols should be data-driven or, at the very least, rationally derived.

Once adopted, they should be adhered to carefully. Generally speaking, an actuarial approach to decision-making is needed, as opposed to one more heavily reliant upon individual judgment. To minimize the occurrence of such clinician errors, the following practices are recommended:

- Juvenile justice clinicians should meet mental health criteria and should reflect diversity in race, ethnicity, and gender.
- A set of decision rules (i.e. a protocol) should be developed based on clinical and/or forensic data or best practice standards derived from authoritative sources such as the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IVR) or the *American Society of Addiction Medicine* (ASAM) criteria and sound psychometric evaluation tools.
- The decision rules should be tied to specific levels of treatment or service delivery.
- The decision rules should be adhered to consistently except in the case of compelling extraordinary circumstances.
- *Compelling extraordinary circumstances* should be defined on an *a priori* basis and their relevance should be subject to diverse collegial scrutiny.

### Changing the conceptual framework

An important complimentary perspective to reducing DMC is one grounded on a strength-based approach to clinical assessment: namely, methodologies based on research results on resilience in individuals, families, and communities confronted with loss, disease or trauma.

Wayne County's approach is established on the premise that all families, including minority families, have strengths that should be recognized and cultivated. The notion stands in contrast to the one engendered by often well meaning professionals that particular communities are deficient, or generally beleaguered, without the resources, capacity or inclination to direct and nurture their youth. From a strength-based standpoint, clinical assessment becomes an activity akin to mining for gold: *the prospector will expend thoughtful and careful effort only if he believes that he may retrieve something precious.*

Most studies reveal the primary factor in resilience is having relationships, both within and outside the family, that provide care and support, create love and trust, and offer encouragement (American Psychological Association, 2009). Other factors are:

- Self-confidence and a positive self-image (Cicchetti et al, 1993)
- Communication skills
- Capacity to manage strong feelings and impulses
- Capacity to make realistic plans
- Involvement with affinity groups and organizations (King et al., 1998)
- Help-seeking behavior
- Help-giving behavior
- Self-disclosure of trauma to loved ones
- An identity as a survivor rather than a victim
- High expectations
- Good problem solving skills
- An inclination to find positive meaning in trauma
- Spirituality

Strength-based assessment dictates that when such factors are evident and valued, they should be nurtured. When they need support, they should be targeted for intervention.

Reducing DMC also requires culturally competent case managers and clinicians who expect and can recognize resilience and adaptive caregiving in the communities they serve. Effective engagement of parents/caregivers starts with the assumption that families are capable of providing nurturance and guidance to their youth and are motivated to do so, but are momentarily stuck due to:

- Anger
- Frustration
- Embarrassment
- Bewilderment
- Fear of being labeled “bad parents”
- Feeling overwhelmed by systems of care (JJ, CW, MH, SA, DD, etc.)

Effective intervention with minority families also requires a broad knowledge base by case managers and clinicians of effective community resources, such as after-school programming, recreation centers, sports teams, non-profit arts organizations, youth assistance programs, substance abuse treatment programs and mental health clinics.

### Summary

Wayne County has endeavored to safely shift the balance of its treatment services for juvenile offenders from out-of-home placement to community-based intervention.

Wayne County’s process uses clinical data to move beyond inappropriate assumptions to instead target behavioral, mental health and substance abuse issues that likely negatively affect recidivism. The process entails provision of biopsychosocial assessment at the point of adjudication in the juvenile justice system as a means of eliminating bias.

A strength-based approach to assessment conducted by culturally competent clinicians who expect and can recognize resilience and adaptive caregiving in the communities they serve is based on the premise that effective engagement of parents/caregivers starts with the assumption that minority families are capable of providing nurturance and guidance to their youth and are motivated to do so. The approach recognizes that resources exist within all communities that can be enlisted and enhanced to improve clinical outcomes and reduce recidivism.

Professionals must look for indicators of resilience and encourage others to do so in their contact with minority families. All case managers and clinicians, including those who happen to be minorities, are encouraged to acknowledge and constructively manage their own cultural biases, with empathy and humility, always communicating a willingness to learn what one does not know.