

EDJJ NOTES

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In the News

Mental Health and Juvenile Justice

Most often incarcerated youth return to the community after their release. It is imperative that the juvenile justice system identify and provide necessary services while youth are detained or committed. Despite an increasing prevalence of youth with mental health needs in juvenile corrections, little is known about factors that may affect the referral process, frequency that offenders receive mental health services, and which youth are likely to receive services.

Recently, researchers¹ examined the referral process for mental health services among youth in a California detention facility. One primary goal was to identify whether differences in decisions existed for various referral sources (e.g., corrections staff, medical or nursing staff, or probation officers or parents).

Researchers found that corrections and medical staff referred youth to mental health services at approximately the same rate. However, the characteristics of youth that each group referred varied. Corrections staff were more likely to refer violent offenders and those with adjustment disorders. In contrast, medical personnel more often referred youth with disruptive behavior disorders.

Another component of the study addressed the characteristics of youth referred to

mental health services. The researchers examined referral in relation to student age, gender, ethnicity, age at first arrest, criminal history, nonviolent offense, and several diagnostic classes (e.g., disruptive behavior, affective, anxiety, psychotic, intermittent explosive, adjustment, substance abuse). Compared to those not referred, youth were more likely to be referred if they were African-American or Caucasian, had previously been detained in a secure facility, were violent offenders, and female.

(Article continues)

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About EDJJ

EDJJ is a technical assistance, training, research, and dissemination center designed to develop more effective responses to the needs of youth with disabilities in the juvenile justice system and those at-risk for involvement with the juvenile justice system.

The center is a collaborative project of the University of Maryland, University of Kentucky, Arizona State University, American Institutes for Research, and The Pacer Center.

Generalizations from the study should be made with caution due to the small sample size, study of a single facility, and the lack of assessment of students for actual mental health problems. However, “the preliminary findings from this study represent a first step in describing potential sources of variation in the referral process to mental health services among detained youth.”²

On a practical note, the variable referral rates to mental health services provide support for a review of individual facility policies by multidisciplinary teams (i.e., administrators, teachers, correctional staff, mental health professionals, parents and advocates). Analysis of current policies and characteristics of youth who are or are not referred within a facility can provide valuable information. Once referral patterns are identified, policies can be enacted that promote equity in provision of appropriate mental health services.

^{1,2}Rogers, K. M., Zima, B., Powell, E., & Pumariega, A. J. (2001). Who is referred to mental health services in the juvenile justice system? *Journal of Child and Family Studies*, 10, 485-494.

Transition

Best and Promising Practice for Short-Term Jails and Detention Centers

In 1994, the U.S. Department of Justice's Office of Juvenile Justice and Delinquency Prevention (OJJDP) published the results of an eighteen-month study conducted by the National Office of Social Responsibility (NOSR). This publication, Documented Effective Practices in the Education of At-Risk and Delinquent Youth,¹ represents the most comprehensive research on juvenile correctional education to date.

In this report, the authors reviewed over 360 programs and practices in an effort to determine what works in correctional education. They concluded that there was no

single effective program that could be duplicated across the country. Rather, the authors identified a number of effective practices that they defined as, “any instructional or administrative action that enables all students to learn in accordance with their ability and meet agreed-upon standards of [educational] performance”² (p. 71). These practices were organized into eight different categories, including transition.

The body of research on transition for juvenile correctional education is slim and does not always meet scientific or social science research criteria. However, EDJJ agrees with Coffey and Gemignani (1994) that many effective practices have been identified. We have updated these promising transition practices for short-term jails and detention centers.

- Staff awareness of and familiarity with all county, state, local, and private programs that receive and/or send youth to/from jail or detention center.
- The immediate transfer of youth’s educational records from public and private educational programs to jails or detention centers.
- The existence of an extensive diagnostic system for the educational, vocational, and social, emotional, and behavioral assessment of youth.
- Student access to a resource center which contains a variety of materials related to transition and support services.
- Special funds earmarked for transition and support services.
- Regularly scheduled interagency meetings, cooperative in-service training activities, and crossover correctional and community school visits, to ensure awareness of youth and agency transition needs.
- A process for the immediate identification, evaluation, and placement of youth with disabilities.

- An individualized education program for each student with disabilities that includes a transition plan.
- An individual transition plan for **all** students, which includes the student's educational and vocational interests, abilities, and preferences.
- To the extent possible, individualized pre-placement planning prior to the transfer of youth from jails or detention centers to the community or long-term correctional facilities.
- The immediate transfer of youth's educational records to community schools, long-term correctional facilities, or other programs at exit from the facility.
- Coordination with probation to ensure a continuum of services and care is provided in the community.
- Coordination with public and private educational program personnel to ensure that they advocate for these youth, cultivate family involvement, maintain communications with other agencies, and place students in classes with supportive teachers.
- Periodic evaluations of the transition program and all of its components.

Further research is necessary to continue the process of empirically validating these practices within the context of youth transitioning from short-term juvenile jails and detention centers. However, based on available information, these promising practices provide a useful guide for professionals involved in the transition of youth from juvenile corrections.

^{1,2} See Coffey, O. D., & Gemignani, M. G. (1994). *Effective practices in juvenile correctional education: A study of the literature and research, 1980-1992*. Washington DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. This publication is available from:

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Spotlight

"I'm proud to have been able to assist people in the agency, in all 50 states, and internationally." -Karl Dennis



Undoubtedly, it is this commitment to service that has led Karl Dennis, executive director of Kaleidoscope, Inc., to such a prominent status in the field of wraparound care for youth with emotional disorders. Mr. Dennis is planning to retire in the next couple of months. However, his leadership, vision, and advocacy for community-based care and wraparound services have persevered for over 25 years.

Kaleidoscope, a community-based, licensed, not-for-profit child welfare agency in Chicago, employs over 100 staff members and 60 therapeutic foster parents. With an annual budget of 6.2 million dollars,¹ the program serves over 80 children and youth in therapeutic foster care, 44 youth in an independent living program, and an additional 360 youth via a long-term satellite family outreach program.

Kaleidoscope operates on nine principles: (a) community-driven; (b) family-focused; (c) creative; (d) unconditional; (e) strength-

based; (f) individualized; (g) culturally competent; (h) cost-effective; and (i) outcome-driven.² Mr. Dennis asserts the importance of maintaining the program philosophy. He notes, “This philosophy is based on what would happen in a normal family. For example, there is no rejecting a child, just as you do not throw people out of a family.”

Despite the success of the program, over the years Mr. Dennis has met resistance. Early on, the goal was simply, “to convince people we weren’t crazy and that kids could be served in the community.” The issue of risk surrounding community placement has been a continual struggle. However, he maintains the importance of taking this risk, while simultaneously working to minimize problems. For example, the program includes comprehensive services with 24-hour crisis intervention. Despite the hesitation of some, similar wraparound programs exist in communities throughout the U.S. and Kaleidoscope trainings have been held in all 50 states.

Mr. Dennis identifies therapeutic foster parents as critical to the success of the program. He acknowledges that a fair stipend, training, and limiting the number of youth in a home to one or two (in the case of siblings) are major factors in getting and keeping high quality foster parents. At the minimum, once a week visits are conducted by a Kaleidoscope employee to support youth and the foster parents.

Although he is retiring, there are a few challenges that Mr. Dennis hopes can still be addressed by his replacement. “I would like to see Medicaid much more family focused.” He feels that this system should look at the whole family to decide on appropriate services. “Now, one child may have a Medicaid card and get services, when there needs to be services to the entire family. Maybe the father needs help getting a job.”

Mr. Dennis feels particularly proud of his role in spreading the popularity of the

wraparound model. He also notes another major accomplishment, “We have brought children back into the communities from out of state.”

As he looks toward retirement, Mr. Dennis recalls the powerful words written to him by a youth who was served through Kaleidoscope, “I am blessed for knowing you.” Without a doubt, there are many that echo this feeling.

¹For additional information, visit the Kaleidoscope website at <http://www.Kaleidoscopechicago.org>

²Kendziora, K. (1999). Building resilient families and communities: An interview with Karl Dennis. *Reaching Today’s Youth*, 3(4), 18-21.

Research to Practice

Teaching Devices

The prevalence of youth with learning disabilities in juvenile corrections is four times the rate in public schools.¹ These students commonly have difficulties with both short- and long-term memory skills, weak selective attention skills, and difficulty storing and accessing information. In addition, students with LD in juvenile corrections may have deficits in metacognitive skills, including skills for guiding, monitoring, regulating, and evaluating task-related work.²

Teaching devices are one effective method of supporting students with LD. These devices are, “used to facilitate content organization, understanding, information recall, and application (p. 445).”³ Some examples include **diagrams**, **study guides**, **tables**, **advance organizers**, and **stories depicting major concepts or themes**.

Teaching devices support student learning in several ways. They enable students to connect new and existing knowledge, support notetaking, and highlight relationships and organizational structures within the information. In addition, they may assist in making abstract information more concrete and draw unmotivated learners’ attention to important concepts.⁴

Bulgren and Lenz (1996) identified seven steps for using teaching devices:

- Select the instructional device
- Develop a set of steps that can be used to link the content in the device to the student
- Inform students about the device and routine by teaching them how to recognize the device and how it should be used
- Cue students each time the teaching device is used
- Provide creative situations for students to use the teaching device on a regular basis.
- Review information included in the device to check for understanding and use of the device
- Prompt students to think about the strategies they are using when they use the routine (p. 461)

It is critical to aid students in generalizing the use of the strategies (e.g., diagrams, study guides, tables, advance organizers) in novel situations. To promote generalization, teachers should collaborate and identify common teaching devices across content area classes and provide cues to students to prompt appropriate application of the strategies. Regular and planned use of teaching devices is one effective tool for addressing the academic needs of youth with LD in juvenile correctional educational settings.

¹ Quinn, M. M., Rutherford, R. B., Leone, P. E. (2001). *Students with disabilities in correctional facilities*. Arlington, VA: ERIC Clearinghouse on Disabilities and Gifted Education. (ERIC Document Reproduction Service No. EDO-EC-01-16)

² Kameenui, E. J. & Carnine, D. W. (1998). *Effective teaching strategies that accommodate diverse learners*. Columbus, OH: Merrill.

^{3,4} Bulgren, J. & Lenz, K. (1996). Strategy instruction in the content areas. In D.D. Deshler, E. S. Ellis, & B. K. Lenz, *Teaching adolescents with learning disabilities: Strategies and methods* (2nd ed., pp. 409-473). Denver, CO: Love Publishing Company.

For Information on Learning Disabilities:

Visit the National Center for Learning Disabilities (www.ld.org). The website has valuable information for teens and adults on such topics as:

- Legal rights
- Resources
- Research

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381 Park Avenue South, Suite 1401
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www.asha.org

Division for Learning Disabilities (DLD)
Council for Exceptional Children
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www.dldcec.org

International Dyslexia Association (IDA)
Thomas Viall, Executive Director
8600 LaSalle Road
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Baltimore, MD 21286
www.interdys.org

Learning Disabilities Association (LDA)
Jane Browning, Executive Director
4156 Library Road
Pittsburgh, PA 15324-1349
www.lidaamerica.org

Your Letters

Dear Members of EDJJ,

*My son is on the path to destruction. He is
15 years old and is smoking pot, refusing to
go to school, and hanging around with the*

*wrong crowd. His life has been full of
traumatic experiences: abuse, death of his
father, and problems with a learning
disability. He needs help and I am not sure
where to look for that help. He is a good kid
and I do not want to lose him to the court
system. Please advise me as to where I can
get help.*

Signed,
A Parent in Need of Advice

Dear Parent in Need of Advice,

This certainly sounds like a difficult
situation. First, you are correct in assuming
that the juvenile justice system is not
designed to provide your son with the support
he needs. Some parents hope that youth will
learn a valuable lesson through involvement
with juvenile court. The juvenile justice
system in most jurisdictions is not designed
to provide high quality, comprehensive
mental health treatment for youth.

However, there are resources that you and
other parents can access. Among the most
helpful is the local or regional parent
advocacy center. There is a list of offices in
each state on the Pacer website at
www.pacer.org.

In addition, your son's school may also be
of assistance. The guidance counselor may be
aware of local resources that can assist your
son in dealing with his traumatic history and
problem with drugs. The special educator at
the school could also provide educational
support related to his learning disability. If
necessary, request a meeting of the entire IEP
team to address your son's truancy.

Letters have been edited for clarity and to maintain
confidentiality. EDJJ does not provide legal
assistance or attorney referrals. This section provides
general comments and resources for parents,
educators, and corrections employees related to
educating juveniles with disabilities.

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Loren M. Warboys Regional Forum

Multiple Levels of Prevention for Youth with Disabilities Involved in the Juvenile Justice System

May 8-9, 2002

Hotel Inter-Continental

New Orleans, LA

Highlights Include:

- Keynote Address by Phillip Uninsky, Project Director, Safe Schools/Healthy Students Partnership
- Keynote Address by John A. Tuell, Director, Juvenile Justice Division, Child Welfare League
- Tour of Bridge City Correctional Center—a long term facility for committed youth
- Concurrent Workshop Sessions
- Expert Panel: *Issues in Prevention: Multi-Disciplinary Perspective*
- Lunch included with registration fee

Register using the On-line form at www.edjj.org

- Fax registration and \$25.00 purchase order (made payable to University of Maryland) to (859) 622-6399
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