



# Integrating mental health and special education needs into comprehensive service planning for juvenile offenders in long-term custody settings

Keith R. Cruise<sup>a,b,\*</sup>, Lisa J. Evans<sup>b</sup>, Isaiah B. Pickens<sup>a</sup>

<sup>a</sup> Department of Psychology, Fordham University, Bronx NY, United States

<sup>b</sup> Louisiana State University Health Sciences Center — New Orleans, School of Public Health, Juvenile Justice Program, New Orleans, LA, United States

## ARTICLE INFO

### Article history:

Received 20 March 2009

Received in revised form 10 November 2010

Accepted 13 November 2010

### Keywords:

Juvenile offender

Learning disability

Mental health

## ABSTRACT

Previous research has established that justice-involved youth have higher rates of both learning disabilities and mental health disorders compared to youth in the community. Both need areas raise substantial intervention and rehabilitation concerns that must be addressed via educational and mental health service plans. The current study investigated rates of special education and mental health needs identified at admission in a large sample of youth admitted into a long-term secure custody facility. The proportion of overlap and specific patterns of educational and mental health problems were explored. Special education results were consistent with prior studies in finding an overall learning disability rate of 39.8%. The special education designation of Emotional Disturbance was common among youth with elevated admission mental health screening results. Demographic differences and implications for assessment and long-term service planning are addressed.

© 2010 Elsevier Inc. All rights reserved.

## 1. Introduction

Special education needs among juvenile offenders is a significant service planning concern for both mental health and educational professionals working within the juvenile justice system (Malmgren & Meisel, 2002; Rozalski & Engel, 2008). Approximately 33% of youth within juvenile correctional facilities are identified with learning disabilities compared to an average rate of 8% among general population youth (Morris & Morris, 2006; Quinn, Rutherford, Leone, Osher, & Poirier, 2005; Rozalski, Deignan, & Engel, 2008). In a national survey study exploring archival data from 51 state juvenile corrections directors, Quinn et al. (2005) reported that disability prevalence by state ranged from 9.1% to 77.5%, with a national average of 33.4%. Emotional disturbance and specific learning disabilities accounted for 47.7% and 38.6% of disabilities, respectively. Mental retardation accounted for an additional 9.7% of all disabilities. A recent study by Harris, Baltodano, Bal, Jolivette, and Malcahy (2009), reported special education rates among 455 incarcerated youth sampled from three different geographic regions and found a mean percentage for special education diagnosis of 33.2% and little variation across regions. Emotional Disturbance, Specific Learning Disability, and Mental Retardation accounted for the majority of the designations. While additional reviews corroborate the high prevalence of special education needs among incarcerated youth (Foley, 2001; Rozalski et al., 2008),

Morris and Morris (2006) acknowledged that heterogeneity of research methods and varying operationalization of 'disability' contribute to considerable variability in prevalence data. As such, comparing special education prevalence across states and between different types of facilities (short-term detention versus long-term secure care) becomes increasingly difficult. Noting these methodologic issues, overall findings indicate a significantly higher rate of disabilities and special education needs among incarcerated youth compared to youth within the community (approximately 10%; see National Council on Disability, 2003).

High prevalence of learning disabilities has several implications related to initial involvement with the juvenile justice system and functional outcomes when transitioning back into the community (Foley, 2001). For example, a primary concern noted by scholars is that youth with learning disabilities are more readily referred to the juvenile justice system than non-disabled peers because few community-level service options are available for youths with educational needs and delinquent behavior (Eggleston, 2008; Green & Twill, 2006). As a consequence, once placed within the system, educational programs become overburdened with a large number of youth with learning disabilities that must be addressed through federal legal requirements (Robinson & Rapport, 1999). Commentators have also raised concerns that incarcerated youth who have unaddressed special education needs are less likely to acquire skills that aid in successful transitioning back into the community (Baltodano, Mathur, & Rutherford, 2005; Foley, 2001). Therefore, a lack of adequate corrections-based educational programming, that is tailored to meet the needs of a large percentage of youth with learning disabilities, may increase recidivism risk for a significant proportion of justice-involved youth (see Bullis & Yovanoff,

\* Corresponding author. Fordham University Department of Psychology, Dealy 334, 441 East Fordham Road, Bronx, NY 10458, United States. Tel.: +1 718 817 3883; fax: +1 718 817 3785.

E-mail address: [cruise@fordham.edu](mailto:cruise@fordham.edu) (K.R. Cruise).

2006; Katsiyannis, Ryan, Zhang, & Spann, 2008). These implications highlight the importance of early screening for educational needs at the time of admission, referral of youth who are positively identified via screening for more comprehensive special education assessments and implementation of appropriate services to address the assessed needs.

While researchers acknowledge the importance of understanding the effects of gender, race, and age on special education needs among incarcerated youths, few empirical studies examine differing prevalence by these respective demographics (Morris & Morris, 2006). The report produced by the National Council on Disability (2003) documented that African American and Native American youth are more likely to be identified with disabilities than white youth. This same report also documented that a significant gender difference in that boys comprise approximately two-thirds of the special education population with higher percentages of both emotional disturbance and learning disabilities relative to girls (see also Jans & Stoddard, 1999). Zabel and Nigro (2001) found that youth in juvenile detention center with special education histories scored significantly lower than those without such experiences on reading, language and mathematics achievement scores. Additionally, boys scored significantly lower than girls across these same areas. Baltodano, Harris, and Rutherford (2005) found that 30% of boys incarcerated in a long-term juvenile correctional facility were eligible for special education services. Among this sample of boys, severe emotional disturbance accounted for 32% of the special education population, while specific learning disabilities accounted for an additional 28%. These findings underscore the potential overlap of mental health and special education problems and highlight the need to account for mental health issues when screening, assessing and implementing educational service plans.

In a study exploring the impact of age and ethnicity on academic achievement problems (i.e. average reading level and average math scores) among 174 adolescent incarcerated boys, Baltodano, Harris et al. (2005) reported problem prevalence of 39% among European American, 24% among Hispanic, and 40% among African American youth. Findings revealed significant mean differences between European Americans and ethnic minority groups, with Hispanics and African Americans scoring a minimum of one standard deviation below the normative mean on achievement measures. However, no significant age effects were found. In a review of studies exploring literacy among incarcerated youth, Harris, Baltodano, Artilles, and Rutherford (2006) cited disproportionate levels of juvenile ethnic minorities and higher prevalence of low achievement among incarcerated ethnic minorities as the impetus for increasing literacy interventions within juvenile corrections facilities. However, their review yielded only four literacy intervention studies of which none explicitly explored differential race effects.

Attention has also been devoted to identifying intellectual impairments among youth within the juvenile justice system. For example, in a study exploring the relationship between IQ and delinquency among 13 year old boys, findings indicated a negative relationship between IQ and delinquency, with delinquent youth scoring approximately eight points less on Verbal and Full-Scale IQ measures relative to non-delinquent boys (Lynam, Moffitt, & Stouthamer-Loeber, 1993). Furthermore, findings indicated that African American youth scored 10–13 points less on Verbal and Full-Scale IQ measures than European American youth with this race difference being consistent within both delinquent and non-delinquent groups. In a literature review exploring academic characteristics of incarcerated youths, Foley (2001) reported that incarcerated youth generally performed in the low and below average ranges of intellectual functioning. Furthermore, findings indicate that recidivism rates are significantly higher among incarcerated youths with below average IQ (Baltodano, Mathur, et al., 2005).

General support for significantly lower levels of intellectual functioning and higher rates of learning disabilities among delinquent youth highlights the need for appropriate services to address the

special education needs among incarcerated youths. While special education services are mandated under the Individual with Disabilities Education Act (IDEA), implementation of such services vary across states and within different juvenile facilities (Morris & Morris, 2006). Burrell and Warboys (2000) noted that youth are required to be screened for disabilities upon entrance to a juvenile correctional facility and receive an Individual Education Plan (IEP) following identification of disability or notification of an existing disability. In the case of youth who do not have a prior IEP on record, federal law requires such youth be identified and provided an IEP within 30 days of initial screening. Within juvenile justice settings, implementation of services required by an IEP is often complicated by variable lengths of stay, level of restrictions within the facility, and available educational resources (Foley, 2001). Despite these difficulties, Burrell and Warboys (2000) recommended that proper screening of youth is a process that should commence immediately following admission into a juvenile correctional facility. Given the relatively recent nature of research focused on disabilities among incarcerated youths, little is known regarding best practices for special needs screening and subsequent educational program implementation. However, support for the protective role of improved academic achievement in reducing recidivism risk underscores the need for early and efficient screening procedures to ensure implementation of satisfactory educational services for incarcerated youths (Eggleston, 2008; Katsiyannis et al., 2008).

As noted previously, high prevalence of emotional disturbance designation among justice-involved youth highlights the potential overlap between mental health problems and special education needs. In fact, juvenile justice mental health screening and assessment standards parallel the recommendations for educational screening (Grisso, Vincent, & Seagrave, 2005; Wasserman et al., 2003). For example, Wasserman et al. (2003) called for evidence-based screening for emergent risk within 24 hours of admission and further screening to determine need for mental health services as quickly as possible following admission. For youth who are positively identified via mental health screening, comprehensive assessments are recommended to facilitate intervention and rehabilitation planning. The call for systemic mental health screening is consistent with recent findings documenting high prevalence of mental health disorders among justice-involved youth (Shufelt & Coccozza, 2006; Teplin, Abram, McClelland, Dulcan, & Mericle, 2002; Wasserman, McReynolds, Ko, Katz, & Carpenter, 2005; Wasserman, McReynolds, Lucas, Fisher, & Santos, 2002). For example, in a multi-state, multi-gate prevalence study, Shufelt and Coccozza (2006) concluded that 61.8% of assessed youth met criteria for a mental disorder after removing Conduct Disorder and substance use disorders from the overall estimate. Similar rates were found among a single sample of youth in juvenile detention (see Teplin et al., 2002) with lower rates (45.7% overall) of any disorder found in a sample of youth assessed at probation intake (Wasserman et al., 2005). A consistent finding across these studies is higher rates of disorders among female youth relative to male youth; particularly for anxiety and mood disorders (see Teplin et al., 2002). Studies investigating systematic mental health screening data have also confirmed gender differences. For example, Vincent, Grisso, Terry, and Banks (2008) examined scale level mental health screening results from the Massachusetts Youth Screening Inventory – Version 2 (MAYSI-2, Grisso & Barnum, 2006) obtained from 283 juvenile probation, detention or corrections programs. Aggregate gender estimates indicated that 72% of girls and 63% of boys produced clinical elevations on at least one MAYSI-2 scale with girls being approximately two times more likely to elevate MAYSI-2 scales relative to rates found for boys (with the exception of Alcohol/Drug use).

A few conclusions can be drawn from the extant literature. First, higher prevalence of special education needs and mental health problems have been documented among youth in the juvenile justice system compared to youth in the community. Second, gender differences are found in both areas but operate in the opposite

Download English Version:

<https://daneshyari.com/en/article/365027>

Download Persian Version:

<https://daneshyari.com/article/365027>

[Daneshyari.com](https://daneshyari.com)