Studies undertaken by Elizabeth Cauffman (left) may be an important step in getting delinquent kids and their wards the help they need.
“Yes, her behavior is inexcusable,” continues Elizabeth Cauffman, Western Psychiatric Institute and Clinic (WPIC) researcher and assistant professor in the Law and Psychiatry Research Program within the Department of Psychiatry at the University of Pittsburgh. “But if we only treat her aggression, without understanding what’s underlying it, she will be released without the skills and tools to handle life.”

Cauffman lays out the facts in a soft, high-pitched voice. Petite and pretty, she doesn’t strike you as someone who would sally into secure confinement to chat up violent offenders. Yet that’s the kind of tête-à-tête on which this developmental psychologist cut her teeth before joining the faculty at Pitt in 1998. Cauffman interviewed the worst behaved of California’s delinquent girls for her postdoctoral fellowship with Stanford University’s Center on Adolescence; her work revealed poignant factors accompanying the girls’ delinquency.

At the outset of the study, Cauffman had taken a preliminary look at the girls’ mental health symptomatology. Alarmed, she told Youth Authority staff, “Hey, your girls have got real problems. ‘They looked at me like I had two heads,” says Cauffman. “They’d always known that.” The 1998 study put the problem in stark relief. More than 70 percent of the 96 female juvenile offenders interviewed had been badly hurt or raped, witnessed another person being severely injured or killed, or said they’d lived in constant physical danger. Many exhibited symptoms of post-traumatic stress disorder (PTSD). The data prompted the Youth Authority to screen girls for PTSD and to offer survivor support groups in its secure facility.

Cauffman says that quantifying what’s obvious to staff does more than prompt internal modifications. Empirical data can translate the experience of those working on the front line with youth and, in some way, may give voice to the youth themselves—in a language policymakers and fund allocators can understand. In the juvenile justice system, says Cauffman, you make changes by showing hard data.

At Pitt, Cauffman continues to shine a resolute light into dark corners of the juvenile justice system, including the specter of mental illness that haunts more than 50 percent of kids in detention. (About 20 percent of kids in the larger population suffer from a mental illness.) As a member of the multidisciplinary John D. and Catherine T. MacArthur Foundation’s Research Network on Adolescent Development and Juvenile Justice, Cauffman examines issues of youth culpability...
and competence to stand trial, especially when preteens or teens are charged as adults in criminal court. In another MacArthur Network initiative, Cauffman shares coprincipal investigator duties with her old grad school adviser, Laurence Steinberg, professor of psychology at Temple University. Together with principal investigator Edward Mulvey, professor of psychiatry at Pitt, and a research team working in Pittsburgh, Philadelphia, and Arizona, they will follow felony youth offenders in the years approaching adulthood, hoping to identify the pathways that divert predisposed youth from joining the ranks of adult criminal offenders.

Cauffman made waves with the results of a two-year, 9,000-subject study, which she finalized in September, assessing mental health problems among youth in Pennsylvania’s detention facilities and secure youth development centers (YDCs). She revealed that thousands of kids are floundering in detention with mental health scores off the deep end. Pittsburgh Post-Gazette reporter Steve Twedt profiled her work in a series addressing the plight of mentally ill youth in the justice system. Cauffman’s data articulated a crisis, and Twedt’s series took the issue public: Cauffman found that a startling 20 percent of boys and 33 percent of girls in the study have considered suicide. Further, 40 percent of boys and fully half of the girls exhibit thought disturbance, such as hearing voices no one else hears. One girl spent a day huddled under a blanket to avoid germs she believed were falling from the ceiling.

At Shuman Juvenile Detention Center in Pittsburgh, big glass panels flood the inside with light. Founding benefactor Anna Jane Shuman wanted kids to feel as though they were outside even though they were locked in. Shuman, one of Cauffman’s sites for the Pennsylvania study and the largest facility in the state, is considered to be among the 10 most progressive detention centers in the country. Boys and girls are housed in small groups, with a staff ratio of one to six. They attend a fully operating school and have many programs available to them. But make no mistake, they’re in a correctional facility.

Staff members escort youth to meals and classes. Fights break out often and at random. Residents are youth at some point charged with a felony who are awaiting trial and youth who have been judged delinquent and are awaiting “disposition”—placement in a residential treatment center, drug and alcohol rehabilitation program, or secure lockup in one of the state’s YDCs. For some time, it has been a loaded situation that hardly needed a last straw. Then, in the last several years, Pennsylvania, following a national trend, closed the adolescent wards of state mental hospitals. Shuman has since been swamped with admissions of mentally ill youth who’ve offended their way into the justice system.

“We were getting more and more kids who have major depression with psychosis or schizophrenia, and no help to go along with this,” says Terri DeFazio, manager of health services at Shuman and a 20-year veteran staff member. Shuman had a terrible year in 2000. That October, Twedt reported, three residents tried to kill themselves in one day. One used a shoelace as a noose, another a bed sheet. The third banged her head against a wall and told the staff she wanted to die. Another day, four teenagers tried to commit suicide—one actually tried to flush his head down the toilet, and DeFazio found a girl with a wet sweat sock cinched around her neck so tightly her face was purple. “A psychotic boy tried to bite his veins open in front of us,” says DeFazio. “We were screaming that we needed something for these kids.”

A special meeting was called among representatives from the Allegheny County behavioral health office, juvenile court, and area mental health providers. Frantic for hard data to state her case, DeFazio sought out Cauffman. “Beth and I put our heads together,” said DeFazio. “You know these kids are mentally ill, but how do you operationally define that? Dr. Cauffman came in one aggressive kids; it’s separate from the rest of the population. Mentally ill kids seem to find their way in there, either by defending themselves from being picked on or acting out. And when a kid “goes off,” staff members are trained to try to de-escalate the situation cognitively, to “talk them down.”

“But with a mentally ill kid, you can cognitively try to de-escalate until you’re blue in the face,” says DeFazio. “The only restraint here is physical restraint. The mentally ill kid may need a change of medication, but the kid is not in a psychiatric setting.”

Shuman and Pennsylvania are hardly anomalies. “This is a national phenomenon,” says Cauffman, citing a recent study by Northwestern University Feinberg School of Medicine’s Linda Teplin. Teplin reports that, excluding conduct disorder, which is highly common among detained youth, nearly 60 percent of males and more than two-thirds of females in a Chicago detention center met...
diagnostic criteria for one or more psychiatric disorders.

In Pennsylvania, the privately owned residential treatment facilities that replaced state-funded hospital wards can refuse children they don't want. "A child can be mentally ill," says Cauffman, "but maybe his delinquency is too difficult for the facility to handle, so they deem him inappropriate for their program." Pennsylvania has no locked-door facility for mentally ill violent kids, and there's strong opposition in the state to establishing one, DeFazio points out. "People don't want to place sick kids in a locked facility." Ironically, these same kids remain in detention for five or six weeks because they're so difficult to place. "People don't want to place sick kids in a locked facility." Ironically, these same kids remain in detention for five or six weeks because they're so difficult to place. Then the only option may be an out-of-state mental health lockup. Then the only option may be an out-of-state mental health lockup.

Largely in response to Cauffman's data, Pennsylvania counties have hired additional therapists, consulting psychologists, and mental health caseworkers for the detention population. Allegheny County created a walk-in crisis center for Shuman residents. The states 13 YDCs have enacted a new policy: Teens whose MAISY scores indicate mental health problems—currently 87 percent of boys and all girls—will undergo a psychological evaluation. "This is one of the most aggressive plans in the country," says Cauffman.

Traditionally, detention has been a boy's arena, but nationally, the percentage of girls in the population in juvenile detention has risen from 5 to 20 percent in recent years, according to Cauffman. And girls present the most alarming cases. Seriously delinquent girls in Cauffman's study surpass boys in levels of anger and irritability (leading to aggression) and in depression and thoughts of suicide. As with her California study, the MAISY identified staggering numbers of girls who've survived traumatic episodes. "They already feel one acting-out girl, because in her mind, she's going to do what she has to do."

"With youth, it's always the elephant in the courtroom." Cauffman draws this analogy from the Indian folktale about seven blind men, each of whom define an elephant by the one part of its body they've touched: One man feels the elephant's sturdy leg and says an elephant is like a tree. Another touches its trunk and says an elephant is like a snake. "With these kids, you only know one piece of it, and there's so much you don't know," she notes.

Cauffman admits to a chasm between her study subjects' experience and her own. "There are so many children affected by abuse, so many who live in decrepit housing with all manner of hardships, so many who've witnessed violent acts."

"Girls typically tend to internalize, whereas boys tend to externalize. So when a girl has reached this level of acting out, she's a very different type of girl."

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Through her undergrad years, Cauffman planned on being a clinician. During grad school, a stint as a counselor at a shelter in New Jersey changed all that, after an 8-year-old girl recanted her story of sexual abuse. With no other proof to hold the child, Cauffman was forced to sign her hold the child, Cauffman was forced to sign her...

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