SHUMAN

THE SPECTER OF MENTAL ILLNESS LOOMS OVER JUVENILE DETENTION | BY JOSIE FISHER

ELEPHANTS IN THE COURTROOM

Studies undertaken by Elizabeth Cauffman (left) may be an important step in getting delinquent kids and their wards the help they need.

"I go into this kid jail. The last stop for delinquent adolescent girls in the California Youth Authority. In walks this very sweet-looking girl. 'What the %&*# do you want?' she says to me. 'I'm not answering your %&*#$@# questions.' Finally she warmed up; after I told her she didn't need to answer my questions and was free to go, she decided to participate. I asked her if she'd ever experienced any trauma. 'No, no, no.' I asked her, 'So nothing bad ever happened to you?' She says, 'Oh, I was gang-raped by some boys in a field when I was 9.' Now she acts out when the grass is cut. Classic signs of post-traumatic stress disorder—the smell of grass is the trigger. So this attractive girl likes to hang out outside Arby's and catch a ride with a boy, then sticks an ice pick into his neck, forces him out, and steals the car.

PHOTOGRAPHY | CAMI MESA

Shuman Juvenile Detention Center has been swamped with mentally ill kids who've offended their way into the justice system.

"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 Saturday, and we gave every kid in detention the MAYSI." The MAYSI is the Massachusetts Youth Screening Instrument, a 52-question screening that flags youth with mental health symptoms or traumatic experiences that can be precursors to mental illness. "The MAYSI does not diagnose," says Cauffman. But the preponderance of suicidal thoughts and thought disturbance detected by the MAYSI was enough to astonish the assembled group, says DeFazio. "Beth's presentation at the meeting really moved the county." Before the presentation, Shuman had a psychiatrist on the grounds two days a week. Now it also has a full-time therapist and an on-call psychiatrist. A WPIC resident assists, and the center has access to a mobile mental health crisis team.

It's not enough. Each week, the therapist and psychiatrist assess 25 to 40 Shuman residents in response to suicidal comments, gestures, and self-injurious behavior.

Shuman has a high-impact unit for 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."

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"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. Then the only option may be an out-of-state mental health lockup.

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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 state's 13 YDCs have enacted a new policy: Teens whose MAYSI 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 MAYSI identified staggering numbers of girls who've survived traumatic episodes. "They already feel like they can't trust anyone," says DeFazio. "And here they're in a setting where paranoia is actually a healthy response. Well, when they're acting out, they're not taking any prisoners. It can take eight men [to restrain] one acting-out girl, because in her mind, she's going to do what she has to do."

Look at how girls typically act, says Cauffman, who is also conducting research focused on understanding the female offender. "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."

The bottom line is that the system has little understanding of girls at any level of delinquency and little in the way of services available to them. Cauffman remembers her first encounters with girls in locked units. "Boys are fairly matter-of-fact about things. But the girls were so needy. They'd say, 'Come sit by me, let me do your hair.' The things these girls lived through. Frankly, I'm surprised they even walked or talked."

If you ask Cauffman about a TV news report on a group of kids in Pittsburgh who stalked and beat a man to death, she says, *Send them to me.*

"Where are these super predators? I can't find any for my study on juvenile psychopaths." As a researcher wading in issues of youth violence and criminality, Cauffman knows better than to deduce conclusions about youthful offenders based on the random, violent act that gets covered in the media. "That is not the norm," she says. "But it's interesting how policies are made in response to such an incident."

Throughout the past decade in the United States, "getting tough on crime" has included getting tough on juvenile offenders, says Cauffman. States have rolled back the age limit at which a child may be tried as an adult. In Michigan, the age is 14; in Vermont it's 10. The District of Columbia and 23 states, including Pennsylvania, have at least one provision on the books (in murder cases, for example) for transferring juveniles to a criminal court with *no* minimum age limit.

Adolescence as a developmental stage is accorded a certain plasticity of interpretation when placed in the context of the judicial system: It's a murky area. Cauffman's interest in juvenile justice began by addressing that plasticity as a PhD student working with Steinberg. "We were asking, 'Where do you draw the line on trying a juvenile as an adult? When do kids look developmentally the same as adults—emotionally and in decision making, not just in knowing right and wrong?'

"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." When she worked as a counselor with kids in troubled communities, she would tell them, "I don't know how it is to live your life. You teach me.

"I took these kids on the Scared Straight tour of the jail, and I'm the only one who's scared straight!" she says. "They see someone there from their neighborhood, and they're like, 'Hey man, what's up? What are you doing here?'"

Trying to do research with this population has been an awakening, she notes: "We'll call up a parent to get consent to interview their child, and you hear, 'Hold on.' Then it takes a really long time for the parent to come to the phone because it's actually a neighbor's phone and the neighbor had to go get [the parent]. The family doesn't have a phone."

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 back over to her alleged abuser father. "That day, I decided I would be a researcher," says Cauffman.

"I have the most tremendous admiration for the people who work with children every day, but I could not do it.

"In academics, the level of detachment is much greater. But I also learned so much from the children at the shelter. Wonderful, positive things. I've met incredible kids over the years. It has made me realize how powerful children's voices can be in teaching us." ■