RAP Sheet

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HOW CAN WE SERVE YOU BETTER?

With this issue, we have included a survey to solicit your feedback about the RAP Sheet. The address and postage are pre-printed, and completing it takes less than 5 minutes. We thank you in advance for your input!

CAUTION SHOULD BE USED BEFORE ADOPTING JUVENILE PSYCHOPATHY MEASURES

Psychopathic characteristics (defined as persistent antisocial traits/behaviors) are often measured in adults to identify which offenders pose the greatest risks to society. Because these adult offenders typically exhibit similar antisocial tendencies when they are younger, researchers have been adapting the adult psychopathy measures for use with children and adolescents in an attempt to identify these serious offenders earlier. While this goal may be laudable, important differences between adolescents, children, and adults warrant careful consideration before the measures can be used in forensic youth assessments. Currently, several youth psychopathy measures are being used in research (for example, the Psychopathy Checklist: Youth Version, the Psychopathy Screening Device, and the Childhood Psychopathy Scale) and will likely be adapted for clinical and/or forensic use in the near future. The authors urge that precautions be taken before widespread use is adopted. For example, the fact that youth characteristics frequently change during development should be taken into consideration. While low empathy, high impulsivity, and failure to accept responsibility for actions are viewed as distinguishing characteristics of the adult psychopath, these traits are to some degree normative in childhood and adolescence, and tend to improve as the youth matures. Since labeling a youth as a fledgling psychopath can have severe consequences (such as waiver into adult court), the authors urge that the measures not be used before they can more accurately identify psychopathic characteristics in youth. The authors provided a set of standards that should be met before such measures are acceptable for forensic use: (1) measures should take into account variability in behavior over time and in different contexts; (2) measures should show accuracy in discriminating between youth who will continue to be antisocial into adulthood and youth who will desist; and (3) measures should be sensitive to individual youth differences (for example, gender, ethnicity, and presence of mental disorders). Finally, the authors stress that such measures should never be the sole basis for decision-making, but should always be used in combination with other corroborating evidence.

Seagrave, D. & Grisso, T. (2002). Adolescent development and the measurement of juvenile psychopathy. *Law and Human Behavior, 26*, 219-239.

ATTORNEYS AND INTAKE WORKERS DIFFER IN IMPORTANCE OF FACTORS TO DIVERSION DECISION

County attorneys and intake workers often differ in their perceptions of diversion programs (in which a youth is referred to services rather than processed through the juvenile justice system) and of the diversion decision-making process. A recent study surveyed 55 court-designated intake workers and 49 county attorneys in Kentucky. Results indicated several significant differences between the groups in regards to perceptions of diversion restrictions and importance of various decision-making factors. Intake workers tended to report more leniency with respect to which youth cases could be diverted: 92% of county attorneys felt that diversion was only applicable for youths who had committed a minor offense, compared to 69% of intake workers. Twenty-five percent of intake workers agreed that youth who had committed multiple misdemeanors were also appropriate for diversion programs, compared to eight percent of county attorneys. Attorneys were more likely than intake workers to report premeditation and severity of crime as important issues in diversion decisions. Both groups were equally likely to place importance on prior record and severity of injury/damage, and neither group perceived the child's appearance or local political environment as important to their decision. Attorneys gave higher importance ratings than intake workers on the youth's attitude towards treatment and attitude towards offense. It appeared that while attorneys tended to view legal factors as more important than extralegal factors, intake workers were more diverse in the factors they rated as important, and often took into account social and personal characteristics. The authors cautioned that these results are based on the information these professionals reported that they generally use to make decisions, so may or may not reflect how individual case decisions are actually made.

Potter, R. H. & Kakar, S. (2002). The diversion decision-making process from the juvenile court practitioners' perspective. *Journal of Contemporary Criminal Justice, 18*, 20-36.

PEDIATRICIANS INFREQUENTLY SCREEN FOR DOMESTIC VIOLENCE CITING LACK OF KNOWLEDGE AND LACK OF TIME

Although the American Academy of Pediatrics recommends that pediatricians screen their patients' mothers for domestic violence at well-child visits, doctors do not always have the time, the knowledge, or the inclination to do so. A recent survey of 438 pediatricians and primary care family physicians in Connecticut revealed that 30% of them did not screen mothers for domestic violence at all, 61% of them screened selectively, and only 12% routinely screened mothers for domestic violence. Two characteristics of physicians significantly predicted the extent to which they screened patients for domestic violence: physicians in suburban settings were the least likely to screen (compared to urban and rural settings), and physicians who had previous domestic violence training were more than five times more likely to screen than physicians without previous training. Neither age nor gender predicted how likely pediatricians were to screen for domestic violence. When asked about barriers to domestic violence screening, the most common response was that they do not feel adequately trained to deal with domestic violence issues. Other commonly endorsed items included: not having enough time to screen mothers or to fully evaluate mothers who screen positive for domestic violence, feeling unable to provide assistance to victims, worrying that domestic violence might offend patients' mothers, and thinking that domestic violence is not a problem among their patients' families. The authors concluded that domestic violence screening might be increased by improved education and training for pediatricians. Finally, since only 16% of those surveyed reported that they have office protocols for dealing with identified victims of domestic violence, training could include model protocols reflecting evidence-based best practices for reporting and referring those who have been exposed to

Published quarterly by the University of Nebraska's Center on Children, Families and the Law (CCFL), 121 S. 13th Street, Suite 302, Lincoln, NE 68588-0227. For inquiries and suggestions contact Vicky Weisz at CCFL: 402.472.3479 or fax 402.472.8412. MISSION STATEMENT: The RAP Sheet is intended to inform professionals across the state of Nebraska of current findings from social science research that could impact the delivery of services to children and families Summaries of recent articles from academic journals on the areas of child protection and juvenile justice are the focus, with smaller sections reserved for announcements and websites of interest Other topics will be included in special issues as needed. Citations are provided in the format used by the American Psychological Association (APA), and are available through many university libraries The RAP Sheet is funded in part by Grant No. G-0001NESCIP from the Children's Bureau, Administration on Children, Youth and Families, US Department of Health and Human Services. The contents are solely the responsibility of the authors and do not represent the official views or policies of the funding agency, nor does publication in any way constitute an endorsement by the funding agency.

domestic violence.

Lapidus, G., Cooke, M. B., Gelven, E., Sherman, K., Duncan, M., & Banco, L. (2002). A statewide survey of domestic violence screening behaviors among pediatricians and family physicians. *Archives of Pediatrics and Adolescent Medicine, 156*, 332-336.

WELFARE RECIPIENTS NEED CLARIFICATION OF BENEFITS ASSOCIATED WITH WORKING

For welfare reform to be effective, recipients must not only make the transition from welfare to work, but continue to be gainfully employed afterwards. Whether former welfare recipients continue to work may depend upon their belief that work is more financially beneficial than welfare receipt, something that may be strongly influenced by how well they understand work incentives. Interviews with 60 female welfare recipients in 1995-1996 suggested that very few correctly understood the eligibility requirements, income incentives, and support services associated with welfare-to-work transitions. Given the complexity of the statutes and incentive calculations, especially when child care benefits were a consideration, it is understandable that this sample (of whom only 53% had completed high school or an equivalency exam) evidenced considerable confusion about whether paid employment was more financially beneficial than continued welfare receipt. Although the author was careful not to generalize the findings beyond the Michigan sample to the national population of welfare recipients (given the change in policies from AFDC to the current TANF regulations), he presented three suggestions for increasing current recipients' knowledge and understanding of work incentives. 1. Policy-makers and caseworkers can exert greater effort to simplify the process of calculating benefits and obtaining incentives for recipients who are entering the paid work force. 2. Information can be presented to these recipients in more concrete ways. For example, the author suggested providing a recipient with a written comparison of the income, benefits, and services available for various levels of work activity (full-time, half-time, or no work). 3. When recipients are preparing to leave welfare, caseworkers can help them find out what job-related benefits are available and how to access them.

Anderson, S. G. (2002). Ensuring the stability of welfare-to-work exits: The importance of recipient knowledge about work incentives. *Social Work, 47*, 162-170.

DIFFERENT TYPES OF PROFESSIONALS HAVE DIFFERENT INFORMATION NEEDS WHEN MAKING CASE MANAGEMENT DECISIONS

To effectively serve the best interests of the children, child welfare professionals must work together to make decisions regarding instances of child abuse. For this study, 90 child welfare professionals (social workers, mental health professionals, CASAs, guardians *ad litem*, and juvenile court judges) were asked to respond to four hypothetical stories. The stories varied in terms of the child's age, child's ethnicity, and whether or not there had been previous abuse reports for the child, but all contained a description of physical abuse that had left marks. The respondents were asked to rate how important 18 specific pieces of information would be in making removal decisions about that child's case. On average, information pertaining directly to the abuse (severity, duration, likelihood of recurrence) was rated as very important. Characteristics of the parents (substance abuse, stress, psychopathology, response to past services) were also generally rated as important. Interestingly, there were differences between groups of professionals. Judges and guardians *ad litem* were more likely than other groups to rate the child's ability to recount the abuse and the likelihood of recurrence as important. CASAs were the most likely to rate stability of the home as important, while mental health professionals placed more importance than other groups on the child's developmental level and parents' cognitive abilities. Both mental health professionals and social workers rated severity and pattern of abuse, and past services (what had been offered to parents, how parents had responded to those services) as more important than other groups. As these groups must jointly work to ensure the safety of the children, the authors suggested that when presenting cases each party should remember that other professionals might view different types of information as more relevant to the decision.

Britner, P. A., & Mossler, D. G. (2002). Professionals' decision-making about out-of-home placements following instances of child abuse. *Child Abuse and Neglect, 26*, 371-332.

ARTICLE PROVIDES INFORMATION FROM POLICIES, REGULATIONS, AND RESEARCH ON THE USE OF SECLUSIONS AND RESTRAINTS

[*Editor's note: Occasionally, we find articles that contain too much important information to be summarized here, but that would be useful to our audience. If your profession brings you into contact with aggressive children or adolescents, or with individuals who are certified to seclude or restrain youth, we recommend this article.*] The American Academy of Child and Adolescent Psychiatry recently published its official practice parameters regarding the use of seclusions and restraints for children and adolescents with aggressive behavior. The article (which contains an Executive Summary) combines information from public policies and judicial decisions, guidelines from regulatory agencies such as JCAHO and HCFA, and findings from clinical research regarding appropriate standards for the use of physical and chemical restraints and seclusions. Also included are: a historical perspective, a section on the prevention of aggressive outbursts, other crisis management techniques, contraindications for physical intervention, and issues regarding special populations of children and youth.

American Academy of Child and Adolescent Psychiatry. (2002). Practice parameters for the prevention and management of aggressive behavior in child and adolescent psychiatric institutions, with special reference to seclusion and restraint. *Journal of the American Academy of Child and Adolescent Psychiatry, 41(Supplement)*, 4S-25S.

Editor	Jennifer M. Wyatt	jwyatt@unlserve.unl.edu
Assistant Editor	Angela L. Williams	awilliam@unlserve.unl.edu
Faculty Advisor	Vicky Weisz	vweisz1@unl.edu
Layout Design	Chris Wiklund	cwiklund1@unl.edu

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University of Nebraska Lincoln

Center on Children, Families, and the Law
121 South 13th Street Suite 302
Lincoln, NE 68588-0227