



Pearson



CASE STUDY

Meeting the Needs of Juveniles *in the* Justice System

Tommy, aged 16

HISTORY AND BACKGROUND

We would like to introduce Tommy, a 16-year old boy with a shaved head, brown eyes, and a toothy grin. When we met Tommy, he had been a resident of the Alternative Juvenile Detention Center (AJDC) for six months. His first involvement with the Juvenile Justice System was at the age of 13 years when he was arrested for stealing snacks and candy from his neighborhood convenience store. He was released with a warning after his mother agreed to make restitution to the store owner.

Before his first arrest, Tommy's attendance at school was sporadic. He would appear at school every day, but on many occasions, he would leave before the end of the school day. For the two years following the convenience store incident, Tommy's school attendance improved. He attended regularly, stayed at school all day, and generally followed school and classroom rules. However, even with direct specialised instruction, and having been retained in second grade, his achievement in all subjects was below that of the majority of his

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classmates. His reading skills were significantly below his grade placement which impacted his understanding of subject-area content. When Tommy entered high school at the age of 15, he was reading at a third grade level.

According to his mother, Tommy has always struggled in school. In Reception, he started receiving specialised services in a “smaller” class for several hours each day. These services were started after she signed papers that identified Tommy as “mentally disabled.” She did not keep up with Tommy’s services through the years, but it seemed to her that he received fewer services outside of the larger class in middle and high school.

Tommy’s second arrest was during school hours two months after he started high school. He and three of his classmates were picked up for spray painting a bridge in his hometown. Tommy was charged and detained. He spent two weeks in a detention center, where he received no educational services. Following a detention hearing, the court released Tommy from the detention center with the requirement that he enroll in a delinquency prevention program.

Two weeks after his release, Tommy and four other teenagers were picked up at a house known for the sale of crack cocaine. Following the detention hearing for this offense, the court ordered that Tommy be detained. The subsequent adjudication hearing led to his incarceration at the AJDC.

MENTAL HEALTH SCREENING IN JUVENILE DETENTION

When Tommy was taken into custody, he was confined in a non-secure Juvenile Detention Center while awaiting an adjudication hearing. He received a mental health screening within 24 hours, consistent with requirements of state correctional system intake facilities. The screening included a brief cognitive screening and a brief intelligence test. The *Brief Cognitive Status Exam* (BCSE) was used to screen basic cognitive functions, and the *Beta-4* was used to estimate Tommy’s general intellectual ability. The screening also included the *BASC-3 Behavioral and Emotional Screening System* (BASC™-3 BESS) which Tommy completed to provide information about his behavioral and emotional strengths and weaknesses. In addition, Tommy’s vision and hearing were screened. His visual acuity and his hearing were found to be within normal limits.

RESULTS OF INTAKE ASSESSMENTS

The intake counselor reviewed the results from the mental health screening to determine the appropriate level of programming and security for Tommy and to determine his eligibility for specific programs.

BEHAVIORAL AND EMOTIONAL STRENGTHS AND WEAKNESSES

The *BASC-3 Behavioral and Emotional Screening System* can be used to identify problematic levels of functioning that might be interfering with academic or social success and might warrant a comprehensive evaluation. The System assesses a wide array of behaviors that represent behavioural problems and strengths, including internalising problems, externalising problems, school problems, and adaptive skills.

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The Intake Coordinator administered the BASC-3 BESS Student Form to Tommy in a group setting. This form is used with children beginning in grade 3, so the reading level was considered appropriate based on Tommy's reading skills.

Tommy's responses indicated he is at elevated risk for behavioural and emotional problems. The T-score of 70 for the Behavioural and Emotional Risk Index equaled or exceeded the scores of 95% of others his age in the standardisation sample.

BASIC COGNITIVE FUNCTIONS

The *Brief Cognitive Status Exam* provides a brief screening for significant cognitive problems. The subtest is not diagnostic of a specific clinical disorder, but provides an indicator of current cognitive status (e.g., average, low average). The exam evaluates basic cognitive functions through tasks that assess orientation to time, incidental recall, mental control, planning/visual perceptual processing, inhibitory control, and verbal productivity.

Tommy's global cognitive functioning, as measured by the *BCSE*, was in the low range, compared to others aged 16 to 29 with a similar educational background. This classification level represents 2–4% of cases within his age and education group. Functioning in this range has a moderately high probability of being considered atypical, though not necessarily diagnostic.

INTELLIGENCE

The *Beta-4* was designed with correctional applications in mind. It is administered using paper-and-pencil to prevent concerns with safety and security. Because it is short and easy to administer to a wide variety of inmates with special needs, the *Beta-4* may be used as either a group intelligence screening instrument or as an individually-administered follow-up intelligence measure. Given that the *Beta-4* is used frequently in the correctional environment, it was normed to accommodate administration by trained corrections officers.

The *Beta-4* is appropriate for a wide variety of individuals with literacy issues or language differences, and is also appropriate and validated for use with individuals with low cognitive ability or with an intellectual disability.

Compared to others his age, Tommy's performance on the *Beta-4* indicated that his non-verbal intellectual ability is in the Extremely Low range according to the *Beta-4* classification system. His Beta IQ of 67 equaled or exceeded the scores of approximately 1% of others his age. There is a 95% chance that his true Beta IQ falls between 62 and 78.

His scores on the subtests were consistent, indicating his fluid reasoning, spatial reasoning, nonverbal reasoning, visual information processing, and processing speed are evenly developed. A school-age individual with this score profile often requires individualised support to achieve classroom objectives, and may be classified with an Intellectual Disability.



Given Tommy's below basic reading skills, the clinician selected the Beta-4 which requires no reading.

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BETA-4	SCALED SCORE
Coding	5
Picture Absurdities	4
Clerical Checking	4
Picture Completion	4
Matrix Reasoning	4
Sum of Scaled Scores	21
Beta IQ	67
Percentile	1
Confidence Interval (95%)	62-78

FURTHER EVALUATION

When Tommy was adjudicated and transferred to the AJDC, he received additional assessments. Because his Beta IQ score fell below 70, the psychologist decided to administer several additional tests. The *Wechsler Intelligence Scale for Children, Fifth Edition* (WISC®-V) was administered as a comprehensive measure of intelligence, and the *Vineland™-3 Adaptive Behavior Scales* was used to establish Tommy's level of personal and social sufficiency. The results of the *Vineland-3*, in conjunction with his score for the *WISC-V*, would assist in determining if Tommy met the criteria for a diagnosis of Intellectual Disability. Also, the assessment of Tommy's adaptive behaviour would provide the information required to identify the level of support he would need while in juvenile detention.

In addition, to ensure a smooth transition from Tommy's community school district to the educational program in the juvenile justice system, corrections officers administered the *Wide Range Achievement Test, Fifth Edition* (WRAT -5™) to assess his academic skills.

TEST BEHAVIOURS AND OBSERVATIONS

During the test administration sessions at the AJDC, Tommy was attentive and on task. He responded appropriately to questions. He seemed to understand the instructions for the tasks, and completed the first few items on each subtest without hesitation. As items increased in complexity, he tended to respond with "I don't know." Overall, Tommy was cooperative throughout the test administration. The tests were administered according to standardised procedures, and the results are considered to be an accurate estimate of Tommy's current performance in the areas assessed.

INTELLECTUAL ABILITY

On the *Wechsler Intelligence Scale for Children, Fifth Edition* (WISC-V), Tommy's overall reasoning and problem-solving abilities were within the Extremely Low range (Full Scale IQ = 68) and consistent with his Beta IQ score.



The National Commission on Correctional Health Care (NCCHC) standards for jails and prisons state that post-admission mental health assessment should include intelligence tests to screen for intellectual disability. Group tests of intelligence or brief screening instruments may be used initially, and individually administered comprehensive instruments are used to follow up on results from group tests that indicate an inmate may have an intellectual disability (NCCHC, 2015).

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ADAPTIVE BEHAVIOUR

The *Vineland-3* is a standardised measure of adaptive behaviour—the things that people do to function in their everyday lives. Whereas the *Beta-4* focused on what Tommy can do in a testing situation, the *Vineland-3* focused on what he actually does in daily life. Because it is a norm-based instrument, the examinee's adaptive functioning is compared to that of others his or her age.

Tommy's adaptive behaviour was evaluated using the *Vineland-3* Domain-Level Parent Form, which his mother completed. His overall level of adaptive functioning is described by his score on the Adaptive Behaviour Composite (ABC standard score = 66), which is well below the normative average of 100 (the normative standard deviation is 15). The percentile rank for this overall score is 1.

The ABC score is based on scores for three adaptive behaviour domains: Communication, Daily Living Skills, and Socialisation. The domain scores are also expressed as standard scores with a normative average of 100 and standard deviation of 15.

The Communication domain measures how well Tommy listens and understands, expresses himself through speech, and reads and writes. His Communication standard score of 65 corresponds to a percentile rank of 1.

The Daily Living Skills domain assesses Tommy's performance of the practical, everyday tasks of living that are appropriate in home, school, and community settings. His standard score for Daily Living Skills is 79, which corresponds to a percentile rank of 8.

Tommy's score on the Socialisation domain reflects his functioning in social situations. His standard score of 57 corresponds to a percentile rank of less than 1, and represents a weakness relative to the mean domain standard score.

VINELAND-3	STANDARD SCORE	PERCENTILE RANK
Communication	65	1
Daily Living Skills	79	8
Socialisation	57	< 1
Adaptive Behaviour Composite	66	1

**Standard Score mean = 100, standard deviation = 15.*

Tommy's performance of Daily Living Skills is a strength relative to Communication and Socialisation. His mother reports that Tommy is able to care for himself in her home. He makes his own meals, usually in the microwave, and he prepares food for his younger brothers. He does his own laundry, and he helps his younger brothers when they are using the washing machine and dryer. He shares a room with his brothers and he makes sure the bed is made and that everything is neat and organised.

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ACHIEVEMENT

The *Wide Range Achievement Test, Fifth Edition* (WRAT5) was administered to assess Tommy's achievement and to determine grade-level proficiency, placement, and educational needs.

Compared to others his age in the standardisation sample, Tommy's scores for reading, spelling, and math computation are in the Very Low to Extremely Low range. His score was 68 for the Reading Composite. This score includes the Word Reading and Sentence Comprehension subtests. Tommy's ability to gain meaning from words and to comprehend ideas and information contained in sentences through the use of a modified cloze technique (Sentence Comprehension standard score = 75) is in the Very Low range. His ability to decode and recognise words (Word Reading standard score = 63) is within the Extremely Low range. His ability to spell dictated words (Spelling standard score = 65) is consistent with his score for Word Reading. His ability to perform basic mathematics computation (Math Computation standard score = 71) is within the Very Low range.

Tommy's academic achievement is consistent with his cognitive ability. His standard score for reading, spelling, and math computation is comparable to his Beta IQ and to his Full

WRAT5	STANDARD SCORE	PERCENTILE RANK
Reading Composite	68	2
Word Reading	63	1
Sentence Comprehension	75	5
Spelling	65	1
Math Computation	71	3

Scale IQ on the *WISC-V*. This indicates his achievement is adversely affected by his low thinking, reasoning, and problem-solving abilities.

CLINICAL IMPRESSIONS

As indicated by the scores on the *Beta-4*, *WISC-V*, and *Vineland-3*, Tommy demonstrates significant limitations in intellectual functioning and adaptive behaviour. Tommy's conceptual abilities, and his social and practical skills are equal to or better than the scores of approximately 1% of same-age peers. He is likely to experience great difficulty in keeping up with his peers in a wide variety of situations that require thinking and reasoning abilities, and in situations that require interpersonal sufficiency. These deficits originated before the age of 18 years, and adversely impact his academic achievement, as reflected in his relatively low scores in reading, spelling, and math calculation. Tommy appears to be eligible for direct specialised instruction under the classification Intellectual Disability (Mild Severity). The Team at the AJDC should review all available information to determine Tommy's eligibility for direct specialised instruction, and to identify his educational needs.



IDEA requires public schools and State-operated programs, such as juvenile correctional facilities, to provide each eligible child with adequate special education and related services.

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RECOMMENDATIONS

- Given the elevated risk for emotional and behavioural problems, the educational team at the AJDC should conduct a comprehensive evaluation of Tommy's mental health (e.g., mood, personality, behaviour, and substance use/abuse).
- If the Team determines that Tommy is eligible for direct specialised instruction, the Team should use all available information to develop an Individualised Corrections Plan for Tommy. The Plan should include present level of functioning, long- and short-term educational goals, and all related services that are needed to help Tommy reach those goals.
- A classification of intellectual disability entitles Tommy to free appropriate special education and related services. Tommy should be provided academic services in a special educational setting. The services should include remedial reading and math, and appropriate instructional strategies to address learning or behavioral problems. Academic services should focus on improving literacy and functional skills.
- We recommend that Tommy receive pre-vocational and vocational education related to his interests in order to increase his opportunities for meaningful employment in the community when he is released. To this end, the Team should assess his career interests and abilities.
- Counseling services will be important for Tommy while he is at the AJDC. Therapy should address his decision-making skills and any substance abuse issues.
- The Team at the AJDC will want to put in place transitional services for Tommy that will allow him to reintegrate successfully into community life. Transitional services should address remaining academic needs as well as vocational or technical training. Community mental health programs will be an important resource for Tommy as he transitions from the juvenile justice system to community life. It will be important to involve his family with transition planning.