

# Thriving

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## Standing Alone in Judgement

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Many children with serious problems are reacting to horrific abuse as in this case of a young boy before the court. Planning Restorative Outcomes is used in juvenile justice, mental health, and education for strength-based assessment of vulnerable children and youth.

**R**onnie had just turned eleven years old. Arrested and charged with the murder of his two-year-old cousin, he was being held in a secure mental health facility. During one of our first interviews, he looked up with sad eyes and asked, “What is emotional abuse?” It was explained this might include someone saying things on purpose to make another person feel sad, bad, or frightened. He asked, “You mean like, ‘I wish you were dead,’ or ‘I wish you weren’t my kid’?” “Yes, that could be emotional abuse,” he was told. Ronnie thoughtfully responded, “Then I have emotional abuse.”

Because of the severity of the criminal charge against Ronnie and despite his age, a transfer hearing was set to determine whether he would be tried as a juvenile or an adult. Such transfer hearings which operate in 46 states are highly controversial since they revoke the core principle of the juvenile court that decisions be made in the best interests of the child. Planning Restorative Outcomes (PRO) was the key piece of evidence to support the case that Ronnie should be treated as a child rather than as an adult.

### **Conducting PRO Assessments<sup>1</sup>**

In broad terms, the PRO assessment addresses two questions: How did this young person’s life come to this state of affairs? And, what might be done now? PRO is being applied across a wide range of settings, disciplines, and circumstances involving children and youth in conflict. It is employed in schools for educational planning, behavior assessment, and expulsion hearings. Mental health and social service settings use PRO as a format for treatment planning and case evaluation. The impact of the PRO assessment is perhaps most profound in judicial settings because it allows the child’s life story to be told before life altering decisions are made.

Planning Restorative Outcomes provides an alternative assessment beyond traditional standardized tests and psychiatric diagnosis. It explores a young person’s motivations, beliefs, and behaviors

within the ecological context of family, school, peer group, and community (Bronfenbrenner, 1986). Key are the perceptions and experiences of the young person and those who know this individual best.

### ***It is ironic that we lack any formal process for dealing with young people who present the most serious challenges to our societal institutions.***

From its inception, the Planning Restorative Outcomes process has helped courts make decisions about young people charged with serious crimes. In 2011, PRO was used in the case of a 15-year-old girl who had been charged with murder. That PRO assessment was challenged in the form of a Daubert hearing which applies the federal standard by which a trial judge determines the admissibility of expert evidence based on a validation of the scientific method and the qualifications of the person presenting the evidence (Daubert Standard, n.d.; Faust, 2012). PRO met the Daubert Standard, gaining a legal status which has strengthened its credibility in subsequent court proceedings.

The decision of whether to treat a child in the juvenile or adult systems has profound implications for our most troubled and troubling youth. Will they gain access to rehabilitative services in an appropriate juvenile setting or face long-term incarceration in an adult prison? PRO provides a means of discovering relevant information, identifying a child’s needs, and presenting information in ways that make informed decisions possible. PRO is rooted in foundational values of the Circle of Courage which fosters an expectation of healing, hope, and promise in these young people.

It is ironic that we lack any formal process for dealing with young people who present the most serious challenges to our societal institutions. When there is an aircraft accident, the National Transportation Safety Board conducts careful study of all possible contributing factors so that corrective and preventative steps may be taken to avoid similar tragedies. When a young person “crashes,” our systems of care do not have an established protocol for purposeful inquiry. Instead, typical reactions to these human disasters involve attributing blame, building a thicker case file documenting more deficit and failure, and calling for the young

person to be held accountable. Planning Restorative Outcomes is designed specifically to acknowledge the challenges these young people present. This entails objective assessment of their developmental pathways, problems, strengths, and needs to formulate restorative interventions.

PRO makes sense out of a maze of conflicting, incomplete, and often inaccurate records. Using the template of universal growth needs of Belonging, Mastery, Independence, and Generosity represented in the Circle of Courage, PRO guides the collection and assessment of information from various sources related to the life of the young person (Freado & Heckenlaible-Gotto, 2006). The PRO assessment begins with a review of all available records that might provide useful information—including what has not worked in the past. An ecological scan identifies sources of support and strain in the young person's relational world. Behavioral events are explored to identify the youth's private logic, goals, and coping strategies. Key information is integrated to formulate—with involvement of the youth and family to the degree possible—a restorative plan addressing challenges, strengths, and developmental growth needs (Freado & Van Bockern, 2010a, 2010b).

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By design, the primary source of information in Planning Restorative Outcomes is the young person at the center of the inquiry. Some would argue that youth are not necessarily the most objective source of data. However, with the encouragement of a skilled interviewer, they can provide the most important and accurate information about their own role and motivations concerning the problems in question and developmental influences leading to the event.

The PRO assessment also explores the young person's ecology to identify and interview adults and peers who can provide information relevant to the young person's life journey. Further perspectives are available from schools, treatment professionals, the courts, faith communities, and the like. To provide a balanced and objective report, PRO includes an inventory of both assets and liabilities (Brendtro, Mitchell, Freado, & du Toit, 2012).

The review of available records for Planning Restorative Outcomes might be based on a few documents from a limited range of sources, such as schools, courts, or social service agencies. Or this may include hundreds of pages chronicling multiple out-of-home placements, hospitalizations, police reports, and detention or juvenile correctional placements. The volume of records to be reviewed depends on the severity and complexity of the problem and sometimes the time and resources available to conduct the PRO assessment. Whether or not this information supports perspectives gained from fresh sources during the PRO assessment, this is part of the youth's journey. Conflicting points of view must be addressed to provide a broader and more detailed understanding of the developmental pathway of the young person.

The final product of PRO is a restorative plan which helps answer the essential questions at this critical time in the life of a young person. Looking beyond the simple question of what should happen to this child because of what he or she did, PRO provides a roadmap for healing. Traumatized youth need to experience safety, caring relationships, and opportunities to learn to cope with challenges in resilient ways (Bath, 2008).

***Meeting Growth Needs***

Understanding the complex causal pathways that lead to childhood disasters like Ronnie experienced requires a multi-faceted, developmentally-focused approach. Amidst strong calls to "hold kids accountable," the often-unspoken issue is how adults and systems can be made accountable to meet the child's growth needs. How children are physically and emotionally nourished and protected has a direct bearing on the ways they think, feel, and behave in their social world. The quality of care a child receives echoes in subsequent relationships, learning, actions, and values.

When Ronnie asked about emotional abuse, he was responding to interview questions drawn from the Adverse Childhood Experience (ACE) study first presented in 1998 by Vincent Felitti and colleagues. This epidemiological study of 17,000 adults in California tracked the presence of traumatic experiences during their childhood years. Researchers asked participants to indicate the presence of any of 10 adverse experiences (or ACEs) in their lives from 0-18 years of age:

- Physical abuse
- Sexual abuse
- Emotional abuse
- Physical neglect
- Emotional neglect

Household dysfunction in the form of:

- mother being treated violently
- substance abuse by a household member
- a household member being imprisoned
- a household member being chronically mentally ill
- divorce or separation of parents

These ACEs were noted as either having been present or not and scored 1 or 0, regardless of the intensity or extent of the experience. The many research papers arising from the ACE study found a very strong relationship between the number of adverse events a child experienced and the incidence of serious medical, behavioral, and social outcomes in adolescence and adulthood. It is significant to note that the average age of the participants of the California study was 57 and they were predominantly white or Hispanic. Three quarters of the participants had graduated from college (Felitti & Anda, 2010). This sample was very different from Ronnie, who was Native American and ten years of age when arrested, having just completed fifth grade.

When using the ACEs framework to understand the developmental pathway of a young person such as Ronnie, we are concerned with more than just the presence of these chronically stressful and traumatic conditions in his life. We also need to understand the frequency, intensity, and duration of such adversity. What are the implications of the presence of these trauma indicators on acting out or criminal behaviors? Further, what can we do to promote healing and long-term well-being when we are aware of the presence, depth, and breadth of these indicators of trauma?

Research using the ACE Questionnaire with a group of 151 male offenders found that these participants had significantly more traumatic life experiences than a normative group of other adult males (Reavis, Looman, Franco, & Rojas, 2013). The sample group acknowledged four times as

many adverse experiences during their childhood and adolescence. Researchers surmised that justice approaches focusing on the nature of the crime but ignoring childhood and adolescent experiences show little promise of effectiveness.

We work with many children in the middle period—after early trauma but before the long-term effects become entrenched. PRO is an effective tool for highlighting unmet needs and guiding the development of health-promoting interventions that build on strengths and foster resilience. Ronnie was given just such opportunities.

### ***Ronnie's Story***

The criminal charges arose from the death of a two-year-old cousin while Ronnie was left in charge of her and other children in the household. Ronnie was trying to get the toddler to sleep so he could attend to the older kids. It was very hot, they were very hungry, and she cried a lot. In his attempt to get the little girl quiet and settled, she was suffocated. In our view, supported by some of the professionals from the state, this seemed to be a terrible accident. Still, a little girl was killed and the prevailing thinking was that somebody had to pay.

Reclaiming Youth was asked to conduct a PRO assessment. Over the course of three interviews with Ronnie, he discussed all 10 of the items in the Adverse Childhood Experience framework. Between the ages of 5 and 10, these experiences were frequent and intense. His development clearly meets the definition of developmental trauma disorder (van der Kolk, 2005).

Healthy development begins with protective, nurturing adults in infancy and early childhood. The measure of attachment is that the child has someone to turn to for comfort and support, a safe haven in times of danger and distress. But adults in Ronnie's life provided no more than a passing presence. Because of divorce, incarceration, emergency placement, and multiple men in the company of his mother, Ronnie experienced significant separation distress. Both of Ronnie's biological parents had been incarcerated on multiple occasions. He notes that among the reasons his family has moved around so much is that his mother had warrants issued for her arrest and she was trying to avoid being caught by authorities. At no time in his eleven years did Ronnie experience any attachment that provided him with a secure base from which to explore and master the world (Ainsworth, Blehar, Waters, & Wall, 2014).

During the period of middle childhood, Ronnie also was physically abused by his father and emotionally abused by his mother. He witnessed attacks on his mother and was sexually abused by an uncle. He experienced physical and emotional neglect and was frequently left to care for his three younger siblings and two younger cousins. During significant periods of time, sometimes for two-to three-week periods, Ronnie provided primary care for the younger children which included the need to forage for food. His mother had a psychiatric disorder and was taking psychotropic medications concurrently with excessive drinking and drug use.

***Justice approaches focusing on the nature of the crime but ignoring childhood and adolescent experiences show little promise of effectiveness.***

Ronnie was just entering the developmental stage of early adolescence, having experienced significant stress and trauma throughout his life. Adverse childhood experiences have a traumatic immediate impact. Over time, those stressors have long-term effects:

*In middle childhood and adolescence, the most rapidly developing brain areas are those that are crucial for success in forming interpersonal relationships and solving problems. Traumatic stressors or deficits in self-regulatory abilities impede this development, and can lead to difficulties in emotional regulation, behavior, consciousness, cognition, and identity formation. (Cook, 2010, p. 2)*

In healthy development, a child begins expanding skills for attention, learning, planning, and self-control. But Ronnie was ill-prepared for these developmental tasks. In his world, impulsivity and explosiveness were modeled by adults. Rather than growing in maturity and self-esteem, he exhibited depressive symptoms and suicidal ideation. Understanding the impact of adverse development does not excuse children from being responsible and law-abiding. It does, however, remind us that children like Ronnie are certainly not yet adults (Brendtro, Mitchell, & McCall, 2009; Scott & Steinberg, 2008). Ronnie was significantly lower in social and emotional maturity at the time of his arrest than what could reasonably be expected in a “normal” ten-year-old.

Ronnie has been victimized by the limitations and failings of adults and systems in his ecology from earliest development. Any period of stability was short-lived with repeated neglect and emotional, physical, and sexual abuse. He was constantly exposed to substance abuse and first became intoxicated at about seven years of age while being groomed for sexual abuse by an older relative. Ronnie’s developmental pathway has been immersed in pain. He has been denied opportunities that are considered fundamental for normal, healthy development.

Ronnie now finds himself in a situation where some want him to be held accountable as an adult for a tragedy that occurred in circumstances beyond his control. The irony is that having been deprived of a safe, healthy, happy childhood in the midst of adults and systems that failed to protect him, another system seeks to make him an “adult” who will be held accountable for a child’s accidental death.

Ronnie is a very troubled young person. He has been hurt by irresponsibility and neglect of adults who failed in their moral and legal obligation to keep him, his siblings, and his cousins safe from harm. At 10 years of age, he was left with responsibility for the welfare of three younger siblings and two younger cousins between the ages of 1 and 10 years old. One of those children, not yet three years of age, died in a tragedy that may have been avoided if adults had not abdicated their responsibility.

***In healthy development, a child begins expanding skills for attention, learning, planning, and self-control.***

Based on the PRO assessment of Ronnie and observations of staff from the treatment setting where he is currently placed, we recommended that Ronnie remain in the juvenile justice system and in that treatment program. Ruling from the bench at the end of the transfer hearing for Ronnie, the judge ordered that the recommendation submitted in the PRO report be followed. Ronnie remains in placement, safe and surrounded by skilled and caring adults who are helping him to heal and grow.

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## (Endnotes)

- 1 Training in Planning Restorative Outcomes is available through [reclaimingyouthatrisk.com](http://reclaimingyouthatrisk.com)