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Transforming Assessment

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Children, youth, and families have strengths that can help them through challenging times. Focusing on identifying, developing, and using these assets is the heart of strength-based planning.
John Lyons (2009, p. 99)

Traditional assessments of children and youth in conflict dwell on risk but disregard resilience. Research on positive psychology points to an alternative to this pessimistic mindset of deficit and disorder (Peterson, 2009). This discussion describes Planning Restorative Outcomes: Transforming Assessment™ [PRO]. This model is based on universal developmental needs and applies across cultures, ages, and settings.

Needs and Strengths

Each child draws on internal strengths and external supports in order to cope with challenges and meet biosocial needs (Masten, 2014; Rutter, 2008). John Lyons (2009) coined the term *communimetrics* to describe a new paradigm in assessment:

- Assessment measures what matters most instead of assigning diagnostic labels or test scores. Most problems are best resolved by addressing needs and building strengths.
- Significant individuals in the young person's ecology are stakeholders in planning positive outcomes. Youth and families are the primary experts on their own lives.
- Planning positive outcomes involves more than incremental gains since transformational change unleashes hidden potentials of children and adolescents.

Planning Restorative Outcomes is an exemplar of this new approach. PRO addresses the two most significant questions about the developmental pathways of a young person in conflict: 1) How did this individual come to this point in his or her life? 2) What is needed for this young person to heal and thrive?

PRO is an alternative to traditional schemes of measurement and evaluation which may claim research rigor but lack practical relevance. Psychologist Urie Bronfenbrenner was an outspoken critic of the narrow focus of most experimental studies of children and youth. In his words: "For years I have harangued my colleagues for avoiding the study of development in real-life settings" (Bronfenbrenner, 2005, p. 107). He described much of psychology as "the science of strange behavior of children in strange situations with strange adults for the briefest possible periods of time" (Bronfenbrenner, 1979, p. 19).

Bronfenbrenner called for the study of children in their natural environment with emphasis on the social ecology of family, school, peers, and community. Children thrive when their needs are met by relationships in the immediate life space. But many modern youth experience alienation in these four worlds of childhood (Bronfenbrenner, 1986). Bronfenbrenner's (2005) ecological model is grounded in decades of research validating Kurt Lewin's (1935) classic formula, $B = f(PE)$, which means *behavior is a joint function of person and environment*. Research shows that most childhood behavior problems are best understood not as mental disorders, but rather result from experiencing severe stress and trauma in the absence of supportive relationships (Perry & Szalavitz, 2010; Sroufe, Egeland, Carlson, & Collins, 2005; van der Kolk, 2014).

The overarching goal is to build inner strengths in the young person and mobilize support from significant persons in the child's ecology.

The burgeoning science of resilience can be distilled into a short list of a few core growth needs (Heck & Subramaniam, 2009; Masten, 2014). A synthesis of research on childhood socialization and youth development by William Jackson (2014) identified four biosocial growth needs: Attachment, Achievement, Autonomy, and Altruism. These four constructs undergird many strength-based models such as Maslow's hierarchy of human needs (1943); Coopersmith's foundations of self-worth (1967); Native American Circle of Courage values (Brendtro, Brokenleg, & Van Bockern, 1990, 2002); and ten major studies of resilience (Benard, 2004).

Recent neuroscience and trauma research also highlights a deep brain need for safety, which is a prerequisite to meeting higher level growth needs (Bath & Seita, 2016). But children cannot be sheltered from all risk or they will fail to develop resilience. In fact, successfully overcoming adversity can develop resilient brain pathways in a process known as the *steeling effect* (Rutter, 2012). This need to balance security with manageable risk has led to a broader definition of needs in Cal Farley's Model of Leadership and Service. Safety and Adventure have been added to the list of needs (CF Learning, 2008).

Assessment Strategies

Many assessment protocols are geared to a specific set of problems or settings. However, assessments that focus on universal brain-based needs apply much more broadly across a wide range of cultures, programs, behaviors, ages, and professional disciplines. PRO assessments are being employed in the following ways:

- Schools: educational planning and positive behavior support
- Mental Health: treatment planning and therapeutic intervention
- Juvenile Justice: restorative planning and disposition hearings
- Family Support: building family supports and strengths
- Child and Youth Care: growth plans for positive youth development

While these settings have unique needs, this model provides a framework that can readily be adapted to the structures and expectations of particular programs.

To be practical, assessment must be designed to be expanded or condensed, depending on the purpose of the evaluation. The scope must be matched to the “skills, time, resources, and administrative support available” (Sugai & Lewis, 1999, p. 9). There are three levels of increasingly more comprehensive assessments:

Level 1: Crisis Prevention and Resolution. This is a brief assessment that provides a rapid way to manage critical incidents by responding to needs instead of reacting to problems. Fritz Redl called this therapy *on the hoof* (Lishman, 2015, p. 314). The goal is to use critical events as a means to connect with a youth in conflict, clarify problems, and develop immediate solutions (Brendtro & du Toit, 2005; Long, Wood, & Fecser, 2001).

Level 2: Positive Growth Planning. This is the mainstay in educational and treatment assessment. Youth, staff, and family collaborate to develop plans for growth. An elaboration for school teams in Positive Behavior Planning is described by Seger and Koehler (2011). Courts use this developmental pathway assessment

in dispositions for delinquent and maltreated youth. Treatment programs develop strength-based plans with children and families.

Level 3: Risk and Needs Assessment. These highly intensive plans are used when a life-altering decision is to be made about a youth (e.g., school expulsion or placement in a restrictive setting). This is a team effort with extensive direct communication with the youth and significant others. This model of assessment moves justice programs toward the science of positive youth development (National Research Council, 2013).

While conducting PRO assessments requires specific training, this is a summary of the basic activities in developing this strength-based evaluation:

- *Examine all available records.* The goal is to identify patterns to provide hypotheses about the function or purpose of behavior. Significant facts are gleaned from the often contradictory, confusing, and fault-finding files.
- *Scan the interpersonal ecology.* Most childhood behavior problems result from facing stressful life events without adequate support (Sroufe, Egeland, Carlson, & Collins, 2005). An ecological map detects sources of strain and potential support.
- *Identify timelines in behavior.* Exploring challenging events opens a window onto the person’s private logic, motives, and coping strategies. Attention is given to strengths and resilience as well as problems.
- *Formulate a plan.* Restorative action is attuned to the needs of the youth and the community. Attention is given to the vital signs of resilience, namely Safety, Belonging, Achievement, Power, Purpose, and Adventure.

Assessment takes a longitudinal view in tracking development, following what Alfred Adler called a *life line* (Freado & Heckenlaible-Gotto, 2006). Since there are many ways to interpret behavior, it is important to cross-check information from various sources—including prior educational, psychological, or psychiatric evaluations. Although more specialized assessment instruments sometimes are useful (e.g., in substance abuse or trauma treatment), the focus on developmental needs provides the basic blueprint for planning. The overarching goal is to build

inner strengths in the young person and mobilize support from significant persons in the child's ecology (Search Institute, 2004).

Since much traditional diagnostic information is cast in terms of disorder, strength-based assessments require that one become “bilingual” in order to translate what is wrong into what is needed to make things right. If the youth is to be a primary data source, one must be able to build a collaborative alliance. For children who have been hurt by adults, this is no easy matter and requires specific “life space” skills for connecting with youth in crisis (Long, Wood, & Fecser, 2001; Morse, 2008; Redl & Wineman, 1952).

Getting the story is one thing; being able to convey this to a skeptical audience is another. While advocating for youth, one must be able to interpret the child's situation clearly and objectively. The focus avoids diagnostic labels, providing instead a narrative of how behavior is tied to needs and patterns of thinking, leading to self-defeating or resilient behavior.

Assessment in Action

Juan, a 13-year-old Hispanic youth, ran from his house in the middle of the night to a nearby police sub-station. His hands and t-shirt were still wet with his brother's blood. Finding no one there, he picked up the phone that rang the patrolling police car. Juan told the officer that he thought he hurt his older brother. Juan's mother had heard the door slam as her boy ran from the house. She discovered that her 17-year-old son Alexander had been stabbed and dialed 911. The police and the emergency medical team were soon on the scene.

Juan had stabbed his older brother five times in his chest with a knife from the family kitchen. Alexander was rushed to the nearest hospital, and police took Juan into custody. Medical reports indicated that one of the lacerations narrowly missed a major artery. As Alexander struggled to survive and heal, Juan was confined in the local juvenile detention facility charged with aggravated assault. Their family—mother and father, another older son, and a 15-year-old daughter—tried to manage the double trauma that struck without warning.

Juan spent seven months in detention while the court considered what to do. The judge was reluctant to transfer this boy to adult jurisdiction or settle for the limited options of the state's youth correctional system. As court officials conferred on a course of action, the defense recommended a risk and needs assessment. Complicating this process was Juan's inability to discuss the assault, claiming he blacked out and remembered nothing of the 20 minutes of time surrounding the stabbing.

When I first met Juan in juvenile detention, I found a very polite yet passive adolescent. With long, dark hair often covering his eyes, Juan spoke in a quiet voice, providing short answers to questions.

Scanning his ecology yielded no close relationships outside of the immediate family. Peer contacts were limited to school and occasional basketball at a nearby playground where he went with his two older brothers. Other than his parents, Juan identified no adult in his school or community with whom he felt connected. He claimed family relationships were okay but gave no examples of enjoying time together. Juan seemed to be a very lonely boy. His parents spoke only Spanish, making communication difficult with authorities.

There was no explanation for his “black out” but whenever conversation turned to the assault, Juan shut down. He would lower his head, stare into the corner, and breathe rapidly as his nostrils flared. After repeatedly observing this strong emotional reaction, the interviewer asked if he could share what he was seeing. Juan agreed.

Juan, you told me many times that you can't remember those moments before you attacked your brother. But your reaction seems to be just the opposite. You show strong emotion. This makes me wonder if you do remember what happened, but it is very painful to think about and even harder to talk about.

When asked if that was possible, Juan shook his head yes. After affirming the courage of his response, the interview moved away from the topic to allow Juan time to accept what he had just disclosed. Eventually, he was able to fill in that dark period with details of the assault and the reason it happened.

Juan explained that he would lie awake at night, struggling with stress from continual physical bullying by his older brother. He said that his father works an overnight shift and sleeps in the afternoon. During that time, everyone was to be quiet so their father could rest. That is also when Juan came home from school and played his video games. Alexander would frequently reproach him for making too much noise and punch him to make him be quiet. Juan said that it really hurt, and he couldn't fight back because his brother was bigger and stronger. Although he had asked his oldest brother and parents for help, no one did anything.

The pain of repeated physical abuse and feelings of isolation became overwhelming. Bullying and beating happened again the afternoon before the assault. Unable to sleep, Juan was suddenly overcome with rage. He went to the kitchen, grabbed a knife, entered his brother's bedroom, stabbed him, and ran from the house to the police sub-station. When Juan could finally share his whole story, he was overcome by emotion. He expressed deep remorse and shame, but also fear that he might not ever be allowed to see his brother again.

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A meeting was arranged with Alexander and his father at the office of the family's attorney who served as translator. When their father learned what had happened, he expressed disbelief. He initially found it easier to think that Juan was possessed by demons than that abuse was occurring in his family. But Alexander sat quietly with tears running down his cheeks. After a time, he spoke in a quiet voice, "I never realized it was that bad." He continued to cry and asked the interviewer to tell Juan that he is sorry and forgives him. He said that he wanted his little brother to come home.

With the information complete, a recommendation was made to the court for therapy with the goal of returning Juan to his family. While concerned about the safety of both boys, the judge was receptive to allow the process to begin with close monitoring. A private mental health center provided individual and family counseling with Juan and his family in the detention facility. A bilingual therapist supported the family in their

first language. After four months of therapy, the judge allowed Juan to begin weekend home visits. A year after the most terrible night in the life of this family, they were reunited in the family.

Juan's transformation from trauma to resilience is an example of what is possible when professionals and systems look beyond the surface of a violent event to meet the needs of a youth. The willingness to understand forces buffeting our children and to respond with creativity and hope can change the developmental pathways, strengthen families, and foster well-being of communities.

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