

THE IMPACT OF JUVENILE RECIDIVISM ON THE EDUCATIONAL OUTCOMES OF POOR AND DISENFRANCHISED YOUTH WHO WERE DRUG-EXPOSED DURING FETAL DEVELOPMENT

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Abstract

The author examines practical aspects and past research on the status of school students who have been incarcerated and have poor academic and behavioral performance, in addition to fetal exposure to illegal substances. In the case study that is attached, there is evidence that supports the theory that drug exposure during pregnancy could have a major impact on emotional and cognitive development. The student reported on numerous occasions that his mother used drugs (crack) while she was carrying him. As evidenced by his academic performance, he has repeated at least two grades in school, which was attributed to poor grades, attendance and incarceration (twice). He has a history of suspensions, fighting, gang involvement, and possession of marijuana on school property. This student is not motivated for learning, his family support system is deteriorating, and he lives in substandard public housing.

Introduction

The purpose of this presentation is to examine the link between juvenile recidivism and low academic performance among students who are poor and disenfranchised, and who were exposed during fetal development to drugs and alcohol. The author will present an overview of past studies conducted on this rising issue, a closer look at a case study, and an overview of the current self-selecting population with a local juvenile detention center and alternative education programs. These programs house juveniles who have been removed from mainstream public schools for misdemeanors and felonies that they committed inside either the school system or the community at-large.

Methodology

In the case study that is attached, there is empirical evidence to support the theory that drug exposure during pregnancy could have a major impact on emotional and cognitive development. The student's case that is used in this report is an actual live case in the public school system. The student reported on numerous occasions that his mother used drugs (crack) while she was carrying him. As evidenced by his academic performance, he has repeated at least two grades in his school career, which was attributed to poor grades, poor attendance and incarceration twice. He has a history of suspensions, fighting, gang involvement, and possession of marijuana on school property. This student is not motivated for learning, his family support system is deteriorating, and he lives in substandard public housing.

A self-selecting population of 385 incarcerated juveniles was studied to gather information on the number of those who, knowingly, were exposed to drugs and/or alcohol during fetal development. Several juveniles candidly admitted to the fact that their mothers were addicted to crack cocaine during pregnancy. Others admitted that both parents used drugs before conception as well. These juveniles, unfortunately, reside in the same neighborhoods and attend the same schools. They have been recidivists throughout the district's

alternative school programs, have active cases with social services involvement, are in foster care custody or group homes, on court probation, and receive mandatory counseling and mental health services. These juveniles come from impoverished neighborhoods ridden with drugs, prostitution and gang activity. The outcomes of their academic success and overall futures are being determined by their socioeconomic status and the disadvantaged conditions in which they live. Some of them are being raised by grandparents, aunts and uncles due to the drug dependency and incarceration of their biological parents.

Just prior to a recent interview, a 14-year-old African-American male had been placed in the custody of his biological father and stepmother due to the death of his biological mother from drug addiction and AIDS. He has had a battery of tests to determine his IQ for the purpose of educational placement; however, he continues to fight other students, disrespect teachers and authority figures, and is desperately in need of therapy to address the sexual abuse he experienced while living with his biological mother during her active addiction and prostitution. He displayed a dull affect and obvious confusion when prompted during questioning. His father is now tasked with raising his emotionally disturbed and abused son, along with the other children in his household from his current marriage. The educational level of this father and his wife are high school graduates, with some low comprehension of concepts and an inability to navigate this child through the school system. They are completely dependent on school officials to guide them through the process of making sure this child receives the appropriate referrals and special needs services to be academically successful. The projected outcome for this student, if not properly monitored and guided, is not favorable. However, the question posed in this paper is: how significant was the impact of his mother's drug addiction during pregnancy on his cognitive and emotional development? Is he a product of the environment? Is there a history of poor mental health in the family? Alternatively, are all these elements determining factors in his prognosis for success?

Discussion

To review past research conducted on child development after prenatal drug exposure, the following studies examined the behavior problems of children from birth through seven years of age. One study conducted used a sample of African-American children (210 exposed, 197 non-exposed) from birth to 7 years of age in a longitudinal study on the neurodevelopment consequences of *in utero* exposure to cocaine (Accornero, Anthony, Morrow, Xue, and Bandstra 2006). This particular study did not confirm any linkages between prenatal cocaine exposures to child behavior. In another study conducted on peripheral nerve abnormalities in children exposed to alcohol in utero, this study substantiated that there were effects of prenatal alcohol exposure on the nervous system. The sample selected was 17 children exposed to 2 oz of absolute alcohol/day pre-natal and 13 unexposed children, taken from a cohort of pregnant women during prenatal care. As a result, those researchers concluded an association of abnormalities in nerve electrical properties, and electrophysiological abnormalities in peripheral nerves that could be included to the problems found in children of alcohol abusing mothers during pregnancy (Avaria et al. 2004).

When looking at current student behavior issues in public school systems and the rates of crimes committed among juveniles, it may substantiate the hypothesis of this "lost generation" born between 1989-1996, as to the amount of substance abuse and mental health issues that are derived from fetal exposure.

Within the juvenile correctional setting, the National Center for Mental Health and Juvenile Justice January 2003 issue, discussed at length, the screening and assessment of mental health and substance abuse disorders among youth in the juvenile justice system (Grisso and Underwood 2003). That article defined the most common diagnoses during the intake process of juveniles as conduct disorders, affective disorders, post traumatic stress disorders, attention deficit and developmental disability. Most screening and assessment instruments, as researched, are designed for use with the focus on adolescents' deficits and disorders, and giving little attention to areas of functioning which will display particular aptitude (Grisso and Underwood

2003).

The demands are ultimately placed on the public school system to educate and provide some level of emotional and cognitive development that is not supported by the breakdown in the family system. Community support is also needed to redirect youth in a more positive direction. Brady, Posner, Lang, and Rosati (1994) demonstrated that children entering preschool and elementary classrooms inherently bring a wide variety of behaviors, dispositions, and learning styles to the school setting. The use of illicit drugs has made an impact on the educational systems throughout the nation. The number of programs developed and designed to refine the approaches in dealing with children whose development and educational success are threatened by their mothers' prenatal drug use during pregnancy is increasingly growing every year (Brady, Posner, Lang, and Rosati (1994).

To take this hypothesis to another level, there is the most recent rise in the use of methamphetamine and oxycontin. The National Abandoned Infants Assistance Resource Center, with the University of California at Berkeley, discussed at great length in the spring 2006 newsletter, the methods of treatment and intervention that will be required for those infants born with exposure to this generation of manufactured chemicals (Shah 2006). Shah (2006) conducted research on this new wave of drug use during pregnancy, which devastatingly opens up another array of services that will be required to treat the infants who will possibly have more extensive and severe brain disorders and developmental disorders.

At this point, the questions and discussions in this school district are, as predicted around the nation, who cares for these children and what services are needed. The parents look toward the principals, teachers, social workers, case managers, foster care providers, church leaders, and school administrators to provide an environment in which these children do not continue to be labeled the "lost generation" but realize that there is hope and the potential for them to be productive citizens of the greater society. Parent/teacher organizations should redirect the focus of their committees into mentoring parents and children who may be threatened by this disparity. The issues that face our children will not be resolved overnight, or through enormous amounts of research. The issues should be addressed daily with the cooperative efforts of all social, educational, and government entities that are working towards saving our children. Stereotyping these children is doing more of a disservice than empowering them with the tools they need to be successful.

Although statistics and demographic information are pertinent to research and funding, it will ultimately be taking one child at a time, one parent at a time, one teacher at a time, and making a difference. While these issues increase at alarming rates, local and state government agencies have begun to realize that these children will become dysfunctional adults who are plagued with criminal activity, a high propensity to become sex offenders, and public safety minuses.

Where does the intervention take place, during childhood when the behaviors are first observed? In too many instances, these children are treated only by the behaviors they display and not evaluated for the root cause. When they are educationally challenged and an IEP is in place, there is evidence of psychological testing that determined their needs. In advocating for services within the school system to better meet the needs of this population, possibly a behavioral and family assessment should be conducted during the intake process at the kindergarten level. State standards demand immunizations, medical histories and screening for participation in school sports, but is there a need to examine the family history? As evidenced by previous studies, case study reviews and the need for the "no child left behind" initiative, society has clearly stated that there needs to be more emphasis on the educational development of children in this country. The challenge of this presentation is to determine what else is needed to reduce the rate of incarceration and expulsion to develop a holistic approach to dealing with this generation to gauge overall success in their emotionality, spirituality, and mental outcomes.

Summary and Conclusion

To put all of this information in a logical summary would be easy. Logically, we know what the desired outcome for all of these kids should be. Programmatically, the direction that is needed will take a lot of money and commitment from every professional in the field of education and direct client services. The benefits and anticipated results are a more productive citizen, a well-balanced human being, improved public safety, and ending generational dysfunctional lifestyle patterns. The unanticipated results – the worse case scenarios – are that things will remain the same or get worse. We consistently need programs geared towards family preservation, drug treatment, youth and peer networking, prevention and intervention, teen health connections, youthful offender treatment, sex offender therapy, child advocacy, survivors of childhood abuse, AIDS awareness, mental health, and job readiness. All of these programs have a viable need, but the success of these programs and the desired outcome for our youth rely on practitioners who are dedicated to reaching out to children in need. Real possibilities for all of these children are what they need and so desperately want. Professionals who believe in the youth also support their parents and teachers, and have a vested interest in their futures. These children should never be denied our best efforts in giving them the hope and the tools to have healthy and fulfilling lives. We owe them and they deserve it.

References

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Case Study

Demographic Information

Name: John Doe, Jr. [ed. note: the name is a pseudonym.]
Age: 16
Race: African-American
Gender: Male
Grade: ninth
School Status: Alternative Education Program
Legal Status: Probation
Residential Status: Lives with extended family members (Aunt/Uncle)
Economic Status: Poor

Previous Academic History

Several suspensions from 2005-2007 for gang related activity, possession of marijuana on school property, fighting, incarcerated twice in county juvenile detention facility. Poor academic performance due to attendance, lack of interest, poor family support, low expectation for success.

Family History

Mother reportedly smoked crack cocaine, powder cocaine, and alcohol during pregnancy. Mother continues to use drugs and is not involved in child's life. Father incarcerated for reasons unknown. Student lives with his older brother, aunt and uncle on his mother's side. His maternal family decided to maintain custody to avoid DSS placement in group home or foster care.

Mental and Emotional Status

Severe behavior disorders as related to "crack baby" and possible fetal alcohol syndrome. Student has a prolonged history with mental health services, child and adolescent services. Non-compliant with most or all treatment recommendations by behavior management professionals. Poor follow-up and aftercare participation.

Diagnosis: Attention Deficit Hyperactivity Disorder
Bipolar Disorder
Oppositional Defiant Disorder

Medication: Fluoxetine HCl (Prozac) 200mg cap
Valproic Acid (Depakene) 250mg cap
Haloperidol (Haldol) 2mg tab
Benztropine Mesylate (Cogentin) 1mg tab

Incarceration History

This student was evaluated in the county juvenile detention center and prescribed the above medication for behavior management as related to clinical diagnosis. His behavior was more appropriate and manageable inside the detention center than in regular social and academic environments. He responded to a more structured setting with limits and direct consequences for his behavior.

Methods of School Interventions and Program Assignments

This student has had an array of services throughout the school system. He has periods of appropriate behavior and compliance with rules; however, due to the lack of consistency between the parents/guardians, his behavior deteriorates at a rapid rate. He has been assigned to the following programs/services in CMS:

- Boot Camp
- Intervention Team Case Manager
- Alternative Education Liaison case manager
- Referral to mental health services for follow-up, medication management
- Parent/teacher conferences
- In-school suspension
- Out-of-school suspension

Mental Health Treatment

Student has not been compliant with medication or follow-up services. His guardians have not maintained adequate attention to his behavior disorders, which continue to present an obstacle in his behavioral and academic performance.

Recommendations

It has been recommended that professional staff with clinical/mental health experience continually monitor this student. He has been referred to mental health for screening and intake services to be re-evaluated for medication. He has also been placed in the summer program at the alternative school. There will be a family intervention scheduled immediately upon the beginning of the new school year 2007-2008 to develop a behavior contract that will address his academic and behavioral issues.

Prognosis/Expected Outcome

Unfortunately, the projected outcome for this student remains poor, as evidenced by past attempts and history of non-compliance. His case will remain open and he will continue to be assigned a case manager to follow him while he is in school. The consistency of staff will assist him in behavior management, in addition to quarterly family intervention sessions.