

OCD



Developments

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Office of Child Development

Changes in Policy, Practice Target Maternal Depression

Depression is a growing concern in maternal and child health despite research that indicates many mothers in need of help can be identified through regular screening and treated effectively.

In many cases, women with maternal depression remain undiagnosed and untreated across the United States due to barriers that include a gap between physical health and mental health systems that an initiative in Allegheny County is having some early success in narrowing.

Studies suggest the stakes for failing to address the rate of maternal depression are high and that low-income mothers are particularly at risk.

Depression, particularly postpartum depression, can affect many aspects of a mother's life, including her ability to support her family, form a healthy relationship with her

baby, and manage other necessary parenting duties. Children whose mothers are depressed are at greater risk of impaired mental and motor development, behavior problems, and other poor outcomes.

To better serve women experiencing maternal depression, a collaborative of proactive stakeholders is working together to dramatically improve the identification and treatment of maternal depression. The RAND-University of Pittsburgh Health Institute and the University of Pittsburgh Office of Child Development (OCD) are managing the collaboration of key partners, including state and local health care

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Promoting Children, Family Issues

Rethinking Tired Strategies to Rally Public to a Cause

In Western Pennsylvania, there is no shortage of issues critical to the well-being of children, youth, and families, and no shortage of people willing to address them. What the region lacks is a standing, cohesive, and effective communications strategy along with an information system to rally support and volunteers around these issues as the need arises.

A pilot program now underway is exploring the idea of building a communication strategy to engage the public and an information systems platform to enable community-based response to such issues that is not unlike what political candidates put in place to deliver their message and mobilize armies of volunteers during an election.

"The idea is to come up with an alternative platform to inform and mobilize the public to become involved in issues important to children, youth, and families," said Junlei Li, director of the University of Pittsburgh Office of Child Development (OCD) Division of Applied Research and Evaluation.

As part of the project's first phase, OCD is identifying key questions, examining relevant research, and exploring

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prototypes for such a platform in partnership with Carnegie Mellon University faculty; Pittsburgh's public television station, WQED; and Family Communications, Inc. Other stakeholders include the Grable Foundation, the Heinz Endowments, Richard King Mellon Foundation, and United Way of Allegheny County. Each has long supported efforts to improve the conditions of children and families in the region as part of their missions.

The project, Something Worth Giving, takes its name from a Fred Rogers speech delivered in 2002 that suggests everyone has something of value he or she can contribute toward improving the human condition. "The most important philanthropy arises from the deepest levels of our being,"

Rogers said. "That's why every one of us—no matter how much money we have—needs to know that there's something about us that is worth giving."

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Stories and Statistics

Getting word to the public about the risks to children, their needs, and the shortcoming of public dollars to adequately address them is often done by offering compelling personal stories that illustrate a particular issue and/or accounts of the problem supported by statistics.

But no matter how heartrending the anecdotes or thorough and accurate the statistics, recent research suggests this mix can overwhelm, rather than engage, the public and may well work against sustaining community-wide action to address the issues over the long term.

In a 2007 study, researchers conducted a series of experiments to examine the impact that deliberating about donation has on the generosity of donors. Their findings run counter to conventional practice. Donors, they reported, gave the least when they were confronted with a mixed message of anecdotes and statistics. For example, providing a mix of personal stories about the plight of victims, statistics related to the problem, and evidence that conveys the gap between need and giving tends to reduce sympathy for the victims identified in stories and fails to kindle sympathy for victims described by statistics.

The study also found that people are more sensitive to

proportions than to absolute numbers of lives affected. For example, they are more sensitive to information that shows that 2 out of 10 people are affected than they are when told that 200,000 people out of a population of 1 million people are affected by an issue or event.

Looking for a Better Way

The communication strategies that produced those less than optimal outcomes resemble the mixture of messages often used to inform the public and policymakers about issues that matter to children, youth, and families.

Last year, OCD and the group of stakeholders who would become the foundation of the Something Worth Giving pilot began discussions on how to avoid such pitfalls, reframe the children's agenda in Western Pennsylvania, and design a more effective, sustainable strategy to inform and engage the community.

They faced several challenges:

- Most nonprofits and the general public tend to have different points of view on what type of action has the most impact on an issue. Studies suggest many nonprofit executives consider the donation of money to have the greatest impact, while the public generally feels that actual personal engagement does the most good.
- The region lacks a recognizable, centralized infrastructure or organization that can register and match the needs of human service organizations that serve children and families to the giving capacity of individuals in the community. This could, and in some cases has, led to volunteers' being used inappropriately for "busy work" when they have skills that could better serve an agency, child, or family.
- The people in the region with the most needs and those who have the greatest capacity to give are separated geographically and socially, creating a need to bridge the gap and link the segregated groups.

The stakeholders concluded that alternatives to the current ways of getting children-related messages to the public and encouraging the public to act needed to be explored in order to better link the needs of human service agencies to the capacities of individuals to give.

New Communications Platform

The project has investigated several options for a new communications platform to inform and mobilize the community to address a children's agenda and create a standing structure

2008 Family Support Conference

Promoting Family Readiness Is Topic of Upcoming Conference

Studies suggest that nurturing, engaged, supportive, and well-prepared parents are critical in guiding children down the path to success in school and later in life.

In June, the 2008 Family Support Conference, *What's Love Got to Do with It? The Heart of School Readiness and Success*, will bring together hundreds of parents, human service providers, health agencies, educators, and policymakers to address the issues related to family readiness.

The 15th annual Family Support Conference will be held June 4 at the Westin Convention Center in downtown Pittsburgh. It is organized by the University of Pittsburgh Office of Child Development and supported by more than 20 organizations, including foundations, health care providers, government health and human services agencies, and others.

The conference is designed for parents, human service agencies, neighborhood leaders, faith-based groups, Family Support participants, community and economic development organizations, advocacy groups, foundations, child care practitioners, educators, counselors, mental health providers, social services workers, public agency staff, policymakers, and elected officials.

Throughout the day, key issues related to promoting stronger families will be addressed by featured speakers and in a series of workshops.

The keynote presenters this year are:

- Dr. Adolph Brown III. Brown is a former university professor and administrator, author, family therapist, consultant, and speaker who is dedicated to helping others overcome major stumbling blocks in their lives through self-motivation and self-improvement. Brown has given more than 3,000 presentations and has shared the stage with living presidents and First Ladies Barbara Bush, Hillary Clinton, and Nancy Reagan. He is also a child of poverty. Facing divorced parents, gang involvement, loss, abandonment, and bereavement as a child, he found the path of success

with the help of a nurturing mother, aunt, and grandfather, and dedicated teachers and counselors.

- The Honorable Estelle B. Richman. Richman is the secretary of public welfare in the administration of Pennsylvania Governor Ed Rendell. Her 30-year career in public service includes serving as managing director for the City of Philadelphia, Philadelphia's director of social services, the city's commissioner of public health, and the city's deputy commissioner for mental health, mental retardation, and substance abuse services. While in Cleveland, Ohio, she was the assistant director with the Positive Education Program, a day treatment program for children with behavior problems. She is a nationally recognized expert on issues of behavioral health and children's services, and is a strong supporter of Family Support.

The conference also offers a series of afternoon workshops that cover a range of topics, including early literacy strategies, early intervention in preschool, collaboration and partnership building, positive strategies for communication between families and child care providers, supporting social-emotional development in young children, and many others.

For more information, contact Doris Dick at the University of Pittsburgh Office of Child Development at 412-244-5363, or visit the following Web site: www.education.pitt.edu/news/newsdetails.aspx?id=299. ☐

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to organize volunteers and other donors to take action on a range of issues.

"It's somewhat like a political campaign, where you build a community of organizers and volunteers and when the primary comes around, you mobilize the volunteers, the Web site, and yard signs in a coordinated way," Li said.

Several prototypes are being developed that tap the full range of communication media—print, television, the Internet—to inform, rally, and coordinate those willing to give of themselves, their resources, and their time to improve the conditions of children.

For example, one partner, Carnegie Mellon University, is investigating effective print media strategies, how best to build an effective Web site, and providing insight into such issues that will help inform communication strategies, such as why the public tends not to act on impulses. Another example is WQED. The public television station is using its expertise to help produce one-minute television spots and explore the

effective use of television to get the message out.

The project, at this time, is not limiting its scope to any specific issue. Instead, the immediate messages are intended to inform the public that there things worth doing related to children, youth, and families in the region and to move them to take action.

Another message—and perhaps the most important—is that everyone, whether they know it or not, has something within them that is worth giving, and that the challenges of the real world, no matter how statistically numerous, can be impacted one giving effort at a time. Fred Rogers addressed this in his 2002 speech using the example of his mother, who would make a sweater every month so that she would have 12 to give to family at Christmas. "Well, Mother made and gave those sweaters with such pleasure," he said, "it's obvious to me that each one was a lesson in philanthropy. She may not have thought of it that way, but she lived it that way." ■

Announcements

Free Parenting Columns Well Suited for Newsletters

Dispensing parenting advice, long the domain of grandmothers and other family relations, is drawing more attention from policymakers and others looking for ways to strengthen families and communities—and for good reason. Studies show effective parenting improves a child's chances of healthy development.

Sound parenting advice on more than 50 topics is now available free of charge in a series of columns written by Robert B. McCall, codirector of the University of Pittsburgh Office of Child Development (OCD) and former columnist for *Parents* magazine.

The columns, well suited for newsletters and community newspapers, provide clear, concise, and accurate information on topics such as dealing with a child's lying; how to toilet train; what to do about nightmares, discipline, and finicky eaters; and how to recognize and address grief in children.

OCD offers the columns free of charge as Microsoft Word documents. All columns are available on the OCD Web site at www.education.pitt.edu/ocd/family/parentingcolumns.aspx.

The public service initiative is made possible by the Frank and Theresa Caplan Fund for Early Childhood Development and Parenting Education, whose contributions support production of the columns and other OCD projects. ■

Free Background Reports Cover Children's Issues

The University of Pittsburgh Office of Child Development (OCD) offers a recently updated series of free background reports providing concise overviews of current topics important to children and families.

New topics in the series, *Children, Youth, & Family Background*, include childhood obesity, foster care, early literacy, parent-teen relationships, and the trend among non-profit agencies to help support their missions by starting money-generating social enterprises.

The reports, originally produced to keep journalists and policymakers up to date on children's issues, are available free of charge to anyone interested in learning about the latest developments in areas ranging from education and child development to child welfare and juvenile crime. These reports are written, edited, and reviewed by the University of Pittsburgh Office of Child Development.

All *Children, Youth, & Family Background* reports are posted on the OCD Web site as portable document files (.pdf) for viewing and downloading at the following address: www.education.pitt.edu/ocd/family/backgrounders.aspx. ■

OCD | Special Report

Imprisoned Forever: Sentencing Juveniles to Life in Prison Without Parole

No nation in the world sentences more children convicted of major felonies to life in prison without the chance of parole than the United States. Today, America's prisons hold at least 2,380 inmates serving life without parole for crimes they committed when they were under the age of 18.¹ Israel is a distant second with 7—a population that would only account for about 2 percent of current Pennsylvania inmates who were sentenced to life without parole as juveniles.

Even children just beginning their teenage years have received such sentences. In a recent study, the nonprofit Equal Justice Initiative documented 73 cases of 13- and 14-year-old children who have received life sentences without the possibility of parole.

The sizable U.S. population of inmates who were sentenced to life without parole when they were children is largely the result of major shifts in America's approach to juvenile justice that began more than a decade ago when the nation experienced a brief but significant increase in juvenile crime and rising concern about youth violence. Those changes included laws that make it easier—and in some cases, mandatory—to transfer the cases of young offenders from juvenile courts that focus on rehabilitation to criminal court, where they are treated as adults and subjected to adult sentences, including the harshest allowed by law.

Characteristics of Juveniles Sentenced to Life Without Parole

The U.S. prison inmates sentenced to life without parole when they were children were convicted in criminal court of committing major felonies. Most were convicted of homicide. Their roles in those crimes vary, however.

Studies suggest that a majority of these children did not act alone and that a significant number did not commit the actual murder. The Equal Justice Initiative study also identified several 13- and 14-year-old children who were sentenced to life in prison without parole for nonhomicide offenses.

For the majority of these juveniles, the crime that resulted in a life without parole sentence was the first they had committed. In a national study, researchers found that in 59 percent of juvenile life without parole cases surveyed, the juvenile was a first-time offender with no juvenile or adult criminal record.²

In all cases, juveniles sentenced to life without parole were convicted of crimes committed during a period in their lives when adolescents undergo profound biological and social changes and often experience heightened peer pressure, yet have a limited ability to comprehend risks and consequences.

As an inmate population, they are the most vulnerable. Research suggests that children serving time in adult prisons are the most likely population to experience physical and sexual abuse from other inmates.

A recent study of California inmates serving life without parole for crimes committed when they were juveniles offers a detailed profile of this prison population.

California's Juvenile Lifers

An estimated 227 youths have been sentenced to life in prison without the chance of parole in California, which is among the highest totals in the nation.³ By comparison, the Pennsylvania Department of Corrections reports that 360 inmates in prison across the commonwealth are serving sentences of life without parole that were imposed when they were under the age of 18 years.⁴

The nonprofit Human Rights Watch studied California inmates who received sentences of life without parole when they were juveniles. The study relied on a range of data, including court records, California Department of Corrections and Rehabilitation records, survey responses from 130 of the inmates, and in-person interviews with about 10 percent of those serving life without parole for crimes committed as a minor.⁵

The vast majority of those 17 years old and younger sentenced to life without the possibility of parole were convicted of murder. However, in 45 percent of the homicide cases surveyed, juveniles sentenced to life without parole did not commit the murder. One, for example, was a lookout in a car theft that ended in murder. Another sat in the getaway car during a burglary that resulted in a murder committed by his codefendant. Another juvenile participated in a robbery that resulted in an unplanned killing.

In nearly 70 percent of cases in which the juvenile was not acting alone, at least one of the codefendants was an adult. The study found that in 56 percent of cases in which there was an adult codefendant, the juvenile was sentenced to life without parole while the adult codefendant received a lower sentence that offered the possibility of later release from prison.

The study reports that 85 percent of the juveniles who were sentenced to life without parole in California were non-White and that 75 percent of all cases involved African American or Hispanic youth.

In financial terms, the study estimated that the current juvenile life without parole population in California will cost the state's taxpayers about \$500 million by the end of their lives.

13- and 14-Year-Olds

A study by the nonprofit Equal Justice Initiative identified 73 inmates nationwide who were 13 or 14 years old when sentenced to life in prison without parole. These cases were confined to 19 states. Pennsylvania's 18 cases of 13- and 14-year-olds sentenced to life without parole is the highest in the nation, followed by Florida with 15 cases. Pennsylvania is also one of only six states that have sentenced children as young as 13 years old to life without parole.

Nationwide, nearly 49 percent of the 13- and 14-year-old children who received these sentences were African American, 30 percent were White, about 10 percent were Hispanic, and the others were of various racial and ethnic backgrounds, including Native American and Asian American. The majority of these children were from low-income families.

In the vast majority of cases, these children received their sentences as a result of a homicide conviction. However, the study identified six 13- and 14-year-olds who received a sentence of life without parole for crimes that did not result in a death.

One nonhomicide, for example, involved a 13-year-old Florida youth who was convicted with an adult codefendant for sexual battery. The study reported that due to the lack of physical evidence, the prosecution was unable to prove which of the two defendants committed the offense. In another non-homicide case, a 14-year-old California youth

was convicted with a 27-year-old codefendant of aggravated kidnapping. The youth was in a car with the older codefendant and another man, who, after a police chase, claimed he had been kidnapped, according to the report. No one was injured during the crime.

Not Like Adults

Adolescents who commit crimes do so during a tumultuous stage in their development that is marked by profound biological, psychological, emotional, and social changes.

Puberty, for example, is accompanied by physical changes and the onset of sexual maturity, but it also sparks new drives, impulses, emotions, motivations, changes in arousal, behaviors, and experiences that challenge an adolescent's self-regulation abilities. Changes in arousal and motivation tend to outpace more slowly developing self-regulation abilities⁶—a situation scientists liken to starting the engine of a car with an inexperienced and unskilled driver behind the wheel.

While much of the brain develops during the first few years of life, shaped by both biology and experience, important stages of development continue through a child's adolescent and teenage years. Recent research reveals that several key regions of the brain, including areas of the frontal cortex and the cerebellum, undergo remodeling during adolescence. These studies have demonstrated that much of the brain development during adolescence occurs in the regions and systems that play critical roles in regulating behavior and emotion and in perceiving and evaluating risk.

Researchers also have found that risk taking and poorly regulated behavior tend to lessen with maturity, suggesting that as children age they are amenable to change.

Today, the role of such factors in determining whether children are tried as adults or the type of sentences those convicted of serious felonies receive is limited in most states by statutes that establish sentencing guidelines in criminal courts and statutes that directly transfer the cases of children charged with major felonies to criminal court.

Juveniles and the Adult Criminal Justice System

The U.S. juvenile court system began to emerge in the late 19th century as the nation came to embrace the notion that children charged with crimes should be treated differently than adults in the criminal justice system. Proponents of a separate juvenile court argued that children were not only deserving of more compassion and should be spared the harshest punishment, but that they were also more amenable to reform and rehabilitation.

The juvenile court system that developed in states across the nation over the next 100 years focused on rehabilitating

young offenders rather than simply punishing them. Separate courts were established along with specialized facilities, such as juvenile detention centers, training schools, and centers that provided a structured environment for addressing the educational, psychological, and vocational needs of children or juvenile offenders.⁷

In addition, judicial decisions over that period provided juveniles charged with crimes with many of the same legal protections found in adult courts to ensure fair treatment under the law, including the right to legal counsel, the right to confront and cross-examine witnesses, and the privilege against self-incrimination.

But such trends began to shift in the late 1980s, when states began to respond to rising juvenile crime rates by enacting laws that challenged the juvenile justice system's focus on reform and rehabilitation and allowed for more punitive action to be taken against serious offenders.

Today, all states have mechanisms to handle juveniles in adult criminal court.

Super Predators

The nation witnessed a steady increase in juvenile crime, particularly violent crime, from the late 1980s through 1994, when a historically high level of youth violence swept America. This rise in violence led to a notion advanced by the news media and selected academics that there was a new breed of violent and incorrigible juvenile "super predator."

The super predator theory held that this generation of young offenders was more coldhearted, more violent, and less amenable to reform or rehabilitation than its predecessors. The controversial theory was later empirically discredited. In fact, even while it was being advanced, juvenile crime rates began to decline. For example, between 1994 and 1998, juveniles arrested for Violent Crime Index offenses—murder, forcible rape, robbery, and aggravated assault—fell 19 percent, compared to a 6 percent decline in adults arrested for similar felonies.⁸

"Starting around 1994, juvenile and adult crime started dropping, and we now have ended up with crime rates that are around the lowest in 30 years," said Edward P. Mulvey, University of Pittsburgh professor of psychiatry, Law and Psychiatry Program at the Western Psychiatric Institute and Clinic. "If the super predator idea was accurate, there still would have been a large pool of very, very troubled and troubling children out there. They just didn't exist. That's not to say there are not damaged and problem children, but there is not the wave of inevitably damaged children that

was predicted."

The controversy over this theory, however, did not prevent widespread changes from being made to the way juveniles are dealt with in state justice systems across the nation that have led greater numbers of child offenders to be tried, convicted, and sentenced in adult criminal courts.

Transfers to Criminal Court

The most common response of policymakers to concerns over juvenile crime rates and the notion that juvenile offenders were growing more violent was to enact judicial transfer statutes that made it easier or mandatory to send the cases of juveniles charged with violent crimes and other serious felonies to adult criminal courts. All but six states enacted such statutes between 1992 and 1997.⁹

"Each state did it in slightly different ways, but the overwhelming trend was to greatly expand the net to include a wide range of crimes that were, by statute, to be automatically processed in adult court," Mulvey said. "As a result, the system saw an influx of children transferred into the adult system."

Today, all states have mechanisms to handle juveniles in adult criminal court. The most common is the judicial waiver, which 46 states have adopted, including Pennsylvania. This authorizes or requires juvenile court judges to waive jurisdiction over certain cases involving minors to allow them to be prosecuted in adult criminal courts. Statutes in 15 states give prosecutors discretion to file certain kinds of cases in juvenile or criminal court. And 29 states, including Pennsylvania, have laws that exclude serious felonies from being tried in juvenile court and require that they be transferred for trial in criminal court.¹⁰

Pennsylvania is one of 25 states that have laws that provide some mechanism that allows the court to consider transferring the case of a juvenile being prosecuted as an adult in criminal court back to juvenile court. Reverse waiver provisions allow the attorney for a juvenile charged in criminal court to petition to have the case transferred to the juvenile justice system.

Sentencing Guidelines

Criminal court judges in most states are limited by statute in considering evidence that might mitigate the sentence of convicted offenders. Federal and state statutes limit the ability of judges to take individual circumstances of a convicted offender into account by prescribing sentencing guidelines and setting mandatory minimum sentences.

As a result, factors such as the minor's age, educational

level, developmental factors, emotional maturity, and family history typically have limited, if any, impact on the sentencing of juvenile offenders who have been convicted in criminal court.

Life Without Parole

The nation witnessed a significant increase in the number of juveniles sentenced to life in prison without parole in the aftermath of new laws that made it easier or mandatory to try juveniles charged with major felonies in adult criminal court. Between 1990 and 2000, the number of juveniles receiving life without parole increased by 216 percent, despite a nearly 55 percent decline in the number of juveniles convicted of murder.¹¹

The estimated 360 inmates in Pennsylvania prisons who received life sentences without the chance of parole as juveniles is among the highest such totals in the nation. The reason, however, is unclear. Juvenile justice organizations in the commonwealth have begun to investigate those cases to gain a better understanding of why that prison subpopulation in Pennsylvania outranks most states, said Michael Pennington, director of the Office of Juvenile Justice and Delinquency Prevention at the Pennsylvania Commission on Crime and Delinquency.

One possible reason for the high ranking might be the fact that Pennsylvania has always transferred the cases of juveniles charged with homicide directly to criminal court. "But without looking at the data and each of these [life in prison without parole] cases, it is difficult to pinpoint why this happened," Pennington said.

Pennsylvania has achieved the high national ranking of juveniles sentenced to life without parole despite laws that allow juveniles charged in criminal court to petition to have their cases tried in the juvenile justice system. Pennsylvania also is considered a leader in juvenile crime prevention due to its community-based prevention initiatives and focus on evidence-based delinquency prevention.

U.S. Policy

While Tanzania and South Africa have become the latest nations to officially state they will consider parole for juveniles in all cases,¹² the United States continues to resist the trend that has seen 135 nations abolish the sentence of life without parole for children under the age of 18. Although 10 nations in addition to the United States have laws that allow for sentencing young offenders to life without the chance of parole, only in Israel have the courts done so.

The U.S. federal government and 44 states today allow criminal court judges to impose sentences of life in prison without parole on juveniles. Of those states, 13—including Pennsylvania—allow sentencing a child of any age to life without parole; one state sets the age limit at 8 years; 18 states allow the sentence to be applied to a child as young as 10 years; 20 states allow the sentence to be imposed on children as young as 12 years; and 13 states set the minimum age at 14 years.

Sentences of life imprisonment without parole violate the 1990 Convention on the Rights of the Child. However, the United States is one of only two nations—Somalia is the other—that has not ratified the Convention on the Rights of the Child.

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Human Rights Watch (2008). "When I Die, They'll Send Me Home: Youth Sentenced to Life Without Parole in California." *Human Rights Watch*, 20, 1. www.hrw.org/reports/2008/us0108/us0108web.pdf

This Special Report, written by Jeffery Fraser, is largely based on interviews and on the publications cited above. It is not intended to be an original work but a summary for the convenience of our readers. References noted in the text follow:

¹ Leighton, M. and de la Vega, C. (2007). *Sentencing Our Children to Die in Prison: Global Law and Practice*. San Francisco, Calif.: The Center for Law and Global Justice, University of San Francisco School of Law. www.law.usfca.edu/home/CenterforLawandGlobalJustice/Juvenile%20LWOP.html

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³ *Ibid.*

⁴ Togneri, C. (2007). "Pa. Leads Nation in Sentencing Minors to Life." *Pittsburgh Tribune-Review*, December 17, 2007. www.pittsburghlive.com/x/pittsburghtrib/news/cityregion/s_543121.html

⁵ Human Rights Watch (2008). "When I Die, They'll Send Me Home: Youth Sentenced to Life Without Parole in California." Human Rights Watch, 20, 1. www.hrw.org/reports/2008/us0108/us0108web.pdf

⁶ Dahl, R.E. (2004). "Adolescent Brain Development: A Period of Vulnerabilities and Opportunities." *Annals of the New York Academy of Science*, 1021, 1–22.

⁷ Gardner, B. (2002). "Juvenile Transfer to the Adult Criminal Justice System." *Pennsylvania Department of Correction Research in Review*, 5 (3), 2–5. www.cor.state.pa.us/doc/lib/stats/RIR/Volume%205%20-%202002/RIRV5N3.pdf

⁸ Snyder, H. and Sickmund, M. (1999). *Juvenile Offenders and Victims: 1999 National Report*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention

⁹ Snyder, H.; Sickmund, M.; and Poe-Yamagata, E. (2000). *Juvenile Transfers to Criminal Court in the 1990s: Lessons Learned from Four Studies*. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention

¹⁰ Griffin, P. (2007). "National Overviews." In *State Juvenile Justice Profiles*. Pittsburgh, Pa.: National Center for Juvenile Justice. www.ncjj.org/stateprofiles

¹¹ Human Rights Watch and Amnesty International, op. cit.

¹² Leighton and de la Vega, op. cit. ■

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policymakers, Medicaid managed care organizations, health care providers, service agencies, community organizations, and consumers. The quality improvement project has been named the Allegheny County Maternal Depression Initiative.

"What are the policy and practice changes that are needed to effectively screen for depression and engage mothers in treatment? When should you screen? Are those screenings occurring? If there is a concern for the mothers, who assists them in obtaining treatment? That's what the quality improvement initiative is concerned about," said Ray Firth, director of the OCD Division of Policy Initiatives.

Rates of Depression Vary

The research on the topic identifies several groups who tend to be more vulnerable to depression, including women, low-income women, and women with the lowest education.

Postpartum depression is the most common, with more than 14 percent of new mothers experiencing depressive episodes that impair their parenting abilities.

The rate of depression is higher among low-income families and low-income women, in particular. One study suggests that 20 percent of parents in households that receive welfare benefits have symptoms of depression. In general, these families are less likely to seek care for depression and are

less likely to receive appropriate treatment when they do.

Mothers Impaired

Depression can have enormous personal, social, and financial consequences. It also can erode a woman's ability to care for her child. Numerous studies have helped to define these consequences.

Maternal depression, for example, can increase the risk of experiencing high stress, marital discord, and family conflict. It also can lessen a woman's ability to build an adequate network of social support and find and hold a job to help support her family.

Depression can impair parenting in several ways. One key aspect of parenting that depression often affects is mother-infant interactions. Brain research underscores the importance of these interactions. For example, children's development is enhanced in many ways by a stimulating environment, and by responsive and nurturing relationships, usually with a parent or other primary caregiver. Without that stimulation, healthy development is less likely.

Mothers suffering from depression have been found to interact with their children less and in a less nurturing manner. Some have been found to have a more negative and withdrawn style of interacting with their children. They may, for example, talk to the child less and be more distant

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and disengaged. Mothers who are depressed also have been shown to be less likely to take basic precautions to protect children from harm, such as using car seats or covering electrical plugs.

Children at Risk, Too

Studies also suggest the disruption to early mother-child interactions caused by depression contributes to children experiencing both short-term and long-term problems.

Those problems included a greater likelihood of impaired cognitive and motor development, difficult temperament, poor self-regulation, low self-esteem, and developing behavior problems. For example:

- A study of preschool-aged children reports that those with depressed mothers had higher levels of behavior problems and reduced brain activity as measured by electroencephalography.
- Among 5-year-old children, those whose mothers experienced frequent and/or severe episodes of depression were found to be more likely to have behavior problems, and they had lower scores on tests measuring vocabulary.
- In a study of third-graders, maternal depression was found to be directly related to more acting-out behavior among the children. One reason for this, researchers reported, was that depression affected the mother's parenting, particularly her ability to effectively discipline her child.

Barriers to Treatment

Although treatment of depression has markedly advanced over the past two decades, many women remain undiagnosed and untreated, placing themselves and their children at risk.

Studies report that several barriers that prevent women from being diagnosed and treated for depression arise from the gap between physical health systems and mental health systems. And low-income women are likely to find those barriers more imposing.

Universal screening and evidence-based practices are seldom implemented to make sure women are adequately screened for depression before and after their pregnancies. Primary care physicians, not behavioral health specialists,

are often the initial point of contact with a health system for women with depression. In most cases, however, there are no protocols that prescribe a best-practices approach to referral and treatment, or that promote collaboration between a woman's doctor and mental health specialists.

As a result, screening, diagnosis, treatment, and follow-up are uneven and often insufficient. Pediatricians who observe maternal depression, for example, are challenged by the facts that the mother is not their patient and that a system for referral, treatment, and follow-up often does not exist. Primary care doctors who do refer a woman for depression may or may not be kept up to date on her treatment, progress, or if medications have been prescribed by the mental health specialist.

Studies also show that such clinical barriers are often magnified by the fact that general health care and behavioral health tend to be financed and managed separately. Other barriers to women seeking treatment include the stigma associated with depression.

A System Receptive to Change

As efforts to improve the way Allegheny County addresses maternal depression evolved from a broader maternal and child health initiative less than two years ago, those involved found that insurers, general health care and mental health organizations, and other key participants in health care delivery not only recognized the system's shortcomings but were eager for change.

The Allegheny County Maternal Depression Initiative gained the support of additional local foundations. And the initiative had little trouble building a partnership to design and implement a model for change that includes the region's leading health insurance companies, Pennsylvania Department of Public Welfare, Medicaid managed care organizations, and local general health and mental health providers, service agencies, community organizations, and consumers.

The initiative, Firth said, quickly emerged "as a wonderful example of how you can affect policy change and improve practice. We had a problem, the research, and a focus on prevention. We knew who the gatekeepers were to make

(*Depression* continued on Page 11)

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changes, and we have champions for change.”

Working with Medicaid managed care organizations, a model was put into practice that provides for a more cohesive, seamless system for diagnosing and treating women for depression that includes training around maternal depression, universal screening, and protocols for screening, treatment and follow-up shared by insurance companies and health care providers.

The initiative also provides for evaluation to determine the outcomes of the adopted changes.

Focusing the initiative on Medicaid managed care organizations also could extend the benefits of the new system of addressing maternal depression beyond Allegheny County. “If we only worked with a few physicians, change would occur but it would be limited,” Firth said. “When you are working with proactive Medicaid organizations, they have a much larger network of providers. If we are successful, they can take the lessons learned and implement them statewide.”

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The University of Pittsburgh Office of Child Development (OCD) is offering a series of easy-to-use parenting guides offering information and advice on 50 parenting topics. These guides are available free of charge to parents and organizations, agencies, and professionals who work with children and families.

The *You & Your Child* parenting guide series, written and edited by the University of Pittsburgh Office of Child Development, covers topics ranging from how to deal with children's fears, finicky eating habits, and aggressive behavior to getting a child ready to read, setting rules, and coping with grief.

Each guide is based on current parenting literature and has been reviewed by a panel of child development experts and practitioners. The series is made possible by the Frank

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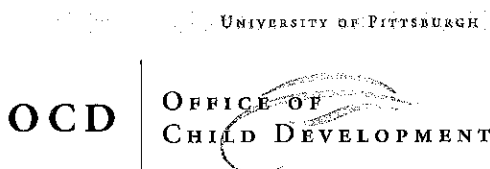
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