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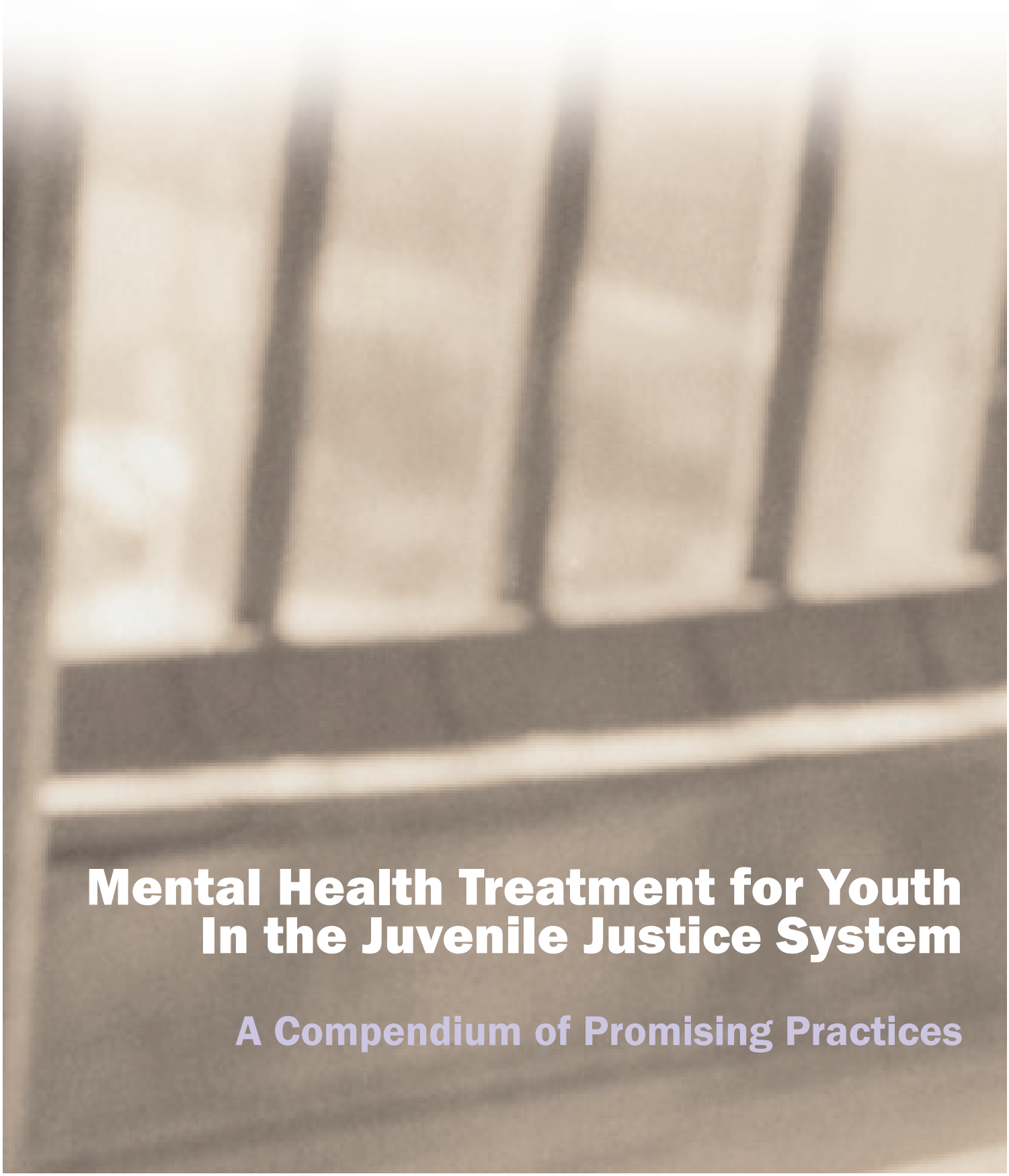

Mental Health Treatment for Youth In the Juvenile Justice System

A Compendium of Promising Practices

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Introduction and Overview

Youth who are involved with the juvenile justice system have substantially higher rates of mental health disorders than children in the general population, and they may have rates of disorder comparable to those among youth being treated in the mental health system. The prevalence of mental disorders among youth in the general population is estimated to be about 22 percent; the prevalence rate for youth in the juvenile justice system is as high as 60 percent.[I]

Research indicates that from one-quarter to one-third of incarcerated youth have anxiety or mood disorder diagnoses, nearly half of incarcerated girls meet criteria for post-traumatic stress disorder (PTSD), and up to 19 percent of incarcerated youth may be suicidal. In addition, up to two-thirds of children who have mental illnesses and are involved with the juvenile justice system have co-occurring substance abuse disorders, making their diagnosis and treatment needs more complex.

While more research needs to be conducted, we already know that many programs are effective in treating youth who have mental health care needs in the juvenile justice system, reducing recidivism and deterring young people from future juvenile justice involvement. Generally, regardless of the type of program used or the youths' background, recidivism rates among those who received treatment are as much as 25 percent lower than the rates of those children and teens in untreated control groups.[II] The best, research-based treatment programs, however, can reduce recidivism rates even more-from 25 to 80 percent.[III]

Because juvenile offenders do not constitute a single, homogenous group, no uniform treatment approach works for all young people. In the last fifteen years, significant advances have been made in understanding the characteristics of effective treatment and intervention approaches designed to address the unique needs of each youth. This document lays out what is currently known to be effective practices through evidence-based research, and what promises to be effective practices. It starts with a review of the basic values and principles that are the foundation of effective practices, as well as the essential components of the mental health services array. Then, evidence-based treatment programs are highlighted, as well as treatment approaches that show promise but require more research. Finally, examples of successful services exemplify how communities across the country are addressing the mental health needs of children and adolescents involved in the justice system.

Values and Principles

Along with mental health, physical health, child welfare, and educational services, the juvenile justice system is an integral part of the system of care for, children and families as delineated in the 1980s by Beth Stroul and Robert Freidman.[IV] In general, the core values and guiding principles of Stroul's and Freidman's system of care must be infused within systems that serve children and families , and serve as the framework for broad-based system reform, policy development and practice integration. In addition, the system of care framework is child centered, family focused, community based and culturally competent. The core values and principles of the system of care framework include:

- Early identification and intervention is vital to promoting positive outcomes
- Children must have access to a comprehensive array of individualized formal and informal services that address their physical, emotional, social and educational needs.
- Services should be delivered in the least restrictive, normative environment that is clinically appropriate.
- Families and caregivers should be full participants in all aspects of policy development, and the planning and delivery of services, which should be integrated with linkages between child and family serving agencies and programs.
- Care coordination should be provided to ensure that multiple services are linked and clinically indicated. They should also address a family's strengths and needs, and be reviewed on a regular basis for applicability to the family's current level of functioning.
- The service delivery system should include providers who help enable smooth transitions to adult services, if necessary.
- The rights of children should be protected and effective advocacy efforts should be promoted.
- Services must be provided without regard to race, religion, national origin, sex, physical disability or similar characteristics.

The value of the system of care framework is borne out by research that shows that service delivery systems that are based on the framework's principles are more effective than other, punitive modes of treatment. For example, a number of researchers concur that community-based treatment programs are superior to institution-based programs,[V] with intensive, community-based and family-centered interventions the most promising.[VI] Although some youth who have complex mental health treatment needs may require out-of-home-treatment, many more can be appropriately served in the community, where youth behavior can be addressed in its social and familial context.

Family-focused interventions have shown positive impacts on child and family functioning, delinquent behavior and recidivism.[VII] As one parent points out, "Families socialize children...Parents teach children their ways to control their behavior and respect others rights."[VIII] Effective juvenile justice programs work to strengthen the capacity of family members

to live and work together and to care for children at home. Families should be involved in developing treatment plans, individualized education plans and aftercare plans for their children. Families should also be provided with regular progress reports on all medical, mental health and educational services their children receive. Research suggests that a lack of family connectedness is associated with juvenile criminal activity. Maintaining family ties while incarcerated, and preparing for and establishing positive family situations upon release, correlate with juveniles' successful reunification and reduced recidivism.

Active family participation in the design and implementation of the treatment plan is the first step to the incorporation of family involvement within the child serving system. Service providers must ensure that family members have a voice in, access to and ownership of the plans of care designed to address their children's mental health treatment needs. This includes holding meetings during dates and times accessible to families and including their interests and concerns when setting outcome and treatment goals. Promoting and supporting family organizations that provide peer support and advocacy is another important way to ensure that families are actively involved.[IX]

Service Continuum

The service delivery system must provide a comprehensive continuum of individualized formal and informal services and supports that address the physical, emotional, social and educational needs of children in the juvenile justice system. These services include prevention, early identification, assessment and intervention, diversion and alternate care programs, and individualized mental health treatment services. Such services include outpatient treatment, home-based services, wraparound process, family support groups, day treatment, residential treatment, crisis services, inpatient hospitalization and aftercare services. Services are most effective when planned and integrated at the local level with other child and family serving systems, such as schools, child welfare agencies and community organizations. For justice-involved youth, a fully developed service continuum—from prevention to aftercare—is vital to ensuring that children and families needs are addressed, and that the likelihood of positive outcomes is enhanced.

Prevention and Early Intervention

Prevention efforts foster caring environments and communication, and intervene in a deliberate and positive way to counteract harmful circumstances before they cause more serious problems. By identifying and modifying risk and protective factors, prevention efforts facilitate the best possible outcome for an individual. Effective community-based prevention programs come in many different forms, from social skills training to anger management courses, and differ based on their target population.

Universal prevention programs target the general public or a whole population that has no known risk factors. Schools that teach problem solving skills are engaged in universal prevention. Selective prevention interventions are targeted to individuals or segments of the population who are at risk for developing mental disorders. The Yale/New Haven Child Development Community Policing program, which provides services to children exposed to violence, is a selective prevention intervention. Finally, indicated prevention interventions target high-risk individuals without a diagnosis who have minimal, but detectable, signs or symptoms of mental disorders or biological markers indicating predisposition. The Primary Mental Health Project is an example of an effective indicated prevention program. Through the program, elementary school children who are experiencing adjustment problems are taught social problem solving and self-control skills through peer teaching, group programs and family-school partnerships.[X]

All effective universal, selective or indicated prevention programs have five core elements. Effective prevention programs are:

- Driven by theory and backed with a scientifically valid rationale.
- Tested and proven, having been evaluated to determine that the programs achieve their goals.
- Holistic, and focus on reducing risk factors and supporting healthy development by addressing multiple aspects of a child's life and environment.
- Replicable in a variety of accessible, community-friendly and culturally sensitive settings.
- Do more than just impart information; they are comprehensive and require a significant time investment—from several weeks to several years—to significantly influence behaviors and skills.

There are many effective, community-based prevention programs being used across the country that have been validated by a significant body of research.[XI] The National Mental Health Association's Prevention and Children's Mental Health Services Department can help you identify prevention programs that meet these criteria and that match the needs of your community.

Intensive work at the early stages of a child's life can both prevent a child from committing delinquent offenses and from re-offending, and can strengthen a family's ability to care for the child at home. Research shows that intervening early also produces the most positive outcomes. A study of 4,000 juveniles in Philadelphia indicated that the use of court adjustments and probation early in an offender's career reduced the likelihood of him or her committing subsequent offenses, including the continuation of such behavior into adulthood. The earlier in chronic offender careers that probation and

informal court handling was applied (as opposed to police lecture and release) the lower the recidivism rates among serious offenders.[XII]

Diversion Policies and Programs and Community-Based Alternatives to Incarceration
Many children with emotional disorders who are in the justice system have committed minor, non-violent offenses or status offenses. Whenever possible, children with mental health disorders should be diverted away from the juvenile justice system and towards an array of community-based services and supports.

While some juvenile justice systems identify and treat children with mental health and substance abuse problems in an appropriate manner, most are not well equipped to screen, assess or treat a young person who has special mental, emotional or behavioral needs. Incarceration presents potential risks for these children, including victimization, self-injury and suicide. For these reasons, community-based alternatives must be available, and children should be diverted from incarceration whenever possible

Mental Health Screening, Assessment, Referral and Treatment
Because some children with emotional disorders commit serious and violent offenses, it is not always possible to divert them from incarceration. Nevertheless, these children need treatment for their disorders, and juvenile facilities and programs should have adequate policies and procedures for identifying and treating these youth. Children who need help must be identified before their behaviors escalate and/or create problems for juvenile authorities.

The prognosis is bleak for children in the juvenile justice system who need mental health treatment but do not receive it. Children with mental and emotional disorders are especially vulnerable to the difficult and sometimes deplorable conditions that prevail in detention centers and youth prisons. Incarceration and severely overcrowded conditions can exacerbate children's mental health and behavioral problems. Many children become victims of other youth or staff, and some children try to commit suicide.

Aftercare Services
Aftercare programs provide support and supervise youth transitioning back to the community after successfully completing institutional programs. Properly implemented, these services reflect those identified in an aftercare plan created while the youth was receiving out of home treatment.

Unfortunately, most youth who receive services while incarcerated frequently lose these services when they leave the juvenile justice system. Few communities have formal programs and policies that link youth to services following their release, and the absence of aftercare programs and services is a serious gap in the service continuum.

Promising Practices

The most effective treatment programs adhere to the values and principles of the system of care framework. More specifically, effective programs are highly structured, intensive, emphasize social skill development and focus on behavior change, attitude adjustment and rethinking perceptions in order to reduce risk factors for juvenile justice involvement.[XIII] Multiple interventions that address risk factors in several domains (child, family, school, peer and community) are most effective in reducing recidivism.

In addition, the best programs:

- Intervene early when problem behaviors or precursors to delinquency first begin;
- Target medium- to high-risk juvenile populations.
- Use graduated sanctions and treatment alternatives as a function of offending history and offense seriousness. Long-term incarceration is a last resort and reserved for serious, violent and chronic offenders.
- Are based on treatment models or approaches that have sound empirical research demonstrating the models' or approaches' effectiveness.
- Ensure fidelity to the program design through well-qualified and well-trained staff, good supervision and program monitoring and evaluation.
- Use mental health professionals—not corrections staff—as treatment providers.[XIV]
- Deliver sufficient amounts of treatment, usually at least six months in duration..Treatments that are longer in duration and involve more contact hours are associated with better outcomes.
- Monitor juvenile progress on an ongoing basis, with modifications made as necessary.
- Have ongoing collaboration between juvenile justice, mental health, child welfare, educational and law enforcement systems.[XV]

Multisystemic Therapy

Research indicates that Multisystemic Therapy (MST) is one of the best available treatment approaches for youth who have mental health treatment needs and who are involved in the juvenile justice system. MST is an intensive, multi-modal, family-based treatment approach that fits with the known causes and correlates of delinquency and substance abuse. The ultimate goals of MST are to empower families to cope with the challenges of raising children with behavioral and emotional problems and to empower youth to cope with family, peer, school and neighborhood difficulties. In MST, the therapist collaborates with the family to determine the factors in the youth's "social ecology"-including peers, school and community-that are contributing to the identified problems and to design interventions to address these factors. The therapist is responsible for removing barriers to service access and for drawing upon the youth's and youth's family's strengths to achieve sustainable outcomes. Specifically, MST strives to improve caregiver discipline practices, enhance family relations, decrease a youth's association with delinquent peers while increasing association with pro-social peers, improve school or vocational performance, engage youth in positive recreational outlets and develop a natural support network of extended family, friends and neighbors to help the family achieve and maintain these changes.

MST has an extensive body of research supporting its effectiveness with juvenile populations with emotional and behavioral problems. Evaluations have demonstrated reductions of up to 70 percent in long-term rates of re-arrest, reductions of up to 64 percent in out-of-home placements, significant improvements in family functioning and decreased mental health problems for serious juvenile offenders.[XVI]

Functional Family Therapy

Functional Family Therapy (FFT) is a brief, family-centered approach for youth ages 11-18 at risk for and/or presenting with delinquency, violence, substance use, conduct disorder, oppositional defiant disorder or disruptive behavior disorder.[XVII] FFT was developed in the late 1960s in response to the needs of a large group of multi-need youth and families. FFT operates in a culturally competent manner to engage and motivate families to stay in therapy, reduce problem behavior, increase the frequency of positive family interactions and generalize the change across situations so that the youth and family can be self-reliant.

FFT focuses on developing strengths, enhancing self-respect and motivating families and youth to change in a positive manner by giving them specific ways to improve. The primary goal is to focus on the delinquency problem and reduce it by identifying obtainable changes. The therapist works with the entire family to develop individualized plans that "fit the family" and increase family competence in attributional processes, communication, parenting, problem solving, and conflict management. The therapist also works with the family to identify risk and protective factors-within the family, the adolescent and the social-cultural context. Providers also help families and youth work with community resources to support and maintain positive changes.[XVIII]

Research indicates that the FFT model is effective at reducing recidivism. The one year re-arrest rate was about 25 percent for youth who participated in FFT; for youth who either had no treatment, eclectic treatment or were seen in juvenile court, the re-arrest rates ranged from 45 percent to over 70 percent. A five year follow up study found that less than 10 percent of youth who participated in FFT had a subsequent arrest, as compared to almost 60 percent of youth who were seen in juvenile court.[XIX] Research also shows the importance of training of

social workers in the FFT model—cost per case and rate of out-of-home placement were significantly less when workers were well trained in the model and were able to replicate it with fidelity.[XX]

Wraparound

Wraparound is defined as a "philosophy of care that includes a definable planning process involving the child and family that results in a unique set of community services and natural supports individualized for that child and family to achieve a positive set of outcomes."[XXI] Wraparound is a process within an integrated service delivery system that corresponds to the values and principles of Stroul's and Freidman's system of care framework. This framework was referenced above as the foundation of promising practices for youth in the juvenile justice system with mental health treatment needs.

Youth with complex emotional or behavioral problems often are involved in more than one system—the wraparound process ensures that a family formulates a single, individualized treatment plan that links a child's strengths and needs with services and supports from the home, school and community. The wraparound process has been applied to children in child welfare, juvenile justice, special education, health and mental health settings.

The conceptual framework for wraparound is supported by the following values that are essential to accurate process replication. This framework operates in concert with system of care values and principles—above all, wraparound is care that is individualized, strengths based, family centered, culturally competent and community based. In addition, the wraparound framework embodies the following principles:

- Voice and choice for the child and family
- Compassion for children and families and unconditional care
- Integration of formal and informal services and systems
- Flexibility
- Safety, success and permanency in home, school and community [XXII]

Research shows that while implementing the wraparound process is a challenging endeavor, it is certainly a promising practice in treating the mental and emotional needs of youth involved with the justice system. One example of a successful wraparound program is Wraparound Milwaukee in Milwaukee County, Wis.. It uses the wraparound approach for youth in out-of-home placements, including adjudicated delinquents, and returns them to the community. Since its inception in 1994, Wraparound Milwaukee has been successful in reducing the use out of home placements. -More important, national evaluation data show that children served by this program have shown significant improvements in social functioning. While more research needs to be conducted, evaluations of other communities that have implemented the wraparound process have found similar positive results.

For information on the use of the wraparound process for youth involved in the juvenile justice system, the following Web site serves as an excellent resource: www.paperboat.com.

Cognitive-Behavioral Therapy

Cognitive-behavioral approaches have been shown to be particularly effective with youth in the juvenile justice system. The cognitive-behavioral approach is based on the theory that thoughts, beliefs and attitudes determine emotion and behavior. That is, the way we perceive or evaluate a situation influences our emotional and behavioral response. Cognitive-behavioral therapy is a didactic approach that involves teaching youth about the thought-emotion-behavior link and working with them to modify their thinking patterns in a way that will lead to improved behavior when confronted with challenging situations. The cognitive-behavioral approach is effective for youth in the juvenile justice system because it is highly structured and focuses on the triggers that may lead to disruptive or aggressive behavior.

Cognitive-behavioral approaches address poor interpersonal and problem-solving skills by teaching social skills, coping skills, anger management, self-control or social responsibility through individual or group counseling.[XXIII] For non-institutionalized offenders, cognitive-behavioral approaches have been found to reduce recidivism by as much as 50 percent.[XXIV]

Multidimensional Treatment Foster Care

Multidimensional Treatment Foster Care (MTFC) is an alternative to group or residential treatment, incarceration or hospitalization for teenagers who have histories of chronic and severe antisocial or delinquent behavior and emotional disturbance. Adolescents are placed in local families for six to nine months. The families are trained and closely supervised through daily telephone calls and weekly meetings to provide the adolescents with a structured and therapeutic living environment. Families also provide the teens with intensive supervision, clear and consistent limits with follow through on consequences, positive reinforcement, relationships with mentoring adults, and separation from delinquent peers. The program also includes behavioral skills training across the home, school and peer domains.

Throughout the MTFC placement, family therapy is also provided to the youth's biological or adoptive family, with the ultimate goal of returning the youth to the home. Parents are taught the structured system being used in the MTFC home, and closely supervised visits are conducted throughout the youth's MTFC placement so that parents and youth can

practice newly acquired skills. Parents are encouraged to be actively involved in their child's progress in the program.

Evaluations of MTFC demonstrate that youth spent 60 percent fewer days incarcerated than the control group and had significantly fewer arrests. Youth enrolled in the program also ran away three times less often and had significantly less hard drug use in the follow-up period.[xxv]

Special Populations in the Juvenile Justice System

All youth in the juvenile justice system with mental health treatment needs are best served by comprehensive, individualized, family-focused and community-based treatment. However, youth with co-occurring substance abuse and mental health disorders, girls, and youth of color require special consideration based on their particularly unique needs.

Youth With Co-occurring Disorders

Co-occurring disorders are a significant problem for youth in the nation's juvenile justice system. Studies show that about half of all adolescents receiving mental health services have co-occurring substance use disorders, and as many as 75 to 80 percent of adolescents receiving inpatient substance abuse treatment have coexisting mental disorders.[XXVI] Adolescents with emotional and behavioral problems are nearly four times more likely to be dependent on alcohol or illicit substances than are other adolescents, and the severity of a youth's problems increases the likelihood of drug use and dependence.[XXVII] Among adolescents with co-occurring disorders, conduct disorder and depression are the two most frequently reported disorders that co-occur with substance abuse.[XXVIIi]

Substance-abusing youth are at especially high risk for co-occurring mental health disorders.[XXIX] Specifically:

- Nearly two-thirds of incarcerated youth with substance use disorders have at least one other mental health disorder.[XXX]
- A number of studies have shown an association between conduct disorder, attention deficit- hyperactivity disorder (ADHD) and substance abuse.[XXXI] For example, as many as 50 percent of substance abusing juvenile offenders have ADHD.
- Youth who have co-occurring conduct problems, ADHD and substance use disorders have higher than normal rates of anxiety and depressive disorders.The presence of ADHD in particular worsens the prognosis of both the substance use disorder and the conduct disorder, increasing the likelihood of these persisting into adulthood.[XXXII]
- Mood disorders, such as depression, appear to co-occur with substance abuse problems more frequently among the juvenile justice population than among youth generally.[XXXII] Nearly one third of incarcerated youth with substance use disorders have a mood or anxiety disorder.[XXXIV]
- Juveniles with substance abuse and behavioral disorders, such as conduct disorder and ADHD, engage in higher rates of crime and exhibit more alcohol and illicit drug use than do youth who have mood disorders, and are at higher risk for out-of-home placement and other poor outcomes.[XXXV] Many incarcerated youth are exposed to high levels of traumatic violence, which may result in symptoms of post-traumatic stress as well as increased rates of substance abuse.

Promising Practices in the Treatment of Co-occurring Disorders

Juvenile offenders frequently have multiple difficulties that are complex and interrelated. Disrupted family relationships, poor peer relationships, school problems, exposure to violence and trauma, health conditions, genetics, and learning disorders may each play a role in the development of a youth's mental and substance abuse disorders.

As with all youth entering the juvenile justice system, it is critically important to conduct a comprehensive assessment that takes into account cultural factors, as well as education level, exposure to trauma and family strengths. Effective interventions must be related to the school, peer and family environments where adolescents routinely socialize and receive reinforcement for their behavior. Treatment options that show the best evidence of effectiveness are intensive case management, cognitive-behavioral therapy and skills training, family-oriented therapies, such as Functional Family Therapy (FFT), and Multisystemic Therapy (MST).[XXXVi] In addition, effective treatment for youth in the juvenile justice system with co-occurring disorders includes:

- Integrated treatment with providers who have extensive training in treating youth of who have both types of disorders. Recent research has shown that integrated treatment is superior to sequential or parallel treatment. In integrated treatment, the same clinician or team of clinicians in the same program provides the treatment to ensure that the youth receives a coherent prescription for treatment, rather than a contradictory set of messages from different providers.[XXXVII]

  Since many people with co-occurring disorders do not recognize their substance use as a problem, integrated treatment programs tend to provide more extensive efforts at engagement and motivation of the individual than do traditional mental health treatment programs. They also incorporate assertive outreach, intensive case management, individual counseling and family interventions.[XXXVIII]

  Integrated treatment with well-trained providers also ameliorates the problems associated with treating people who have co-occurring substance abuse and mental health disorders in sequential or parallel treatment systems with two different sets of clinicians. Treatment that is not integrated is often contradictory or incoherent, and one or both disorders may end up untreated altogether. People sometimes find themselves excluded from one or both systems because of the complicating features of the second disorder. Some mental health professionals are uncomfortable treating co-occurring mental and substance abuse disorders, telling the person seeking help to return for treatment of the mental health conditions after the substance abuse has been resolved. Treatment programs designed primarily for people with substance abuse

problems may not be appropriate for people who also have a diagnosed mental illness because of their reliance on confrontation techniques and their counsel against the use of prescription medications. Special self-help groups based on the principle of treating both disorders together may also be needed.

- Aftercare and relapse prevention services. These services are important for all justice system-involved youth. Because adolescents with substance abuse or co-occurring disorders often return to the peer, family and community environments that supported and promoted their initial drug use, aftercare and relapse prevention services are imperative for this population.

Adolescent Girls

Adolescence is a time of heightened psychological risk for girls. Biology, culture, psychology and trauma leave many girls vulnerable to periods of crisis and negative life experiences, including juvenile justice involvement. Although female offenders are a diverse group, many are children of color, have had significant academic difficulties, have been victims of physical, sexual and/or emotional abuse, come from families living in poor and unstable communities and are substance users. Many have sexually-transmitted diseases or other chronic physical health condition.[XXXIX]

Despite falling crime rates, more adolescent girls are arrested and incarcerated in the United States today than ever before. Nearly three-quarters of a million girls below the age of 18 were arrested by the police in 1997[XL], accounting for 26 percent of total juvenile arrests. Since 1993, the increase in the number of arrests among female adolescents for most offenses has been greater than for males;[XL1] however most girls are still arrested for non-violent, often drug-related crimes. According to FBI Uniform Crime Reports, the largest numbers of arrests among girls are for larceny (usually shoplifting) and running away.[XLII]

Females bring with them into the juvenile justice system complex physical and mental health issues related to sexual behavior, substance abuse, trauma and violence. In many cases, involvement in the juvenile justice system exacerbates the difficulties they face as adolescent girls. For example, the characteristics of the detention environment (e.g., seclusion, staff insensitivity, loss of privacy) can add to the negative feelings and loss of control girls feel, resulting in suicide attempts and self-mutilation.

Adolescent female offenders exhibit high rates of mental health problems. Girls have higher rates of depression than boys throughout adolescence and are more likely to attempt suicide. In fact, some studies show that mild to moderate depression in girls may put them at greater risk for antisocial behavior and delinquency than boys with depression.[XLIII] Low self-esteem, negative body image and substance abuse are also common problems for adolescent girls. A number of prevalence studies done in state juvenile justice systems show females to have higher rates of mental health problems than their male counterparts. A study of juvenile offenders in Georgia Youth Detention Centers, for example, revealed that nearly 60 percent of girls met criteria for an anxiety disorder (in contrast to 32 percent among boys); 59 percent of girls had a mood disorder (versus 22 percent of boys).[XLIV] A gender-specific treatment program in Colorado found that 100 percent of its residents had post-traumatic stress disorder, 80 percent had substance abuse treatment needs, 67 percent had psychiatric disorders (e.g., conduct disorder, major depression, attention deficit hyperactivity disorder, bipolar disorder, identity disorder or oppositional defiant disorder), 50 percent had eating disorders, and 47 percent had attempted suicide and self-mutilation.[XLV]

The substance abuse treatment needs of females involved in the juvenile justice system are particularly acute. Arrests for drug abuse violations have increased markedly during the past few years for adolescent females;[XLVI] in a number of cities, nearly 60 to 70 percent of young women (aged 15-20) tested positive for drugs at the time of arrest.[XLVII] Studies show from 60 to 87 percent of adolescent female offenders need substance abuse treatment.[XLVIII] Many of these young women may be self-medicating with illegal substances in attempt to cope with stress or mental health difficulties, such as anxiety or depression. Research has shown a strong connection between exposure to trauma and abuse (e.g., sexual abuse and family violence) and substance use among girls.

Adolescent girls who come into contact with the juvenile justice system report extraordinarily high levels of abuse and trauma. Incarcerated girls report significantly more physical and sexual abuse than boys, with more than 70 percent of girls reporting such experiences.[XLIX] More than one third of girls (34 percent) incarcerated in probation camps and detention centers in Los Angeles County reported sustaining an injury as a result of physical punishment as a child, while more than half (56 percent) reported witnessing the homicide of a close friend or relative.[L] As a result of repeated exposure to multiple forms of violence and trauma, PTSD is prevalent among adolescent girls in the juvenile justice system, with nearly 50 percent meeting diagnostic criteria for the disorder.[LI] The Colorado program reports that 100 percent of the girls in its care have PTSD.

Adolescent female offenders face significant challenges with parenting and other interpersonal relationships. Many girls who enter the juvenile justice system are pregnant or are already parents, and separation from their young children may result in substantial emotional and practical difficulties for them. Girls need help in negotiating gender and family roles and in determining appropriate boundaries within relationships.

Promising Practices for Treating Girls in the Juvenile Justice System

Juvenile justice systems around the country are struggling to contend with the serious medical and mental health needs of adolescent girls. Adolescent girls have multiple and unique programming needs, including health care, education, mental health treatment, mutual support and mentoring opportunities, prenatal care and parenting skills, substance abuse prevention and treatment, job training, and family support/strengthening services. Juvenile justice systems should develop gender-specific programs for girls that focus on these particular needs. Broadly, gender-specific programming should address:

Relationship issues. Adolescent female offenders have complex and sometimes troublesome relationships with family members, boyfriends/relationship partners and children, which present special challenges for their reintegration and rehabilitation. Appropriate treatment of adolescent female offenders must address these kinds of family issues, as well as issues such as violence and conflict in dating relationships.

Coping strategies. Many adolescent girls will not seek mental health treatment or other forms of support for themselves, instead relying on internalization, avoidance and self-harm as coping strategies. Juvenile justice personnel and mental health professionals working with these young women must be cautious not to re-traumatize girls who have been abused or victimized,[LII] while encouraging them to learn appropriate coping strategies and constructively explore and resolve their feelings. Girls' experience of abuse and trauma needs to be addressed in assessment and treatment decisions. Treatment for girls with co-occurring disorders must include competency building and empowerment in safe, accessible community-based environments and single-gender support groups.[LIII]

Co-occurring disorders. Women and girls with co-occurring disorders also have substantially different treatment needs than men and boys. Females with co-occurring disorders may engage in high-risk sexual behavior, have more complicated health conditions and have histories of exposure to physical and sexual violence.[LIV] In fact, there is growing evidence that women with co-occurring disorders are more likely to have experienced childhood physical and sexual abuse than women who have severe mental illnesses but do not have substance use problems.[LV]

Other gender-specific programs address parenting, family, school and relationship issues as well as job training, gender issues in society, domestic violence, victim empathy, surviving sexual abuse, communication skills, personal health care, healthy eating and exercise, independent living skills and safety skills.

Youth of Color

The weight of punitive juvenile justice policies falls disproportionately on children of color. For example, although African-American youth between ages 10 and 17 constitute only 15 percent of the U.S. population, they account for:

- 26 percent of juvenile arrests
- 32 percent of delinquency referrals to juvenile court
- 41 percent of juveniles detained in delinquency cases
- 46 percent of juveniles committed to secure institutions, and
- 52 percent of juveniles transferred to adult criminal court.[LVI]

Other recent data indicates that, while minority youth (including Hispanic youth) comprise 32 percent of the U.S. population between the ages of 10 to 17, they make up 68 percent of the detention population and 68 percent of those committed to secure institutions. Minority juveniles are over-represented in adult jails at 2.5 times their percentage in the at-risk juvenile population.[LVII]

The over representation of minority youth is amplified at each stage in the juvenile justice system, from arrest through secure confinement. Minority children are more likely than white children to be treated in a manner that moves them deeper into the juvenile justice system.

Economic status, education, health care, housing, racism, violence, unemployment and other ecological factors affect the functioning of the adolescent and the adolescent's family and social network. Poverty, in particular, is a risk factor for developing psychological problems.

Children of color are also underserved by the mental health system. Many children of color entering the juvenile justice system have either not been helped or have been poorly served by systems in the community, including the public mental health system. When they do receive services, African American adolescents with mental health problems tend to be diagnosed with more severe disorders, including disorders considered less amenable to treatment.[LVIII] Psychiatric hospitalization rates for African American adolescents are two to three times the rates for white youth,[LIX] suggesting that prevention and early intervention services may be less available to African American youth. African American adolescents (particularly males) are more likely to be referred to the juvenile justice system rather than to the treatment system,[LX] and African American juvenile offenders are less likely than their white counterparts to have previously received mental health services.[LXI]

Because youth of color are more likely than white youth to have their mental health problems identified through the juvenile justice system, they are less likely to undergo a thorough

psychological assessment and less likely to receive therapeutic treatment. Early identification and treatment of mental disorders must be made available to youth and families who come into contact with the juvenile justice system, with diversion into the treatment system an option whenever possible.

Latinos also shown low rates of use of mental health services, due in part to language differences and lack of neighborhood-based services.[LXII] In addition, greater attention needs to be paid to the role families and kinship networks play in the social functioning of young people. It is particularly important to assess family structure and level of acculturation among Hispanic youth and families.

Promising Practices in Treating Youth of Color in the Juvenile Justice System

Improved service delivery systems are crucial for youth of color who currently have limited access to treatment. An integrated system of care is possible only through enhanced coordination and integration between the mental health, physical health, juvenile justice, educational and child welfare systems.

Cultural competence is an essential attribute of the system of care framework. As delineated by Georgetown University researchers M.P. Isaacs and M.R. Benjamin, a culturally competent system values diversity, possesses the capacity for self-assessment, is conscious of the dynamics that result from cultural difference, expands and institutionalizes cultural knowledge, and adapts service delivery to reflect an understanding of cultural diversity.[LXIII] These elements should be manifested at every level of an organization (e.g., policymaking, administrative and practice) and be reflected in its attitudes, structures, policies and services. The culturally competent system includes the following values and principles:

- The family as defined by each culture is the primary support system and preferred source of intervention.
- The system recognizes that minority populations are bicultural and is equipped to respond to the unique set of mental health issues that this status creates.
- Practitioners recognize and take into account the choices that individuals and families make based on cultural forces.
- Practice is driven by culturally preferred choices, not by culturally blind or culturally free interventions.
- The system acknowledges, adjusts to and accepts the dynamics that are inherent in cross-cultural interactions.
- The system sanctions and sometimes mandates the incorporation of cultural knowledge into policy and practice.
- Practitioners determine a client's cultural location, including the level of acculturation and assimilation, in order to apply the helping principle of "starting where the client is."
- Practitioners recognize and work with natural, informal support networks within the minority community, such as the neighborhood, churches, spiritual leaders and healers.
- The concept of self-determination is extended to the community.
- Cultural competence matches the needs and help-seeking behavior of the client population.
- Child and family serving agency staffing patterns reflect the client population.
- Services are non-discriminatory and responsive.

Promising Practices

There are numerous exemplary service providers that incorporate promising practices to address the mental health, substance abuse and co-occurring needs of youth involved in the juvenile justice system—many more service providers are operating in communities across the country than are listed here

Denver Juvenile Justice Integrated Treatment Network

The Denver, Colo., Juvenile Justice Integrated Treatment Network (DJJITN) provides consistent alcohol and other drug screens at all points of juvenile justice involvement. To ensure consistent identification and referral for youth who have substance abuse problems, each point of the juvenile justice system performs a preliminary screen to identify alcohol and other drug use. Juveniles at any point are referred to the Denver Juvenile Justice Integrated Treatment Accountability for Safer Communities (TASC) Program. Case managers, who are certified alcohol/drug counselors, and staff from participating agencies conduct assessments, develop treatment plans, link youth to DDJITN services, as well as provide ongoing monitoring and follow-up. The program's structure includes a broad range of public and private systems. All Network members enter into a Memoranda of Understanding specifying that the member agrees with (or accepts the results of) common screening and assessment instruments, refers or accepts referrals of and provides services to DJJITN juveniles, shares information using the program's protocols, and participates in the program's integrated management information system, cross-training and outcome evaluation.

Key element(s): Integrated substance abuse treatment.
Contact: Jennifer Mankey, Project Director;
Phone: (303) 893-6898

The DAWN PROJECT

The DAWN Project, which is based in Indiana's Marion County, is a collaborative effort of a consortium of the Indiana Family and Social Services Administration (Divisions of Mental Health and Family and Children), Indiana Department of Education (Division of Special Education), Marion County Office of Family and Children, Marion Superior Court (Juvenile Division) and the Mental Health Association of Marion County, an NMHA affiliate. The goal of the program is to provide services to youth who have serious emotional disorders and are at risk of separation or have been separated from their families. This program is responsible for developing a coordinated, family-centered, community-based system of services to build and enhance the strengths that families and caregivers of children with serious emotional disturbances already have. Youth are referred to the DAWN Project by the county's Office of Children and Family, the county's juvenile court or the state Department of Education as well as through a youth's involvement in a community mental health program. Youth must be involved with two of the participating consortium agencies, have a diagnosis based on the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, 1994) and an impairment that impacts two or more functional areas. Juvenile justice system-involved youth may be referred as an intervention for placement in a residential treatment facility, detention or other-out-of-home placement.

Key element(s): Wraparound, intensive case management
Contact: Janet McIntyre, Project Coordinator, Phone: (317) 251-0005

Orange County Mandatory PINS Diversion Program

The goal of this Orange County, N.Y., program is to resolve through non-judicial means Persons in Need of Supervision (PINS) cases that have been referred to Family Court, and reduce the number of out-of-home-placements. Youth can be referred to the program by parents, schools, community agencies and law enforcement. For involvement in the program, youth are referred to probation where an intake officer determines if the youth is eligible for the program. If the probation intake officer determines that the youth is appropriate for the program, the youth is referred to the Designated Assessment Team (DAS), where he or she will be screened, a service plan will be developed and the youth will be referred to the appropriate agencies for services. DAS acts as a case manager for the teen.

Key element(s): Diversion, community-based alternative to incarceration
Contact: Chip Putman, Probation Supervisor;
Phone: (914) 568-5022

Mental Health/Juvenile Justice Initiative

The Mental Health/Juvenile Justice Initiative (MH/JJ) is a collaborative effort of the Orange County (N.Y.) Department of Probation, the New York's Office of Mental Health and youth advocate programs in the state. The program provides mental health and intensive case management services for youth at the intake, supervision or investigation stages of probation who present unmet mental health or substance abuse service needs. Probation identifies a mental health need and refers youth to the mental health worker for assessment. A coordinated services plan is then developed involving all services providers, the youth and his or her family. The mental health provider monitors the plan and makes referrals to resources.

Key element(s): Intensive case management
Contact: Angela Turk, Program Coordinator;
Phone: (914) 568-5213

The Bridge

South Carolina's The Bridge program is an individualized yet comprehensive family-centered program that provides adolescents and their families with a full year of wraparound services in the community following teens' institutionalization in a juvenile justice facility or an adolescent inpatient treatment facility. The Bridge also accepts referrals from county juvenile justice offices and the local school districts. The program offers a wide array of specialized services to each teen and his or her family based on specific needs and goals. Examples of the services provided include (but are not limited to) alcohol/drug counseling, family-based counseling, health care, tutoring and other education services, mentoring, recreational therapy, and assistance with building job skills. Through intensive case management, the program facilitates a gradual transition for youth to increase their chances for a successful return to the community and reduce their risk of recidivism.

Key element(s): Aftercare, wraparound
Contact: Catherine Thornton, Director; Phone: (803) 734-4184

Family Crisis Intervention Unit

The Family Crisis Intervention Unit (FCIU) is a program within the Lexington County Community Mental Health Center in South Carolina and is a part of the county's (?) Division of Child, Adolescent and Family Services. It provides immediate intervention and assessment services, family counseling and resource coordination. The program's purpose is to divert youth from involvement in the county's Family Court, which has jurisdiction over the FCIU and is empowered to order remedial actions. Youth are referred to the FCIU program by police, parents, school, the court and social service agencies. The FCIU uses family systems therapy, which includes clinical management. In the program, there is an emphasis on quick assessment, crisis intervention, stabilization and short-term family treatment. Upon a teen's completion of therapy, the FCIU links the teens and their families to appropriate community agencies and resources.

Key element(s): Diversion
Contact: Diane Manwill, Phone; (803) 739-8628

First Time Offender Program

The Texas First Time Offender (FTO) Program provides mental health interventions for children and adolescents who are at risk of involvement with the juvenile justice system or who have committed a misdemeanor or other delinquent act for the first time. This program is available in 43 counties across Texas. Youth are referred to FTO through community mental health centers or the juvenile courts. The program's services are designed to help reduce or minimize the youth's future criminal activity, to improve behavior and to increase family stability. The services provided to youth include screening and assessment, psychiatric services, substance abuse counseling, case management, linkage to community resources and family support services. To be eligible for services, children must have a DSM IV diagnosis and/or have the symptoms of conduct disorder.

Key element(s): Early intervention
Contact: Diane Hall, Texas Department of MHMR, Phone: (713) 664-5701

Family Matters

Family Matters is a Tarrant County, Texas, program that provides home-based crisis intervention and stabilization services to youth and families referred through the county's Juvenile Probation Department. Youth who are eligible for the program are currently adjudicated and are identified by the probation department as being at high risk for further delinquency or at risk of removal from home. Family Matters brokers and coordinates treatment services, which include individual, group and family counseling, and skills-based treatment.

Key element(s): Early intervention, diversion
Contact: Laura Steves, Director; Phone: (817) 731-8839

The PACE Center for Girls, Inc.

The PACE Center for Girls in Jacksonville, Fla., is an alternative to institutionalization and incarceration for girls and young women who are in, or are at risk of entering, the juvenile justice system. The PACE Center is a gender-competent program that provides services that address the unique challenges facing young women. In addition to a strong commitment to a youth's family's involvement, PACE offers a strong educational component, individualized education and career planning, comprehensive case management and counseling. Other services include Smart Talk, a communication skills program; Save Our Sisters, a health module that teaches responsible health and reproductive health choices; Safety Smart, a program that teaches safety skills; On My Own, an independent living skills training program; and Nine to Five on Flex Time, an employment skills training program that includes introductions to traditional and nontraditional jobs, internships and job shadowing opportunities, and on-the-job training. Sponsored in part by the Florida Department of Juvenile Justice, the PACE Center for Girls has expanded to seventeen sites throughout the state.

Key element(s): Gender-specific programming, diversion
Contact: LaWanda Ravoira, President & CEO;
Phone: (904) 358-0550

Project CRAFT

Developed and initiated by the Home Builders Institute (HBI), the educational arm of the National Association of Home Builders, Project CRAFT (Community Restitution

Apprenticeship Focused Training) is a national training program for male and female, high-risk and adjudicated adolescents who are older than 17. Many of the participating youth have mental health and/or special education needs. It is a non-residential program that teaches youth hands-on skills in the construction trade at sites in Ft. Lauderdale, Orlando and West Palm Beach. Youth receive a 21-week pre-apprenticeship training in residential construction trades, such as carpentry or building and apartment maintenance, job placement, and follow up services. Key elements of the model include partnership building and linkages; comprehensive service delivery; community training projects; industry-driven responsive training; motivation, esteem-building and leadership skills development, job placement (often with Home Builders Association members), and follow up services. Operated in cooperation with the Florida Department of Juvenile Justice, this program is recognized as a model for assisting high-risk youth in the transition back to their communities after commitment.

Key element(s): Aftercare, employment programming
Contact: Home Builders Institute;
Phone: (202) 371-0600

Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY)

The Center for Advancement of Children's Mental Health at Columbia University in partnership with the New York State Office of Mental Health (NYS-OMH) have developed evidenced-based guidelines for use of atypical antipsychotic medication to treat youth who exhibit aggressive behavior. The initiative, Treatment Recommendations for the Use of Antipsychotics for Aggressive Youth (TRAAY) is being implemented by the NYS-OMH for use in restrictive out-of-home placement facilities. TRAAY provides psychiatrists and physicians with specific clinical recommendations for use in development of treatment plans designed to address the needs of youth who exhibit aggressive behavior. The guidelines provide clinicians with a seven-step process for development of treatment plans incorporating diagnostic evaluations, assessment, psychosocial intervention, education and pharmacological treatment. TRAAY was created to serve as the basis for clinical decision making in situations in which a youth is exhibiting aggressive behavior toward him or herself or others and a multi-dimensional treatment approach is required to reduce the occurrences of this behavior. This initiative, based on available research and on prevailing expert consensus, is focused on preventing the unnecessary use of medication in treating aggressive youth by providing specific methodology for determination of need for psychopharmacological intervention.

Key element(s): evidenced-based intervention for use in out-of-home placement facilities.
Contact: Peter Jensen, MD, Center for the Advancement of Children's Mental Health, Columbia University, 1051 Riverside Drive, New York, N.Y. 10032; e-mail: pj131@columbia.edu

What Doesn't Work

The following punitive measures are widely used yet have been shown to be ineffective in reducing recidivism or addressing the root causes of youth crime.

Juvenile Placement in Adult Prisons

Juveniles placed in adult prisons are more likely to recidivate than juveniles retained in the juvenile justice system. In addition, their recidivism rates and offense severity appear to increase after release from adult prison. Youth incarcerated in adult facilities are also more likely to be victimized in prison than youth in juvenile facilities.[LXIV]

Youth Curfew Laws

Curfew laws are intended to reduce juvenile offending and victimization by limiting the time that young people are in the community without adult supervision. Curfew laws have been enacted in most large U.S. cities, and typically are in effect from 10 p.m. to 6 a.m., although some jurisdictions have daytime curfews that cover periods when children should be in school. Ironically, curfew laws usually do not cover the afternoon hours immediately following school, when juvenile offending is most prevalent.

Curfew laws do not reduce youth crime. Proponents of curfew laws argue that they prevent juvenile crime, protect children, promote public safety and reinforce parental discipline. However, new research fails to support the effectiveness of youth curfew laws. One national study based on longitudinal data from 57 large cities found that new curfew laws were not followed by a reduction in juvenile crime in any crime category. Revising existing curfew laws were followed by a decrease of approximately 14 percent in arrests for burglaries, larcenies and simple assaults, but had no significant effect on arrest rates for rape, robbery, aggravated assaults, motor vehicle theft or weapons offenses. Neither new nor revised curfews laws had any impact on homicide rates.

Another study examined whether rates of curfew enforcement were correlated with changes in juvenile arrest rates or youth violent death rates across a number of California cities and counties and for the state as a whole. Researchers found that stricter curfew enforcement did not reduce youth crime or the risk of violent death. In fact, in a few cases, stricter curfew enforcement was associated with higher rates of juvenile crime. In other cases, youth crime rates dropped during times of the day when curfews were not even in effect. Other cities found that there was no increase in juvenile crime after scaling back on curfew enforcement; nor was there a decrease in youth crime after efforts to enforce curfews were stepped up.[LXV]

Curfew laws do not address the root causes of youth crime. Curfew laws unlawfully restrict juveniles' freedom of movement, while ignoring the individual youth, school, community, and family environments underlying juvenile offending. In the absence of evidence-based prevention and treatment programs that provide comprehensive therapeutic services and supports, curfew laws will not be effective in reducing youth crime and recidivism.

Juvenile Boot Camps

Juvenile boot camps are military-style correctional programs for delinquent youth. These programs typically emphasize discipline and physical conditioning, and were developed as a rigorous alternative to longer terms of confinement in juvenile correctional facilities. Many, but not all, of these programs are followed by a period of probation or some form of aftercare. Boot camps are generally restricted to non-violent or first-time offenders.

Boot camps do not reduce recidivism. Numerous studies of adult and juvenile boot camps have shown that graduates do no better in terms of recidivism than offenders who were incarcerated or, in some cases, than those sentenced to regular probation supervision. In fact, some researchers have found that boot camp graduates are more likely to be re-arrested or are re-arrested more quickly than other offenders.

Boot camps may not be cost effective. Although some boot camps enable jurisdictions to save money because youth serve shorter sentences, others have found that the extra costs of operating boot camps outweigh the benefits. For example, boot camps tend to be more labor intensive and more expensive to operate. If youth are sentenced to a boot camp when they could have been placed in probation or a community-based program, jurisdictions are actually losing money.

Experts agree that a confrontational approach is not appropriate. Most correctional and military experts agree that a confrontational model, employing tactics of intimidation and humiliation, is counterproductive for most youth in the juvenile justice system. The use of this kind of model has led to disturbing incidents of abuse. For youth of color (who represent the vast majority of the juveniles sentenced to boot camps)—as well as for youth with emotional, behavioral, or learning problems—degrading tactics may be particularly inappropriate and potentially damaging. The bullying style and aggressive interactions that characterize the boot camp environment fail to model the pro-social behavior and development of empathy that these youth really need to learn.

Positive changes demonstrated while in the program may not last when a youth returns to his community. Many adult and juvenile offenders sentenced to boot camps report that these programs are helpful to them and they feel more positive about their futures. It is unclear, however, whether these attitudinal changes persist after youth leave the boot camp, or whether they are related to actual changes in behavior once a youth

returns to his community. Without significant therapeutic intervention while in the program, as well as specialized aftercare following release, boot camp programs have been consistently unsuccessful in "rehabilitating" juvenile or adult offenders.

Boot camps are not a "quick fix." Most boot camps have high dropout rates (as many as one half of juveniles fail to graduate in some programs), and staff in at least one juvenile program has expressed concern that too many youth lack the maturity and self-control to succeed in a military-style program. After leaving boot camp, youth are not prepared for productive lives in their communities. The Office of Justice Programs of the U.S. Department of Justice has suggested that for boot camps to be effective, they must incorporate a full range of rehabilitative services and programs, including education, substance abuse treatment, individualized case management and mental health care. Clearly, the idea of "shock incarceration" as a tough, low-cost alternative to more intensive juvenile justice programming has not been borne out by 15 years of experience with boot camps across the country.

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