

North Carolina Reclaiming Futures

Basic Substance Abuse for District Court Judges
August 27, 2013



RECLAIMING FUTURES
Communities helping teens overcome drugs, alcohol & crime

Overview

Why Focus on Adolescent Substance Abuse?

- Adolescent Development
- Prevalence of Substance Abuse in Juvenile Justice Youth
- Co-Occurring Disorders

Goals of Juvenile Justice Behavioral Health Initiatives

Adolescent Treatment Options

Adolescent AUDs/SUDs Occur in the Context of Developmental Changes

- Biological
- Socioemotional
- Cognitive
- Behavioral



What Science Tells Us About the Brain

Functioning of the frontal lobes is not at adult levels.



Why is that important?

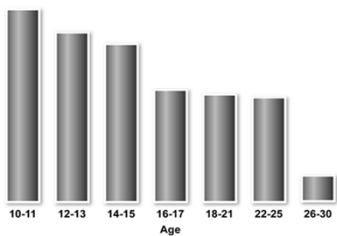
(Steinberg, 2008)

Models for Change
Systems Reform in Juvenile Justice

Three Major Changes in Cognitive Development in Adolescence

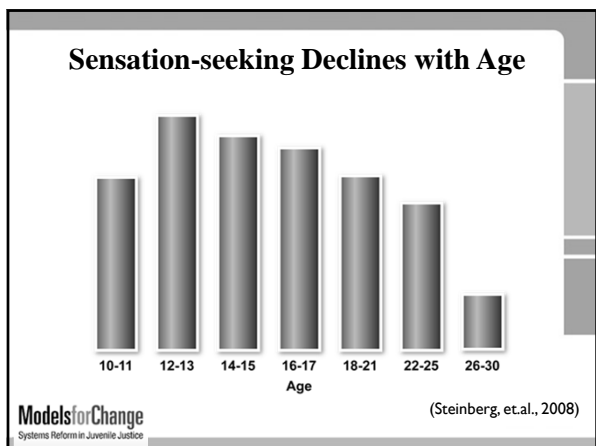
1. Changes in the brain systems that govern our experience of pleasure and reward, as well as in the brain systems that process social information.
2. Gradual maturation of the brain systems that are responsible for self-control.
3. Connections between different brain regions are still maturing, allowing for the more efficient use of brain power and the better coordination of emotions and reason.

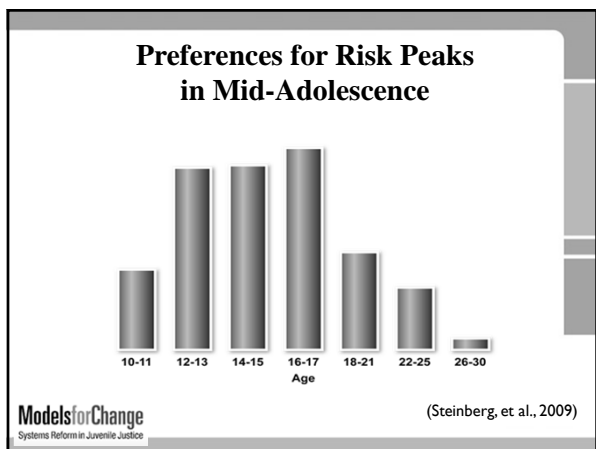
Impulsivity Declines with Age

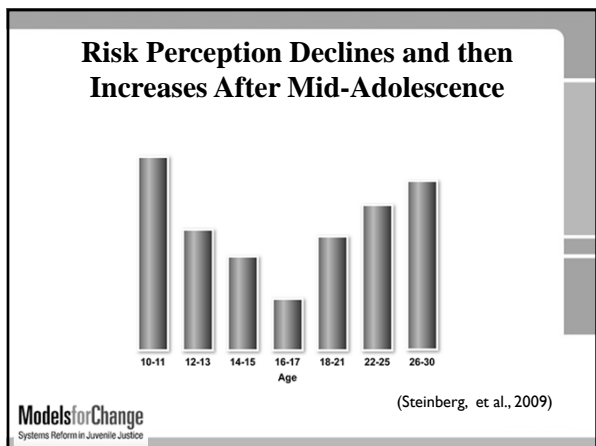


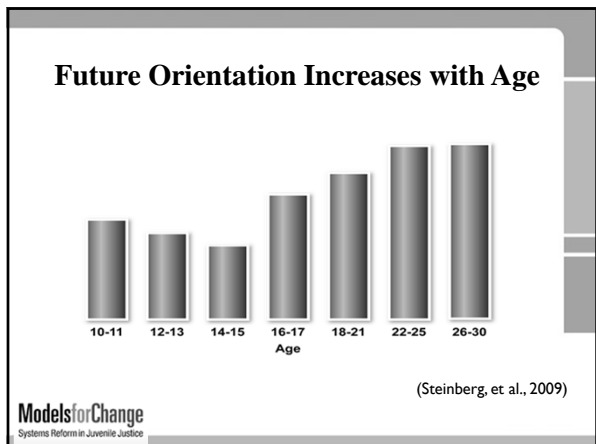
(Steinberg, et.al., 2008)

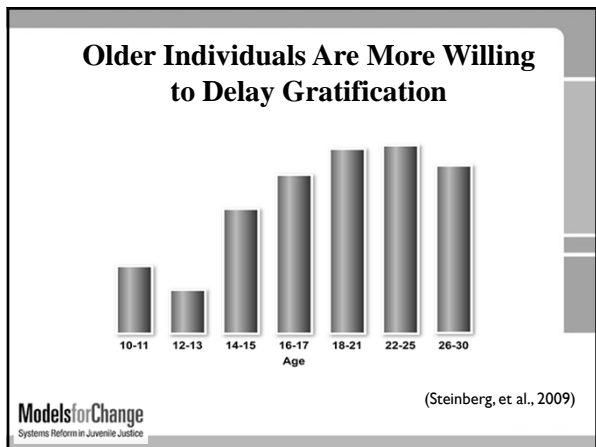
Models for Change
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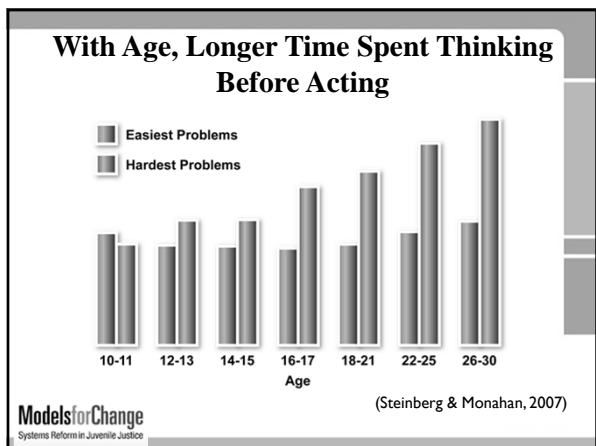


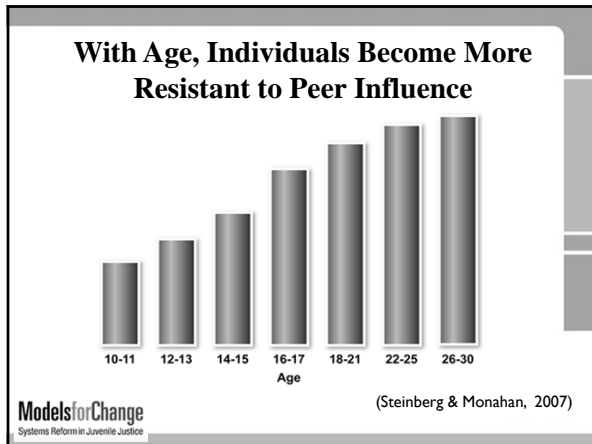


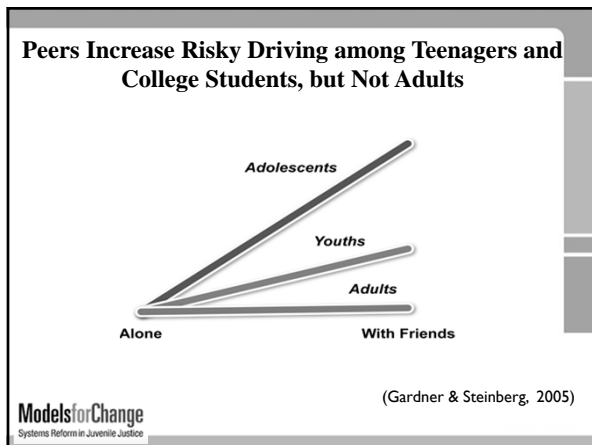






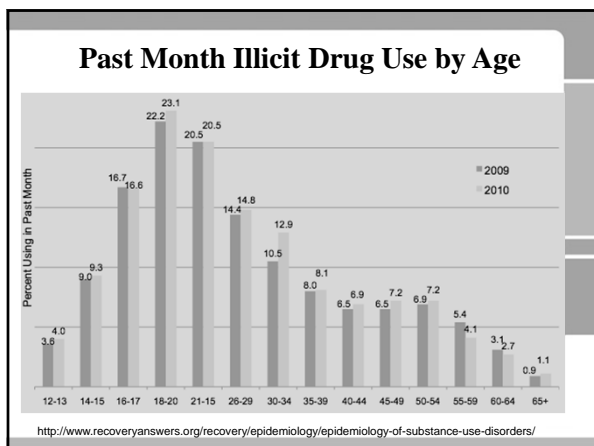


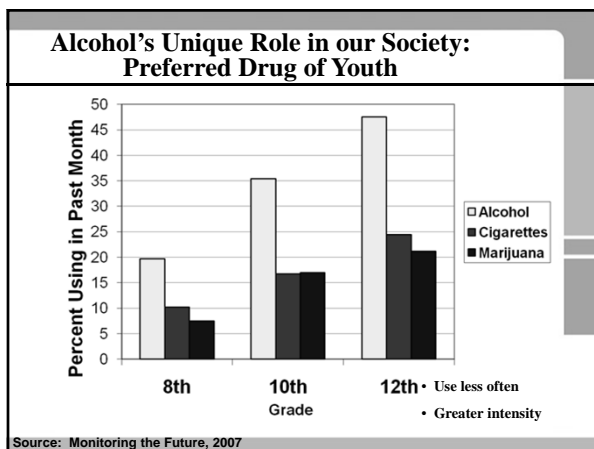


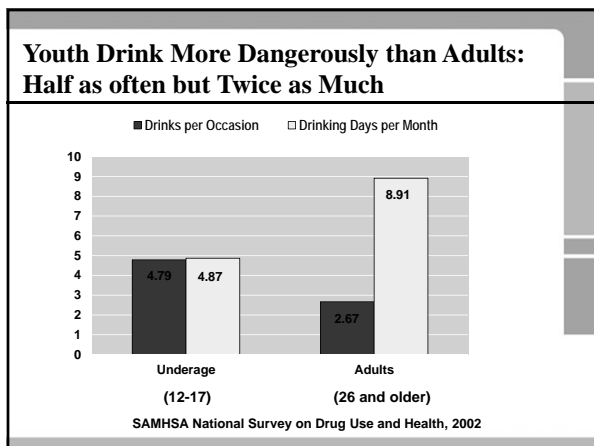


Adolescent Brain Development: Decision Making and Risky Behavior

- Incomplete neural development leads to risky decisions
- Presence of peers alters decisional process
- Strong emotions may override rational decision-making
- Show a preference for risk, coupled with limited ability to evaluate riskiness of actions
- Short-sightedness (focus more on gains, less on loss; immediate gratification; future orientation)







Why Be Concerned about Alcohol/Drugs During Adolescence? ANIMAL STUDIES!

- Compared to adults, adolescent animals are:
- Less sensitive to acute sedative effects
 - More sensitive to disruption of memory, impairment of neurotransmission in hippocampus and cortex, and social facilitation

Binges produce long-lasting memory effects, damage frontal-anterior cortical regions and reduce neuronal repair

Prolonged ethanol exposure enhances withdrawal and produces long term changes in the cortex and hippocampus.

Brown et al., 2008

Psychiatric Disorders Most Likely to Co-occur with SUDs in Justice Populations

Among adult offenders:

- Mood Disorders
- Anxiety Disorders
- Personality Disorders
- Psychotic Disorders

Among juvenile or youthful offenders:

- Externalizing Disorders
 - ADHD
 - Oppositional-Defiant Disorder
 - Conduct Disorder
- Internalizing Disorders
 - Anxiety Disorders (PTSD)
 - Mood Disorders

Treatment Challenges for Co-Occurring Disorders

Substance abuse treatment reduces symptoms of abuse and/or dependence, as well as frequency of use, but usually has only an indirect impact on emotional and behavioral problems.

(Dennis, 2004, as cited by Graves et al., 2010)

Mental health treatment alone for those with co-occurring mood and substance use disorders does not significantly reduce substance use, especially among the young.

(Graves et al., 2010)

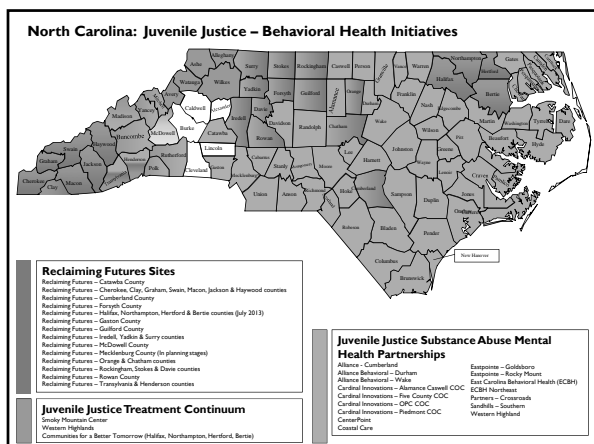
This is even more complicated for the justice-involved population.

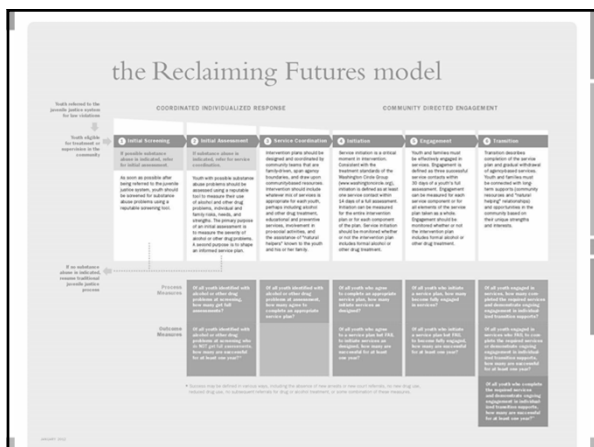
Integrated treatment for co-occurring disorders, *when delivered over a sufficient length of time* to justice-involved persons with serious mental illness, can result in significant reductions in substance use and improvements in other areas of functioning.

(Osher, 2005)

Juvenile Justice Behavioral Health Initiatives

- Juvenile Justice Substance Abuse Mental Health Partnership (JJSAMHP)
- Reclaiming Futures (RF)
- Juvenile Justice Treatment Continuum (JJTC)





Screening

Purpose: To identify youth in need of further assessment for substance use and/or mental health

When: At multiple points in the system

- Consultation
- Intake
- Probation/Monitoring
- Detention Center
- Youth Development Center
- Juvenile Crime Prevention Council (JCPC) Programs

Screening

Strategies for identifying youth with substance abuse needs:

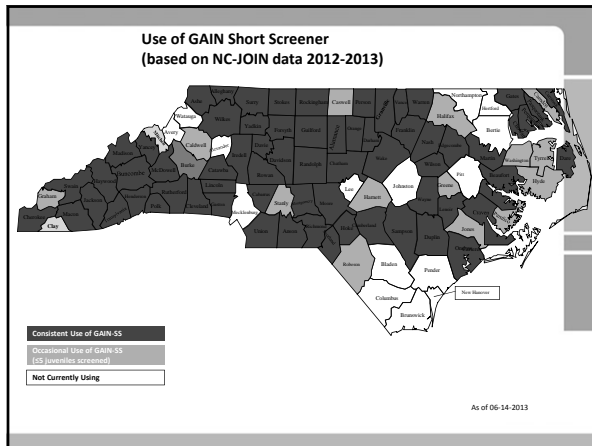
- SA related offense/charge
- Juvenile and family history
- Reports & Observation
- Urine Drug Screens
- Risk and Needs Assessment
- Valid, Reliable Screening Instruments

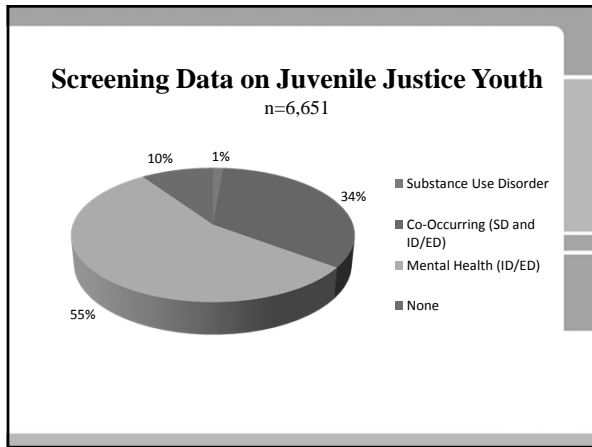
Global Assessment Individualized Needs – Short Screener

- Valid, Reliable Screening Tool for ages 12+
- 5-minutes to administer
- Integrated into NC-JOIN (juvenile justice online data system)
- Identify juveniles in need of full assessment as well as evaluation tool
- Areas of Short Screener:
 - Internalizing Disorders
 - Externalizing Disorders
 - Substance Use
 - Crime/Violence

Massachusetts Youth Screening Instrument (MAYSI-2)

- Self-report inventory of 52 questions
- For use in facilities with youth ages 12-17
- 10-15 minutes to administer
- Integrated into NC-JOIN (juvenile justice online data system)
- Areas of screener:
 - Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, Traumatic Experiences





Assessment

- If identified as possibly needing MH and/or SA Treatment, a full assessment is completed
- Encourage use of evidence-based assessment that helps capture strengths and needs to provide an accurate diagnosis and recommendations
- The assessment determines the type and level of services/treatment needed

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Service Coordination

- Coordinate development of service plan that encompasses multiple domains and youth's involvement in multiple systems, if applicable
- Identify and address barriers to youth and family initiating and engaging in services
- Utilize Child and Family Teams to develop plan, monitor services, and adapt as necessary



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Common Components of EBTs

- Start where youth are "at"
- Trust and relationship building
- Support adolescent development (developl. tasks)
- Healthy decision making model
- Cognitive emotional decision making model (CBT)
- Empowerment model (life skills training)
- Holistic vision (reasons for using)
- Thinking about change (Stages of change)
- Harm reduction (not strict abstinence)
- Inspiring hope

• Adapted by Paul Savery, from: Seven Challenges Manual - R. Schwebel

EBPs for Adolescents

- MET/CBT 5 and 12
- Family Support Network
- Adolescent Community Reinforcement Approach (A-CRA)
- Multidimensional Family Therapy (MDFT)
- Trauma-Focused Cognitive Behavior Therapy
- Motivational Enhancement Therapy (MET)
- The Seven Challenges Program
- Brief Strategic Family Therapy (BSFT)
- Functional Family Therapy (FFT)
- Multisystemic Therapy (MST)
- Relapse Prevention Therapy (RPT)
- Seeking Safety (SS)

Multi-Systemic Therapy

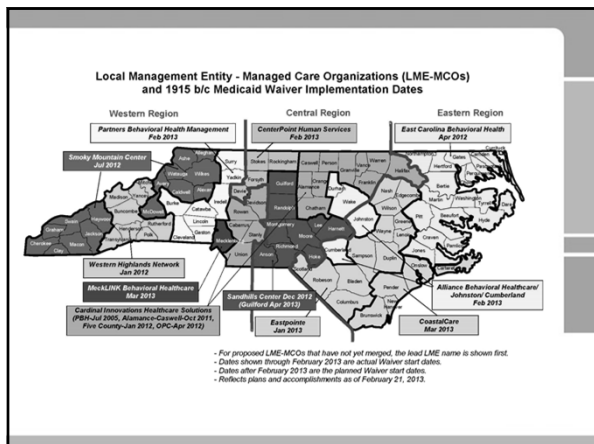
- Family- and home-based treatment geared toward SUDs and justice involvement
- Uses individual, family, and peer interventions
- Outcomes include decreased substance use, associations with negative peers, disruptive behavior, re-arrests, and depressive symptoms.

Adolescent Community Reinforcement Approach (A-CRA)

- Home and community environment have great influence on discouragement of drug use
- Involve youth in activities that discourage drug use and utilize strengths of home and community
- Individual adolescent sessions, caregiver sessions and community work

Accessing Treatment

- Local Management Entity-Managed Care Organizations (LME-MCO)
- Juvenile Justice Substance Abuse Mental Health Partnerships (JJSAMHP)
- Juvenile Crime Prevention Council (JCPC) Programs
- Level II Disposition Alternatives
- Substance Abuse Regional Residential (CASP) Programs



- Juvenile Crime Prevention Council Programs**
- Ensure that appropriate dispositional options are available in the community
 - Assess needs of juveniles in the community
 - Assess resources available in the community to meet the needs identified
 - Develop or propose ways to meet those needs
 - Evaluate programs for effectiveness

**Statewide Level II Disposition
 Alternative: Residential Programming**

Statewide Evidence-Based Residential Alternatives deliver short-term/staff-secure residential services as a dispositional alternative as defined in NCGS 7B-2506 for Level II adjudicated males and female youth.

**Statewide Level II Disposition Alternative
Residential Programs**

Eckerd Residential Programs (2)

- Short-term residential treatment facility; 48 bed capacity
- Males ages 13-17 years of age
- Intensive, short-term services; 3 to 6 months (Avg. 90 days)
- Cognitive Behavioral Therapy/Treatment (CBT) Model
- Program located in Montgomery County (Candor) & Wilkes County (Boomer)

WestCare

- Short-term residential treatment facility; 16 bed facility
- Females ages 13 to 17 years of age
- Length of Stay 4 and 6 months
- Gender Responsive Treatment Model; Trauma-Informed Care
- Program located in Vance County

Craven Independent Living Program

- Home located in Craven County (New Bern)
- Independent Living Transition Program from YDC or Residential Placement

**Statewide Level II Dispositional Alternatives:
Community-Based Programs**

Evidence and Community-Based Dispositional Alternatives programs were designed to provide community-based, effective intermediate sanctions and reentry services as a dispositional alternative for high-risk Level II adjudicated youth.

These services are called upon to serve high-risk youth between the ages of 10 and 17 which would include the following:

- Youth returning from a youth development center
- Youth transitioning out of some other residential placements
- Youth returning home from a detention center
- Dispositional option for Level II adjudicated youth

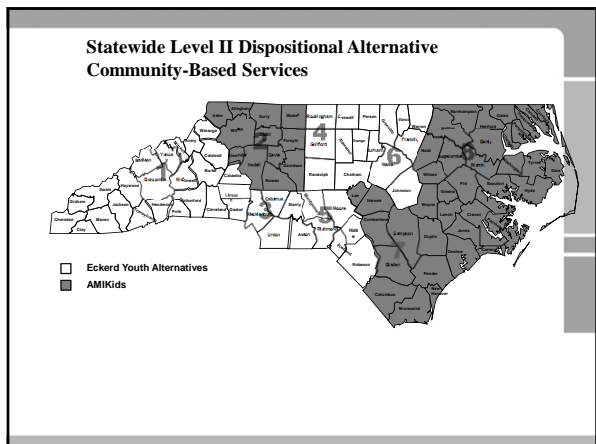
**Statewide Level II Dispositional Alternative
Services: Community-Based**

Eckerd Community Program

- Cognitive Behavioral Therapy/Treatment (CBT)
- Wraparound Services
- Transitional/ Re-entry Services

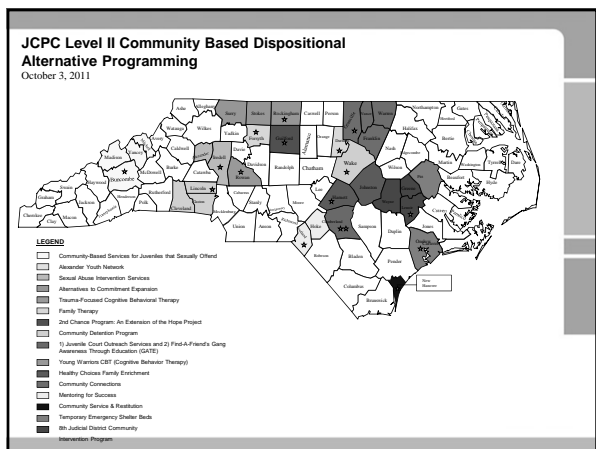
AMIKids

- Functional Family Therapy (FFT)
- In-home family and community-based model



JCPC-Endorsed Level II Dispositional Alternatives Programs: Community Based

JCPC-Endorsed Level II Programs were created to address localized gaps in services for Level II adjudicated youth under the supervision of the court while filling gaps in the communities' juvenile justice continuum.



JCPC Alternatives to Commitment Programs

The purpose is to provide alternatives to commitment services locally through JCPCs for youth who have been committed to or who may be committed to a youth development centers.

- Prescriptive service planning
- Community-based services
- Wrap-around services
- Strong collaboration with court personnel

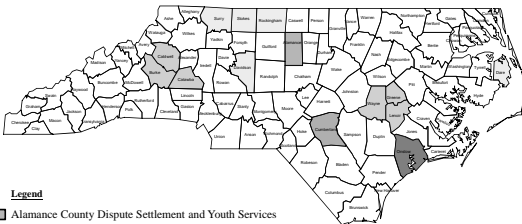
JCPC Alternative to Commitment Programs

Costs \$6,408 while the average annual cost per youth in a YDC is \$110,000-112,000

Continues to be effective and cost-efficient programs

Develops and delivers programming for committed youth at the local level while addressing unmet gaps in the continuum of services within communities

JCPC Alternatives to Commitment Programs



Legend

- Alameda County Dispute Settlement and Youth Services
- Cumberland County CommuniCare, Inc.
- Dare County Schools
- Family Services of Davidson County
- Appalachian Family Innovations
- Methodist Home for Children
- Onslow County Youth Services
- Rockingham County Youth Services

Transition

Research-Based Strategy

- Shown to increase success rates and reduce recidivism
- Increase effectiveness by ensuring sanctions and incentives are certain, immediate, fair, of the appropriate intensity, and individualized to the youth

Rewards Grids

- Developed by local districts to reinforce positive short- term and long-term behaviors in domains related to positive youth development (i.e. education/vocation, personal accountability, social competency, etc.)
- Includes opportunities for youth to earn recognition, incentives, such as scholarships for pro-social activities, or specialized learning opportunities upon achieving goals in their service plan.

Responses Grids

- Provide a wide array of responses to non-compliance with the terms of probation depending on the level of violation and the risk level of the youth.
- Ensures youth has an immediate response or consequence to non-compliance.

Beyond Treatment: Building Relationships

- Programs don't change people... relationships do.
- Successful programs build relationships.
- But when programs end, family and community relationships remain.



Graduated Responses & Rewards

Research-Based Strategy

- Shown to increase success rates and reduce recidivism
- Increase effectiveness by ensuring sanctions and incentives are certain, immediate, fair, of the appropriate intensity, and individualized to the youth

Rewards Grids

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Responses Grids

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Transition

- Natural helpers/mentors to support youth including reinforce sobriety
- Help connect them with pro-social opportunities to explore their talents (sports, art, drama, music, leadership, etc.)
- Educate them – help youths re-engage in school
- Help them give back through youth leadership and community service



Questions?

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