

## Substance Abuse Services in Juvenile Court

**Jean Steinberg, Ph.D.**  
Psychological Intervention and Implementation Specialist  
Department of Public Safety, DACJJ  
Juvenile Justice Section

---

---

---

---

---

---

---

---

### OVERVIEW

- o Adolescent Substance Abuse is different:
  - Adolescent Development
  - Prevalence of Substance Abuse in Juvenile Justice-Involved Youth
  - Co-occurring Disorders
- o Juvenile Justice Behavioral Health Initiatives
- o Adolescent Treatment Options

---

---

---

---

---

---

---

---

### WHAT SCIENCE TELLS US ABOUT THE BRAIN

- o Functioning of the frontal lobes is not at adult levels.



- o Why is that important?

---

---

---

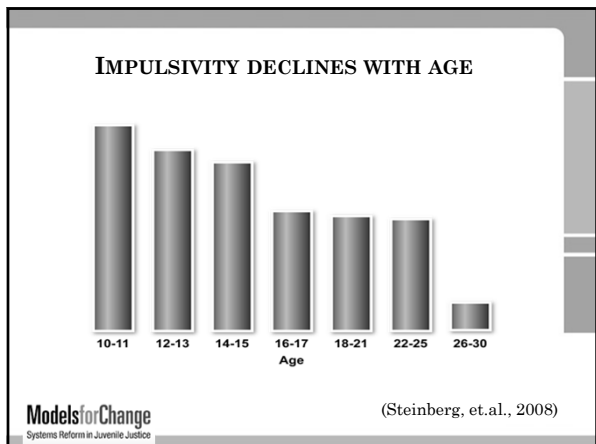
---

---

---

---

---



---

---

---

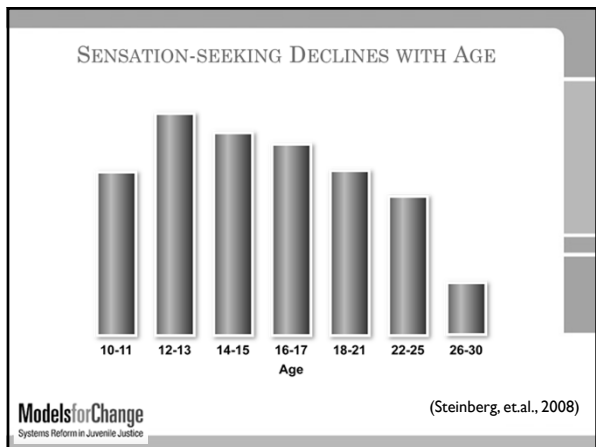
---

---

---

---

---



---

---

---

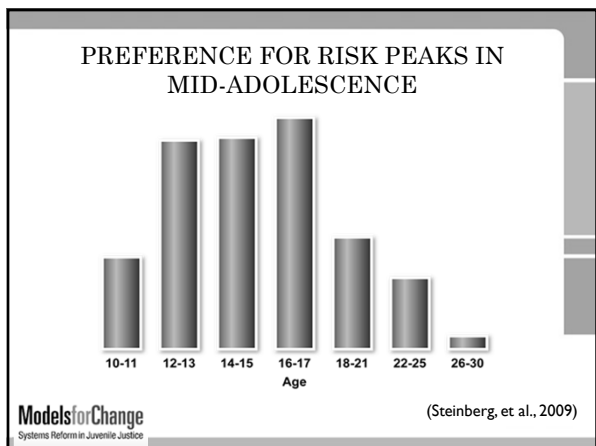
---

---

---

---

---



---

---

---

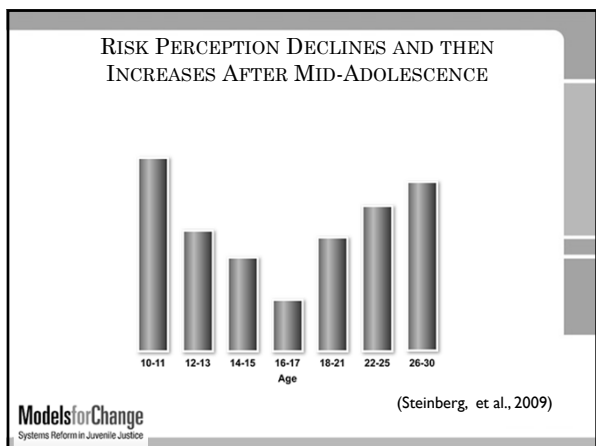
---

---

---

---

---



---

---

---

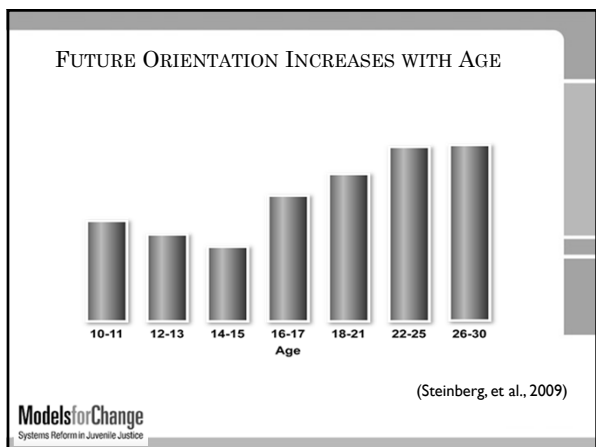
---

---

---

---

---



---

---

---

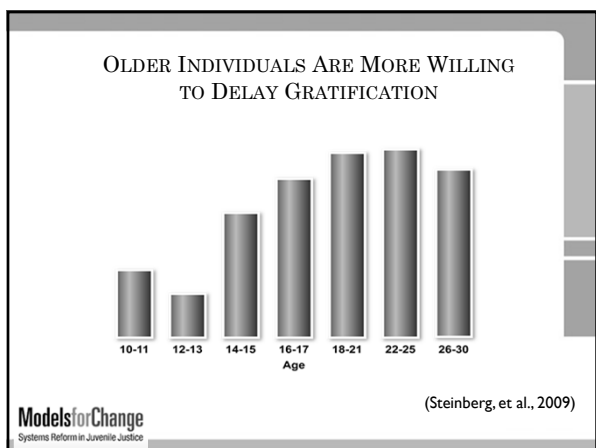
---

---

---

---

---



---

---

---

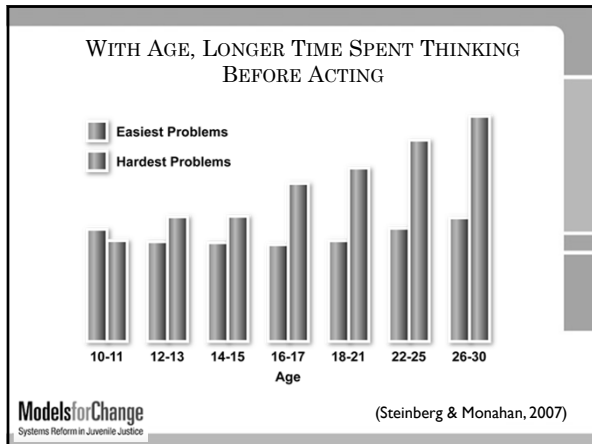
---

---

---

---

---



---

---

---

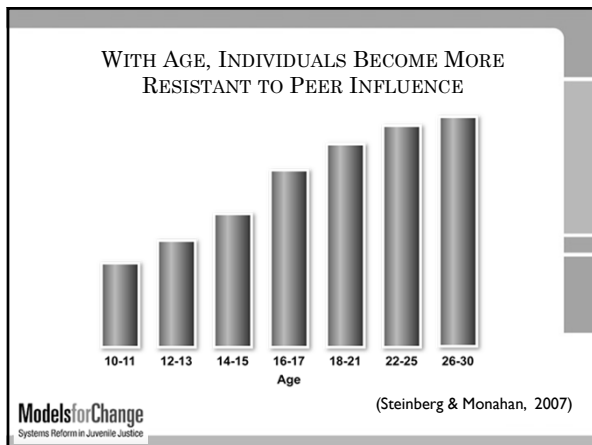
---

---

---

---

---



---

---

---

---

---

---

---

---

### ADOLESCENT BRAIN DEVELOPMENT: DECISION MAKING AND RISKY BEHAVIOR

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

---

---

---

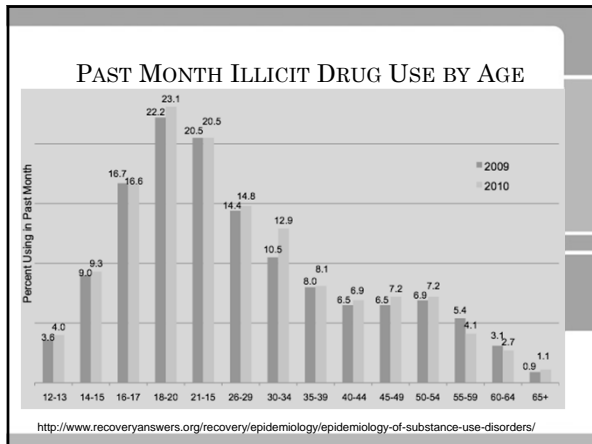
---

---

---

---

---




---

---

---

---

---

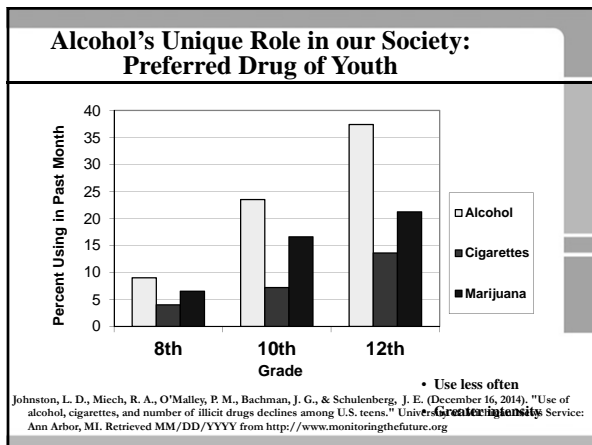
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

### PREVALENCE OF CO-OCCURRING DISORDERS IN JUVENILE JUSTICE POPULATIONS

- 70% meet criteria for at least one Mental Health Disorder
- 60% of those meet criteria for co-occurring Substance Use Disorder
- 62 – 77% of confined juvenile offenders report lifetime histories of trauma

(SAMHSA Expert Panel, 2007; OJJDP, 2009)

---

---

---

---

---

---

---

---

---

---

### 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

---

---

---

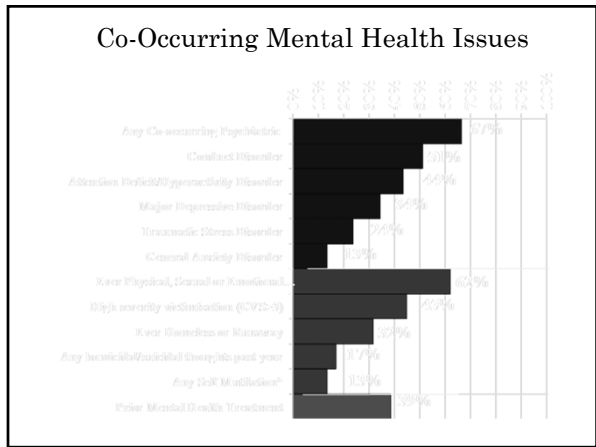
---

---

---

---

---




---

---

---

---

---

---

---

---

### Trauma Exposure among Detained Adolescents

- 57% report witnessing a murder
- 17% report witnessing a suicide
- 72% had been shot, or shot at
- 70% report histories of physical and sexual abuse

Wood et al. (2002)

---

---

---

---

---

---

---

---

Community - Violence Exposure

- 58% - someone has held a gun to head
- 10% - tortured or physically mutilated
- 31% - hit with object (bat, club)
- 56% - witnessed the homicide of close friend or relative
- 16% - present when close friend or relative committed suicide or accidentally killed self

Wood et al. (2002)

---

---

---

---

---

---

---

---

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)

---

---

---

---

---

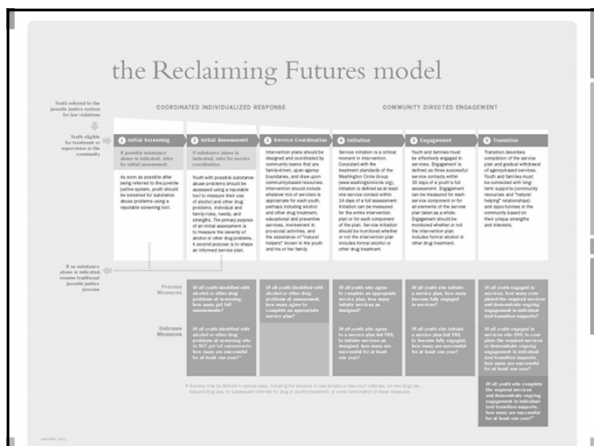
---

---

---

---

---



---

---

---

---

---

---

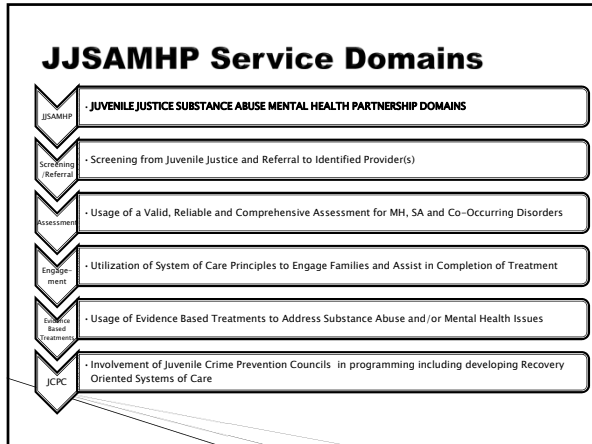
---

---

---

---






---

---

---

---

---

---

---

---

---

---

### SCREENING

- o Purpose: To identify youth in need of further assessment for substance use and/or mental health
- o When: At multiple points in the system, including:
  - Consultation
  - Intake
  - Probation/Monitoring
  - Detention Center
  - Youth Development Center
  - Juvenile Crime Prevention Council (JCPC) Programs
- o Re-screen every 3 months or if not responding to interventions

---

---

---

---

---

---

---

---

---

---

### SCREENING

- o Strategies for identifying youth with substance abuse needs:
  - SA related offense/charge
  - Juvenile and family history
  - Reports and observation
  - Urine drug screens
  - Risk and Needs Assessments
  - Valid, reliable screening instruments

---

---

---

---

---

---

---

---

---

---

**GLOBAL ASSESSMENT OF 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 addressed by the GAIN 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 addressed by the screener:
  - Alcohol/Drug Use
  - Angry-Irritable
  - Depressed-Anxious
  - Somatic Complaints
  - Suicidal Ideation
  - Thought Disturbance
  - Traumatic Experiences

---

---

---

---

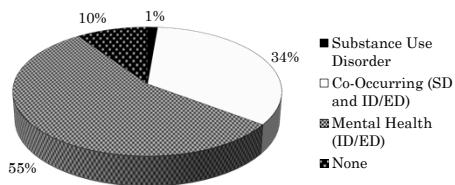
---

---

---

---

**SCREENING DATA ON JUVENILE JUSTICE YOUTH  
N=6,651**



---

---

---

---

---

---

---

---

## Assessment

- If identified via screening as possibly needing MH and/or SA treatment, a full assessment is completed.
- The partnerships encourage the use of standardized, psychometrically sound assessment instruments that help capture strengths and needs to provide an accurate diagnosis and recommendations.
- The assessment determines the type and level of services/treatment needed.

reclaimingfutures.org

---

---

---

---

---

---

---

---

## Service Coordination

- Coordinate development of a 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.



reclaimingfutures.org

---

---

---

---

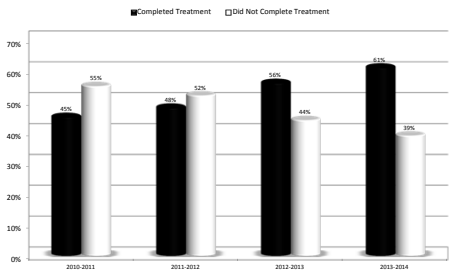
---

---

---

---

Fiscal year Percentages for JJ Involved Youth by Completed Treatment and Did Not Complete Treatment Only



---

---

---

---

---

---

---

---

EVIDENCE-BASED TREATMENTS 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

---

---

---

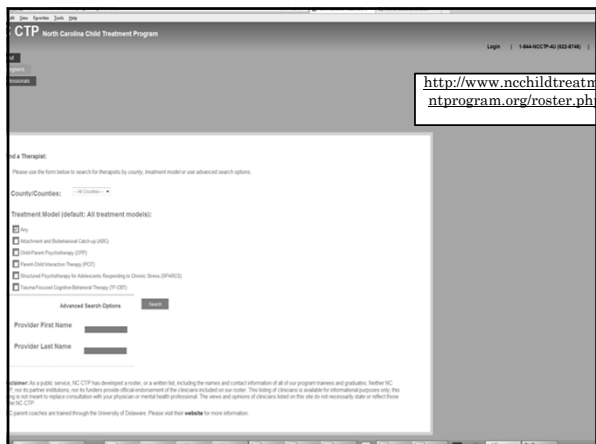
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

### 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

---

---

---

---

---

---

---

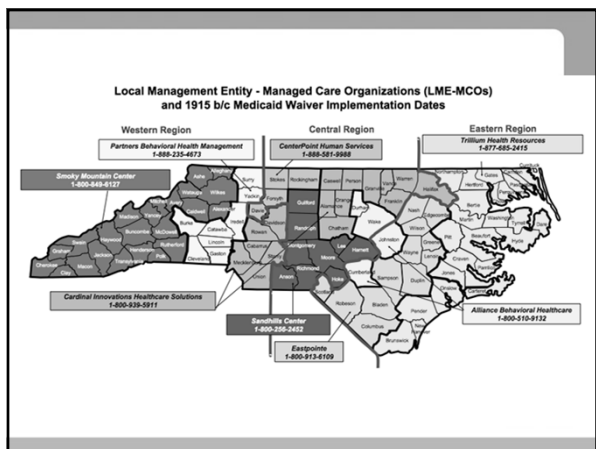
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

---

---

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 Dispositional Alternatives: 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 DISPOSITIONAL ALTERNATIVES: RESIDENTIAL PROGRAMS

- o **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)
- o **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
- o **Craven Independent Living Program**
  - Home located in Craven County (New Bern)
  - Independent Living Transition Program from YDC or Residential Placement
- o **North Hills Independent Living Program**
  - Home located in Wake County (Raleigh)
  - Independent Living Transition Program for girls leaving a YDC or Residential Placement

---

---

---

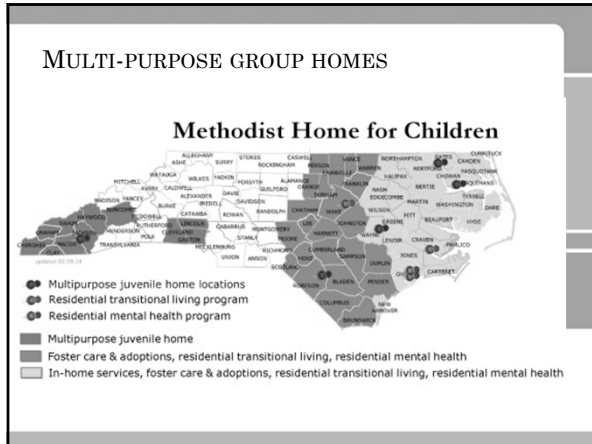
---

---

---

---

---




---

---

---

---

---

---

---

---

**STATEWIDE LEVEL II DISPOSITIONAL ALTERNATIVES: COMMUNITY-BASED PROGRAMS**

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

These services serve high-risk youth between the ages of 10 and 17 and 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

---

---

---

---

---

---

---

---

**NON-RESIDENTIAL CONTRACTUAL SERVICES**

- **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.

---

---

---

---

---

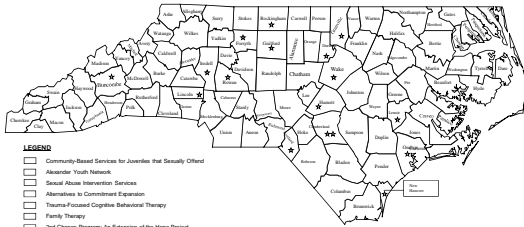
---

---

---

**JCPC Level II Community Based Dispositional Alternative Programming**

October 3, 2011



---

---

---

---

---

---

---

---

**GRADUATED RESPONSES & REWARDS**

- o **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
- o **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.
- o **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.

---

---

---

---

---

---

---

---






---

---

---

---

---

---

---

---

---

---

---

---

### RE-ENTRY SYSTEM REFORM GRANT

- Unified service plan
- Enhanced matching of criminogenic needs to services
- Workforce and academic development
- Family strengthening and engagement
- Data analytics and NC's Government Data Analytics Center (GDAC)

---

---

---

---

---

---

---

---

---

---

---

---

## Questions?

Jean Steinberg, Ph.D.  
 Psychological Intervention and Implementation Specialist  
[jean.steinberg@ncdps.gov](mailto:jean.steinberg@ncdps.gov)  
 (919) 324-6386

---

---

---

---

---

---

---

---

---

---

---

---