


ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Juvenile Justice and AODA Recovery


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Training Objectives

1. Understand the scope of the problem in both the Juvenile Justice and Child Welfare systems.
2. Highlight the Characteristics of Effective Programs
3. Gain a "Youth's Perspective" of Recovery
4. Summarize a Framework for Recovery Oriented Systems of Care for this population




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Need for Trauma-Informed Services in JJS

- Reducing the pervasive and harmful effects of violence and trauma is a growing challenge for systems that provide services to children. According to the U.S. Department of Justice, more than 1.6 million children and adolescents were involved in the juvenile justice system in 2008.


U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. (2011). OJJDP Statistical Briefing Book. <http://www.ojjdp.gov/ojstatbb/court/gb082011.asp?date=2008>.

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Need for Trauma-Informed Services in JJS

- The U.S. Department of Health and Human Services estimated that nearly 400,000 children were in foster care in 2010.
- Children and youth involved in the juvenile justice or child welfare system who have serious emotional challenges are especially vulnerable.


U.S. Department of Health and Human Services, Administration for Children and Families. (2011). The AFCARS report. http://www.acf.hhs.gov/programs/cb/ocrtf_research/afcars/afcarsreport18.htm.

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Need for Trauma-Informed Services in JJS

- Children and youth involved in these systems are more likely to have been previously exposed to potentially traumatic events, such as witnessing or experiencing physical or sexual abuse, bullying, violence in families and communities, loss of loved ones, refugee and war experiences, or life-threatening injuries or illnesses.

Cruise, K. R., & Ford, J. D. (2011). Trauma exposure and PTSD in justice-involved youth. *Child Youth Care Forum*, 40, 337-363.

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Need for Trauma-Informed Services in JJS

- The cost of one case of abuse or neglect is estimated at more than \$200,000 over a lifetime..
- The cost of incarcerating a juvenile is estimated at over \$94,000 per year..
- It is harder to place a value on the lost potential of these youth and the suffering of children and their families when they cannot heal from their painful experiences.


1. Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse and Neglect*, 36(2), 156-165.
2. American Correctional Association. (2011). 2011 directory of adult and juvenile correctional departments, institutions, agencies, and probation and parole authorities. Alexandria, VA: Author.

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AOD Use: Another Complicating Factor

- Juvenile use of AODs presents a fundamental threat to the well-being of children and their families and is significantly associated with serious crime. AOD abuse indisputably is a pervasive and harmful influence; it must be taken into account by juvenile justice planners who seek to balance the needs of court-involved youth, their families, and the community.


Combining Alcohol and Other Drug Abuse Treatment With Diversion for Juveniles in the Justice System: Treatment Improvement Protocol (TIP) Series, No. 34

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Illicit Drug Use

- **Illicit drug use among teenagers has continued at high rates, largely due to the popularity of marijuana.** Marijuana use by adolescents declined from the late 1990s until the mid-to-late 2000s, but has been on the increase since then.


Following one facts and statistics about youth substance use from the 2012 MTF report. The survey is funded by NIDA and conducted by the University of Michigan. Results from the survey are released each December.

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Why is this?

- **Changing perceptions and attitudes among youth.** Young people are showing decreased perception that marijuana is dangerous. The growing perception of marijuana as a safe drug may reflect recent public discussions over medical marijuana and marijuana legalization.


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Another concern

- **Synthetic marijuana is a new and major concern.** Also known as Spice or K2, synthetic marijuana refers to herbal mixtures laced with synthetic cannabinoids, chemicals that act in the brain similarly to THC, the main active ingredient in marijuana. These mixtures could be obtained legally until recently and are still wrongly perceived as a safe alternative to marijuana.


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Prescription and OTC drug use

- Young adults (age 18-25) are the biggest users of prescription (Rx) opioid pain relievers, ADHD stimulants, and anti-anxiety drugs.
- In 2010, almost 3000 young adults died from prescription drug overdoses (mostly opioid).
- More died from prescription overdoses – than heroin and cocaine overdoses combined.

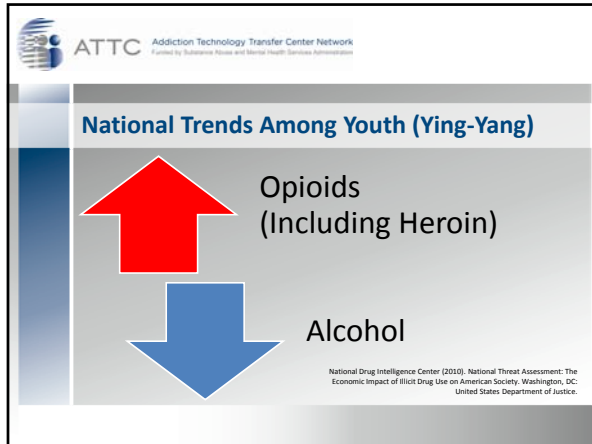
SAMSHA infographic 2013

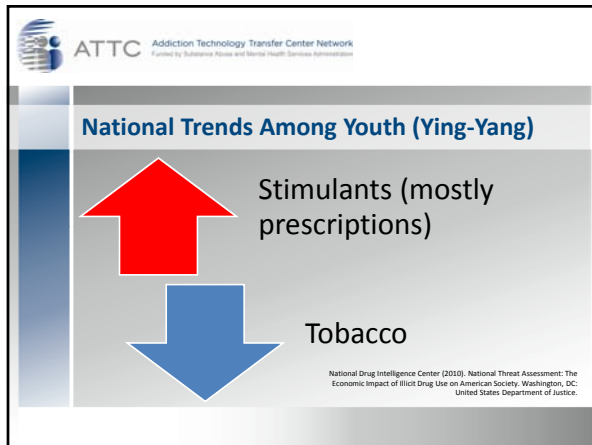
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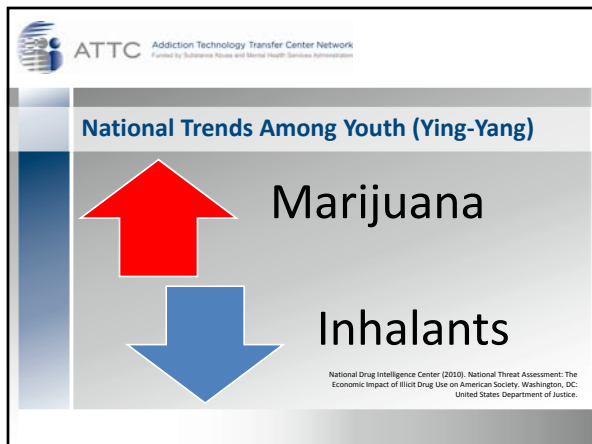
Prescription and OTC drug use


- In 2012, 14.8 percent of high-school seniors used a prescription drug nonmedically in the past year. Data for specific drugs show that the most commonly abused prescription drugs by teens are the stimulant Adderall and the pain reliever Vicodin.

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Costs of Substance Abuse among Youth

- Abuse of tobacco, alcohol, and illicit drugs is costly to our Nation, exacting over \$600 billion annually in costs related to crime, lost work productivity and healthcare.


	Health Care	Overall
Tobacco	\$96 billion	\$193 billion
Alcohol	\$30 billion	\$235 billion
Illicit Drugs	\$11 billion	\$193 billion

Monitoring the Future Study: Trends in Prevalence of Various Drugs for 8th-Graders, 10th-Graders, and 12th-Graders

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A Change in Thinking (again)


Return to Rehabilitation

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The 1990's Crime & Punishment

- Many state legislatures rewrote their juvenile codes to endorse punitive objectives
- However, nearly all maintained wording that upheld the juvenile justice system's traditional rehabilitative mission
- Continued public support for a rehabilitative approach to dealing with juvenile offenders prevailed


Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice 2010

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2000's Time for a Change

- A 2001 national survey, for instance, found that 80 percent of the sample of adults thought that rehabilitation should be the goal of juvenile correctional facilities and that more than 9 in 10 favored a variety of early intervention programs, including parent training, Head Start, and after-school programs.

Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice 2010

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2000's Time for a Change

- Perhaps the two most progressive policy reforms of recent years are the drive for **evidence-based practice**, which focuses on effective treatments, services, and supports for children and families, and the effort to **establish systems of care** to address the infrastructure of funding and linkages between services and programs


Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice 2010

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Examples of JJS Policies Today

- Embracing options that include both punishment and rehabilitation as central guiding tenets
- Specialized courts—including drug, gun, domestic violence, and mental health courts
- Legislation aimed at improving individualized treatment for committed offenders
- Provision for mental health assessment and treatment


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Map a Better Plan for JJS


- Prevention and Intervention Programs
- Behavior Change Programs
 - T4C, Seven Challenges, Aggression Replacement Therapy
- Direct Evaluation of the Effects of Program as Implemented (fidelity)
- Evidence of effectiveness (EBP)

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Examples of What Works

and what doesn't

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Controls vs. Therapeutic Interventions

Controls

- Programs oriented toward instilling discipline (e.g., paramilitary regimens in boot camps)
- Programs aimed at deterrence through fear of the consequences of bad behavior (e.g., prison visitation programs such as Scared Straight)
- Programs emphasizing surveillance to detect bad behavior (e.g., intensive probation or parole supervision)

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Controls vs. Therapeutic Interventions

Therapeutic

- Restorative (e.g., restitution, victim-offender mediation)
- Skill building (e.g., cognitive-behavioral techniques, social skills, academic and vocational skill building)
- Counseling (e.g., individual, group, family; mentoring)
- Multiple coordinated services (e.g., case management and service brokering)

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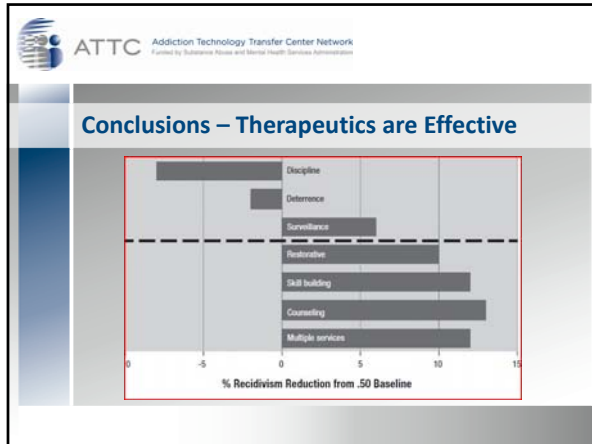
Conclusions – Controls vs. Therapeutics

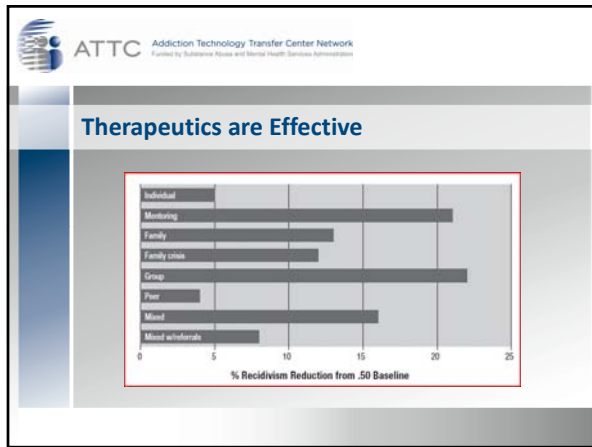
Intervention	% Recidivism Reduction from .50 Baseline
Discipline	~ -2
Deterrence	~ -1
Surveillance	~ 5
Restorative	~ 10
Skill building	~ 12
Counseling	~ 13
Multiple services	~ 12

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Controls

- **Discipline** alone was least effective in reducing recidivism (boot camps)
- **Deterrents** were effective as an early intervention (not yet in the system)
- **Surveillance** - mainly intensive probation programs – had a positive effect because typically they incorporate a mix of controls and counseling by officers






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What does Recovery Look Like for Juveniles?

Designing a Recovery-Oriented Care Model for Adolescents and Transition Age Youth with Substance Use or Co-Occurring Mental Health Disorders
REPORT FROM CSAT/CMHS/SAMHSA
CONSULTATIVE SESSION NOVEMBER 13-14, 2008

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Things that make you go Hmmm?

- Courts often compel many youth to enter substance abuse treatment, thus a youth's first impression of treatment matters.
- They don't want to be judged
- The counselor must understand the context of being a youthful offender/addict
- Peer-influence often replaces better judgment
- Family has a big impact on the recovery process

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A Young Person Perspective – Going In

- Whether youth are presented with a welcoming environment
- Whether substance abuse treatment clinicians use jargon or interact with youth at their level; and,
- Whether substance abuse treatment clinicians judge youth

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A Young Person Perspective – In Treatment

- A safe environment must first be established for the youth
- Develop an individualized treatment plan that addresses the reasons why the youth began using alcohol and other
- Determine what support system is in place, and if none exist – counsel on how to build one
- Establish a consistent set of guidelines and values governing a youth's behavior (using any drug is unacceptable)

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A Young Person Perspective – After

- Encourage youth to pursue their passions. Engaging in an activity important to the youth can allow him/her to develop positive behaviors and hopefully avoid the negative factors that caused the youth to begin using alcohol and other drugs;

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A Young Person Perspective – After

- Provide peer support and positive role models. Youth can support each other through recovery and adult role models can provide examples of how to live
- If there is familial substance use issues that must be addressed – often the family has to acknowledge they are part of the problem

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A Young Person Perspective – After

- Eliminate tokenism. The youth's perspective should be valued and encouraged. When a youth believes that an adult listens to him/her, it increases the youth's self-esteem and supports his/her recovery.

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Summations for a Framework

- Being family focused; nonlinear nature of recovery
- Employing a broad definition of family; • Promoting resilience;
- Being age appropriate; • Being strengths based;
- Reflecting the developmental stages of youth; • Supporting youth empowerment; and,
- Acknowledging the • Identifying recovery capital.
