

Research and Program Brief

VOLUME 2 / ISSUE 2



National Center for Mental Health and Juvenile Justice

Founded in 2001, the National Center for Mental Health and Juvenile Justice promotes awareness of the behavioral health needs of justice-involved youth and helps develop improved policies and programs to respond to these youth based on the best available research and practice.

Visit us at <http://www.ncmhjj.com>



Mental Health and Juvenile Justice Collaborative for Change

The Mental Health and Juvenile Justice Collaborative for Change provides information, training, and technical assistance on mental health and juvenile justice to promote the replication and expansion of resources developed through Models for Change and the Action Network initiatives. Coordinated by the National Center for Mental Health and Juvenile Justice and funded by the John D. and Catherine T. MacArthur Foundation, the Collaborative is part of the Resource Center Partnership.

Visit us at <http://cfc.ncmhjj.com>

MAY 2015

Caring for Youth with Mental Health Needs in the Juvenile Justice System: Improving Knowledge and Skills

FRED MESERVEY, LMSW

KATHLEEN R. SKOWYRA

Introduction

Approximately two-thirds of youth in the care of the juvenile justice system have a diagnosable mental health and/or substance use disorder. Too frequently, staff supervising these youth have received little formal adolescent mental health training and lack the knowledge and skills to provide adequate supervision and care. This can often lead to the use of ineffective and unnecessarily punitive responses to youth which can further exacerbate a youth's symptoms and create stressful situations for all. To address this challenge, the National Center for Mental Health and Juvenile Justice (NCMHJJ), with support from the John D. and Catherine T. MacArthur Foundation, created and tested a mental health training curriculum for juvenile justice staff. Additional support from the Office of Juvenile Justice and Delinquency Prevention allowed the NCMHJJ to successfully implement it in numerous sites across the country.

The Issue

Guided by the knowledge that youth are not fully developed physically, cognitively, and emotionally, and are therefore not merely “little adults,” a juvenile justice system has developed and evolved in this country over the past century. While in some ways parallel to the adult justice system, the juvenile justice system has increasingly refined how it balances the sometimes competing goals of public safety, justice, rehabilitation, and care. This complex set of goals requires that those who work in juvenile justice have a sophisticated knowledge base and set of skills to meet the needs of the youth in their care, while simultaneously assuring public safety. Increasingly, these responsibilities are confounded by the large number of youth with diagnosable mental health and/or substance use disorders.

Background

In 2011, nearly 1.5 million youth under the age of 18 were arrested, approximately 250,000 cycled in and out of juvenile detention centers, and over 40,000 were placed in residential facilities (Puzzanchera, 2013; Office of Juvenile Justice and Delinquency Prevention, 2011). While the number of youth in residential placement has, in fact, been dropping, the less heartening reality is that the juvenile justice system remains the de facto system for many youth with mental health needs. Often, youth are unnecessarily referred to the juvenile justice system in an attempt to obtain treatment services that are lacking or inaccessible in the community.

Mental Health and Substance Use Disorders Complicate Care

Numerous studies have documented that the majority of youth involved in the juvenile justice system have diagnosable mental health and/or substance use disorders (Shufelt & Coccozza, 2006; Teplin et al., 2013; Wasserman et al., 2010). Nearly 30 percent of these disorders are so severe that they lead to functional impairments (Shufelt & Coccozza, 2006). Many of the juvenile justice staff supervising these youth in juvenile probation,

- Close to 70% of youth in the juvenile justice system have a diagnosable mental disorder



- Over 60% of those with a mental disorder also have a substance use disorder



- Almost 30% have a serious mental disorder



detention, and correctional settings have received little formal training to help them understand the mental health problems experienced by the youth in their care and how these problems can impact youth behavior. This situation carries numerous consequences for staff and youth alike.

Staff often resort to excessively punitive or ineffective strategies that can unintentionally worsen a youth's mental health symptoms. At the same time, adolescent behaviors caused by mental illness can provoke extreme anxiety among juvenile justice staff, resulting in job stress, staff burnout, and high employee turnover rates. Despite these negative consequences and the potential benefit that specialized training could have with juvenile justice staff, few mental health-specific training resources for juvenile justice staff exist.

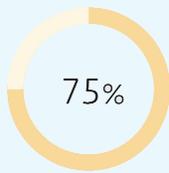
Innovation

This void was addressed by the Models for Change Mental Health/ Juvenile Justice (MH/JJ) Action Network with support from the John D. and Catherine T. MacArthur Foundation (MacArthur Foundation) and under the leadership of the NCMHJJ. The MH/JJ Action Network was a partnership of states that worked together between 2007 and 2011 to develop, test, and implement new models and strategies for improving services and policies for youth with mental health needs involved with the juvenile justice system. Eight states participated in the MH/JJ Action Network: Colorado, Connecticut, Illinois, Louisiana, Ohio, Pennsylvania, Texas, and Washington.

One of the innovations developed by the MH/JJ Action Network was the *Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ)*, a specialized curriculum that provides juvenile justice staff with critical information on adolescent mental health to improve their knowledge base and their skills for working with and supervising youth. This 8-hour training addresses adolescent development, mental health and substance use disorders, child trauma, treatment, the important role of families, and practical strategies for communicating with and engaging youth. The training blends didactic learning with interactive exercises and

Too frequently, staff supervising youth in the juvenile justice system have received little formal adolescent mental health training and lack the skills necessary to provide adequate care to these youth.

- At least 75% of youth in the juvenile justice system have experienced traumatic victimization



- Youth in juvenile correctional placement die by suicide at nearly three times the rate of youth in the general population



videos, and allows for the inclusion of site-specific information, data, case studies and real-life examples that are relevant to the training audience and reflect the unique challenges faced by staff and systems.

Building Training Capacity

Recognizing the need to build specialized training capacity within state and local juvenile justice systems, the NCMHJJ employed a train-the-trainer strategy to deliver *MHTC-JJ* training instruction to states that were part of the MH/JJ Action Network. Building on this work, the MacArthur Foundation then partnered with the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to bring the *MHTC-JJ* to additional sites throughout the country.

In early 2012, the NCMHJJ solicited applications for a training initiative for state juvenile justice systems. Of the 43 applications received, 10 were competitively selected to participate in the initiative: Alaska, Maricopa County (Arizona), Delaware, Florida, Georgia, Idaho, New Mexico, New York City, North Carolina, and Tennessee.

Using a team of expert trainers, the NCMHJJ conducted two-day train-the-trainer sessions in the selected sites between September 2012 and June 2013. The trained trainers from each of these sites were required to then convene training sessions for staff in their systems. One month after the respective sessions, a follow-up survey of the trained staff was conducted to determine whether the training had an impact on staff behavior.

At the conclusion of all ten train-the-trainer sessions, the NCMHJJ convened a 1½-day booster training for the lead trainers from each site that included a demonstration of the administration of the *MHTC-JJ*, small-group presentations by participants of the most critical modules of the curriculum, and an opportunity for questions and discussion. After the booster session, a survey of lead contacts in each of the 10 sites was conducted to learn more about their efforts and plans to administer the *MHTC-JJ* to staff within their systems.

Results

An evaluation of the Train the Trainer sessions indicated that participants found the two most valuable aspects of the training to be the materials provided and the substantive content of *MHTC-JJ*. Respondents found the Train the Trainer sessions so valuable that the most frequent suggestion for their improvement was to increase the time for participant training. Analysis of the site training pre- and post-tests corroborated the comments from Train the Trainer participants and also found significant knowledge gain in critical areas contained within the *MHTC-JJ* Training. For example, there was an improvement of approximately 70 percent in knowledge concerning how the human brain develops, and in awareness that due to the adolescent developmental process, juveniles may be less culpable than adults for criminal behaviors.

The one-month follow-up surveys revealed that 70 percent of staff had already made changes in how they interacted with youth with mental health needs, and about 75 percent of respondents reported they made these changes specifically due to the *MHTC-JJ* training. Respondents reported improved communication, increased patience, and more active listening.

Other important benefits that were reported by two-thirds of the respondents included better interaction with colleagues, more joint intervention planning, improved staff communication, active sharing of what was learned in the training about adolescent brain development, and deliberate actions to support and reinforce patience and calmness when dealing with disruptive youth. Additionally, 25 percent of respondents reported reduced job stress and attributed that benefit directly to the *MHTC-JJ* training.

Results of the lead-site survey on efforts and plans to administer the *MHTC-JJ* to staff within their systems indicated that by September 2013, over 2,500 staff from juvenile detention, corrections, probation, and court were trained on the *MHTC-JJ* by the 350 trained trainers from the 10 sites. By the end of the project period, most sites were using the *MHTC-JJ* to train all staff in their system, and most were planning to require the curriculum for refresher and in-service trainings.

The MHTC-JJ provides staff with practical information on important topics like adolescent development, mental disorders and symptoms, and child trauma.

Over 350 state and local trainers were trained on the MHTC-JJ, and these trainers trained over 2400 staff in juvenile detention, corrections and probation systems across this country.

Institutionalizing the Innovation: Georgia and Florida

The Georgia Department of Juvenile Justice (DJJ) Office of Training and Office of Behavioral Health Services has already established the *MHTC-JJ* as a regular course in its basic training programs for facility and community staff. Instructors from Georgia who participated in the original ten train-the-trainer sessions trained over 1,500 officers between May and December of 2013. Since that time, an additional 521 officers were trained on the curriculum through the agency's Basic Juvenile Correctional Officer Training, and 67 community staff members through the agency's basic training program.

According to Theodore Carter, Jr., Director of the Office of Training, "DJJ had been researching ways to better prepare correctional and community officers to work with youth struggling with behavioral or mental health disorders, and the grant provided the agency the perfect opportunity to present a basic training program developed for juvenile justice professionals. The curriculum will continue to be a part of our basic training program for officers."

Probation officers, detention officers, residential staff, and mental health clinicians in Florida have also greatly benefitted from the knowledge and skills their instructors brought back from their train-the-trainer session. Fueled by the strength of the curriculum and fulfilling the terms of the training initiative, the Florida Department of Juvenile Justice (FDJJ) conducted training sessions in the North Region, the Central Region, and the South Region. Response to the training is perhaps best summed up by this comment from a trainee: "My recommendation is that every FDJJ staff member and facility officer receive this training."

FDJJ is on its way to achieving this. Plans for 2015 include incorporating the *MHTC-JJ* into FDJJ's SkillPro System that can be accessed by FDJJ mental health clinicians and juvenile justice trainers for training sessions with direct care staff in all FDJJ facilities and programs. Additionally, a refresher training for FDJJ staff who participated in the train-the-trainer session is being

considered and other opportunities for the trainers to provide training within their regions are being identified.

Looking Forward

The success of the 2012-2013 training initiative prompted the MacArthur Foundation and OJJDP to continue their support of the *MHTC-JJ*. For the 2014-2015 initiative, the NCMHJJ will refine the train-the-trainer model with six new sites: California (Santa Barbara and Ventura counties), Hawaii, Kentucky, Oregon (multi-region), Utah, and Wisconsin. Participation in this effort will include pre-training assistance to help sites prepare for the training, extended on-site training consultation provided by expert trainers, and post-training follow-up and support to ensure the site is well prepared to deliver this valuable training to its staff.

References

- Office of Juvenile Justice and Delinquency Prevention. (2011). *Easy access to juvenile court statistics*. Retrieved from <http://www.ojjdp.gov/ojstatbb/ezajcs/asp/selection.asp>
- Puzzanchera, C. (2013). Juvenile arrests 2011. *Juvenile offenders and victims: National Report Series Bulletin*. Washington DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.ojjdp.gov/pubs/244476.pdf>
- Shufelt, J. & Cocozza, J. (2006). *Youth with mental health disorders in the juvenile justice system: Results from a multi-state, multi-system prevalence study*. (Research and Program Brief). Delmar, NY: National Center for Mental Health and Juvenile Justice. <http://www.ncmhjj.com/wp-content/uploads/2013/07/7.-PrevalenceRPB.pdf>
- Teplin, L., Abram, K., Washburn, J., Welty, L., Hirschfield, J., & Duncan, M. (2013). The Northwestern Juvenile Project: Overview. *OJJDP Juvenile Justice Bulletin*. Washington, D.C.: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.ojjdp.gov/pubs/234522.pdf>
- Wasserman, G., McReynolds, L., Schwalbe, C., Keating, J., & Jones, S. (2010). *Psychiatric disorder, co-morbidity, and suicidal behavior in juvenile justice youth*. *Criminal Justice and Behavior*, 37(12), 1361-1376. doi: 10.1177/0093854810382751

About the Authors

Fred Meservey, LMSW, is a human services consultant. Mr. Meservey served as the Director of the Suicide Prevention Center of New York (SPCNY) since its inception in 2009 until his retirement in 2014. He assisted the National Action Alliance for Suicide Prevention with updating the National Strategy for Suicide Prevention and served as the primary author of its report, *Suicide Care in a Systems Framework*. Prior to this he was employed by the New York State Office for Alcoholism and Substance Abuse Services, where he specialized in treatment, prevention, recovery, child welfare, welfare reform, criminal justice, addiction medicine and vocational rehabilitation. He also served with the NYS Council on Children and Families, including four years as Executive Director.

Kathleen R. Skowyra is the Associate Director of the National Center for Mental Health and Juvenile Justice at Policy Research Associates. She currently oversees the implementation of juvenile projects and training initiatives, including operation of a national technical assistance and training center on mental health and juvenile justice. She coordinated the work of the Models for Change Mental Health/Juvenile Justice Action Network and served as lead author for the *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System*.