Co-occurring Disorders Among Youth in Juvenile Justice

Note: This is a resource which was featured on our previous Collaborative for Change website. The Collaborative for Change website has been retired but we have housed this resource as a PDF document. The document will remain as is and is no longer being updated as of September 2016.

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Co-occurring Disorders Among Youth in Juvenile Justice

Individuals with co-occurring disorders experience substance use and another mental health disorder simultaneously. The conditions may precipitate or exacerbate one another, or they may exist independently (Substance Abuse and Mental Health Services Administration, 2002). In youth with co-occurring disorders, the complexity of this interaction is heightened. Unique combinations of symptom patterns and behaviors can prevent youth from functioning adequately. Furthermore, co-occurring disorders in youth can impact brain development, making sustained recovery even more difficult (Kanary, Shepler & Fox, 2014). Overcoming these challenges can be particularly difficult for youth involved in the juvenile justice system, who often have little access to appropriate services and support.

The high incidence of co-occurring disorders in this population and the poor outcomes associated with co-occurring disorders present distinct challenges for the juvenile justice system at the program and policy levels. Of particular concern are the implementation of effective, research-based screening and assessment tools to identify youth with co-occurring disorders, and the availability of and access to effective treatment (Hawkins, 2009). On a broader level, there is a call for courts and communities to adopt integrated approaches that target both the mental health and substance use treatment needs of youth.

Prevalence of Disorders among Youth in the Juvenile Justice System

Research demonstrates that the rates of mental and substance use disorders among youth involved with the juvenile justice system are high. A 2006 multisite, multisystem mental health prevalence study found that 70 percent of youth met criteria for at least one mental disorder; more than half of youth met criteria for two disorders, and over 60 percent of youth with a mental disorder also had a co-occurring substance use disorder (Shufelt & Cocozza, 2006). Co-occurring substance use disorders were most common for youth with disruptive disorders, although significant numbers of youth with anxiety disorders and mood disorders also had a co-occurring substance use disorder (Shufelt & Cocozza, 2006). Additionally, as youth become more deeply involved in the juvenile justice system, the rates of co-occurring mental and substance use disorders increase (Teplin et al., 2013; Wasserman et al., 2010).

Outcomes

Multiple studies have linked poor outcomes to co-occurring disorders, especially among youth involved with the juvenile justice system (Hawkins, 2009; Abrantes, Hoffmann & Anton, 2005; Tomlinson, Brown & Abrantes, 2004). Youth with co-occurring disorders experience higher rates of impaired overall functioning, suicide attempts, and recidivism. They are also more likely than youth with a substance use disorder unaccompanied by a mental disorder to

- relapse following treatment;
- be hospitalized;

- be labeled as “treatment resistant and non-compliant”;
- drop out of school;
- engage in self-destructive or violent behavior;
- have co-occurring medical health issues;
- become homeless;
- experience legal difficulties; and
- die prematurely.

The prevalence of co-occurring disorders among justice-involved youth and outcomes associated with co-occurring disorders present a strong case for routine screening of all youth entering the juvenile justice system (Abrantes, Hoffmann & Anton, 2005). When indicated by screening, subsequent assessment provides direction on the most effective course of treatment.

KEY WEBSITES

The Substance Abuse and Mental Health Services Administration features co-occurring disorders on its website. It addresses screening and assessment, integrated treatment, training, data, and special topics. Access to the Integrated Treatment for Co-occurring Disorders Kit is also provided.

CRITICAL RESOURCES

Co-occurrence of Substance Use Behaviors in Youth

Families of Youth with Substance Use Disorders: A National Dialogue

Identifying Mental Health and Substance Use Problems of Children and Adolescents: A Guide for Child-Serving Organizations

Psychiatric Disorders of Youth in Detention

Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multistate Prevalence Study

Identification: Screening and Assessment

Screening

Early identification of youth with co-occurring disorders is critical to ensuring early access to services that address both mental and substance use disorders. In fact, early intervention may prevent the need for more intensive and expensive treatment in the future (King et al., 2000).

Several tools screen for either mental disorders or substance use disorders. The *Massachusetts Youth Screening Instrument – Version 2* (MAYSI-2) and the *Global Appraisal of Individual Needs Short Screener* (GAIN-SS) are among the few that attempt to identify symptoms or behaviors associated with both types of disorders.

Massachusetts Youth Screening Instrument – Version 2

The MAYSI-2 (Grisso & Barnum, 2006) is a 52-question, self-report inventory used predominantly in juvenile justice settings to identify behavioral health needs in youth aged 12-17. It takes approximately 10-15 minutes to complete and can be scored in about 3 minutes. This YES or NO questionnaire requires a fifth-grade reading level and is available in both English and Spanish. MAYSI-2 Scales measure the following conditions:

- Alcohol/Drug use
- Angry-Irritable
- Depressed-Anxious
- Somatic Complaints
- Suicide Ideation
- Thought Disturbance (boys only)
- Traumatic Experience

In terms of reliability and validity, significant research exists to support the use of the MAYSI-2 in juvenile justice settings for which it was intended and with the target populations for which it was developed (Grisso et al., 2012).

Global Appraisal of Individual Needs Short Screener

The GAIN-SS (Dennis, Chan & Funk, 1993) is a 23-item, self- or staff-administered interview that targets four conditions:

- Internalizing Disorder
- Externalizing Disorder
- Substance Disorder
- Crime/Violence

The GAIN-SS requires an eighth-grade reading level and takes approximately 5 minutes to complete, though longer if used with younger adolescents who may need concepts explained to them. A 2006 study of the psychometric properties of the GAIN-SS suggests its efficiency in terms of screening for behavioral health issues (Dennis et al., 2006).

Assessment

The term “screened in” is often used to refer to youth who are identified by the screening method as requiring further evaluation to determine the presence of a suspected condition. Youth that “screen in” for co-occurring mental health and substance use concerns should be

referred for a comprehensive assessment by a clinician. These assessments are typically performed by a clinician and offer a more comprehensive, individualized evaluation of youth (National Center for Mental Health and Juvenile Justice, 2007). Examples of assessment instruments that are used to identify co-occurring disorders among youth are presented below.

Practical Adolescent Dual Diagnostic Interview-5 (PADDI-5)

The PADDI-5 (Estroff & Hoffmann, 2000) was specifically developed for youth who may be experiencing co-occurring mental and substance use disorders. Questions address common symptoms and indications of problems in the context of a 35-45 minute interview that is administered to the youth or to their parents by a trained clinician.

Specifically, the PADDI-5 covers the following:

- Substance use disorders
- Major depressive episodes
- Manic episodes
- Panic attacks
- Posttraumatic Stress Disorder
- Attention Deficit/Hyperactivity Disorder
- Conduct Disorder
- Oppositional Defiant Disorder
- Dangerousness to self and others
- Victimization (trauma)
- Symptoms consistent with psychosis
- Indications of phobias and generalized anxiety

Diagnostic Interview Schedule for Children (DISC)

The DISC (Shaffer et al., 2000) is a structured interview for children ages 6-18, or their parents. It addresses at least 30 psychiatric diagnoses (including substance use) that may occur in children and adolescents, and primarily asks questions to which, "yes," "no," or "sometimes," are the appropriate answers. Youth often take between 90 and 120 minutes to complete this assessment, while their parents average about 70 minutes. It is available in both English and Spanish.

World Mental Health Composite International Diagnostic Interview (WMH-CIDI)

The World Health Organization's WMH-CIDI (WHO, 1990) is a structured interview that contains items pertaining to symptoms of mood, anxiety, substance use, and impulse control disorders. It takes approximately 2 hours to complete, depending on the number of diagnostic sections for which the interviewee screens positive.

Regardless of which instrument is used, careful assessment employed throughout the juvenile justice continuum allows clinicians, in collaboration with families, to develop appropriate and effective treatment plans that address both mental health and substance use issues.

KEY WEBSITES

On this page of its website, SAMHSA features integrated screening and assessment to use with individuals who may possess co-occurring mental and substance use disorders. It also offers a host of supplementary resources and links.

The Mental Health and Juvenile Justice Collaborative for Change Resource Center's resource package on mental health screening in juvenile justice settings describes four phases and ten steps for jurisdictions and states seeking to develop or improve screening services for juvenile justice-involved youth who may be experiencing behavioral health disorders.

The Center on Early Adolescence: Repository of Measures, provides psychometric information on a host of clinical instruments, including the Diagnostic Interview Schedule for Children.

CRITICAL RESOURCES

Adolescent Drug Abuse: Clinical Assessment and Therapeutic Interventions

Brief Overview of Screening and Assessment for Co-occurring Disorders

Mental Health Screening within Juvenile Justice: The Next Frontier

Screening and Assessing Mental Health and Substance Use Disorders among Youth in the Juvenile Justice System: A Resource Guide for Practitioners

Screening and Assessment of Co-occurring Disorders in the Justice System

Screening, Assessment, and Treatment Planning for Persons with Co-occurring Disorders

The World Mental Health (WMH) Survey Initiative Version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI)

Treatment

History

Traditional mental health treatment in this country is the product of separate, disconnected systems of care (Hawkins, 2009). Historically, treatment for youth with co-occurring disorders has been delivered in one of two ways:

Sequential – one type of treatment follows the other (e.g., substance abuse treatment is delivered after mental health treatment is delivered)

Parallel – treatment for both disorders is delivered concurrently, but by different providers and frequently from different agencies

It is currently acknowledged that sequential and parallel treatment models are ineffective (Cleminshaw, Shepler & Newman, 2005). These models also represent a substantial barrier for youth (and families) trying to achieve sustained recovery because youth must be abstinent to receive psychiatric services or psychiatrically stable to receive substance abuse treatment. This suggests that either one disorder or the other is more urgently in need of treatment when, in fact, the disorders may be equally debilitating.

Effective Treatment

According to research, integrated care is the "gold standard" of treatment for youth with co-occurring disorders (Cleminshaw, Shepler & Newman, 2005). Integration refers to the development of a single, unified treatment plan that targets both mental and substance use disorders, and ensures that both sets of disorders are considered primary.

Since many adolescents with co-occurring disorders do not view their substance use as problematic, integrated treatment provides a way to engage youth in a manner that mental health treatment alone does not typically offer. Likewise, youth receiving only substance abuse treatment may not recognize either the presence or the impact of psychiatric symptoms on their ability to function appropriately (Hawkins, 2009).

Integrated care practitioners must be competent in delivering both mental health and substance abuse treatment services. They must be able to assess the contributions of adverse childhood experiences and trauma to mental and substance use disorders (Cleminshaw, Shepler & Newman, 2005). To design a truly comprehensive treatment plan, practitioners must include every system in which the youth is involved. For justice-involved youth, these systems may include juvenile justice, child welfare, mental health and substance use services, medical services, and education.

Several promising approaches have emerged to treat youth with co-occurring disorders. Brief descriptions of these integrated models are presented below: Integrated Co-occurring Treatment (ICT) Model, Multisystemic Therapy (MST) for Juvenile Offenders, and Family Integrated Transitions (FIT).

Integrated Co-occurring Treatment Model

The ICT Model (Cleminshaw, Shepler & Newman, 2005) is an intensive, in-home treatment approach that incorporates a comprehensive set of mental health and substance use interventions into a single multifaceted assessment and treatment plan for each youth and family. ICT addresses how each disorder affects the other, especially within the context of the youth's family, culture, peers, school, and greater community.

Multisystemic Therapy for Juvenile Offenders

MST for Juvenile Offenders (Henggeler et al, 1998) is an evidence-based program that addresses the behavioral health issues of justice-involved youth. It is an intensive, community-based intervention that focuses on the dynamics of the youth's various social networks that lead to juvenile justice contact. The goal of MST is to help families develop a healthier environment through existing child, family, and community resources.

Family Integrated Transitions

FIT (Trupin et al., 2011) is a comprehensive, family-based intervention that consists primarily of three evidence-based programs: MST, dialectical behavior therapy, and motivational enhancement. It also includes a parent skills training module. FIT seeks to address the multidimensional needs of youth – particularly justice-involved youth – with co-occurring mental and substance use disorders. FIT is associated with reducing felony recidivism rates among justice-involved youth transitioning out of the system.

KEY WEBSITES

The Mental Health and Juvenile Justice Collaborative for Change Resource Center's resource package on implementing evidence-based practices offers 10 steps to jurisdictions and states seeking to adopt and implement evidence-based practices for youth with behavioral health needs in contact with the juvenile justice system.

CRITICAL RESOURCES

The Evidence: Integrated Treatment for Co-occurring Disorders

Family Integrated Transitions: A Promising Program for Juvenile Offenders with Co-occurring Disorders

Addressing Youth with Co-occurring Disorders in Court

Given the poor outcomes experienced by youth with co-occurring disorders who are not engaged in effective treatment, including recidivism and relapse, courts have developed specialized dockets for youth and their families. By 2012, some 458 juvenile drug treatment courts were established or being planned (National Institute of Justice, 2012).

Increased recognition of the prevalence of mental and substance use disorders among court-involved youth has compelled some communities to develop specialized juvenile mental health courts to parallel juvenile drug courts. Other communities have adapted or blended these models to meet the needs of youth with co-occurring disorders, thereby promoting an integrated approach that targets both mental health and substance use issues.

Advancing Juvenile Drug Treatment Courts

To facilitate this shift among juvenile drug treatment courts, the National Center for Mental Health and Juvenile Justice at Policy Research Associates, Inc., in collaboration with the National Council of Juvenile and Family Court Judges, developed a series of briefs that

- outline policies that should be reviewed and modified,
- describe emerging program models with demonstrated effectiveness, and
- identify treatment practices that increase the likelihood of achieving positive outcomes for these youth.

Developing Effective Policies

Developing Effective Policies for Addressing the Needs of Court-Involved Youth with Co-occurring Disorders describes eight critical domains that require modification in order for juvenile drug treatment courts to effectively address youth with co-occurring disorders. They include the following:

- Eligibility Criteria
- Screening and Assessment
- Program Supervision
- Youth and Family Involvement
- Accessibility to Integrated Treatment Services
- Treatment Participation Expectations
- Violations and Sanctions
- Graduation Expectations

New Directions

New Directions to Effectively Address Co-occurring Mental Disorders describes actual juvenile drug treatment court program modifications that have been undertaken around the country, specifically in Summit County, Ohio and Ouachita Parish, Louisiana. These court teams have implemented the following:

- reevaluating services available in their local communities and establishing relationships to create a service continuum that meets the needs of the youth in their care
- reconsidering and altering program policies and criteria to allow for specific inclusion (and exclusion, where necessary) of youth with co-occurring disorders
- modifying the content and coverage of screening and assessment tools, as well as the range and type of treatment services

Providing Effective Treatment

Providing Effective Treatment for Youth with Co-occurring Disorders discusses the history of treatment for youth with co-occurring mental and substance use disorders, as well as the efficacy of integrated treatment that addresses both sets of disorders, each in the context of the other. It also more fully describes the Integrated Co-occurring Treatment Model.

All Resources: Co-occurring Disorders Among Youth in Juvenile Justice

KEY WEBSITES

The University of Washington Department of Psychiatry and Behavioral Sciences' website on Public Health and Behavioral Policy describes MST-Family Integrated Transitions (FIT), which is a promising integrated treatment model that addresses justice-involved youth with mental and substance use disorders. It has been shown to reduce recidivism.

The Global Appraisal of Individual Needs (GAIN) Coordinating Center originated in 1993 as a collaborative effort between clinicians, researchers, and policymakers to create a comprehensive and standardized biopsychosocial assessment tool. This page specifically describes the GAIN-Short Screener and its psychometric properties.

The Mental Health and Juvenile Justice Collaborative for Change Resource Center shares the innovations and resources that emerged from states involved with Models for Change and the Mental Health/Juvenile Justice Action Network. It supports the adaptation, replication, and expansion of these innovations and resources throughout the country. Its websites offers resource packages on implementing evidence-based practices and mental health screening in juvenile justice settings.

The National Youth Screening & Assessment Project is a technical assistance and research center, dedicated to helping juvenile justice programs identify youths' needs for behavioral health intervention and risk management. Its website describes the Massachusetts Youth Screening Instrument-Version 2 and its psychometric properties.

Multisystemic Therapy (MST) for juvenile offenders is an intensive family- and community-based treatment program that focuses on addressing all environmental systems that impact chronic and violent juvenile offenders -- their homes and families, schools and teachers, neighborhoods and friends. This site provides information about the program, as well as training opportunities and resources.

The National Institute of Justice serves as the research, development, and evaluation arm of the U.S. Department of Justice. Its website describes current work, as well as funding opportunities and training.

The Evince website describes several clinical assessments, including the Practical Adolescent Dual Diagnostic Interview, which are available to order/purchase electronically.

The Center on Early Adolescence: Repository of Measures provides psychometric information on a host of clinical instruments, including the Diagnostic Interview Schedule for Children.

Substance Abuse and Mental Health Services Administration

- SAMHSA describes co-occurring disorders and provides resources on integration, screening and assessment, training, and data.

- SAMHSA features integrated screening and assessment to use with individuals who may possess co-occurring mental and substance use disorders. It also offers a host of supplementary resources and links.

This description of the World Mental Health - Composite International Diagnostic Interview (WMH-CIDI) provides historical context as well as research that supports its use.

CRITICAL RESOURCES

Abrantes, A., Hoffman, N., & Anton, R. (2005). Prevalence of co-occurring disorders among juveniles committed to detention centers. *International Journal of Offender Therapy and Comparative Criminology*, *49*(2), 179-93.

Center for Substance Abuse Treatment. (2006). Screening, assessment, and treatment planning for persons with co-occurring disorders. *COCE Overview Paper 2* (DHHS Publication No. (SMA) 06-4164) Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services.

Chassin, L. (2008). Juvenile justice and substance use. *The Future of Children*, *18*(2), 165-183.

Cleminshaw, H., Shepler, R., & Newman, I. (2005). The Integrated Co-occurring Treatment (ICT) model. *Journal of Dual Diagnosis, 1*(3), 85-94. DOI: 10.1300/J374v01n03_11

Columbia University, Department of Child & Adolescent Psychiatry. (Undated). Diagnostic interview schedule for children. [Brochure]. New York, NY: Author.

Dennis, M., Chan, Y., & Funk, R. (2006). Development and validation of the GAIN Short Screener (GSS) for internalizing, externalizing and substance use disorders and crime/violence problems among adolescents and adults. *The American Journal on Addiction, 15*, 80-91. DOI: 10.1080/10550490601006055

Grisso, T., Fusco, S., Paiva-Salisbury, M., Perrauot, R, Williams, V., & Barnum, R. (2012). *The Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2): Comprehensive research review.* Worcester, MA: University of Massachusetts Medical School.

Grisso, T., & Underwood, L. (2004). Screening and assessing mental health and substance use disorders among youth in the juvenile justice system: A resource guide for practitioners. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Hawkins, E. A (2009). A tale of two systems: Co-occurring mental health and substance abuse disorders treatment for adolescents. *Annual Review of Psychology, 60*, 197-227.

Hills, H., & Keator, K. (2014). New directions to effectively address co-occurring mental disorders. Delmar, NY: Policy Research Associates.

Kanary, P., Shepler, R., & Fox, M. Providing effective treatment for youth with co-occurring disorders. Delmar, NY: Policy Research Associates.

Kessler, R., & Üstün, T. (2004). The World Mental Health (WMH) survey initiative version of the World Health Organization (WHO) Composite International Diagnostic Interview (CIDI). *International Journal of Methods in Psychiatric Research, 13*(2), 93- 121.

King, R., Gaines, L., Lambert, W., Summerfelt, W., & Bickman, L. (2000). The co-occurrence of psychiatric and substance use diagnoses in adolescents in different service systems: Frequency, recognition, cost, and outcomes. *The Journal of Behavioral Health Services & Research, 27*(4), 417-430.

Kinscherff, R. & Cocozza, J. (2014). Developing effective policies for addressing the needs of court-involved youth with co-occurring disorders. Delmar, NY: Policy Research Associates.

McCurley, C., & Snyder, H. (2008). Co-occurrence of substance use behaviors in youth. *Juvenile Justice Bulletin*. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

National Center for Mental Health and Juvenile Justice. (2007). Mental health screening within juvenile justice: The next frontier. Delmar, NY: Author.

Peters, R., Bartoi, M., & Sherman, P. (2008). Screening and Assessment of co-occurring disorders in the justice system. Delmar, NY: The National GAINS Center.

Rahdert, E., & Czechowicz, D. (1995). Adolescent drug abuse: Clinical assessment and therapeutic interventions. *National Institute on Drug Abuse Research Monograph Series, 156* (NIH Publication No. 953908). Rockville, MD: U.S. Department of Health and Human Services.

Sacks, S. (2008). Brief overview of screening and assessment for co-occurring disorders. *International Journal of Mental Health and Addiction, 6*(1), 7-19.

Shepler, R., Cleminshaw, H., & Kanary, P. (2006). The Integrated Co-occurring Treatment (ICT) model: A new treatment model for youth with co-occurring disorders involved in the juvenile justice system. *Focal Point, 20*(2), 24-27.

Shufelt, J., & Cocozza, J. (2006). Youth with mental health disorders in the juvenile justice system: Results from a multi-state prevalence study. *Research and Program Brief*. Delmar, NY: Policy Research Associates.

Substance Abuse and Mental Health Services Administration. (2010). *Families of youth with substance use addiction: A national dialogue.* Rockville, MD: U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2011). *Identifying mental health and substance use problems of children and adolescents: A guide for child-serving organizations* (HHS Publication No. SMA 12-4670). Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration. (2009). *Integrated treatment for co-occurring disorders: The evidence* (DHHS Pub. No. SMA-08-4366). Rockville, MD: Author.

Substance Abuse and Mental Health Services Administration. (2002). Report to Congress on the prevention and treatment of co-occurring substance abuse disorders and mental disorders. Rockville, MD: U.S. Department of Health and Human Services.

Teplin, L., Abram, K., McClellan, G., Mericle, A., Dulcan, M., & Washburn, J. (2006). Psychiatric disorders of youth in detention. *Juvenile Justice Bulletin*. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Teplin, L., Abram, K., Washburn, J., Welty, L., Hershfield, J., and Dulcan, M. (2013). The Northwestern Juvenile Project: Overview. *Juvenile Justice Bulletin*. Washington D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Tomlinson, K., Brown, S., & Abrantes, A. (2004). Psychiatric comorbidity and substance use treatment outcomes of adolescents. *Psychology of Addictive Behaviors, 18*(2), 160-9.

Trupin, E., Kerns, S., Walker, S., DeRobertis, M. & Stewart, D. (2011). Family integrated transitions: A promising program for juvenile offenders with co-occurring disorders. *Journal of Child & Adolescent Substance Abuse, 20*(5), 421-436. DOI: 10.1080/1067828X.2011.614889

Wasserman, G., McReynolds, L., Schwalbe, C., Keating, J., & Jones, S. (2010). Psychiatric disorder, comorbidity, and suicidal behavior in juvenile justice youth. *Criminal Justice and Behavior, 37*(12), 1361-76.