Mental Health / Juvenile Justice

ActionNetwork

A Project of ModelsforChange

Workforce Development:
Strategic Innovations from the
Mental Health/Juvenile Justice Action Network

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Background

Each year, approximately 2 million youth are arrested. Over 600,000 of them are processed through juvenile detention centers and more than 93,000 are placed in secure juvenile correctional facilities (Snyder & Sickmund, 2006). The majority of these youth have significant mental health needs. It is now well established that 65% to 70% of youth in contact with the juvenile justice system have a diagnosable mental health disorder, and 27% experience disorders so severe that their ability to function is highly impaired (Shufelt & Cocozza, 2006; Wasserman et. al., 2002; Teplin et. al., 2002).

Youth are often placed in the juvenile justice system as a means of accessing mental health and other services that are otherwise unavailable or inaccessible in the community. A 2001 study conducted by the U.S. General Accounting Office found that parents placed over 12,700 children in the child welfare or juvenile justice systems in order to access services (U.S. GAO, 2003). Similarly, a 2004 Congressional report found that two-thirds of detention facilities across the country hold youth unnecessarily as a result of the unavailability of mental health services (U.S. House of Representatives, 2004).

Unfortunately, the reality is that the mental health services that are available to youth in the juvenile justice system are frequently inadequate and oftentimes nonexistent. For example, recent investigations by the U.S. Department of Justice into the availability of mental health services within juvenile correctional and detention facilities documented the failure of these facilities to respond to the mental health needs of the youth in their care. (U.S. Department of Justice, 2005).

This situation can exacerbate a youth's mental health condition and create a dangerous situation for both the youth and the juvenile justice staff responsible for supervising those youth (Skowyra & Powell, 2006). Even when mental health services are available to justice-involved youth, it is the juvenile justice staff who interact with these youth and supervise them on a day-to-day basis. From probation intake to secure corrections, juvenile justice staff are responsible for the day-to-day management of a large population of youth, the majority of whom have mental health problems. As a result, juvenile justice staff must deal not only with the risks of working with a juvenile offender population, but face the added challenge of working with a group of youth whose mental health problems they don't understand and are not trained to deal with.

This situation carries numerous consequences for the juvenile justice staff and the agencies they work for, as well as for youth and their families. The challenges of working with this population can further exacerbate the already stressful and sometimes dangerous situations that juvenile justice staff encounter, leading to high turnover and job dissatisfaction. Job stress has been consistently identified as a major factor in the level of job satisfaction among correctional staff (Lambert, et. al., 2002). Furthermore, a lack of knowledge about the mental

health problems among youth in the juvenile justice system can lead to inappropriate and ineffective responses to youth, and potentially further exacerbate a youth's symptoms.

At the same time, the day to day interaction between juvenile justice staff and the youth in their care creates an opportunity to achieve positive outcomes for both the youth and the juvenile justice staff. If juvenile justice staff are properly trained to understand the mental health problems experienced by the youth in their care, and how those problems may affect their interactions, those staff have the potential to build more positive relationships with the youth. Such a relationship has the potential to increase job satisfaction among juvenile justice staff, by making their work more rewarding, and ensuring that their response to youth with mental health needs is more appropriate.

Despite the negative consequences associated with a lack of mental health training, and the potential benefits such training could have on both the staff and the youth in the juvenile justice system, few jurisdictions have been able to provide their juvenile justice staff with mental health training. This is due largely to the fact that no standardized training exists about mental health problems among this population that is designed specifically for staff working in a variety of juvenile justice settings.

The Mental Health Training Curriculum for Juvenile Justice (MHTC-JJ)

Recognizing the need for comprehensive mental health training for juvenile justice staff that can be easily adapted for use at different points of contact, the Models for Change Mental Health/Juvenile Justice Action Network developed the Mental Health Training Curriculum for Juvenile Justice ***(MHTC-JJ)*** to fill this gap. The participating states (Connecticut, Illinois, Ohio, Texas and Washington) worked in conjunction with the NCMHJJ and its consultants- Dr. Gene Griffin, Dr. Debra Ferguson, Dr. Antoinette Kavanaugh, and Dr. Holly Hills in the creation and testing of the curriculum. The ***MHTC-JJ*** is designed to provide juvenile justice staff with basic information about adolescent development and mental health disorders commonly seen within the juvenile justice system, the treatment services often used with justice-involved youth, and the important role of the family. In addition, the ***MHTC-JJ*** seeks to provide participants with practical strategies for better interacting and communicating with youth in their care who have mental health problems.

The ***MHTC-JJ*** is an eight hour training for juvenile justice staff. It includes seven modules:

Module 1: This module provides an **Introduction** to the training, and includes warm-up exercises and a review of the training goals, objectives and module content. *(30 minutes)*

Module 2: This module addresses the **Interface between the Juvenile Justice and Mental Health Systems** and provides a brief review of the history and purpose of both of these systems, a description of the resulting relationship, and examples of local/state mental health/juvenile justice collaboration. *(45 minutes)*

Module 3: This module, **Understanding Adolescent Development,** describes the developmental processes that take place during adolescence as well as examples of normative adolescent behavior. It also describes recent adolescent brain research and how this has changed our understanding of adolescent behavior. *(60 minutes)*

Module 4: This module identifies and describes common **Mental Health, Substance Use and Trauma-Related Disorders** found among youth involved with the juvenile justice system. *(60 minutes)*

Module 5: This module describes **Treatment for Youth with Mental Health Disorders** and includes how disorders are identified, as well as recent treatment innovations including the use of evidence-based treatments. *(30 minutes)*

Module 6: This module, **Working with Youth- What You Can Do** is a skill-building segment that focuses on practical communication and intervention strategies that juvenile justice staff can use with youth to build skills, model positive behaviors, and foster helping relationships. *(90 minutes)*

Module 7: The **Family Engagement** module describes the experience of the juvenile justice system from a family's perspective. It focuses on why family engagement is essential and provides examples of what staff can do to help support families. *(30 minutes)*

The ***MHTC-JJ*** is intended for use with juvenile justice staff, including probation officers, and detention or correctional facility staff. No prior mental health training or knowledge is required. In some situations, a jurisdiction may find it useful to include clinical staff associated with the juvenile justice agency being trained. This helps to ensure that the line staff and the clinical staff are receiving the same information, as well as have the opportunity to jointly discuss any "systems" issues that may arise during the training. The ***MHTC-JJ*** allows for the inclusion of site-specific information or data, case studies, and real-life examples that are relevant to the target audience and can be modified as needed to reflect the unique issues and challenges of a local jurisdiction or an individual training audience. The training is provided in a classroom setting and is intended to be highly interactive. It includes a mix of didactic presentation, interactive exercises, videos and opportunities for discussion.

Current Status

The ***MHTC-JJ*** was piloted in Connecticut, Ohio, Illinois, Texas and Washington in June of 2009. Extensive evaluation data and feedback was collected and analyzed from each pilot test site. Significant revisions were then made to the curriculum based on this feedback and it was re-circulated back to the five states for final review and comment. In September 2010, the NCMHJJ initiated Train the Trainers in any MH/JJ Action Network state interested in receiving this training. These two day sessions were convened to review the content and to teach juvenile justice trainers how to administer the curriculum. The trainings were convened according to the following schedule:

Washington:	September 2010	Texas:	September 2010
Connecticut:	October 2010	Ohio:	November 2010
Louisiana:	February 2011	Pennsylvania:	March 2011

In addition to these Train the Trainers, the ***MHTC-JJ*** was used to train over 300 juvenile justice staff in IL, WA and TX in the fall of 2010 as part of an evaluation to determine the ***MHTC-JJ's*** impact on staff knowledge and perceptions about youth mental health needs. Among the findings:

- Training participants, when compared to the control group, had significantly higher post-training perceptions of competency, knowledge, and skills for working with youth, and reported a reduction in the perceived challenges of working with youth;

- The training was effective at reducing emotional exhaustion in detention staff and for increasing probation staff knowledge about existing community-based resources for youth.

In November 2010, the final draft of the ***MHTC-JJ*** was submitted to the Foundation for their review and comment. Upon receipt of the Foundation's feedback, the NCMHJJ will work to finalize the curriculum as well as work on plans for providing this training to interested states and communities across the country.

Summary

The MH/JJ Action Network focused its initial workforce development efforts on the creation of a training curriculum for staff working with youth with mental health needs involved with the juvenile justice system. This training curriculum is designed to be used by a variety of juvenile justice systems- probation, detention and corrections- to improve the ability of staff to understand, respond, communicate with and support youth with mental health needs. The expectation is that well-trained staff will be more competent and confident in their interactions with youth, thereby creating a safer and more therapeutic environment for all. The NCMHJJ is

now finalizing the ***MHTC-JJ*** and developing a dissemination plan to make the training available to interested communities.

References

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