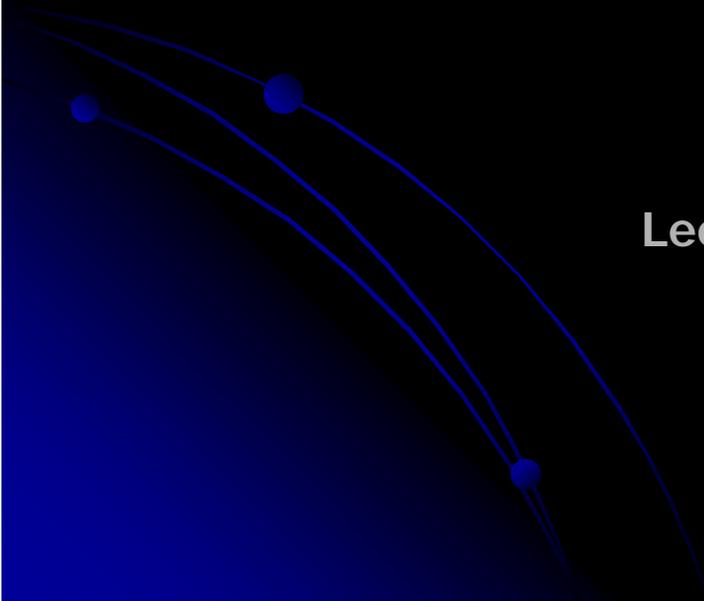# NDTAC National Conference

Integrating Educational and Mental Health Services for
Youth in Secure Care

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Introductory Thought

I have come to a frightening conclusion. I am the decisive element in the treatment of students. It is my personal approach that creates the climate. It is my daily mood that makes the weather. As an educator, I possess tremendous power to make a student's life miserable or joyous. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides whether a crisis will be escalated or de-escalated, and the student humanized or de-humanized

—Haim Ginnott, 1977

Prevalence Rates

- African-American youth between the ages of 11-18 with no prior admissions were six times more likely to be incarcerated than White youth for similar offenses (Poe-Yamagata, 2000)

- Approximately 34% of youth in secure care facilities are classified as having a mental health disorder and 25% as having a serious mental illness (Teplin, 2007).

- Approximately 50% of youth in secure care facilities are classified as having a substance dependence disorder (withdrawal, physical dependence, low tolerance, requires higher level intervention) (Trupin, 2007).

- Nearly 75% of youth in secure care facilities are classified as having a substance abuse disorder (abusive patterns, reckless, requires lower to moderate levels of intervention) (Trupin, 2007).

- A high percentage of youth struggle with co-occurring mental health and substance use disorders (Cocozza, 2006).

Prevalence Rates

According to the U.S. Census in 2000 concerning data on divorce, child custody, and child support, 50% of all white children and **75%** of all **black and brown children** born in the last two decades are likely to live for some portion of their childhood with only their mothers.

—Benson Cooke, 2008

Prevalence Rates

"Children growing up in homes with absent fathers are more likely to fail or drop out of school, engage in early sexual activity, develop drug and alcohol problems, and experience or perpetrate violence in greater numbers than children growing up in homes with fathers present."

—Benson Cooke, 2008

Prevalence Rates

Boys & Girls

- Girls are 3-4 times more likely to be victims of sexual abuse.
- Girls are more likely to be victimized physically and sexually by a family member.
- Victimized girls are more likely to present serious mental health symptoms.
- Girls have higher prevalence rates of depression, anxiety, PTSD, eating, sleeping, somatization, and borderline personality disorders and features.
- Girls have higher rates of co-occurring mental health and substance use rates.
- Girls are more likely to run away from home to escape violence.

—Veysey, 2007

Prevalence Rates (Cont'd.)

Boys & Girls (Cont'd.)

- Boys and girls respond differently to abuse. Boys generally become aggressive.
- Girls tend to internalize the injury, sometimes becoming aggressive and other times becoming depressed, or both at the same time.
- Boys tend to minimize their negative emotions.
- Boys tend to have disruptive relationships, overcompensate for control, and sever their emotions.
- Initial treatment for girls should focus on empowerment.
- Initial treatment for boys should focus on relationships and on expanding their emotional repertoire.

—Veysey, 2007

Why Educate/Treat/Manage High-Risk Youth Anyway?

- The professional obligation
- The public safety obligation
- The court mandate obligation
- The civil right obligation
- Society's obligations
- Right to an education
- Therefore….

"When youth need [behavioral health interventions], providers should use worthwhile interventions consistent with society's objectives"

—Grisso, 2007

1. Defining who needs behavioral health interventions

- Diagnosis does not define who needs treatment or what treatment is needed.

- No one should expect (nor is it necessary for) providers to provide treatment for all youth who meet diagnostic criteria for mental disorders.

- Thinking about treatment obligations requires attention to several different types of need.

—Grisso, 2007

2. Controversy about behavioral health treatment

- The risk of juvenile justice system becoming society's child mental health services

- The conflict between therapeutic trust and the power to restrict liberty in secure care facilities

- The reduced value of treatment "inside" for behavior "outside"

—Grisso, 2007

Who Are High-Risk/Need Juveniles?

- Youth who are traumatized

- Youth who are severely mentally ill

- Youth who are chemically dependent

- Youth who are behaviorally disruptive

- Youth who are sex offenders

- Youth who are gang affiliated

- Girls with serious mental health issues

Underwood, Barretti, Storm, & Safonte-Strumbolo, 2005

What We Believe About Youth

(Key DBT Assumptions: Linehan)

- Youth are doing the best they can.
- Youth want to improve their lives.
- Youth need to do better, try harder, and be motivated to change.
- Youth have not caused all of their own problems, but they must solve them anyway.
- The lives of youth are painful as they are currently being lived.
- Youth must learn new behaviors in all relevant contexts (e.g., facility, new school setting).
- Youth cannot fail; providers must persevere.
- Youth must want to change; the power lies within.

—Linehan, 2006

What Makes Behavior Difficult To Change?

- Aggressive traits (impulsivity, low remorse)
- Aggressive behaviors (fighting, stealing)
- Negative consequences (poor relationships, school problems)
- Poor values and esteem around education
- More difficult to "unlearn" something than to learn something new

What Makes Behavior Difficult To Change?

Irrational thoughts often lead to extreme emotions.

The extreme emotions may lead to more irrational thoughts.

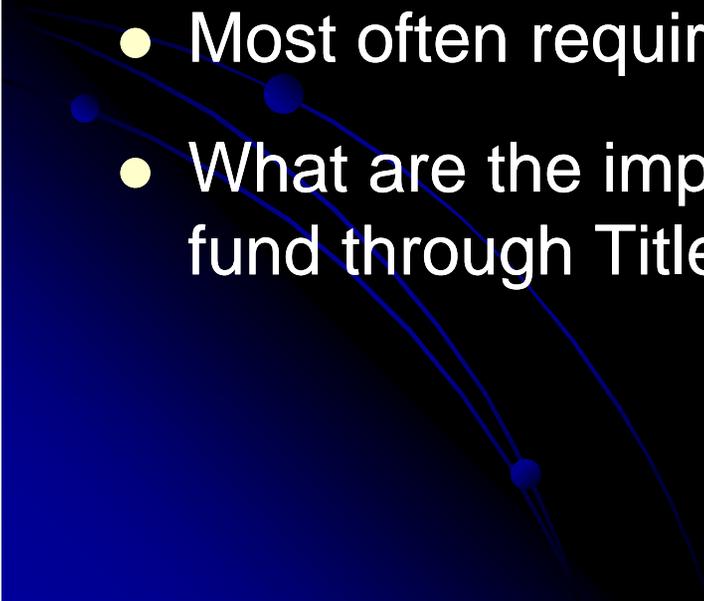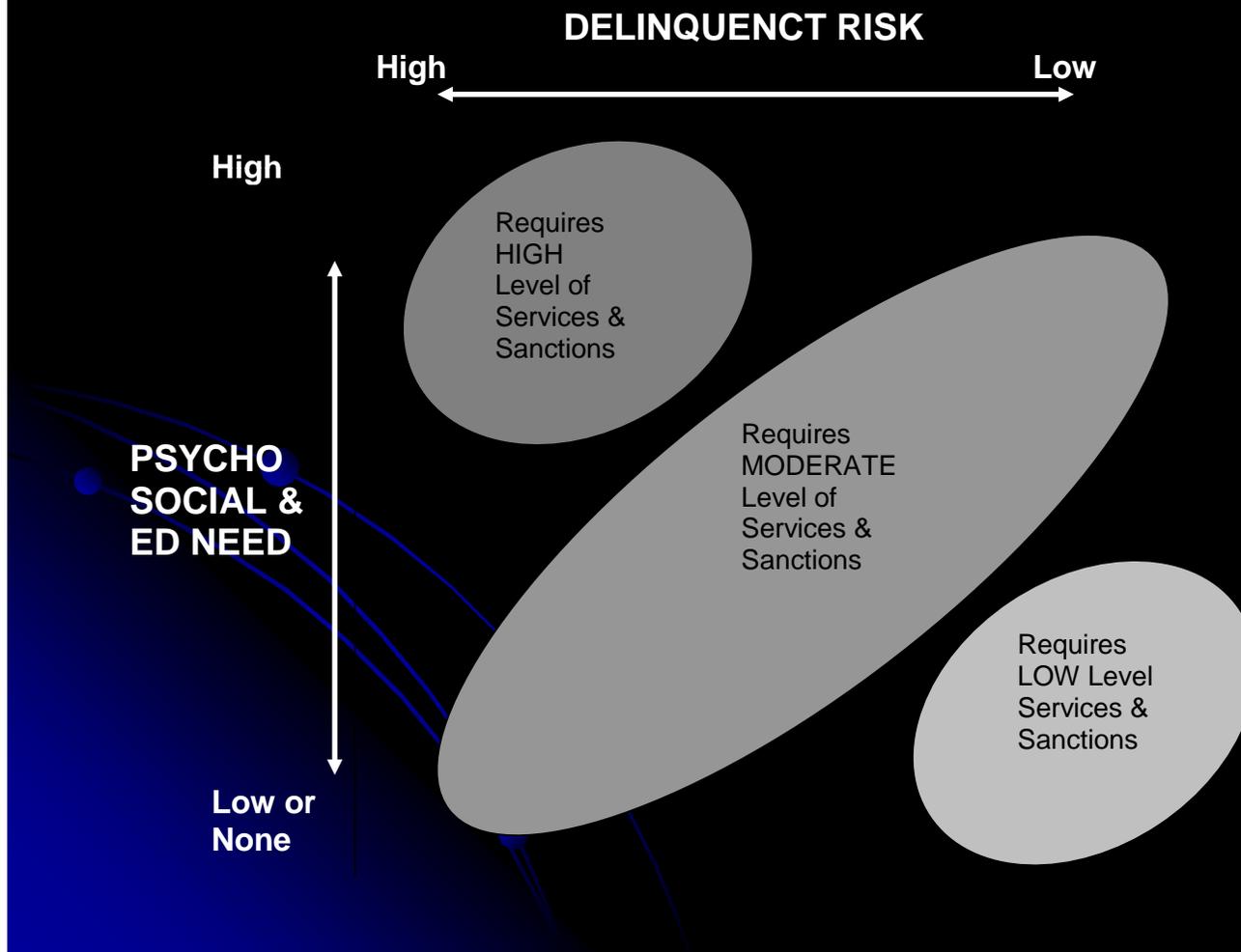| Irrational Thoughts	Feelings
That was not fair.	Angry
It was not my fault.	Defensive
I didn't do anything wrong.	Aggressive

What Makes Behavior Difficult To Change?

- Why is "I feel like hurting him" more problematic than "I'm thinking about hurting him"?
  - The primary reason is because there are no steps between feelings and actions.
    - If youth confuse their thoughts with feelings, it is easier to act in a reactive manner, without thinking about alternative actions.

What Will It Take To Change Behaviors?

- Time
- Replace antisocial values and beliefs that support antisocial behaviors
- Replace the old behaviors with new behaviors
- Involves risk to change (community, family, friends)
- Most often requires new skill development

- What are the implications for the program that you fund through Title I, Part D?

Diagrammatic Composite Need/Risk Index

DELINQUENCT RISK

High   Low

High

PSYCHO SOCIAL & ED NEED

Low or None

Requires HIGH Level of Services & Sanctions

Requires MODERATE Level of Services & Sanctions

Requires LOW Level Services & Sanctions

Integrating Services

- Behavior problems may start out as attempts by youth to change what they do not like.

- Staff can make a difference by attending promptly to youth who have behavior problems so that the behavior problems do not escalate and make life miserable for the youth or themselves.

- Staff should not arbitrarily deny youth anything that he/she wants unless specially indicated in a program or they feel that doing so will result in actual danger .

- Staff will have less behavioral problems if they attend to a youth's needs.

- Staff's method of interacting with youth may prevent maladaptive behavior problems from occurring.

Integrating Services

- Provides staff members a standard and tangible means for discussing and communicating any treatment and educational issues concerning a youth with other staff members and professionals

- Enables conclusions to be reached about various types of behavioral problems demonstrated by youth and the challenges that must be addressed to bring about change
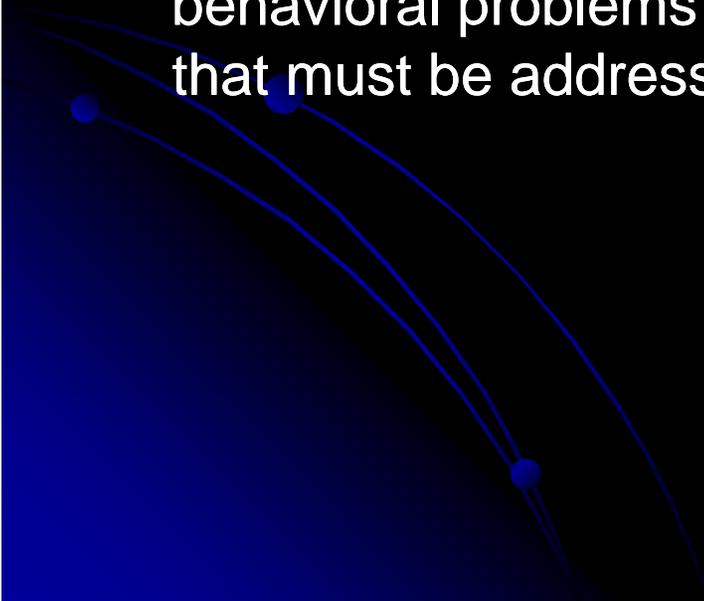
Integrating Services

Environmental Factors

- Offer physical comfort at all times; consider whether the youth is thirsty, hungry, cold, or hot or tired. Sometimes, if these needs are considered first, it will enable the youth to be less agitated. Look for signs or causes of discomfort (e.g., headaches, toothaches).

- Provide for an optimal environment that does not add stress to the individual. Provide for a living arrangement that is free from upsetting noise and unnecessary commotion; avoid over- or understimulation.

- Provide for a stimulating environment, for example, a well-lit, spacious setting that is exciting to be in and does not provide a feeling of being shut in.

Integrating Services

Environmental Factors (Cont'd.)

- Due to disabilities, frustrations abound. Staff need to provide accommodations and modifications to lessons and adaptive compensatory devices for easy accessibility by the youth (e.g., extended time, preview material/content, read assignment to youth, mobility devices, communication boards, etc.).

- As much as possible, provide for choices in terms of activities, seating, scheduling, etc.

- Actively seek out youth's participation and orientations to the environment. Provide stimulation. Help seek out stimulation.

Integrating Services

Interpersonal Dealings

- Provide reassurances frequently. Look directly at the youth, talking to the youth softly and frequently—and not only when a need arises—using the youth's name.

- Smile and vocalize. Frequently interacting with the youth will help in maintaining reality orientation.

- Use a positive and an empathetic tone of voice so as not to arouse fear and anxiety in the youth.

- Try to inculcate an attitude that reflects warmth and bonding as well as an essential sensitivity to the youth's emotional feelings and needs.

- Remember in all circumstances we need to lessen fear, frustration, and stress and to increase feelings of safety and security.

Integrating Services

Observing and Identifying Behaviors

- Successful monitoring and measuring of behavior starts with good observation and recording by staff members.

- Observation is an active process that includes four primary skills:
    1. Attention – remaining alert to the relevant behaviors

    2. Awareness – being familiar with the youth's treatment plan, educational disabilities, accommodations and modifications, legal and psychosocial history

    3. Objectivity – not allowing personal biases to interfere with your ability to perceive reality accurately

    4. Positioning – choosing a location which allows you to see all youth

Final Thought

Strategically and planfully integrating the educational and clinical needs of youth in secure care will result in better outcomes for the youth in the juvenile justice system.
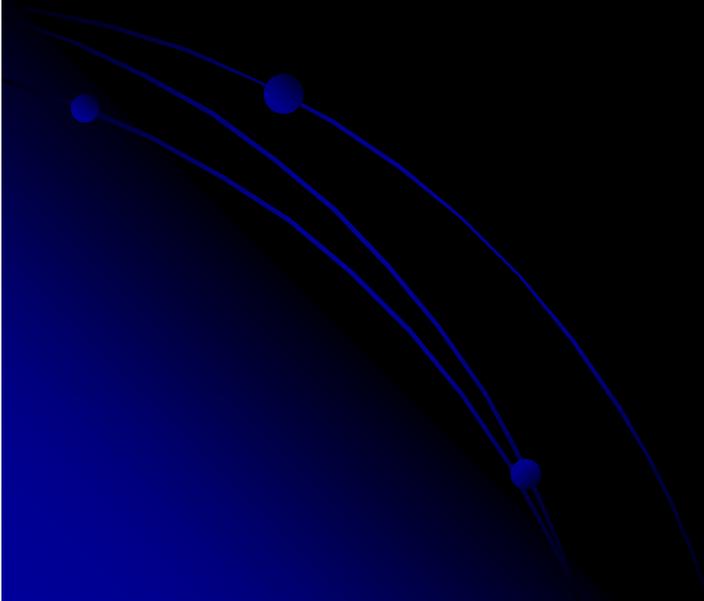
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