

The Pathway from Maltreatment & Trauma to Delinquency

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Trauma & Maltreatment

- The majority of children and adolescents who develop a pattern of delinquent behaviors and experience subsequent family court involvement have faced both serious difficulties and traumatic or maltreatment events, including:
 - physical abuse, sexual abuse, and/or neglect
 - physical assaults
 - witnessing family, school, or community violence
 - racism
 - bullying
 - loss of loved ones
 - separation

Trauma & Maltreatment

- Children and adolescents who have multiple exposures to these traumatic events are at higher risk for (endnotes 1-3):
 - mental health problems
 - behavioral problems
 - school difficulties
 - substance abuse
 - delinquent behaviors

What is Trauma?

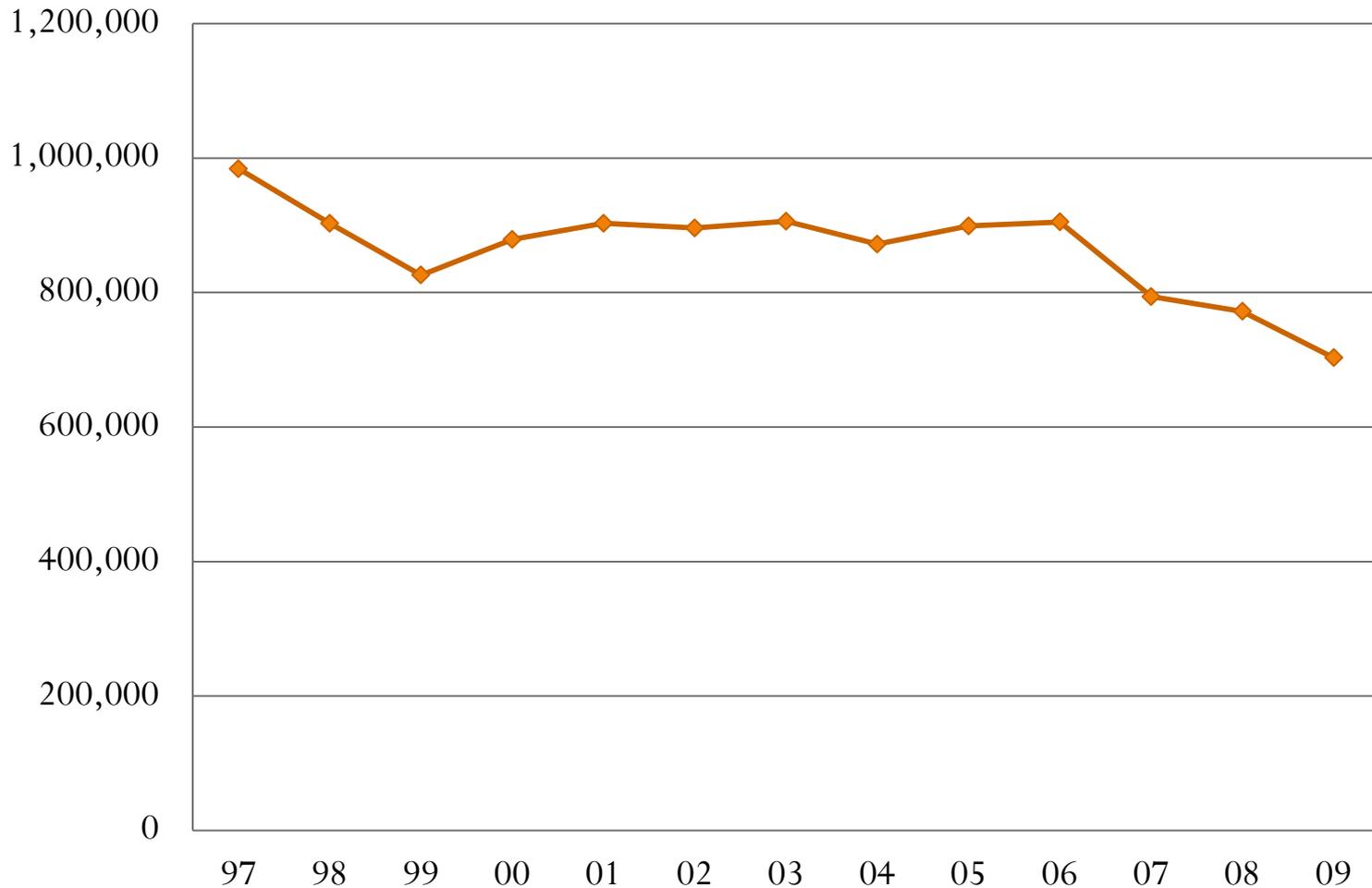
- **Acute trauma:** A single traumatic event that is limited in time. An earthquake, dog bite, or motor vehicle accident are all examples of acute traumas.
- **Chronic trauma:** Chronic trauma may refer to multiple and varied (traumatic) events such as a child who is exposed to domestic violence at home, is involved in a car accident, and then becomes a victim of community violence, or longstanding trauma such as physical abuse or war.
- **Complex trauma:** Complex trauma is a term used by some experts to describe both exposure to chronic trauma—usually caused by adults entrusted with the child’s care, such as parents or caregivers—and the immediate and long-term impact of such exposure on the child.
- **Hypervigilance:** Abnormally increased arousal, responsiveness to stimuli, and scanning of the environment for threats. Hypervigilance is a symptom that adults and children can develop after exposure to dangerous and life-threatening events. (4-6)

Trauma & Maltreatment do not Impact All?

- **Resiliency**: A pattern of positive adaptation in the context of past or present adversity.
- The degree to which a child or adolescent is impacted by trauma is influenced by:
 - his or her temperament
 - the way the child interprets what has happened
 - his or her basic coping skills
 - the level of traumatic exposure
 - home and community environments, and
 - the degree to which a child has access to strong and healthy support systems.

Chronic & Complex Trauma

National Child & Adolescent Maltreatment Cases



Chronic & Complex Trauma

National Child & Adolescent Maltreatment Cases

- These are the reported and substantiated maltreatment cases:
 - Neglect (ranging from 48 to 80 percent, depending on the year)
 - Physical abuse (17 to 27 percent)
 - Sexual abuse (9 to 17 percent)
 - Psychological (emotional) abuse (4 to 7 percent)

Delaware Maltreatment Cases – 2010

DHHS , *Child Maltreatment, 2010*; <http://www.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf>

- Delaware child and adolescent population = 206,993
 - Number of child and adolescent victims = 2,125
 - Rate = 10/1000; national norm rate is 10.1/1000
 - 82.2% of these were first-time victims
 - 40.3% were age 8 to 17
 - 21.5% were adolescents (12 to 17)
 - 49.6% female; 50.4% male
 - 44.7% African-American
 - 44.0% White
 - 8.8% Hispanic
 - Neglect = 42.3%
 - Physical Abuse = 15.5%
 - Psychological Maltreatment = 38.4%
 - Sexual Abuse = 7.4%
 - 29.0% of victims had a reported disability (emotional, physical, learning, others)

Chronic & Complex Trauma

National Child & Adolescent Maltreatment Cases

- Victims do not differ on gender - males and females are equally at risk.
- However child and adolescent victims are disproportionately:
 - younger - under the age of 10, though adolescents still account for 20 percent of cases (24.8% in Delaware).
 - minority children - African-American, American Indian, and Pacific Islander. (7-8)

Trauma/Maltreatment Pathway to Delinquency

- Understanding this trauma/maltreatment to delinquency pathway is difficult because it is complicated.
- Trauma/maltreatment is one risk, among many, that increases the odds that an adolescent will become formally involved with the family and juvenile courts.
- These other additional risks are related to:
 - Individual
 - Family
 - School
 - Neighborhood

Related Delinquency Risks

- The individual-related risks include:
 - early aggression
 - mental health problems
 - substance abuse (9-12)
- The family-related risks include:
 - low parental involvement
 - inconsistent parenting
 - parent criminality
 - parent-child separation (13-14)

Related Delinquency Risks

- The school-related risks include:
 - academic problems
 - special education disabilities
 - truancy, negative or deviant peers
 - frequent school transitions (15-16)
- The neighborhood-related risks include:
 - high levels of unemployment
 - residential instability (17-18)

Related Delinquency Risks - Demographics

- There are also a number of youth demographic factors that predict formal juvenile court involvement:
 - **The juveniles' age** - older youth are more likely
 - **Gender** - males are more likely, though females are increasing in numbers
 - **Race** - minorities are more likely (the disproportionate minority contact and confinement problem)
 - **Socio-economic status** - juveniles living in poor households are more likely, especially for serious forms of delinquent behaviors. (19-23)

Maltreated Adolescents in the Family Courts

- Many of the adolescents involved with the family courts have maltreatment histories.
- It is estimated that between 26 and 60 percent of children and adolescents who are formally involved.
 - Most of the research identifying these rates have come from studies of detained or incarcerated youth.
- While maltreatment is a significant risk factor for later juvenile and family court involvement, a vast majority of children and youth who are victims never become involved with the courts. (24-29)

Okay, no Day Dreaming out there 😊



From Maltreatment to Delinquency

- The relationship between maltreatment and delinquency, while becoming better understood, is still complex.
- It is complex because of:
 - 1. The link to serious youthful offending
 - 2. The maltreatment effects that are also delinquency risk factors

Serious Youthful Offending

- Repeat maltreatment victimization predicts the initiation, continuation, and severity - often, more severe - of delinquent acts.
- This more extensive maltreatment is also associated with chronic and violent offending behaviors (serious youthful offenders), in particular when compared to non-maltreated children and adolescents.
- In addition, children who are maltreated during later childhood and those maltreated during adolescence are at even higher risk of committing violent and delinquent acts. (30-33)

Serious Youthful Offending

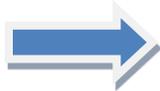
- Adolescents who commit, and repeat, more serious offenses are much more likely to be placed into juvenile detention or youth incarceration facilities.
- These detention and incarceration placement experiences are detrimental for the youth, and are increasingly found to be part of the problem.
- In fact, the detention or incarceration experience itself either has no impact on the youth's future re-offending behavior or it increases youth re-offending behavior.
- Children and adolescents with maltreatment histories compared to youth without these histories come under juvenile court supervision at younger ages. (34-40)

Serious Youthful Offending

- These juvenile and family court facility placements have **other deleterious effects**.
 - Once detained or incarcerated, the adolescent's mental and physical well-being, as well as future employment options, are negatively impacted.
 - Time spent in these facilities interrupts positive peer, family, and school relations, while often promoting a negative peer culture.
 - It may be for these reasons that in some cases 20 to 40 percent of incarcerated adolescents reoffend within twenty-four months of their release. (41-43)

**Trauma &
Maltreatment**

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graph LR; A[Trauma & Maltreatment] --> B[Delinquency Risks]; B --> C[Juvenile Delinquency];
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Delinquency Risks

Mental Health Problems

Substance Abuse

Parent-child Separation

Academic Problems

**Special Education
Disabilities**

**Negative and Deviant
Peers**

**Frequent School
Transitions**

Running Away from Home



**Juvenile
Delinquency**

Maltreatment Effects → Delinquency risks

- **Mental health and substance abuse problems** are often an outcome of child and adolescent maltreatment.
- Physical abuse of children many times leads to depression and post-traumatic stress disorder;
- Anxiety difficulties and related problems are often outcomes of neglect;
- While sexual abuse is associated with both anxiety difficulties and post-traumatic stress disorder. (44-46)

Maltreatment Effects Delinquency risks

- Within family court detention and incarceration facilities, two-thirds of males and three-quarters of females meet criteria for at least one mental health disorder. (47-51)

Mental Health Disorder	Juvenile Justice Population
Conduct Disorder	52-90%
Oppositional Defiant Disorder	12-28%
Anxiety Disorders/Phobias	24-29%
Attention-Deficit Hyperactivity Disorder	18-76%
Depression	15-25%
Substance Abuse Disorders	25-67%
Mood Disorders	10-25%

Maltreatment Effects Delinquency risks

- **Running away** is both an outcome of maltreatment at home and a precursor to delinquent behaviors and activities.
 - Many children and adolescents run away, or are “kicked out”, from abusive or unsafe home environments.
 - Some of them return, some stay away for extended periods of time, and some become homeless.
- These runaway adolescents are at much higher risk for school difficulties and truancy due to these disruptions,
 - while adolescents who experience homelessness are much more likely to commit drug and/or violent crimes. (52-53)

Maltreatment Effects Delinquency risks

- Children and adolescents with maltreatment histories, compared to youth without these maltreatment experiences, are **less successful in school**.
- Maltreatment negatively impacts older students' academic, social, and other related outcomes.
- Reoccurring maltreatment is associated with having a low grade point average and with problems completing homework assignments.
- Older adolescents are often behind three or four grade levels in reading abilities and significantly more often repeat at least one grade, making their chances of high school completion much less likely.
- Those who have experienced foster care placement are particularly at risk, with a much higher percentage not completing high school compared to their non-maltreated peers. (54-56)

Maltreatment Effects Delinquency risks

- Adolescents at high risk for delinquency:
 - Those with maltreatment histories who do not complete high school.
 - Those in foster care who are truant or transition schools often.
 - Those aging out of the child welfare system.
 - Without effective supports or efforts to complete their secondary school education, the young adult employment and independent living options for this group are very limited. (57-59)

What can the Family Courts do?

Nope, not visit Graceland – as tempting as that is!



Decrease Maltreatment Cases

- The first intervention stage is to decrease the number of children and adolescents in the community who are abused or neglected. Effective interventions include the following: (66-68)
 - Some parent training and education programs:
 - **Family Connections**
 - **Triple P** (<http://www.triplep.net/>) **Nemours Foundation**
 - **Parent-Child Interaction Therapy** (<http://pcit.phhp.ufl.edu/>) **Prevention and Behavioral Health Services**
 - **Incredible Years Program** (<http://www.incredibleyears.com/>) **Prevention and Behavioral Health Services & Early Years**

Decrease Maltreatment Cases

- Home visiting programs
 - **Nurse-Family Partnership** (<http://www.nursefamilypartnership.org/>)
Children and Families First
 - **Healthy Families America**
<http://www.healthyfamiliesamerica.org/home/index.shtml>) **Division of Public Health**
 - **Early Head Start** (<http://www.ehsnrc.org/>) **Division of Public Health**
- Some parent and family support groups
 - **Strengthening Families Initiative** (<http://www.strengtheningfamilies.org/>)
Division of Family Services & Trauma-informed Care (along with PBH) in the Ferris School

Decrease Maltreatment Cases

- Substance abuse treatment for parents & caregivers
 - Between 18 and 24% of substantiated maltreatment cases are because of parental substance abuse
 - The presence of substance abuse by parents is twice as likely for children and adolescents in foster care
 - Strengthening Families Program has the greatest impact on alcohol and drug use
- Public education
 - **Stop it Now Program** (<http://www.stopitnow.org/>)
 - **Prevent Child Abuse America** (<http://www.preventchildabuse.org/index.shtml>)

Expand Court/Community Assessment & Treatment

- Imposing only punitive or negative consequences for offending youth are less likely to change the pattern of delinquency or other risk-taking behaviors.
- Family courts can be more effective in identifying and understanding the impact maltreatment has on these behaviors. (69-70)
- The identification, and subsequent treatment, of these youth will require more resources (and/or community youth agency involvement) in the earlier court stages, but will help direct, guide, and individualize important rehabilitative planning.
- The old adage applies: an ounce of prevention is worth a pound of cure.

Expand Court/Community Assessment & Treatment

- Standardized assessments, including trauma screenings, could be used for adolescents who become formally involved with the family courts.
- Court personnel have historically struggled with the judgment for each juvenile offender as to their dangerousness, blameworthiness, and future behavior, balanced with their benefit from different court interventions.
- At numerous points within the courts – diversion, offense charge, detention - professionals make these judgments, oftentimes based only on professional experience and intuition.
- It is well known that uncovering maltreatment histories are often times difficult to do with just interviews or family reports. (71-72)

Expand Court/Community Assessment & Treatment

- There are trauma screenings available that can provide assistance in identifying children and adolescents with trauma/maltreatment histories
 - 1. **The Traumatic Events Screening Inventory (TESI)** is a structured clinical interview that assesses the youth and parents' reports of past or current traumatic events, including maltreatment.
 - 2. **The Child Welfare Trauma Screening Tool (CWTST)** assesses for trauma and mental health needs for children and youth.
 - 3. **The Trauma Symptom Checklist for Children (TSCC)** is a self-report symptom inventory that identifies behavioral and mental health disorders that are often the outcome of maltreatment, and includes measures that assess directly for chronic traumatic stress. (75-76)

Maltreatment & Delinquency Programming

- Elements of effective programs for children and adolescents with maltreatment and delinquency risks have been identified and include the following components (71):
 - addressing the entire context of child/youth and family functioning
 - the provision of parental supports and education
 - a focus on improving the parent-child interaction
 - thorough individualized assessment, including risk and protective factors
 - involving a multimodal intervention approach
 - utilizing community supports as available
 - an emphasis on behavior skills development
 - coordinating and integrating school, juvenile court, child welfare, and mental health systems

Effective Interventions for Trauma/Maltreatment (72-76)

Cognitive Behavioral Intervention for Trauma in Schools
(CBITS; <http://cbitsprogram.org/>)

Trauma Affect Regulation: A Guide for Education and Therapy
(TARGET; <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=104>)

Seeking Safety
(<http://www.seekingsafety.org/>)

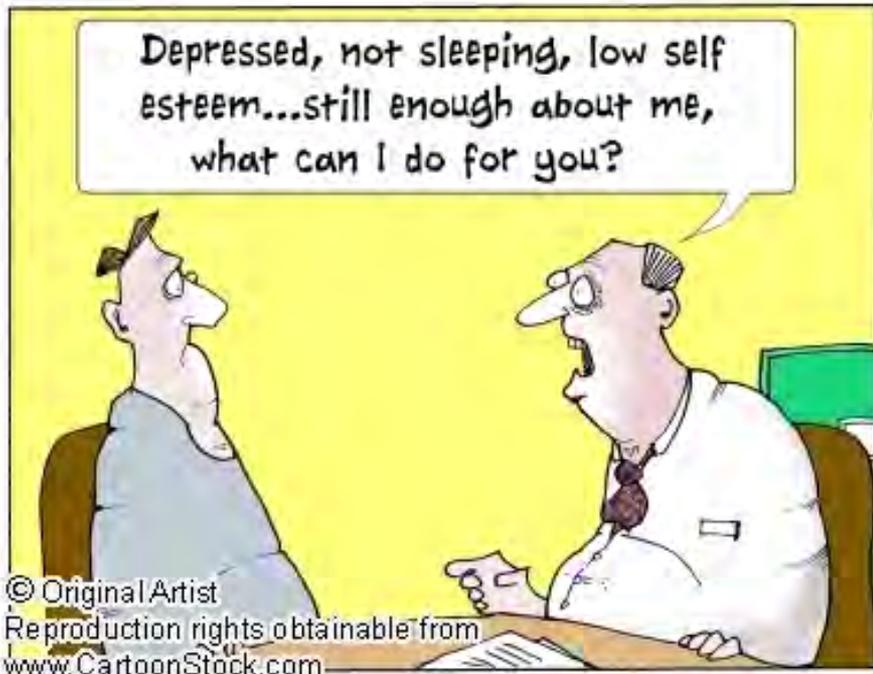
Trauma-Focused Cognitive Behavioral Therapy
(TF-CBT; <http://www.childwelfare.gov/pubs/trauma/>)

Prevention and Behavioral Health Services

Skills Training in Affective and Interpersonal Regulation
http://www.nctsn.org/sites/default/files/assets/pdfs/promising_practices/STAIRNST_2-11-05.pdf)

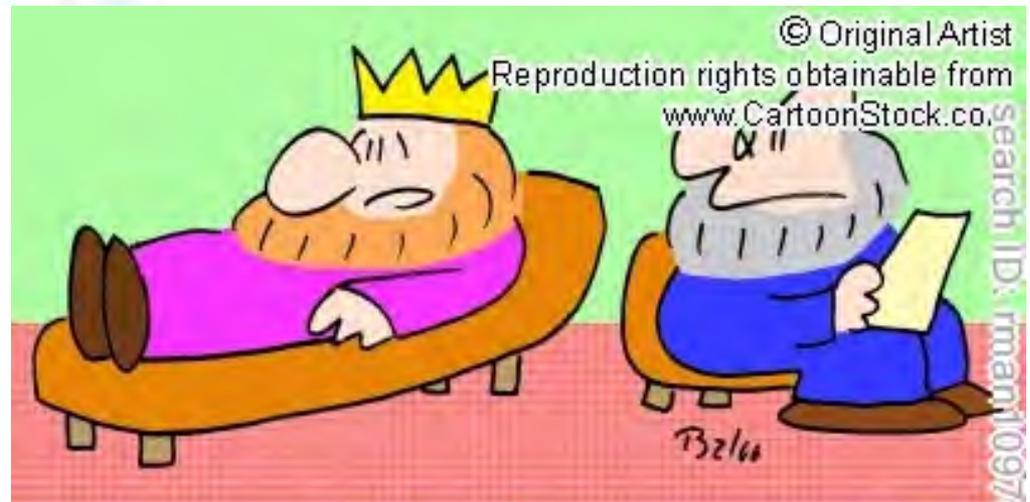
Trauma Recovery and Empowerment Model (TREM;
<http://nrepp.samhsa.gov/ViewIntervention.aspx?id=158>)

Found most effective for girls



Search ID: form1404

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"I have libertarian impulses."

Screening & Assessment – Mental Health

- Standardized assessments that can provide assistance in identifying past social and family histories, mental health concerns, and other related problems.
 - 1. **The Massachusetts Youth Screening Instrument (MAYSI-2)** is a 52-item standardized instrument with seven subscales used to identify mental health needs of youth.
 - 2. **The Youth Level of Service/Case Management Inventory (Y-LSI)** is a 42-item checklist with eight subscales: offense history, family circumstances/parenting, education, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation. (77-78)

Screening & Assessment – Mental Health

- There are, in addition to these combined screening tools, many other standardized evaluation options utilized in the child and adolescent mental health and substance abuse fields. (79-80)
- The **Behavioral and Emotional Screen System (BESS)**, used to identify behavioral and emotional strengths and weaknesses for adolescents through secondary school ages, and can screen for a variety of behavioral and emotional disorders that can lead to adjustment problems.
- The **Diagnostic Interview Schedule for Children Version 4 (DISC-R)** is a comprehensive, structured interview that assesses for over three dozen youth mental health disorders.

Mental Health Treatment

- Interventions and programs that address child and adolescent mental health (and substance abuse) difficulties should include:
 - 1. Treatment that occurs with the family - preferably at home, if possible.
 - 2. Treatment that is built around family and community strengths.
 - 3. Treatment that is comprehensive and integrated.
 - 4. Treatment that is gender and culturally specific.
 - 5. Treatment that allows flexibility in treatment type - behavior, cognitive, parent training, et al. (81-83)

Effective Interventions for Behavioral-based Disorders (CD & ODD)

- Cognitive-based, parent training focused on teaching practical skills for caregivers to address conflict, improve communication, and address interpersonal problems has been found effective.
- While more broad use of cognitive-behavioral treatment interventions for the youth and family has reduced aggressive and antisocial behaviors. (86-87)

Effective Interventions for Behavioral-based Disorders (CD & ODD)

- In fact, cognitive-behavioral treatments have been found to be some of the more efficient treatments for conduct disorder and related violent youth behaviors (as well anxiety problems) (88-89).
- These interventions also improve positive behavioral and other psychological outcomes, including:
 - **social skills training**
 - **parenting skills training**
 - **problem-solving skills**
 - **behavioral contracting**
 - **anger management**

Effective Interventions for Behavioral-based Disorders (CD & ODD)

- Functional Family Therapy (<http://www.fftinc.com/>)
 - **Children and Families First & Youth Rehabilitative Services makes referrals for youth served in the community**
- Multi-systemic Therapy (<http://mstservices.com/>)
 - **Division of Youth Rehabilitative Services**
- Both of these techniques use a framework of modifying the youth behaviors and cognitions, family (functional family therapy), and multiple systems (Multi-systemic Therapy), with a focus on the larger family or system groups as the emphasis for change.

Effective Interventions for Behavioral-based Disorders (CD & ODD)

- **Multi-systemic Therapy** specifically targets the youth with severe psychological and behavioral problems population through short-term (four to six months), multi-faceted (using techniques from structural family therapy and cognitive behavioral therapy), home- and community-based interventions (91-93).
 - Multi-systemic Therapy has been found to impact youth offending recidivism significantly, with an almost four to one return on investment.
 - However, a thorough review of the available research on Multi-systemic Therapy found this intervention to be only as effective as other comparable or usual interventions for youth with emotional or behavioral problems; leading to the need for further research in determining if less expensive alternatives may be equally effective.

Effective Interventions for Behavioral-based Disorders (CD & ODD)

- **Functional Family Therapy** is a short-term program of engagement with the family designed to motivate the youth and family members to change the ineffective, acting-out youth behaviors (94-95).
- These efforts with 11 to 18-year-old youth with behavioral disorders lasts from eight to 30 hours of intervention, dependent on problem severity level, through different engagement and treatment phases.
 - This intervention has been found to have a significant impact on decreasing out-of-home placement offending behavior recidivism.

Depression & Suicide Prevention

- Numerous therapy approaches have been utilized over the past two decades to decrease the impact and symptoms of youth depression and depression-related disorders – therapy modalities, psychopharmacology, group approaches, and others.
- While some of these interventions, primarily **psychopharmacology**, are important in stabilizing the most serious depressive symptoms – suicide ideation and behaviors - others have been found to **not be effective in achieving these symptom reduction goals** - therapy, psychotherapy, analysis. (96)
- However, there is a shorter list of interventions that may be helpful for some youth with significant depression problems.

Depression & Suicide Prevention

- These interventions that are more likely to be effective include:
 - components of cognitive behavioral approaches to working with adolescents and depression, with a focus on increasing:
 - social activities
 - problem solving abilities
 - cognitive restructuring
 - psycho-education for parents and youth, and
 - regulating and monitoring mood and affect

Depression & Suicide Prevention

- The National Registry of Evidence-Based Programs, supported by the National Institute of Mental Health, has identified a number of suicide prevention programs found effective in working with at-risk youth (97).
 - **CARE (Care, Assess, Respond, and Empower)** - a high-school based program utilizing motivational counseling and social support.
 - **Prevention and Behavioral Health Services**
 - **CAST (Coping and Support Training)** - a 12-week program focused on life-skills and social support delivered by teachers in a group setting.
 - **Emergency Department Means Restriction Education** - an adult caregiver program that helps to minimize access to youth suicidal risks within the home, for example firearms and prescription drugs.
 - **Lifelines Curriculum** - a school-wide prevention program that focuses on available resources and decreasing the stigma of suicidal behaviors.
 - **Prevention and Behavioral Health Services**
 - **Reconnecting Youth: A Peer Group Approach to Building Life Skills** - a school-based prevention program that teaches skills to build resiliency against suicide risk factors and early substance abuse or emotional problems.



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Screening & Assessment – Substance Abuse

- A number of reliable screening tools are available that are appropriate to utilize with the adolescent population, including (98):
 - **The Adolescent Substance Abuse Subtle Screening Instrument (SASSI-3)** is a psychological screening measure that can identify adolescents with chemical dependency, substance abuse, and substance use disorder.
 - **The Global Appraisal of Individual Need - Short Screen (GAIN-SS)** can be used to quickly and accurately identify youth who may need a more thorough assessment for substance use disorders, as well as internalizing or externalizing psychiatric disorders.
 - **Prevention and Behavioral Health Services and its Agency Providers**
 - **The Michigan Alcohol Screening Test (MAST)** is a 25-item structured screening tool that can be used to detect a drinking problem, though may under-identify youth who are unaware of this potential problem.

Substance Abuse Prevention

- Families play a key role in impacting the risk of substance abuse and can be strengthened through skills training, education, and increased involvement among family members. (99-100)
- **Parent skills training** can improve rule-setting, monitoring, and consistent disciplinary actions.
- **Drug education and information** can improve discussions about substance abuse.
- **Schools** can also play an important preventative role by increasing students' academic (study habits, self-efficacy) and social abilities (peer relationships, drug resistance skills).

Substance Abuse Prevention

- Communities can also have an impact among high-risk families by targeting populations in multiple settings (home, schools, faith-based centers, et al.) through the use of consistent messages about the risks for and problems of substance use. (101-103)
- These efforts, and the use of empirically-supported preventative efforts, can be very cost-effective saving many more dollars in youth and family treatment compared to preventative costs.
- **The Midwestern Prevention Project (MPP)**
- **The Strengthening Families Program: For Parents and Youth 10-14**
 - (<http://www.extension.iastate.edu/sfp/>)
 - **Children and Families First via a Division of Family Services contract**
- **Guiding Good Choices**
- **Skills, Opportunity, And Recognition (SOAR) Program**

Effective Interventions for Substance Abuse

- Universal programs with significant prevention impact include (104-106):
 - The Caring School Community Program
 - Promoting Alternative Thinking Strategies – PATHS
 - Skills, Opportunity, And Recognition (SOAR) Program
 - Guiding Good Choices
 - Life Skills Training
 - **Prevention and Behavioral Health Services**
 - Project Alert
 - Project STAR
 - Project Toward No Drug Abuse
 - Strengthening Families Program: For Parents and Youth 10 to 14
 - **Children and Families First**

Effective Interventions for Substance Abuse

- Effective selective programs include:
 - Focus on Families
 - Strengthening Families Program
 - **Prevention and Behavioral Health Services**
 - Coping Power
- While effective indicated programs include:
 - Project Towards No Drug Abuse (<http://tnd.usc.edu/>)
 - Reconnecting Youth (<http://www.reconnectingyouth.com/>)

Mentoring Programs

- Many reviews of mentoring programs have been completed, with generally significant positive impact results. These reviews have found significant decreases in youth delinquent activities, improved school performance, lower levels of aggression, and other related outcomes (109-110).
- **Ferris HOST Mentoring Program: offered to Level IV Cottage youth and school through Big Brothers/Big Sisters, YMCA, and DE Center for Justice**
- The more effective mentoring programs are those that provide:
 - training and ongoing mentor supervision
 - expectations of more time involved with the mentee
 - program-sponsored activities
 - parent support and involvement, and
 - supplemental services

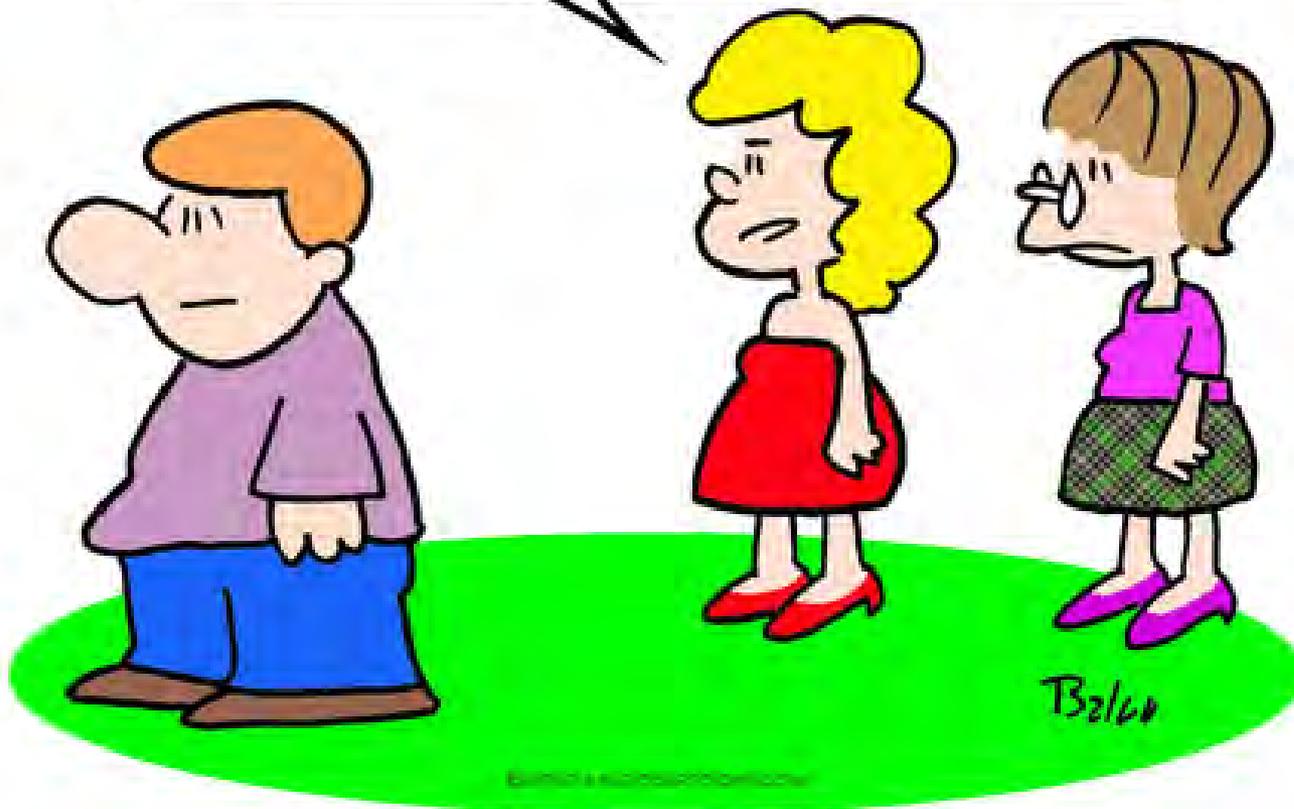
Substance Abuse Treatment

- Among adolescents, ages 12 to 17, at most five percent have been estimated to be in need of substance abuse treatment; however, at most, one in ten of these youth in need of treatment actually access services. (112, 138)
- **Family-based therapies** have showed promise, with recommendations for additional investigations to identify the specific techniques that are most successful. (114)
- Components of family-based therapies found to be effective include
 - comprehensive interventions
 - parent support, and
 - individualized youth and family care

Substance Abuse Treatment

- Cognitive-behavioral therapy is one of the most reviewed and researched interventions for substance use and abuse and has shown promising outcomes for adolescents. (115-116)
- A related intervention, though one that is more preparatory in design, is motivational interviewing.
 - Despite significant use of this intervention with youth, the research evidence has found motivational interviewing to be ineffective as a stand-alone technique.
 - However, when used in conjunction with cognitive-behavioral therapy, and in particular when addressing cannabis abuse, it is most effective.

OF COURSE HE HAS A LEARNING
DISABILITY - HE'S A MAN!



Effective Probation Supervision Programs

- Three of the more successful programs utilized in many probation departments that focus on family and youth interactions and behavior skill development are:
 - Functional Family Therapy (FFT) (<http://www.fftinc.com/>)
 - Multi-systemic Therapy (MST) (<http://mstservices.com/>)
 - Intensive Protective Supervision (IPS)
 - Though found effective, these interventions have also been criticized because the program implementation and continuation costs may be prohibitive to smaller juvenile court jurisdictions. (121)

Juvenile Drug & Mental Health Courts

Offered through the Family Courts

- While there is increasing support for these diversion and therapeutic alternatives for youthful offenders with these disabilities and related problems, it is too early to know, because of limited evaluation, if the current juvenile drug and mental health court designs are having their intended impact. (123)
- A majority of the evaluations of the **juvenile drug courts** have focused on substance use reduction, and the results are inconclusive, with some reductions in use that are significant but no clear impact consistency. (124)
- **Juvenile mental health courts**, where the primary outcome focus is on treatment engagement and community safety improvement, simply have not been evaluated sufficiently to know if there is an impact. (125-126)

Case Management/Wrap Around Programs

Youth Rehabilitative Services for youth with low-level needs and offenses

- Intensive case management, also called the wraparound model, is a flexible, multifaceted intervention strategy to maintain youthful offenders in their homes and out of correctional institutions or residential care (127).
- These highly structured programs, significantly more intense than traditional case management services, have been found effective with low-level and a smaller number of more serious youthful offenders.
- To be most effective, it is important that these services (128):
 - Have consistent staff working with the youth and family
 - Use a strengths-based paradigm, and
 - Incorporate cultural competence in treatment delivery

Detention

- Within the detention facilities a number of specific programs and interventions have been found effective. (133-134)
 - **Aggression replacement training** uses certain cognitive-behavioral techniques to identify anger triggers, improve behavioral skills, and increase youth pro-social skills. (<http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE>)
 - **Ferris School**
 - **Cognitive-behavioral therapy** focuses on skill building and step by step curriculum to affect change.
 - **Family Integrated Transitions Program** uses a combination of interventions (Multi-systemic Therapy, relapse prevention, et al.) to address youth mental health and substance abuse problems and to ease transitions back to the community after detention facility release.
 - **Youth Rehabilitative Services is submitting an RFP for new treatment service interventions for probation and re-entry youth. If awarded, new community-based programs will include FFT and ART.**

Detention

Delaware has been involved with JDAI since 2003

- Reform efforts to move away from youth juvenile justice institutionalization have been led by the Annie E. Casey Foundation's Juvenile Detention Alternatives Initiative (JDAI), a 15-year effort to assist juvenile courts in decreasing their use of detention and improve youth recidivism rates.
- JDAI works to collaborate across youth caring systems - child welfare, mental health and substance abuse agencies, and schools - utilizes standardized assessment instruments and data collection within juvenile courts, and builds community-based rehabilitative alternatives.
- Results, depending on length of implementation, have been very positive in the over 150 communities in 35 states in which JDAI has been involved, lowering detention populations and youth reoffending rates. (135-136)

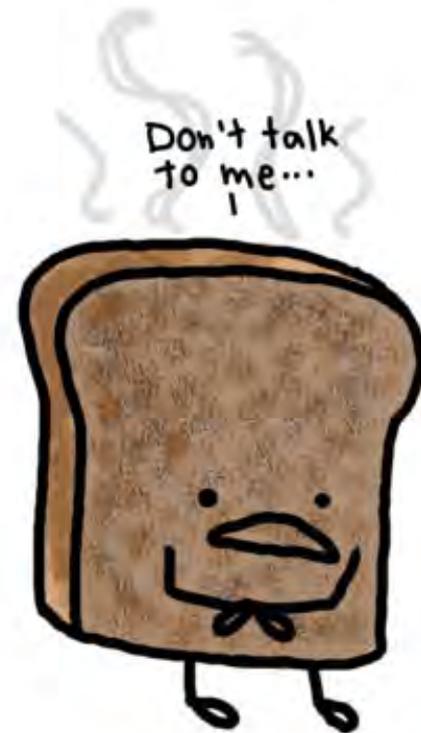
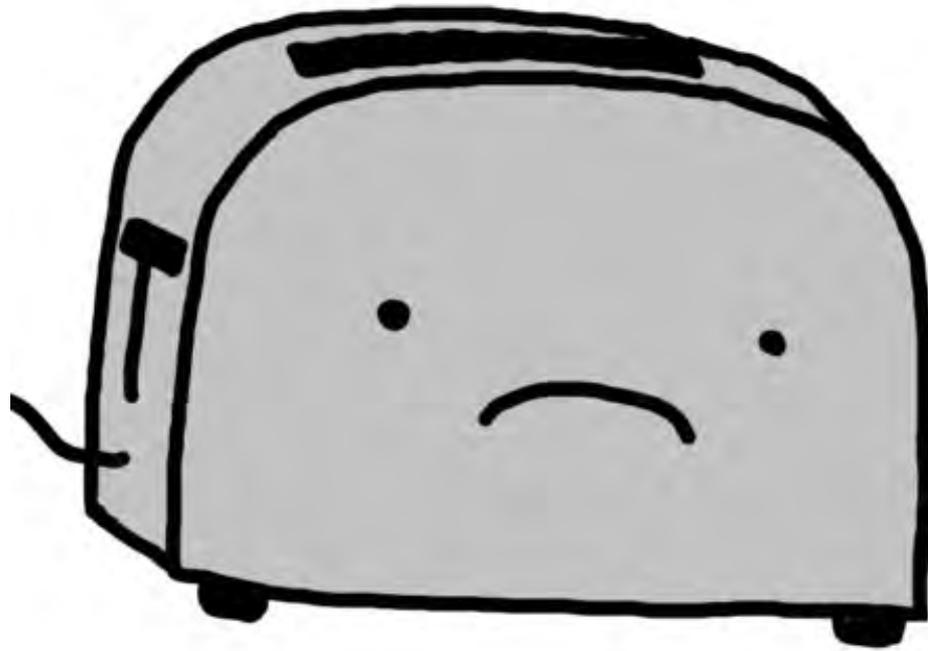
Incarceration

- There is evidence that the incarceration facilities that identify the youth problems and provide treatment services can have a significant impact on decreasing youth reoffending. (137-139)
- The services that may be effective rehabilitative interventions include
 - behavior contracting and programming
 - token economies
 - level systems
 - individual counseling
 - skill building (improving anger management skills, for example)
 - group counseling
 - education
 - vocational training

Quite a Challenge

- There is no panacea in addressing this challenging child and youth trauma/maltreatment to delinquency pathway.
- With maltreatment affecting victims in such a myriad of ways, coordinated efforts are required.
- Juvenile and family court, mental health, and school-related personnel have the tools and increasing evidence to be able to address this pathway, but the commitment must be consistent and disciplined.

Discussion



Endnotes

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The End

