

Supervising Dual Diagnosis Juvenile Offenders

- Bruce Michael Cappo, Ph.D.



Rules

- Ask questions throughout
- All slides are in handouts
- Feel free to call or email after the presentation with any questions
- cappo@clinical-assoc.com
- 913-677-3553

About your presenter

- Working with offenders since 1983
- Johnson, Leavenworth, Douglas, Shawnee, Linn & Miami Counties
- State of Kansas Sexual Predator Transition Program
- Federal Bureau of Prisons & Federal Probation and Parole 1987
- DEA, ICE, TSA and others
- Clinical Associates, P.A.
 - Multi-disciplinary group
 - About 15 practitioners
- ATSA Clinical member
- IACP Police Psychology member
- Evaluation and Forensic Experience

Dual Diagnosis

- Refers to patients that have both a mental health disorder and substance use disorder
- Used interchangeably with co-occurring disorders or co-morbidity
- Occasionally used to describe a person with developmental disabilities and/or a mental health disorder or substance abuse disorder
- Most commonly used to describe those with a severe mental illness and a drug or alcohol abuse disorder who receive therapy in the public treatment system

Goals of Supervision

- Enhance public safety
- Provide ongoing monitoring and surveillance
- Promote ongoing involvement in treatment
- Reduce substance abuse and mental health symptoms
- Stabilization on medications and abstinent
- Develop an awareness of the consequences of behavior, relapse and the importance of treatment

Emphasis on Proper Evaluation

- Very good screening protocol in JIAC
- Good team of folks running the evaluative process
- Hopefully you will have more info than you've had in the past
- Not every teen will go through JIAC or complete the process
- You have to know what you are dealing with before you start
- Allows you to target
- Helps teen and family understand seeing it in black and white

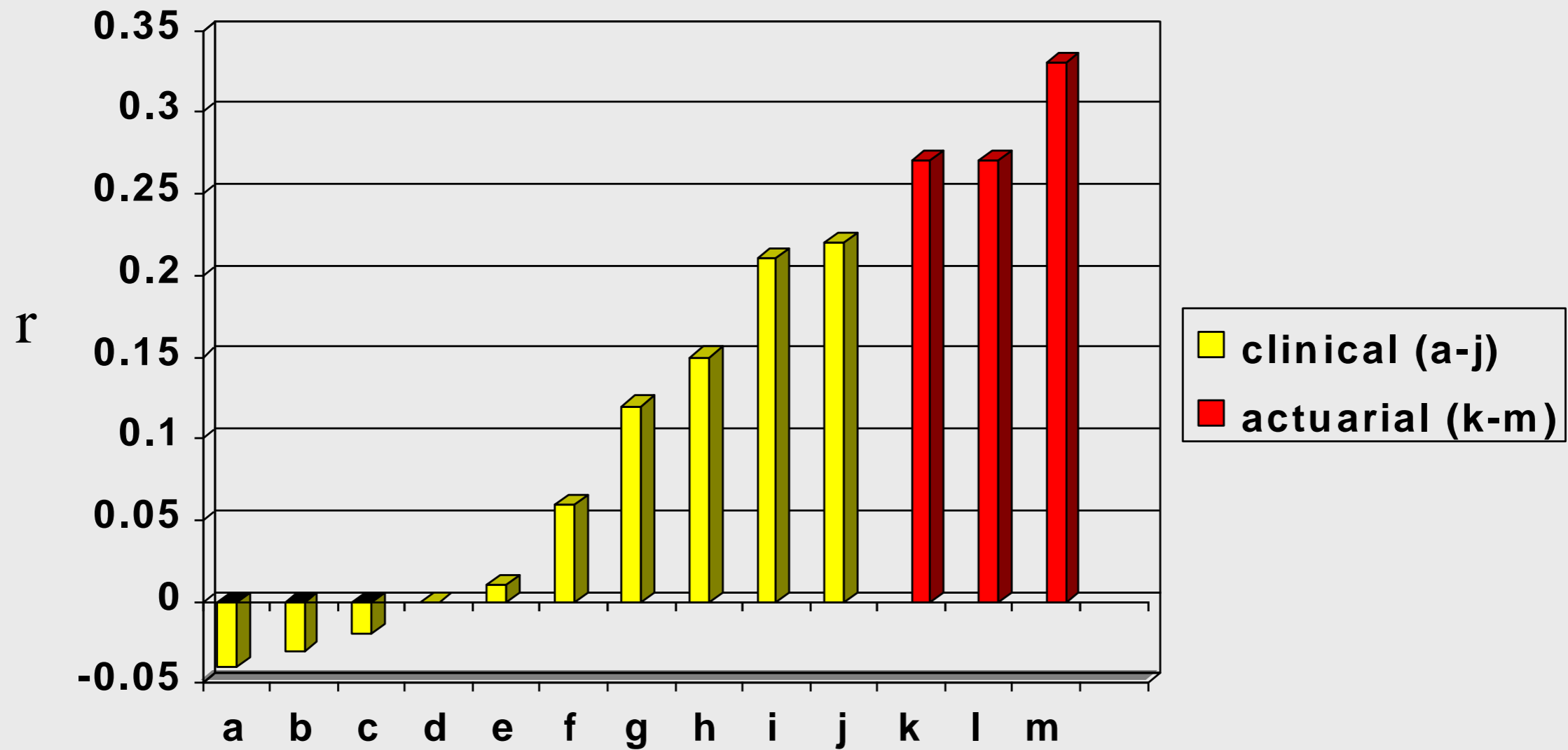
How an offender evaluation figures into subsequent supervision issues

- Intellectual
- Educational
- Overall Function
- Personality and Mental Health
- Social
- Developmental
- Family
- Current Status
- Sexual Issues
- Delinquency and Conduct
- Risk Assessment
- Risk and Protective Factors in the Community
- Awareness of Victim Impact
- Relapse Prevention Resources
- Amenability to Treatment

6 types of methodologies

- Unguided clinical judgment
- Guided clinical judgment
- Clinical judgment based on anamnestic (medical history) approach
- Research guided clinical judgment
- Clinically adjusted actuarial approach
- Purely actuarial approach

Accuracy of Clinical and Actuarial Prediction of Sex Offense Recidivism



Clinical Judgment is Inadequate

- Empirical tools significantly and consistently surpassed clinical judgment – Grove and Meehl 1996
- Despite seven decades of findings about the superiority of actuarial methods over clinical opinion, clinicians remain reluctant to replace their judgment with scientific tools
- The tools we have are not perfect but they are getting better all the time and they surpass clinical opinion

Group Statistics Versus the Individual

- Potential problems and errors

Evaluation and Supervision Issues

- A good evaluation addresses all of the following issues on the upcoming slides
- Supervision is impacted, limited and facilitated as a result of where the offender falls in these areas
- Understanding of the relationship between such information and the subsequent requirements directly impacts compliance

Intellectual and Educational

- Capacity of the offender = intelligence
- Formal academic completion = educational achievement
- There may be a great disparity between the two
- A bright offender is likely to be even more devious and create situations allowing for benefit of the doubt
- This may be unrelated to his formal education level
- In general, higher risk comes from either end of the spectrum
- Persons at the lower and upper extremities are considered higher risk than those in the middle

Overall Function - Personality and mental health

- The higher functioning the better in terms of compliance issues
- Having a high degree of function allows one to drive over the bumps in the road without ending up in the ditch
- Dealing with other factors of stable living increase risk that they will offend as a coping response
- When coping responses are stretched thin, they are most vulnerable
- A personality disorder diagnosis or diagnosis of a severe and persistent mental illness increases risk of re-offending

Social, Developmental, Family

- These factors relate to one's resiliency
- They also address issues of support which may decrease risk
- A socially adept or facile offender may present greater risk in terms of opportunity and success
- Treatment focus may need to address particular developmental issues such as adultification at a young age or developmental stagnation
- Family may be a hindrance or a help

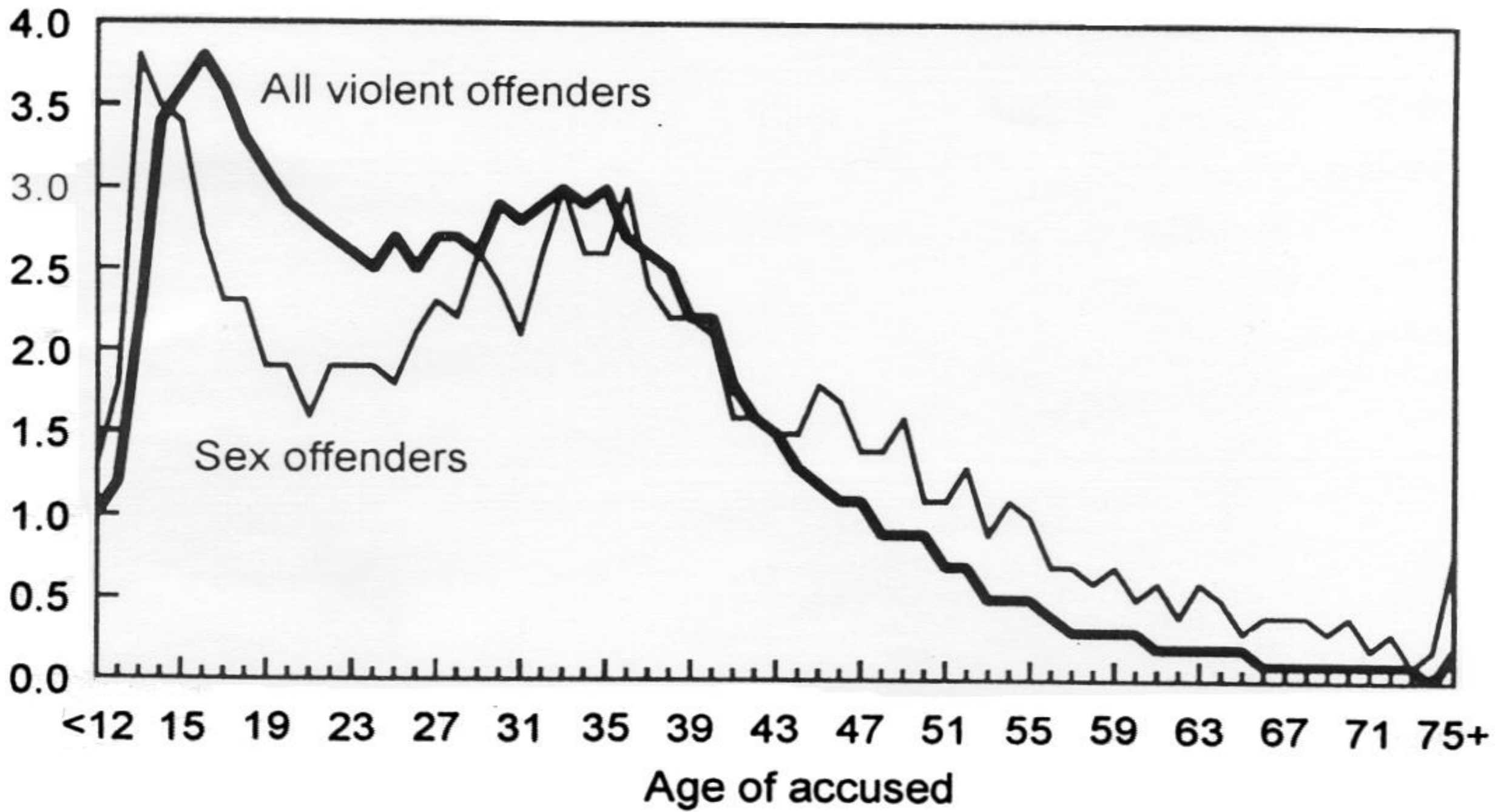
Current Status

- What are the static versus dynamic variables
- Is risk likely to increase or decrease over time
- Does the supervising officer influence or control variables that impact this?
 - Where or with whom he lives - yes
 - Stability of present job or relationship - probably not
 - Health issue in a parent or relative - no
- Staff should watch for variables / changes that are identified as impacting status
 - Parents divorce, sibling returning home or leaving, etc

Relapse Prevention Resources & Amenability to Treatment

- Resources available in the community
- Willingness to access resources
- Commitment to treatment
- Ability to benefit from treatment
 - IQ, Motivation
- Acceptance of problem and treatment

Percentage of accused



Case of B - Bipolar

- Truancy
- Cannabis possession
- Not following through with supervision requirements
- Positive UA

Case of C – developing antisocial

- Multiple thefts despite increasing consequences
- Stealing from family, friends, school
- Blamed peers for being angry with her after being caught
- Felt they should have been more understanding and forgiving

Hare Psychopathy Check List - Revised PCL-R

Hare Psychopathy Check List - Revised PCL-YV

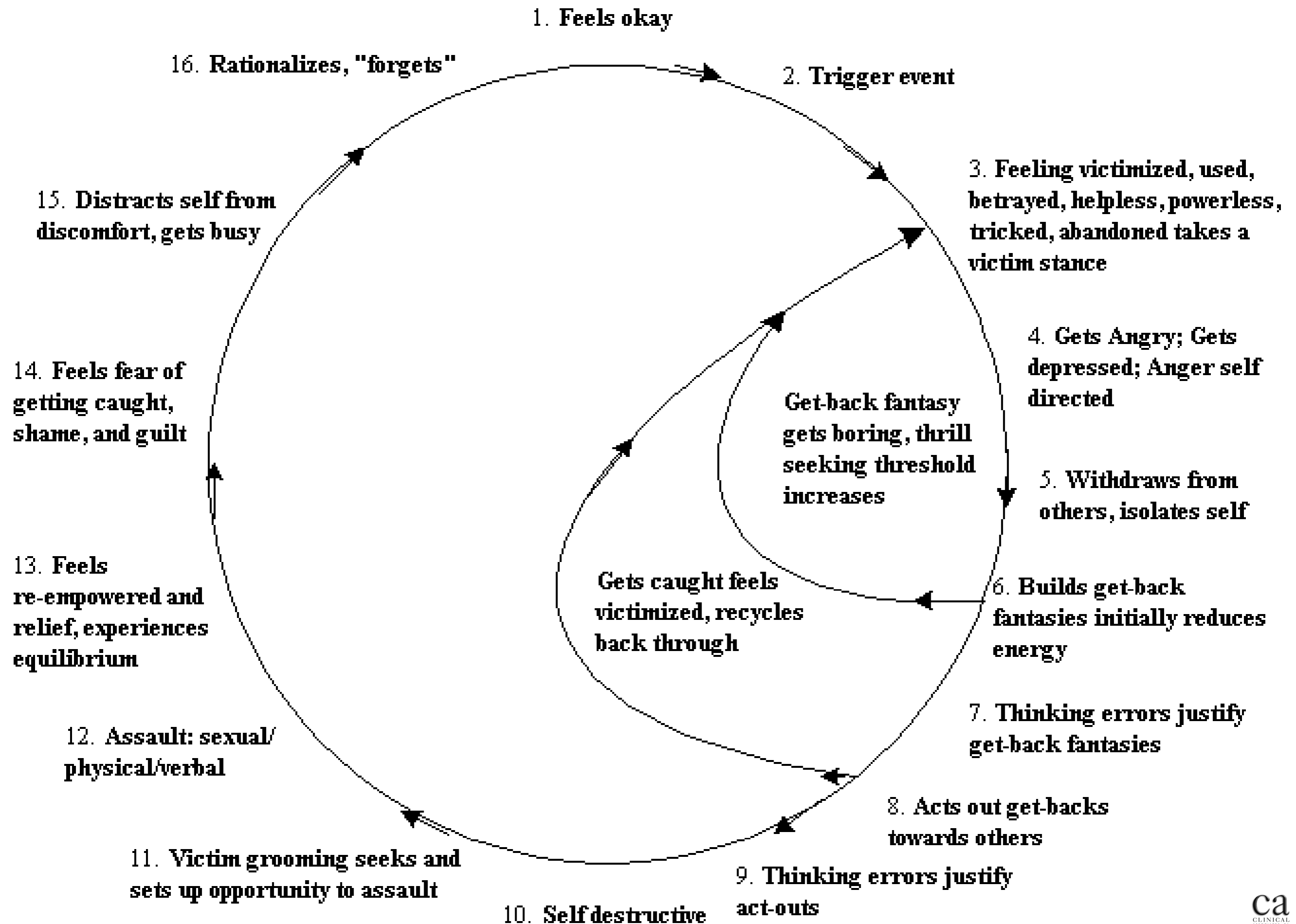
- Special training needed through Darkstone - Dr. Hare's educational company
- Measure of psychopathy - a construct
- NOT a measure of antisocial personality disorder from DSM IV
- Scored as part of SORAG and VRAG
- Percentile rankings and T-scores available for both institutionalized and parole populations
- Britain dictates that incarcerated inmates who score above a cutoff will not be given treatment as they will not benefit - upheld by their courts

Offense Cycle

- The specific details of events, thinking errors, feelings, goals, and behavior which precede, occur during, and follow an offense
- Offense behavior is viewed as a middle step in predictable sequence of repeating maladaptive behaviors.
- Feeling victimized by a sense of betrayal, helplessness or powerlessness appears to be the first step in this cycle, followed by a predictable pattern of maladaptive and acting-out behaviors which precede the offense.

Offense Cycle

- There are also post-assault behaviors, thinking errors, goals and feelings which are predictable and repetitive, and which conclude the final step of the cycle - that of the offender feeling "okay" in his/her world.
- Generic versus specific for each offender
- They must learn their own cycle as part of the treatment process
- Journals can be useful are tied back to offense cycle events – but can you get a teen to keep one



Dynamics of Offense Cycle

- Within the repeated sequence of predictable maladaptive feelings and behaviors exists a potent dynamic for change called recycling.
- It is a predictable departure from a series of predictable behaviors, and a re-entry to the beginning point of cycle prior to an assault.
- It is a dynamic of self-perpetuating stress. The offender is dysfunctionally failing to meet personal needs in mid-cycle and before the assault.

Dynamics of Offense Cycle

- Recycling functions as a build up of increasing internal frustration and pressure.
- This pressure may be vented by acting-out behaviors or by fantasy of getting back at others.
- Initially get-back fantasies serve as a pressure reducer.
- Recycling desensitizes the individual to the initially high degree of pressure release achieved by fantasy or acting-out behaviors.

Dynamics of Offense Cycle

- Repeating get-back fantasy as a maladaptive form of problem resolution, pressure release, or discharge of anger or hurt may subsequently decrease in desired effect.
- Effectiveness is lowered over time – like tolerance for addicts – they need more to reach same levels
- Fantasy may need to become increasingly sensational, intrusive or exploitive in order for the individual to continue to derive the same rush or relief.
- Fantasy translates to action.

Logistics

- Awareness of Cycle – Offense Patterns – Early Signs
- Familiarity with offender's schedule and whereabouts
- Encourage application of treatment tools outside therapy
- Working closely with treatment provider
- Acknowledge seriousness of offending behaviors
- Hold offender accountable early in the onset of risky behaviors
- Report non-compliance to treatment providers

**Less Likely to
Commit Crime**

No Effect

15%

30%

Tree



What Doesn't Work

- Shock probation and 'scared straight' programs
 - Peer mediation
 - Self-esteem building
 - DARE drug prevention education
 - Drug supply crackdown
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- Coleman, Stephan 1999 Review of criminal justice projects and programs

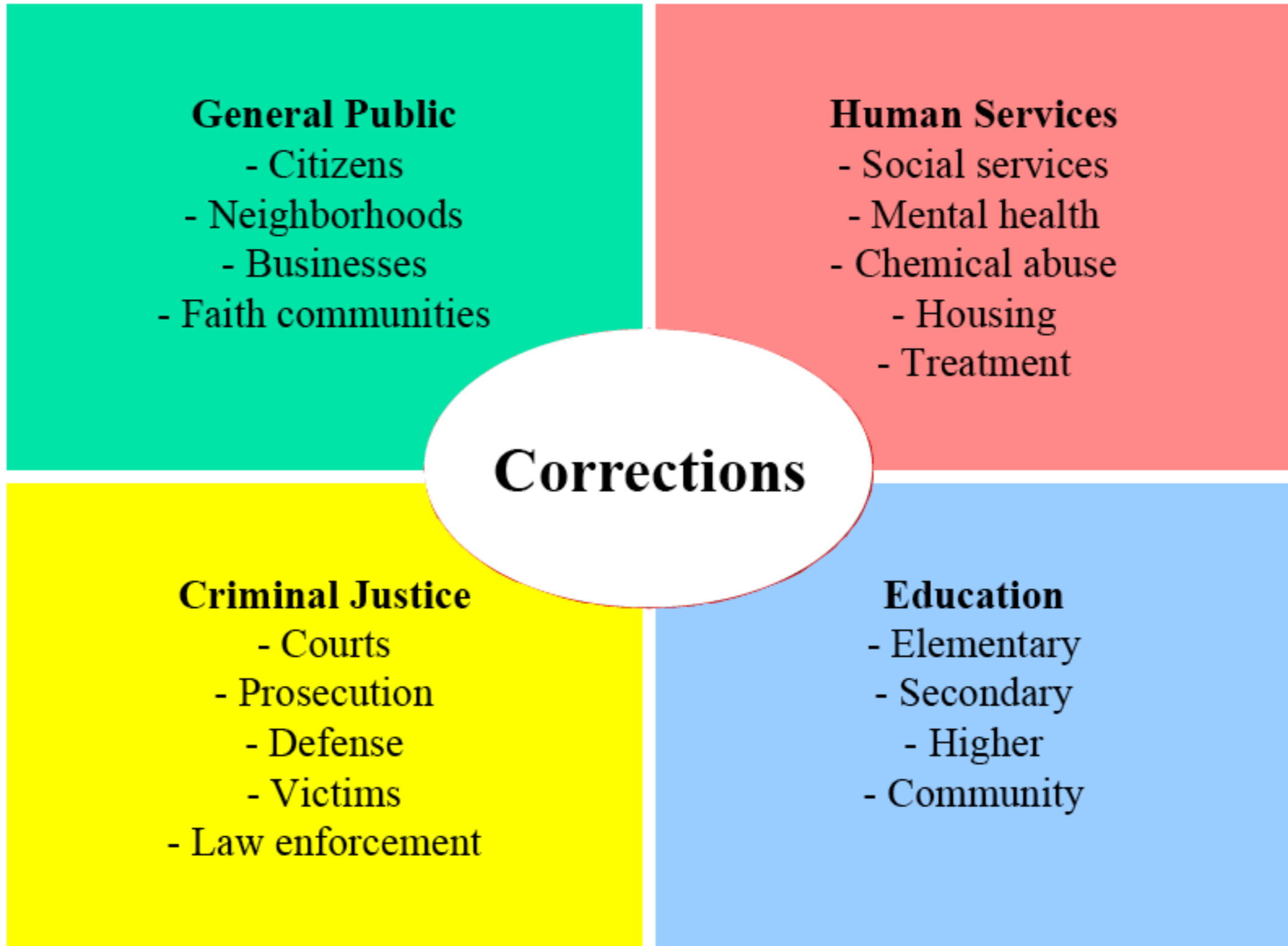
What May Work

- Community policing
- Restorative justice
- Community based mentoring
- Drug Courts
- Zero tolerance of public disorder

What Works

- Home visits
- Monitoring/incarcerating high risk offenders
- Drug treatment
- Extra police in high crime areas
- Cognitive behavioral interventions

Correctional Partners



Prevalence

- The prevalence of mental health problems among young people in juvenile justice systems requires responses to identify and treat disorders.
- Many of the two million children and adolescents arrested each year in the United States have a mental health disorder.
- As many as 70 percent of youth in the system are affected with a mental disorder
- One in five suffer from a mental illness so severe as to impair their ability to function as a young person and grow into a responsible adult.

Kathleen R. Skowyra and Joseph J. Coccozza, *Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System* National Center for Mental Health and Juvenile Justice (Washington, D.C.: National Center for Mental Health and Juvenile Justice, Draft January 2006), ix.

Prevalence

- Youths may experience conduct, mood, anxiety and substance abuse disorders.
- Often they have more than one disorder
- Most common “co-occurrence” is substance abuse with another mental illness.
- Frequently, these disorders put children at risk for troublesome behavior and delinquent acts.

Prevalence

- Children with unaddressed mental health needs sometimes enter a juvenile justice system that is ill-equipped to assist them.
- Even if they receive a level of assistance, some are then released without access to ongoing, needed mental health treatment.
- An absence of treatment may contribute to a path of behavior that includes continued delinquency and, eventually, adult criminality.
- The Bureau of Justice Statistics estimates that more than three-quarters of mentally ill offenders in jail had prior offenses. Paula M.

Ditton, Mental Health Treatment of Inmate and Probationers (Washington, D.C.: Bureau of Justice Statistics, July 1999), 1

- In the Justice Department's Arrestees Drug Abuse Monitoring Program, juvenile male arrestees tested positive for at least one drug in at least half the arrests in nine sites. National Institute of Justice, 2000 Annual Report on Drug Use Among Adult and Juvenile Arrestees, Arrestees Drug Abuse Monitoring Program (ADAM) (Washington, D.C.: NIJ, April 2003), 133-134
- Studies have shown that up to two-thirds of youths in the juvenile justice system with any mental health diagnosis had dual disorders, most often including substance abuse. National Mental Health Association, Prevalence of Mental Disorders Among Children in the Juvenile Justice System, 2.
- adolescence is a unique developmental period characterized by growth and change, disorders in youngsters are more subject to change and interruption. Thomas Grisso, Double Jeopardy: Adolescent Offenders with Mental Disorders (Chicago: University of Chicago Press, 2004).
- Ongoing assessment and treatment, therefore, are important.

Goal

- Effective assessment and comprehensive responses to court-involved juveniles with mental health needs can help break this cycle and produce healthier young people who are less likely to act out and commit crimes.

Court Rulings

- The U.S. Supreme Court decision in *Kent v. United States* gave juveniles many of the same due process rights afforded to adult defendants, including a right to counsel and, presumably, to be competent to stand trial. *Kent v. United States*, 383 U.S. 541 (1966).
- At least 10 states—Arizona, Colorado, Florida, Georgia, Kansas, Minnesota, Nebraska, Texas, Virginia and Wisconsin—and the District of Columbia specifically address competency in their juvenile delinquency statutes.
- 2009 Kansas Supreme Court recent ruling giving juveniles the right to a jury trial

Court Rulings

- US Supreme Court decision outlawed death penalty for crimes committed before age 18. 2005
- Justice Anthony Kennedy for the US Supreme Court
 - “As any parent knows, youths are more likely to show a lack of maturity and an underdeveloped sense of responsibility than adults....These qualities often result in impetuous and ill-considered actions and decisions.”
 - “Juveniles are more vulnerable or susceptible to negative influences and outside pressures, including peer pressure causing them to have less control.”
- Doesn't absolve behavior but offers explanation for behavior

Not a get out of jail free card

- Doesn't mean they can't make a rational decision or appreciate the difference between right and wrong
- It does mean that, particularly when confronted with stressful or emotional decisions they are more likely to act impulsively, on instinct without fully understanding or analyzing the consequences of their actions. Dr. David Fassler, Univ of Vermont

But.....

- 16 and 17 year olds compared to adults are more:
 - Impulsive
 - Aggressive
 - Emotionally volatile
 - Likely to take risks
 - Reactive to stress
 - Vulnerable to peer pressure
 - Prone to focus on short term payoffs and underplay long term consequences of what they do
 - Likely to overlook alternative courses of action

And...

- Violent adolescent doesn't necessarily become a violent adult
 - 66% - 75% depending upon study mature out of it Peter Ash, Emory Univ.
- If you haven't committed a violent crime by 19 you are unlikely to start
- Statistics show more benefit in rehabilitating juvenile offenders than adult offenders
- Statistically, it's worth a shot to take a chance on treatment with a juvenile even more than with an adult
- Good brain imaging data available for frontal lobe development and executive function

So much Treatment...So Little Time...

- Integrated treatment – multidisciplinary, cross trained staff
- Sequential Treatment – first one then the other
- Parallel treatment – coordinate between two simultaneous systems
- Substance group – individual therapy – anger group – med mgmt
- Integrated generally most effective

Impacting Factors

- Residual effects of addictive substances including withdrawal
- Anxiety and depression can interfere with traditional substance abuse treatment
- Treatment more difficult due to
 - Rationalization
 - Distrust
 - Changes in mood due to psychiatric symptoms
- Highest risk of relapse due to self medicating psych symptoms
- Kids returned to same environment

When in doubt...Test

- Mental health screening – level 1 evals
- Level II or level III psych evals
- Early much better than later but preferably when some sobriety has been obtained – may need to re-screen later
- Collateral information
- Take all threats of suicide seriously and re-screen

Depression

- Use of substances to reduce symptoms
- More likely in females who are more likely to use prescription medications Peters et al 1997
- Alcohol is a CNS depressant and makes things worse
- Hallucinogens and opiates for escape can lead to anhedonia, chronic apathy, concentration difficulties and withdrawal SX Grant 1995
- Addressing loss and trauma should be addressed when they can tolerate uncomfortable moods without increasing risk of substance use
- Address how emotions are impacted by drug use

Bipolar

- Even minor stimulants such as caffeine or ephedrine can increase likelihood of manic episodes
- Use of stimulants to prolong the manic runs
- Drinking patterns change in response to phase of illness Reich et al 1974
 - More drinking during mania – chronic excessive
 - Periodic binge drinking during depression
 - Higher risk of cocaine in general
- Address impairment in judgment that occurs as well as the effect of substances on judgment

Psychotic Spectrum Disorders

- Alcohol, cocaine and cannabis most frequently used Schneirer et Siris 1987
- Attempt to reduce side effects of medication through substance use – particularly nicotine Decina et al 1990
- Substances can exacerbate or ‘mask’ the psychotic symptoms Decker & Ries 1993
- Contributes to medication non-compliance – particularly alcohol
- Address the disordered cognitions and communication style
- Do not use abstract concepts or confrontation
- Greater structure
- Use of written materials
- Education in skills – how not to be bored, etc

Anxiety Disorders

- Substances used to reduce panic and anxiety
- High co-occurrence with PTSD Najavits et al 1996
- Best relationship between abstinence and symptom reduction of all disorders Brown & Schuckit 1988
- Focus on area in which they occur
- Social skills
- OCD
- Address anxiety induced insomnia which may cause a ripple effect

ADHD

- Cannabis most commonly used
- Treat other co-occurring mental health issues prior to ADHD symptoms – and prior to medication for ADHD Wilens et al 1995
- Interpersonal skills
- Social skills
- Repetition of important themes
- Written instructions

Developing Personality Disorders

- Quite common
- Antisocial in males
 - Repetitive criminal behaviors, lying, conning, impulsive, irresponsible
- Borderline in females
 - Pattern of instability, impulsive, self-harm behaviors, intense moods
- Impaired judgment, impulsiveness facilitate substance use
- High crossover with substance using behaviors
- Hard to distinguish from using behaviors without testing
- Presence of a mood disorder with antisocial features MAY be positive prognostically Woody et al 1985

Medication Re-Evaluation

- When there is a change
- Stagnant in treatment
- Concern about misdiagnosis or missed diagnosis
- At least every three months for teens – often monthly
- Teen depression and SSRI controversy

Critical Elements of Successful Dual Diagnosis Treatment Programs

- Staged interventions
 - Engage patient
 - Increase involvement in recovery focused activities
 - Acquire skills and support to control the illnesses
 - Help with relapse prevention
- Assertive outreach including case management
- Motivational interventions to help them become committed to self management of their illnesses
- Cognitive behavioral skill based therapy
- Social network support and family intervention

Critical Elements of Successful Dual Diagnosis Treatment Programs

- An understanding of the long term nature of recovery
- Comprehensive scope to treatment that includes
 - Personal habits
 - Stress management
 - Friendship networks
 - Housing
- Cultural sensitivity

Getting the Parents On Board

- 16 year old girl
- Mom never let her sustain consequences
- Mom took protective stance even with the CSO
- Yet another rule violation
- CSO – weekend in jail
- Come to Jesus meeting with Mom
- One call – let her know that she would not be taking calls or getting her out of detention
- Told Mom to call me if weakening – she called throughout the weekend
- Turning point for the teen

Impulse Control

- Chimps effectively choose one candy over multiple candies – cannot control impulse
- Chimps offered two bowls of candy – the one they touch is given to another chimp and they receive the one not touched
- They always choose to touch the bowl with more candy
- If numbers are placed in two bowls then they learn to touch the bowl with the lower number to receive the most candy
- With the aid of a symbol they overcome the impulse
- Video available on Ape Genius by Nova 2008
 - <http://www.pbs.org/wgbh/nova/programs/ht/tm/3504.html?site=16&pl=wmp&rate=hi&ch=4>

Impulse Control

- Young children choose one candy immediately over bowl of candy requiring delayed gratification of minutes
- Researcher has two bowls in front of child and a bell.
- Child told that researcher will leave room for only a minute or two and return.
- They will take big bowl of candy with them and return with it
- Child can ring the bell while they are gone and eat the one candy or....
- Wait until they return and receive the entire bowl of candy
- Kids choose the one candy – cannot delay gratification

Multiples Research

- <http://www.youtube.com/watch?v=4CYr4FgMYGI> - 12 min –
MMs not the original gummi bears
- Research on multiple births
- Dilly sextuplets all lasted 12 minutes
- High percentage of multiple birth kids can delay gratification
- Multiple strategies employed
 - Counting
 - Clapping
 - Etc
- Learned from parents and necessary to have household run

Time For Your Questions

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