

Resource Guide for Mental Health Professionals Working with Youth Involved in the Juvenile Justice System

MODULE 3

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Module 3

TIPS FOR MENTAL HEALTH PROFESSIONALS INTERACTING WITH JUVENILE JUSTICE

This module and its contents are intended for educational purposes.

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“How do you help a 16-year-old when all their life all they know is violence? You can’t just swoop in and say stop doing what you’re doing. It’s not gonna work”

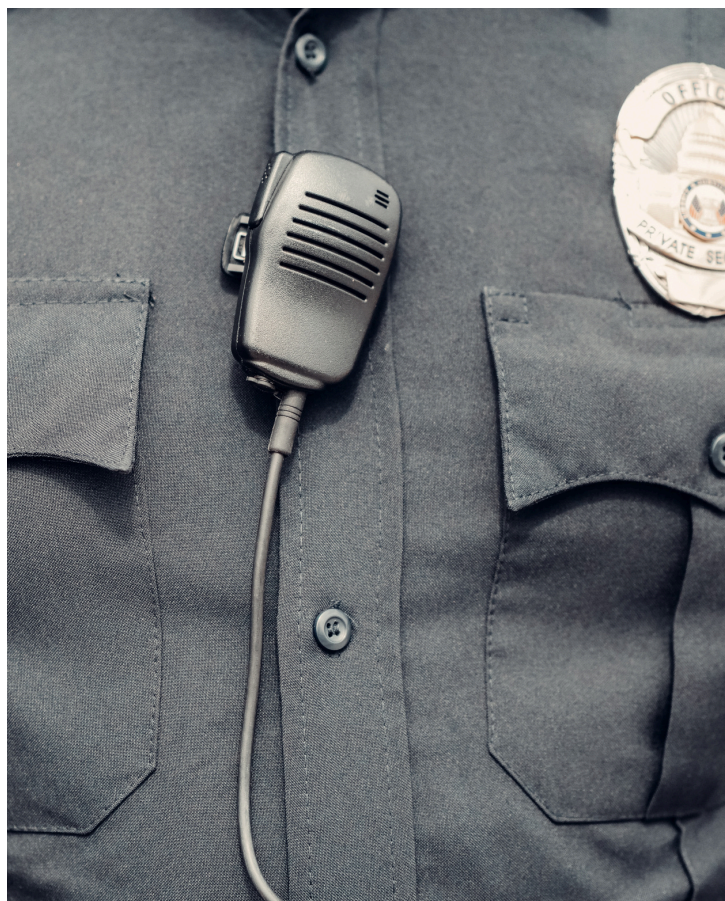
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–Zhacori, formerly incarcerated youth

The goal of this module is to provide specific guidance to community-based mental health professionals about the best way to interface with the juvenile justice system and support youth in their practice who may be involved, or at risk of involvement, with the juvenile justice system.

Interfacing with the Juvenile Justice System

When working with youth involved in the juvenile justice in some capacity (e.g., courts, probation, detention), it can be helpful to communicate with juvenile justice staff and any mental health providers who may be interacting with the youth. However, it’s important to note that this communication can be nuanced. For example, communicating a youth’s needs to a detention-based mental health provider (after executing a HIPAA release) can be extremely helpful for continuity of care, not all youth are able to access therapy in detention or correctional settings and it may take some leg work to identify and make contact with a provider in many settings. If this presents as a challenge, reaching out to the youth’s attorney or caregiver may be helpful.



Additionally, communicating mental health-related information to non-mental health staff in court systems and juvenile justice settings can help such settings identifying a youth's needs and incorporate appropriate services, but mental health professionals outside of the juvenile justice system should be aware that some communication (verbal or written in the form of evaluations/other documentation) may be misunderstood by juvenile justice professionals and end up affecting young people negatively.

“Remember these are kids who oftentimes, have no reason to trust another adult given what they have been through. Be patient, consistent and empathic.”

—Clinician working in juvenile detention



Juvenile justice professionals who are not trained to understand mental health problems and diagnoses, may have a colloquial understanding of diagnoses/diagnostic labels and not truly understand the potential mental health challenges a youth may face, make connections to the behaviors exhibited, nor understand the context for the mental health challenges. This can lead to misunderstandings, attributing certain behaviors to non-compliance for example (when they may actually be trauma-related), and contribute to stigma around mental health challenges in general. Mental health professionals should be cognizant of how mental health challenges are framed and provide psychoeducation and context whenever possible.

Additionally, the impact of misdiagnosis is not unique to juvenile justice settings. However, misdiagnosis in this setting can have deleterious and lasting effects on youth in the juvenile justice system, as these diagnostic labels can follow a youth throughout the system, potentially impacting court/disposition outcomes. In fact, research has also shown that diagnostic bias and unconscious bias in the diagnosis of conduct disorder and other disruptive behavior disorders exists, contributing to the overdiagnosis in youth of color and that following a diagnosis of conduct disorder, youth of color face poorer outcomes than white youth^{1,2,3}. Conduct problems may be a behavioral response to underlying issues such as depression, anxiety, or posttraumatic stress, as opposed to underlying antisocial pathology implied in a conduct disorder diagnosis⁴.

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“Allow the young person to be your teacher. Show deep interest and compassion for what they have been through. This helps establish and strengthen rapport. This gives them a sense of control that they may have never experienced in their lives.”

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— Clinician working in juvenile detention

In juvenile detention centers, frontline staff often spend the most time with youth and as a result, can provide helpful information about youth’s emotions, behaviors, adjustment and functioning. While this insight can be valuable, frontline providers often don’t have opportunities to communicate with outside providers. Case managers in detention can serve as a bridge to connecting community mental health providers with different members of the multidisciplinary team in detention (ex. frontline staff, programming, medical, mental health and educational providers). A youth’s legal team can also serve as a bridge for communication with providers.



Supporting Youth and Families in Your Practice/Setting

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“Just because in the moment I was in crisis, doesn't mean I'm a bad kid. It means you were in crisis. It does matter that you are in crisis and how you reacted, but it doesn't mean that you're a bad kid.”

”

–Youth in Detention

As noted throughout this guide, many youth involved in, or at risk of involvement in, the juvenile justice system have exceptionally high rates of trauma exposure and traumatic stress symptoms. Involvement at any stage of the juvenile justice system is also highly stressful and can be triggering for youth and their families, potentially leading to traumatization and/or further exacerbation of existing traumatic stress. On top of this, families in justice settings are often facing other life stressors that may influence the degree to which they are able to effectively manage a youth’s justice involvement (e.g., poverty, limited service access, lack of insurance, discrimination, parental incarceration, child

welfare involvement, intergenerational trauma). This makes it all the more crucial for a youth to have a mental health provider who can provide support, coping resources and other important services.

Youth Who Have Been Arrested and/or Formally Prosecuted

When working with a youth who has recently been arrested, it's important to consider that this is a time of significant stress for both the youth and their family. This stress is irrespective of the charges or reasons why a youth was arrested. Non-judgmental support from a mental health provider at this stage of the process is critical, as an arrest (whether founded or not), can trigger a host of negative responses from individuals and settings in the youth's ecosystem, including school officials, community members, peers and even family members. An arrest does not necessarily mean that the youth will end up moving further along the juvenile justice continuum, as some youth are arrested and the case is subsequently dropped, but it is important to prepare for this possibility.



Youth who are arrested and formally prosecuted will have multiple court dates in front of a judge, and it may take many months or even years for the case to reach a resolution. Mental health support can be extremely beneficial during this period, as it is fraught with uncertainty about what will happen next, with the possibility for significant, life-changing consequences depending upon the severity of the charges. Youth and families are often confused about the innerworkings of the court system and process, further increasing their stress.

Youth on Probation or Otherwise Mandated to Services

Many youth who receive a disposition (or sentence) in a juvenile justice case are mandated to a period of probation or other community-based services. Youth who are on probation will have a probation officer assigned to them, as well as many requirements to fulfill, such as meeting with the probation officer, attending school on a consistent basis, refraining from the use of substances, and not having any subsequent arrests. Support from a mental health provider can be integral in helping a youth to meet these requirements.



Mental health services may also be ordered as part of a probation disposition. When working with youth on probation, it can be helpful to communicate with the youth's probation officer in order to gain a better understanding of what is expected of the youth during the probation term. Additionally, if a probation officer knows that a youth has a pre-existing relationship with a mental health provider, this could be continued to satisfy any mental health-related service requirements rather than having the officer create an entirely new service referral. However, when communicating with probation officers, it is important to recognize that they are not mental health providers and their goals are different from non-justice service providers in the community. For example, if a youth is struggling with service engagement and a probation officer perceives that the youth is not complying with the conditions of their probation, the officer may be required to report this as a violation, which can result in a youth's probation being revoked in favor of a more restrictive sentence. In this instance, and many others, the timeline, considerations, and goals for mental health treatment do not always match up with those of the juvenile justice system.

Youth Returning to the Community from Detention or Residential Placement



When working with youth who are returning to the community after a stay in detention, there are several things mental health providers should consider. Assess and address the potential barriers that may keep youth from continuing mental health treatment including, the stigma of receiving mental health services, feelings of guilt, shame for both youth and families, unchecked bias/culturally incompetent clinicians, and safety concerns (for example, does youth feel safe attending treatment in the neighborhood or community the services are provided in?) to name a few.

“We must first acknowledge that issues pertaining to race and racism exist and are deeply embedded in our society and then we must provide the young person with a space to explore and openly discuss these issues. Naming racial trauma and providing young people with a space to explore the unique challenges they face on a daily basis as well as their hopes, dreams and aspirations is crucial. Allowing them voice and choice when exploring these issues.”

— Clinician working in juvenile detention

Mental health providers should use screening and assessment tools to help match youth to appropriate services and evidence-based treatments based on needs (ex. dual diagnoses). When screening for trauma exposure, providers should consider screening for exposure to racial trauma as well (for example the UConn Racial/Ethnic Stress & Trauma Survey: UnRESTS⁵) and address these experiences in treatment.

“It’s important for clinicians to understand the child through a trauma lens. Conduct and other disruptive behavioral diagnoses are purely behavioral and don't give much insight into what is happening for the young person and/or has happened to that young person. These diagnoses don't acknowledge the context of the child/family/neighborhood and what has led to the behaviors and risk further misunderstanding and negatively labeling the person which can have serious implications for their future treatment and care. Context is everything and if we don't acknowledge it, we fail to understand the child/family.”

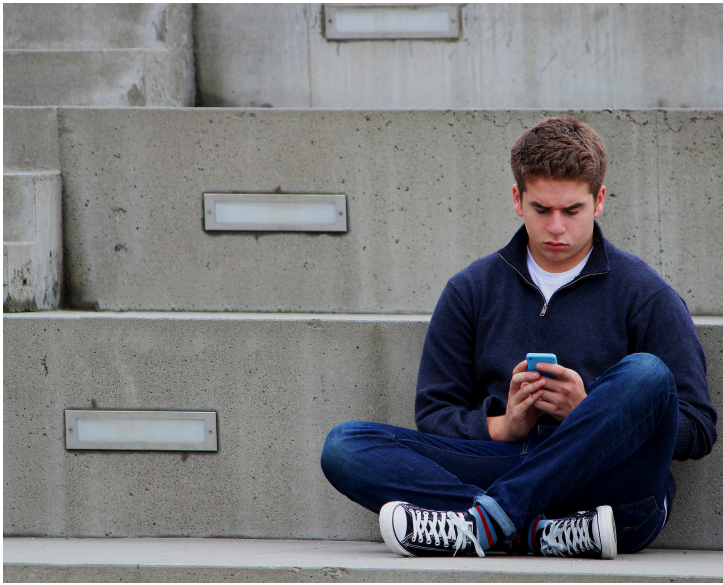
— Clinician working in juvenile detention

Treatment Considerations

The importance of building rapport and a therapeutic alliance cannot be overstated. Trust and consistency will be key in the treatment relationship as youth who have been in detention have likely experienced settings where inconsistency and unpredictability were the norm. Physical and psychological safety will be important to treatment progress. Youth may have not had access to mental health care while involved in the juvenile justice system. And if they do, treatment may have not been evidence-based. If youth did have access to evidence-based treatment (e.g. TF-CBT for posttraumatic stress), treatment may have been limited. TF-CBT highlights that issues of imminent safety, for example being in a dangerous environment, prevents engagement in trauma treatment. For example, youth in treatment that is focused on addressing traumatic stress may not be able to delve into a trauma narrative right away or at all. Providers should consider the psychological impact of incarceration and institutionalization⁶ and actively address this in treatment.

“When I got home, I still felt like I was in [detention]. I was waiting for someone to tell me its time to go downstairs for breakfast. I even found myself asking for permission to use the bathroom! But I was home...”

—Youth discharged from detention



Youth with mental health issues, including exposure to trauma and traumatic stress, can emotionally deteriorate in custody, resulting in their conditions worsening⁷. Helping youth adjust to life in the community and empowering them to exercise their voice and choice and access to resources and support should be integral to their treatment. In addition to the above challenges, youth will also be faced with exposure to triggers, peer pressure, and substances that they may have avoided to a certain extent in the facility.

Juvenile justice involved youth have many strengths, however they are often overlooked. As a therapist, and especially due to the nature of the setting, it can become natural to focus on the limitations or weaknesses of an individual. However, youth in juvenile justice settings often find creative ways to survive and navigate dangerous situations and environments. They are also talented artists, writers, speakers, athletes, comedians, musicians, dancers etc. Taking time to explore a youth's strengths and focusing on them can completely change the course of treatment.

“Acknowledge and search for untapped strengths and potential. No matter how hopeless the situation seems, there is always something that these young people are good at, whether they know it or not, and this can be fostered and developed.”

— Clinician working in juvenile detention

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