

# Adolescent Treatment in Juvenile Justice Settings: An evolving field

Presentation @ El Paso Juvenile Drug Treatment Court Site Visit

March 17th, 2017

Sponsored by NCJFCJ and OJJDP



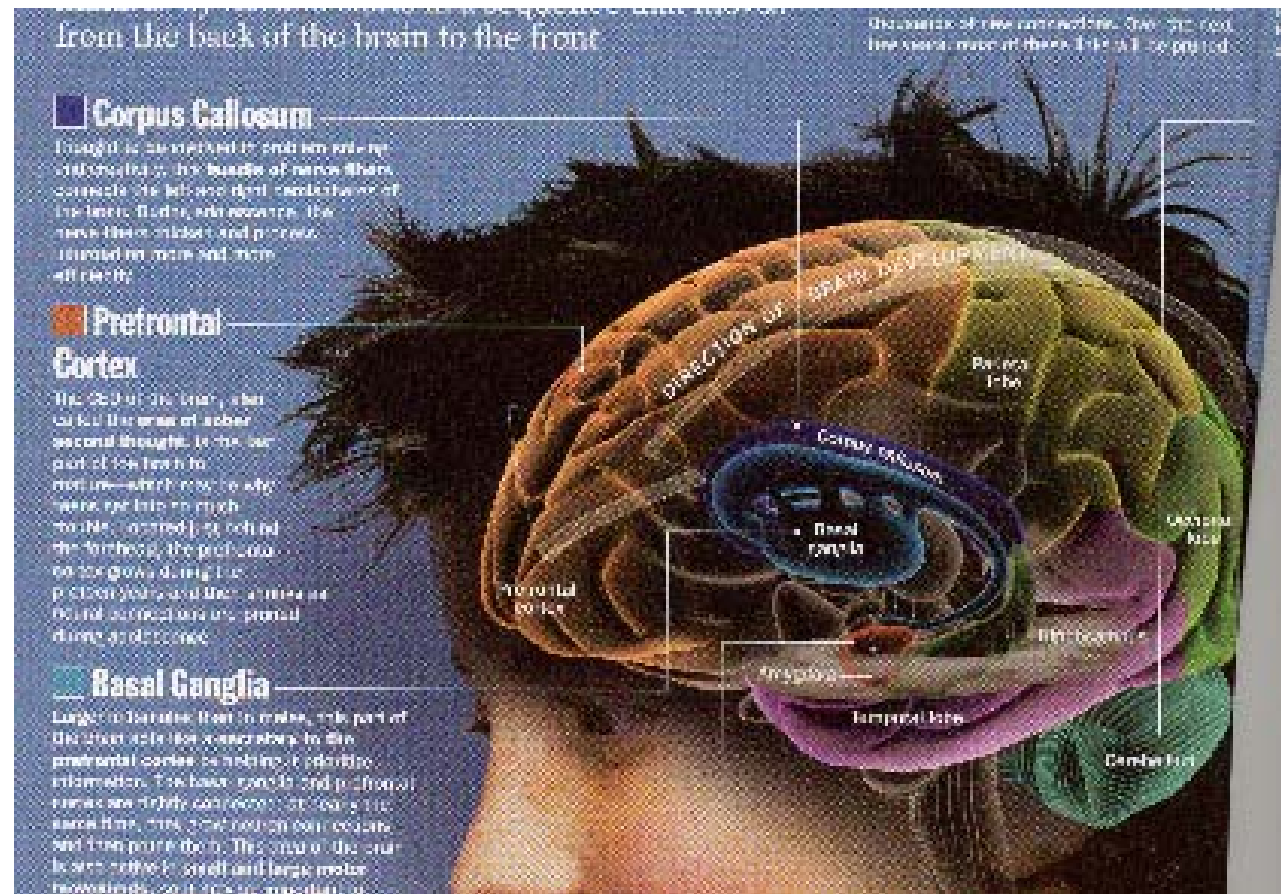
RECLAIMING  
FUTURES

Public Health, Justice, Equity.

## Agenda

- Talk about how the field of adolescent treatment has evolved
- Discuss how our increased knowledge of adolescent development has shaped the field
- Discuss the building blocks of effective adolescent treatment
- Review current evidence-based adolescent treatment practices being used in JJ settings with a focus on Seven Challenges

We thought for many years that the adolescent brain was fully formed but...

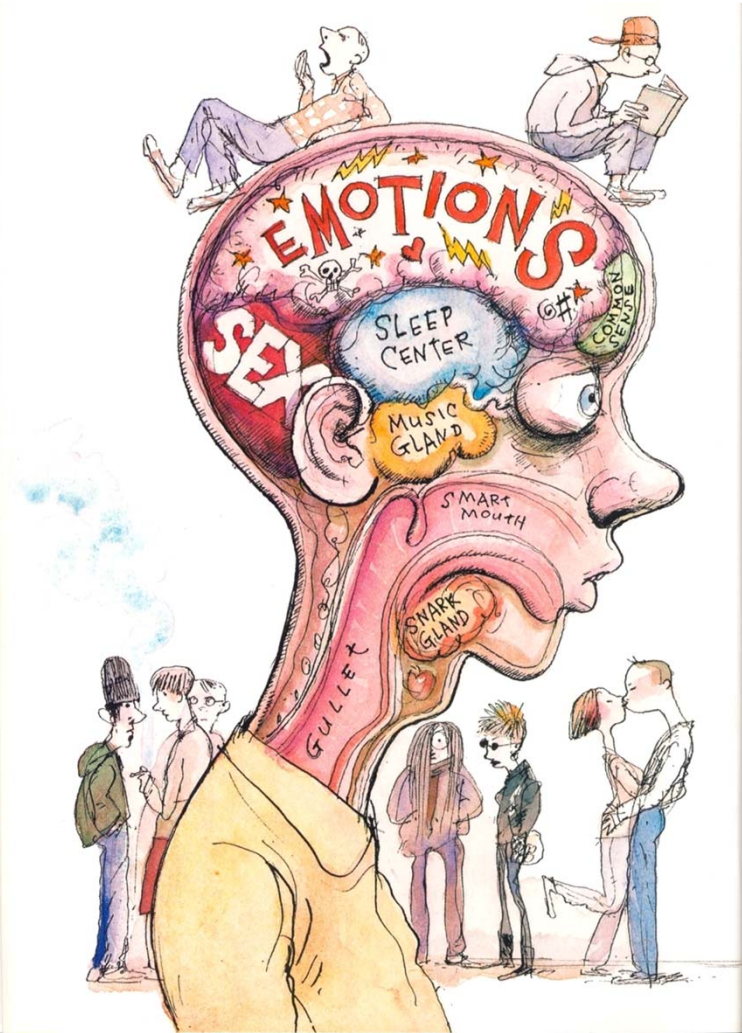


## The Adolescent Brain

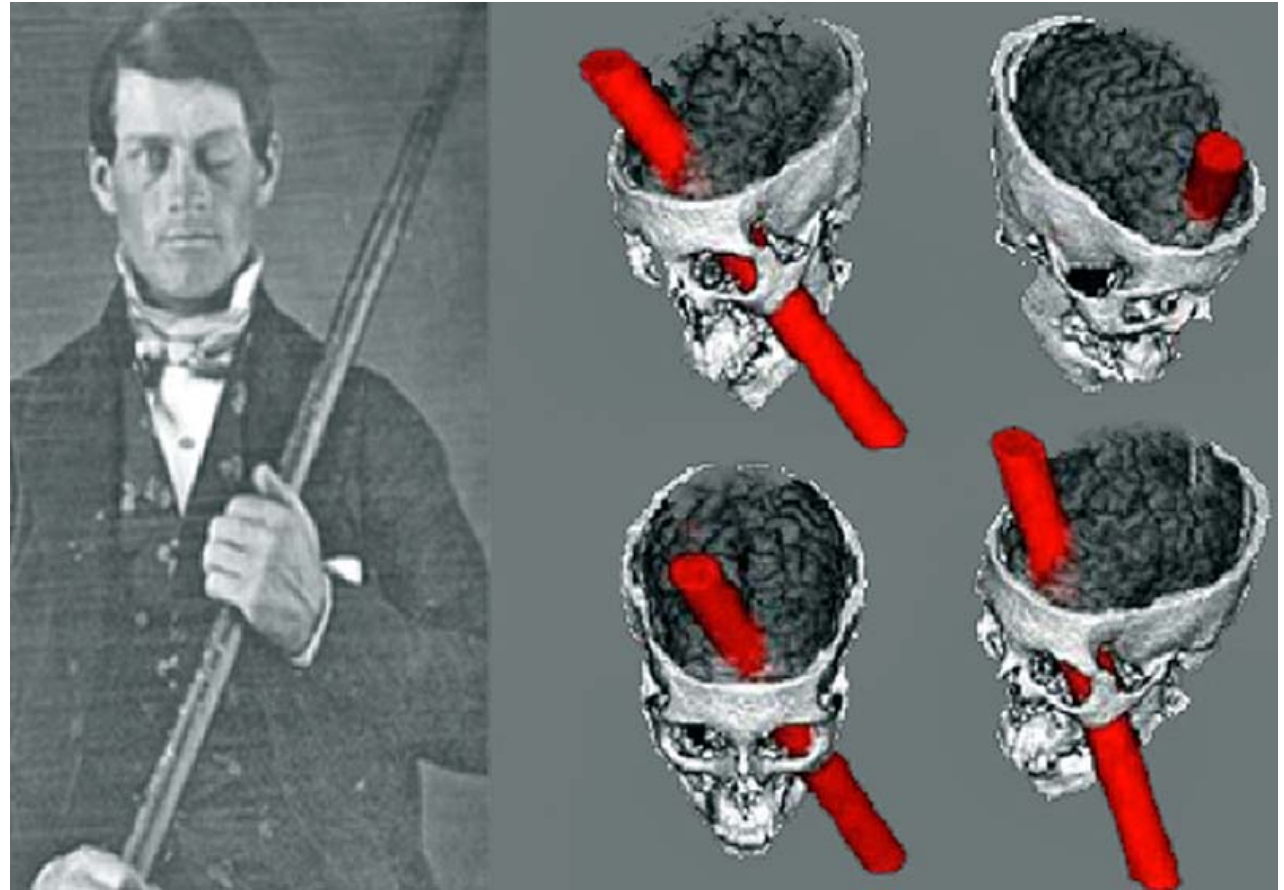
- We now know adolescence is a time of profound maturation and brain development
- Brain development doesn't end until the age of 25
- Rental car companies knew this before brain scientists did
- There is a specific evolutionary reason for this: we need people to be able to adapt to changing cultural and familial demands adulthood
- Has challenged our view of culpability in justice settings

# Why Teenagers do Stupid Things

[https://www.youtube.com/watch?v=dTizueR\\_7l](https://www.youtube.com/watch?v=dTizueR_7l)



# The case of Phineas Gage



Why the  
question:  
“What were  
you thinking?”  
doesn't help  
with  
adolescents

- <https://www.youtube.com/watch?v=CN-ZCyBlikl>

*Implications of  
brain  
development  
for adolescent  
Behavior*

- Preference for:
  - Physical Activity
  - High Excitement and Reward Activities
  - Activities with peers that deliver high arousal
  - Novelty
- Makes “experiential” or emotional learning approaches effective
- Establish autonomy and identity through conflict and opposition to adults



*Implications of  
brain  
development  
for adolescent  
Behavior*

- Less than optimal control of emotional arousal
- Disconnect between feeling and thinking - feelings are intense and confusing
- Emotional sensitivity and reactivity
- Highly attuned to social information and peers
- Poor consideration for negative consequences
- Drawn to risk-taking/experimentation and impulsive

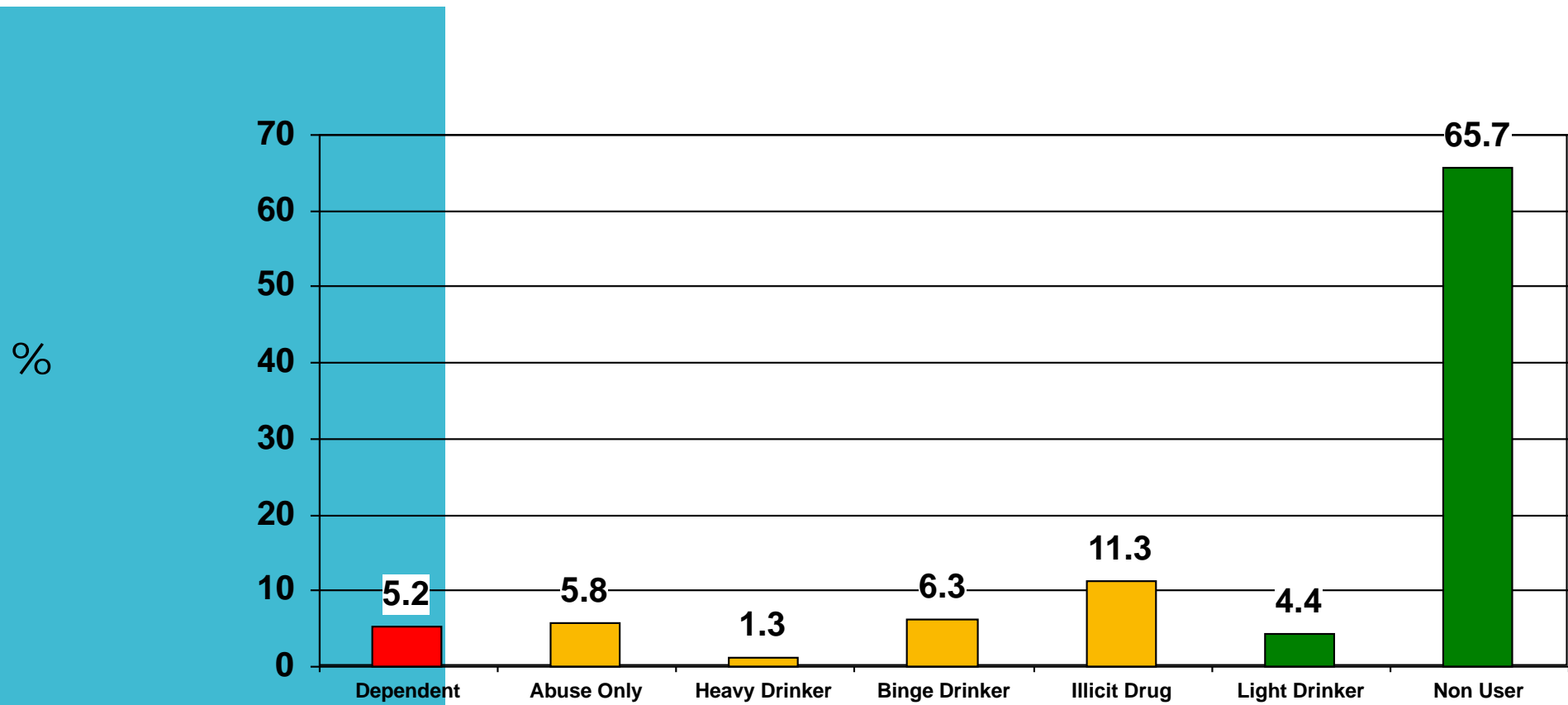
## Adolescent Brain Development issues

- Do not always play out in every situation/in some situations adolescents function just like adults
- Make working with adolescents very frustrating
- Does not mean we just have to wait them out: experience, including treatment help to shape development
- Does not mean an adolescent's brain is damaged, but it's a work in progress and youth need our help to pull all the complex functions together until they can take over
- The maturation process is very uncomfortable and anxiety provoking for adolescents

Adolescent brain  
development makes youth  
highly vulnerable to  
addiction

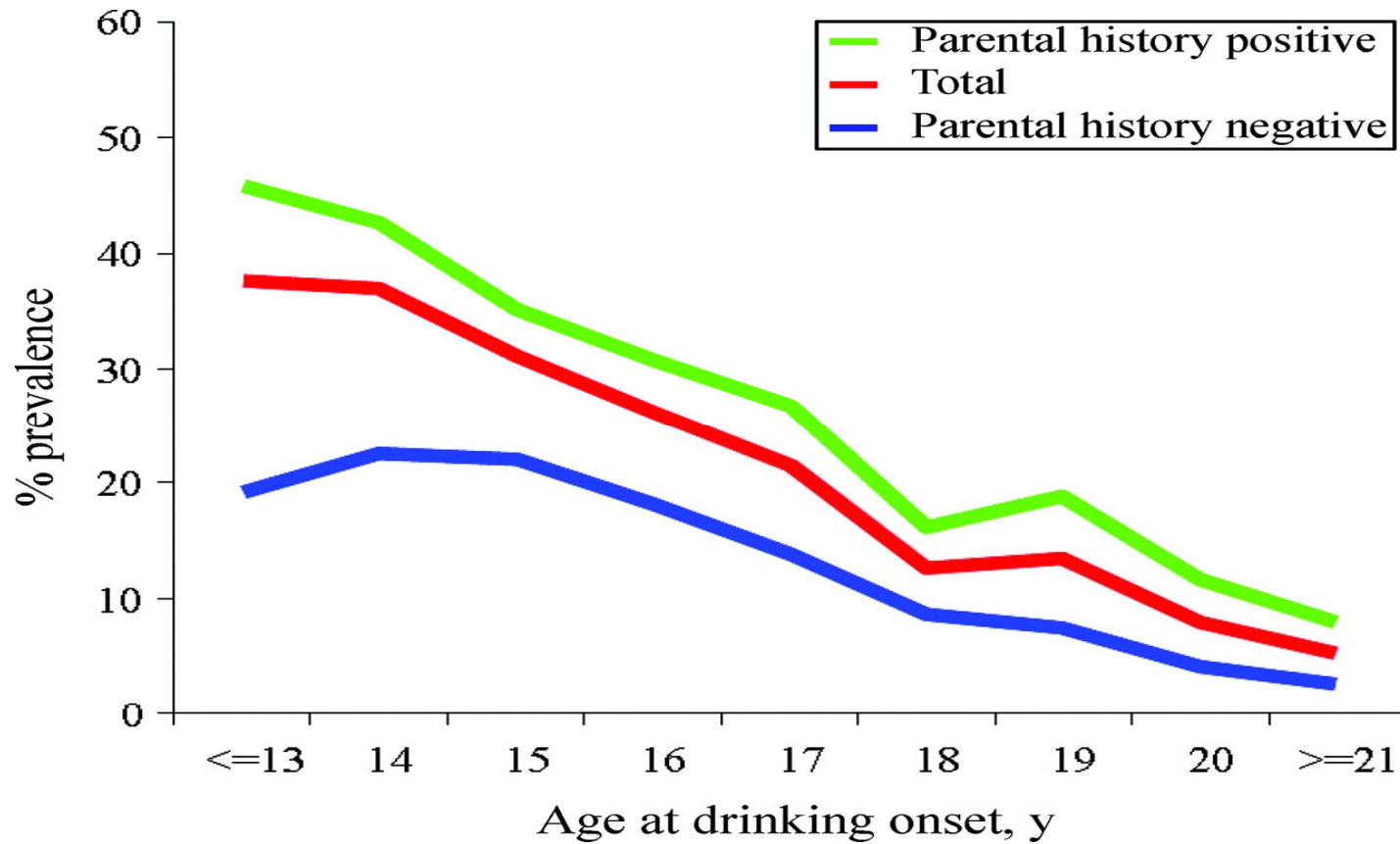
Adopting a  
lifespan and  
public health  
perspective is  
key

- Doesn't mean all youth need intensive treatment, but reinforces the importance of adopting a **public health perspective** on adolescent substance use:
  - Prevention and promotion of healthy attitudes and awareness
  - Screening and early detection
  - Validated assessment
  - Triage to a full continuum of treatment options that match the level of need
  - Support for continued wellness or recovery in the community



Heavy, Binge, and Light Drinkers: prior 30 days  
 Dependence, Abuse only, Illicit Drug Use and No Drug Use: prior year

**Association of age of initiation of alcohol use and lifetime dependence (meeting DSM-IV criteria for dependence at some point in one's life).**



Masten A S et al. Pediatrics 2008;121:S235-S251

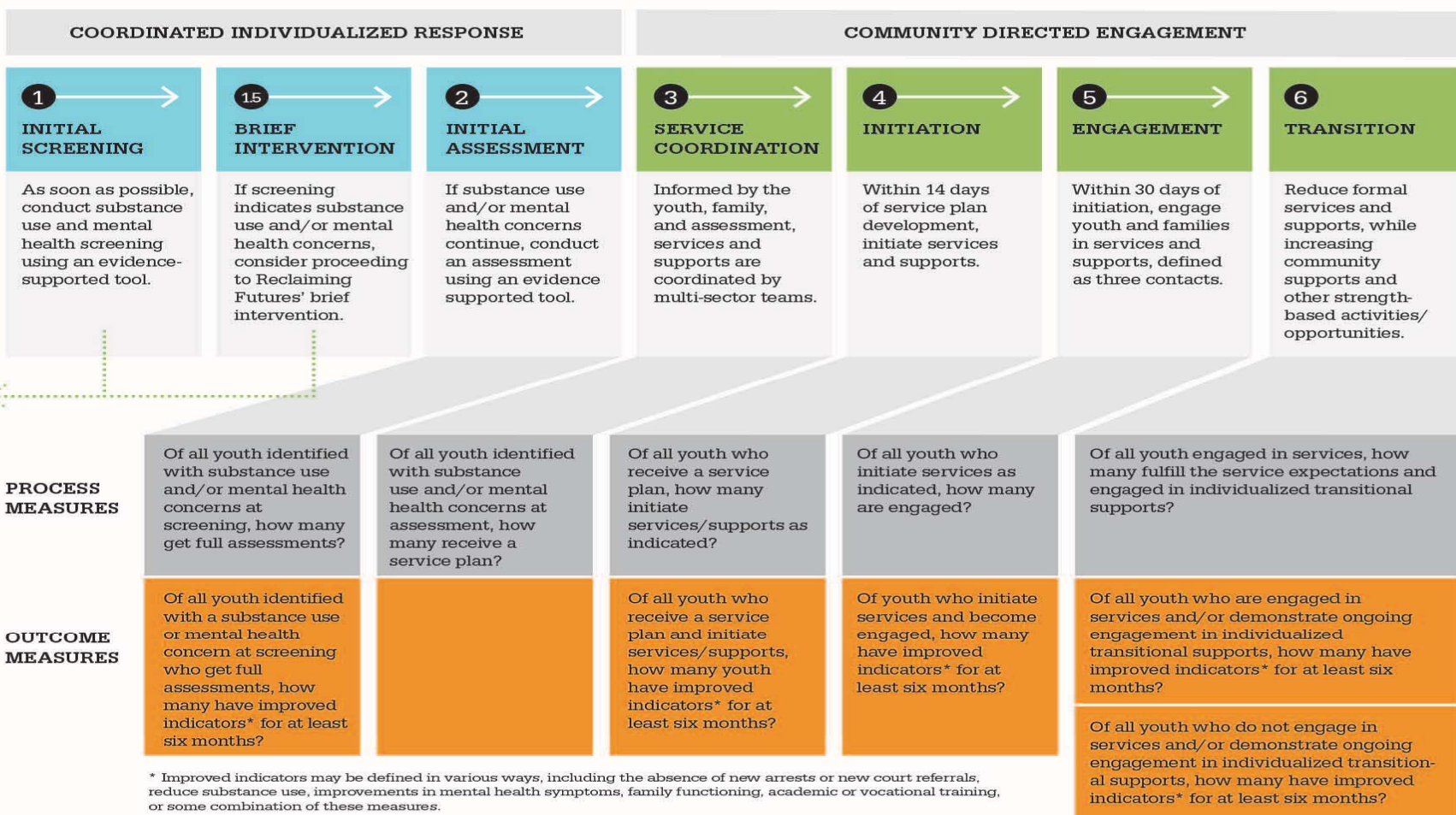
# OUR 6-STEP MODEL

Youth referred to the juvenile justice system for law violations.



Youth eligible for treatment or supervision in the community.

If no substance use or mental health concern is indicated, resume juvenile justice process.



A word about  
youth SBIRT:  
Screening,  
Brief  
Intervention &  
Referral to...

- What is SBIRT?
- The emerging field of youth SBIRT
- SBIRT in Juvenile Justice settings:  
Reclaiming Futures and NCMHJJ



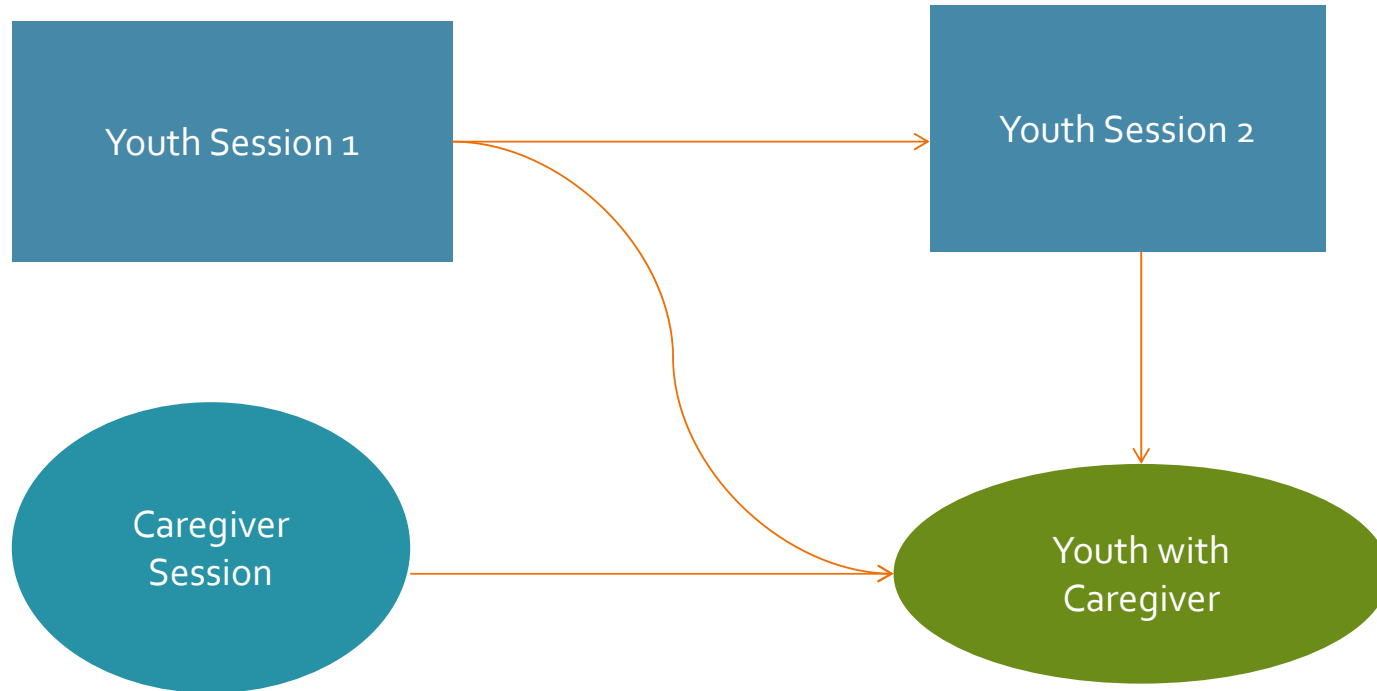
## What is SBIRT? a compass not a map

- Screening, Brief Intervention, Referral To...
- Is NOT actually new
- Formalizes a public health practice that has been around a long time
- There are many different approaches to youth SBIRT being developed
- Many different settings are being considered
- Acknowledges the importance youth voice and motivation

## SBIRT 101

- S = Ask a short series of questions to evoke possible signs of difficulty
- BI= Explore and allow the young person to put those signs into meaningful life context, motivate for change, include parent?
- RT = Collaborate with the young person on a course of action

# SBIRT JJ - Brief Intervention Sequence



# What are the elements of effective adolescent treatment?

How is it different from adult treatment?

## Elements of effective adolescent treatment

- Recognizes the importance of peers and peer influence
- Focuses on helping adolescents to make good decisions including the decision to change behavior
- Kids change behavior when they feel positively motivated not by being talked into change or threatened
- Accounts for aspects of adolescent developmental like: thrill and pleasure seeking, risk taking, favoring immediate gratification over potential consequences and the disconnect between emotion and cognition
- Meets the youth where they are at with their use

## Elements of effective adolescent treatment

- Works with the family system around key issues like autonomy and the changes that result from having a child become an adolescent
- Treats the whole kid in all their key contexts like school, relationships, pro-social activities
- Strength-based – leverages the youths drive toward positive self worth and efficacy
- Recognizes that youth are in flux and are a work in progress with potential

## Evolution of the adolescent treatment field

- The field started by serving adolescents using adult approaches and the 12-step model
- This was based on a false assumption that adolescents function like adults and that substance use disorder development and recovery follow the same script
- Scared the field away from group intervention

## Evolution of the adolescent treatment field

- Cannabis Youth Treatment Study (2002) was the first controlled attempt to pilot approaches based on adolescent development principles
- MET/CBT (5 & 12), ACRA, MDFT, FSN
- MST-SA, FFT-SA, 7-Challenges, ACC, Youth SBIRT



## Consensus core elements in a nutshell

- Skill building (CBT)
- Motivation (MET and MI)
- Contingency Management (Social-Behavioral approaches, ACRA, MST-SA, ACC)
- A Family component is key (MST, FFT, APT, MDFT, BSFT)
- Leveraging the power of peers (7 Challenges)
- Recovery support in the community (teen oriented AA/NA, recovery high schools, alternative peer recovery networks )
- Positive youth development oriented programs (Phoenix Multi-Sport (<https://phoenixmultisport.org/>), Stargate, YouthBuild, mentoring)
- Interventions that combine multiple elements do better

The challenge  
of following  
these  
principles in a  
JJ or treatment  
court setting

- Kids don't just have a substance use issue they are also in legal hot water
- Co-occurring mental health problems
- An adversarial and stressful setting for parents to engage in
- In drug court, difficult to leverage the peer impact
- Hard to motivate youth in a coercive setting
- The court population tends to be shunned from school and other pro-social settings
- The stigma of court involvement is an engagement barrier for youth

An example of  
a youth  
development  
intervention  
that is  
transformative  
but not  
“therapy”

- <http://nationswell.com/broadway-theater-company-giving-troubled-teens-second-act/>

Understanding  
the current  
practice  
landscape in El  
Paso

- Who are the treatment providers in El Paso who serve adolescents?
- What is their capacity, strengths and what approaches do they use
- Describe the non-treatment community-based programs available to youth and families

A closer look at  
Seven  
Challenges:  
logistics

- Very strong research support when implemented in JJ and juvenile drug treatment court settings
- Relatively inexpensive to implement
- Good support from the developer
- A growing network of jurisdictions that use the model
- Adolescents find it engaging

## Seven Challenges Core Principles

- Delivered in a group setting
- Follows a structure but is heavily shaped and “owned” each kid and by the group of youth in a cohort
- Developmentally aligned with adolescent development principles
- Explicit strategies for practitioners working with the court
- Tackles the reality of court involvement with the youth head on

## “The Mad Rush To Abstinence”

- The mad rush is a frantic attempt to convince youth that drugs are dangerous, that they personally have been harmed by drugs, and that they must quit.
- An exclusive focus on abstinence is a set up for failure for many kids
- Fixating on not using can be a distraction from looking at the challenges and the underlying issues

We favor abstinence as much as any program that calls itself "abstinence-based." We know, however, that counselors can't make anyone quit, so we strive to create respectful relationships and to get young people to make their own honest decision to change (avoiding the power struggles that occur when counselors try to control young people). However, we are more than decision-making training. We support young people in taking action to change behavior and succeed with court requirements at every session with what we call "individualized support."

Robert Schwebel, Ph.D.



# The Seven Challenges

**1** We decided to open up and talk honestly about ourselves and about alcohol and other drugs.

**2** We looked at what we liked about alcohol and other drugs, and why we were using them.

**3** We looked at our use of alcohol and other drugs to see if it had caused harm, or could cause harm.

**4** We looked at our responsibility and the responsibility of others for our problems.

**5** We thought about where we seemed to be headed, where we wanted to go, and what we wanted to accomplish.

**6** We made thoughtful decisions about our lives and about our use of alcohol and other drugs.

**7** We followed through on our decisions about our lives and drug use. If we saw problems, we went back to earlier challenges and mastered them.

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## The Seven Challenges

Challenging ourselves to make wise decisions about alcohol and other drugs



## Seven Challenges working sessions

- Teach youth how to identify the issues that are most important to them, and have them bring these issues to sessions.
- Counselors identify other relevant issues and then bring activities to sessions or start discussions about these issues.
- Weave the Seven Challenges part of the conversation.
- Use of what they call “supportive journaling”

## Seven Challenges Training

- Specific counseling skills corresponding to each Challenge are taught during trainings.
- Counselors learn to introduce the Program to youth and redefine their role as a problem-solving partner.
- Counselors learn to redefine success in smaller increments, making goals relevant and attainable.
- Effective use of Seven Challenges youth materials is taught and practiced during trainings.
- All trainings are dynamic and interactive, with role play and practice as a focus.

## Implementation Requirements

- Organization commits to providing Seven Challenges as their counseling program for youth who have drug problems.
- 3-day, on-site Initial Training for counselors providing substance abuse counseling for youth, and for their clinical supervisors.
- 3-day Leader Training where supervisors are taught Seven Challenges clinical supervision and how to orient and train new employees when there is turnover.

## Training and ongoing support

- Quarterly Support Calls between Seven Challenges and Leaders begin right away.
- Agencies have access to assistance directly from The Seven Challenges team between scheduled calls and trainings. Continuing support, monitoring and training is provided.
- Support/Fidelity Visit annually, where Seven Challenges trainer provides ongoing training and support, reviews QA documents, observes a session and gives feedback.

## Cost of Seven Challenges

- A license (roughly \$9000 plus trainer travel expenses) includes:
  - Right to use
  - An initial training
  - A separate overview presentation for ancillary staff, administrators and other stakeholders
  - Regular support and professional development calls
  - Immediate support
- Sending a local trainer to leadership training (Roughly \$700 plus travel)
- Annual renewal/fidelity fee (Roughly \$4000)
  - Includes continued right to use
  - Annual fidelity visit
  - Ongoing participation in support calls
  - Ongoing immediate support

More Info and  
Contacting  
Seven  
Challenges

- Sharon Conner, Director of Program Services  
The Seven Challenges, LLC  
(520) 405-4559

[sconner@sevenchallenges.com](mailto:sconner@sevenchallenges.com)

[www.sevenchallenges.com](http://www.sevenchallenges.com)

## EBP Resources

- <http://adai.uw.edu/pubs/pdf/2015youthsubstuse.pdf>
- <http://www.attcnetwork.org/home/>
- <https://www.samhsa.gov/nrepp>



# Reclaiming Futures

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RECLAIMING  
FUTURES

Public Health, Justice, Equity.