Moving Toward an Integrated Model of Behavioral Health and Criminogenic Risk for Juveniles

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Justice and Mental Health Collaboration Program National and Technical Assistance Event
February 9-11, 2011
Baltimore, Maryland
Common psychiatric disorders in juvenile justice (OJJDP, 2004):

- Conduct Disorders
- Anxiety Disorders
- Attention Deficit Disorders
- Affective Disorders
- Substance Use Disorders
- Developmental Disabilities
Prevalence of Mental Illness

- Nationally, one in five youth involved in JJS has at least one serious mental disorder (Cocozza and Skowyra, 2000)

- In Jefferson Parish, 45% of probationers had at least one Axis I diagnosis and 16% had Axis II of Borderline Intelligence or MMR.
Limitations to Intervention by Diagnosis

- Adolescent disorders do not fit neatly into categories
- Adolescents often have co-morbidity with substance abuse and conduct disorder
- Diagnoses do not necessarily account for criminogenic risk
Developmental Perspective

- Cognitive, social, emotional, moral, and physical “stuck points”
- Intrapersonal capacities for growth
- Environmental impacts on development

“One man cannot do right in one department of life whilst he is occupied doing wrong in any other department. Life is one indivisible whole.” - Mahatma Gandhi
Identify Criminogenic Needs

- Structured Assessment of Violence Risk in Youth (SAVRY)
  - Empirically-established criminogenic risk factors
  - Protective factors
  - Valid and reliable
  - Serves as a platform for identifying criminogenic needs that overlap with criteria for diagnosing mental illness.
<table>
<thead>
<tr>
<th>Early Risk Factors (age 6–11)</th>
<th>Effect Size ($r = $)</th>
<th>Late Risk Factors (age 12–14)</th>
<th>Effect Size ($r = $)</th>
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</thead>
<tbody>
<tr>
<td><strong>Large Effect Size ($r \geq .30$)</strong></td>
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<tr>
<td>General offenses</td>
<td><strong>.38</strong></td>
<td>Weak social lies</td>
<td><strong>.39</strong></td>
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<td>Substance use</td>
<td><strong>.30</strong></td>
<td>Antisocial, delinquent peers</td>
<td><strong>.37</strong></td>
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<td></td>
<td></td>
<td>Gang membership</td>
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<td><strong>Moderate Effect Size ($r = .20 – .29$)</strong></td>
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<tr>
<td>Being male</td>
<td><strong>.26</strong></td>
<td>General offenses</td>
<td><strong>.26</strong></td>
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<tr>
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<td>Antisocial parents</td>
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<td>Aggression**</td>
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<td><strong>Small Effect Size ($r &lt; .20$)</strong></td>
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<td>Psychological condition</td>
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<td>Psychological condition</td>
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<td>Hyperactivity</td>
<td><strong>.13</strong></td>
<td>Restlessness</td>
<td><strong>.20</strong></td>
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<td>Poor parent-child relations</td>
<td><strong>.15</strong></td>
<td>Difficulty concentrating**</td>
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<td>Harsh, lax, or inconsistent discipline</td>
<td><strong>.13</strong></td>
<td>Risk taking</td>
<td><strong>.09</strong></td>
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<td>Weak social ties</td>
<td><strong>.15</strong></td>
<td>Poor parent-child relations</td>
<td><strong>.19</strong></td>
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<tr>
<td>Problem (antisocial) behavior</td>
<td><strong>.13</strong></td>
<td>Harsh, lax discipline; poor</td>
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<td>monitoring, supervision</td>
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<td>Exposure to television violence</td>
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<td>Low parental involvement</td>
<td><strong>.11</strong></td>
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<td>Poor attitude toward, performance in school</td>
<td><strong>.13</strong></td>
<td>Aggression**</td>
<td><strong>.19</strong></td>
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<tr>
<td>Medical, physical</td>
<td><strong>.13</strong></td>
<td>Being male</td>
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<tr>
<td>Low IQ</td>
<td><strong>.12</strong></td>
<td>Poor attitude toward, performance in school</td>
<td><strong>.19</strong></td>
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<tr>
<td>Other family conditions</td>
<td><strong>.12</strong></td>
<td>Academic failure</td>
<td><strong>.14</strong></td>
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<td>Broken home</td>
<td><strong>.09</strong></td>
<td>Physical violence</td>
<td><strong>.18</strong></td>
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<td>Separation from parents</td>
<td><strong>.09</strong></td>
<td>Neighborhood crime, drugs†</td>
<td><strong>.17</strong></td>
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<td>Antisocial attitudes, beliefs</td>
<td><strong>.12</strong></td>
<td>Neighborhood disorganization†</td>
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<td>Dishonesty**</td>
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<td>Antisocial parents</td>
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<tr>
<td>Abusive parents</td>
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<td>Antisocial attitudes, beliefs</td>
<td><strong>.16</strong></td>
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<tr>
<td>Neglect</td>
<td><strong>.07</strong></td>
<td>Crimes against persons</td>
<td><strong>.14</strong></td>
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<td>Antisocial peers</td>
<td><strong>.04</strong></td>
<td>Problem (antisocial) behavior</td>
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<td>Low IQ</td>
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<td>Broken home</td>
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<td>Low family socioeconomic status/poverty</td>
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<td>Family conflict**</td>
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<td></td>
<td>Substance use</td>
<td><strong>.06</strong></td>
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</tbody>
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Sources: Adapted from Hawkins et al. (1996c) and Lipsey and Derzon (1998). Specific risk factors are listed under general categories of risk if there is sufficient evidence to warrant it. Effect sizes in italics are from the meta-analysis by Hawkins et al. (1996c), Lipsey and Derzon (1996), or Paik and Comstock (1994). Other effect sizes are based on two or more longitudinal studies of general population samples.

* The risk factors identified by Lipsey and Derzon are predictors of involvement in felonies and could thus be predicting serious, but nonviolent offending. However, the vast majority of serious offenders are also violent offenders (see Chapter 3). The risk factors from Hawkins et al. are predictors of serious violence only.

** Individual risk factor. As a neighborhood-level risk factor (rate of violent offending), the effect is substantially greater ($r = .45$). See Sampson & Groves, 1989; Simcha-Fagan & Schwartz, 1986; Sampson et al., 1997; Elliott et al., 1996.
### Risk and Protective Factors

**Risk factors must go beyond simple empirical relationships.** To be considered risk factors, they must have both a theoretical rationale and a demonstrated ability to predict violence—essential conditions for a causal relationship.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Risk Factor</th>
<th>Late Onset (age 12-14)</th>
<th>Protective Factor*</th>
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</thead>
<tbody>
<tr>
<td><strong>Individual</strong></td>
<td>General offenses</td>
<td>Psychological condition</td>
<td>Intolerant attitude toward deviance</td>
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<tr>
<td></td>
<td>Substance use</td>
<td>Restlessness</td>
<td>High IQ</td>
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<tr>
<td></td>
<td>Being male</td>
<td>Difficultly concentrating**</td>
<td>Being female</td>
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<tr>
<td></td>
<td>Aggression**</td>
<td>Risk taking</td>
<td>Positive social orientation</td>
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<td></td>
<td>Psychological condition</td>
<td>Aggression**</td>
<td>Perceived sanctions for transgressions</td>
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<td></td>
<td>Hyperactivity</td>
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<td></td>
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<tr>
<td><strong>Family</strong></td>
<td>Low socioeconomic status/poverty</td>
<td>Poor parent-child relations</td>
<td>Warm, supportive relationships with parents or other adults</td>
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<td></td>
<td>Antisocial parents</td>
<td>Harsh, lax discipline; poor monitoring, supervision</td>
<td>Parents' positive evaluation of peers</td>
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<td>Poor parent-child relations</td>
<td>Low parental involvement</td>
<td>Parental monitoring</td>
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<td>Harsh, lax, or inconsistent discipline</td>
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<td>Separation from parents</td>
<td>Abusive parents</td>
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<td>Other conditions</td>
<td>Other conditions</td>
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<td></td>
<td>Abusive parents</td>
<td>Family conflict**</td>
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<tr>
<td><strong>School</strong></td>
<td>Poor attitude, performance</td>
<td>Poor attitude, performance</td>
<td>Commitment to school</td>
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<td></td>
<td>Academic failure</td>
<td>Recognition for involvement in conventional activities</td>
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<td><strong>Peer Group</strong></td>
<td>Weak social ties</td>
<td>Weak social ties</td>
<td>Friends who engage in conventional behavior</td>
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<td></td>
<td>Antisocial peers</td>
<td>Antisocial, delinquent peers</td>
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</tbody>
</table>

*Age of onset not known.

** Males only.
SAVRY Historical Risk Factors

- History of violence
- Criminal history
- Early initiation of violence
- Past supervision/intervention failures
- History of self-harm or suicide attempts
- Exposure to violence in the home
- History of abuse
- Parental criminality
- Early caregiver disruption
- Poor school achievement
SAVRY Social/Contextual Risk Factors

- Peer delinquency
- Peer rejection
- Stress and poor coping
- Lack of personal/social support
- Community disorganization
- Poor parental management
SAVRY Individual Risk Factors

- Negative attitudes
- Risk taking/Impulsivity
- Substance use difficulties
- Anger management problems
- Low Empathy/remorse
- Attention deficit/hyperactivity problems
- Poor compliance
- Low interest/commitment to school
SAVRY Protective Factors

- Prosocial involvement
- Strong social support
- Strong attachment and bonds
- Positive attitude toward intervention and authority
- Strong commitment to school
- Resilient personality
Behavior Disorders

- Includes Conduct Disorder, Oppositional-Defiant Disorder, Disruptive Behavior Disorder

- Key Features:
  - “a repetitive and persistent pattern of behaviors in which the basic rights of others or major age-appropriate societal norms are violated.” (CD)
  - “a recurrent pattern of negativistic, defiant, disobedient, and hostile behaviors toward authority figures.” (ODD)
Behavior Disorders (continued)

- **Associated SAVRY Factors:**
  - **Poor Compliance** – inadequate social skills
  - **Low Empathy/Remorse** – failure to learn social norms (e.g., structure of school, respect for others, empathy for feelings of others)
  - **Parent Criminality** – Poor parent view of authority
  - **Negative Attitude** – Distrust of others’ intentions
Mood Disorders

- **Includes Major Depressive Disorder, Mood Disorder**

- **Key Features:**
  - “clinical course characterized by at least 2 weeks during which there is either a depressed mood or loss of interest or pleasure in nearly all activities. In children and adolescents, the mood may be irritable rather than sad.” (MDD)
  - “includes a prominent and persistent disturbance in mood…and may involve depressed mood, markedly diminished interest or pleasure, or elevated, expansive, or irritable mood.” (Mood Disorder)
Mood Disorders (continued)

- **Associated SAVRY Factors:**
  - Stress and Poor Coping (grieving)
  - Anger Management Problems (stages of grief)
  - History of Childhood Maltreatment (emotional instability)
  - Exposure to Violence in the Home (aggressive behaviors are normal, non-aggressive behaviors are not)
  - Community Disorganization (attachment to delinquent peers who share common emotional instability traits, low attachment to pro-social adults)
Attention Deficit

- Includes Attention Deficit/Hyperactivity Disorders

- Key Features:
  - “a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequent and severe than is typically observed in individuals at a comparable level of development.”
Attention Deficit (continued)

- Associated SAVRY Factors:
  - Poor Parental Management (delayed neurological development, lack of structured environment, failure to learn attention skills)
  - Risk Taking/Impulsivity
  - ADHD Difficulties (linked to delinquent behaviors)
  - Poor School Achievement
Substance Use

- Includes Cannabis Abuse, Poly-Substance Abuse
- Key Features:
  - “a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to repeated use of substances. There may be repeated failure to fulfill major role obligations, repeated use in situations where it is physically hazardous, multiple legal problems, and recurrent social and interpersonal problems.”
Substance Use (continued)

- Associated SAVRY Factors:
  - Parental Criminality (attitudes favorable toward non-compliance)
  - Stress & Poor Coping (grief/trauma, tuning out)
  - Negative Attitude (toward authority)
  - Risk Taking/Impulsivity
  - Poor Compliance (with terms of probation)
  - Past Supervision/Intervention Failures (drug use while on probation)
  - Community Disorganization (community norms toward marijuana use)
  - Peer Delinquency (peer group norms)
  - Substance Abuse Difficulties (naturally...)
Family Relational Problems

- **Includes Parent-Child Relationship Problems**

- **Key features**: “include patterns of interaction between or among members of a relational unit that are associated with a clinically significant impairment in functioning, or symptoms among one or more members of the relational unit or impairment in the functioning of the relational unit”, specifically, “interaction between the parent and child.”
Family Relational Problems (continued)

- **Associated SAVRY Factors:**
  - History of Self-Harm or Suicide Attempts (loneliness, sexual identity)
  - Exposure to Violence in the Home
  - Childhood History of Maltreatment (decreased empathy/remorse, decreased cognitive development)
  - Parent/Caregiver Criminality
  - Early Caregiver Disruption
  - Poor School Achievement (due to inadequate cognitive development, lack of stimulation)
  - Poor Parental Management (too strict, too lenient)
  - Lack of Personal/Social Support (loneliness, no support)
Adjustment Disorders

- **Key features:** “the development of clinically significant emotional or behavioral symptoms in response to an identifiable psychosocial stressor or stressors. The clinical significance of the reaction is indicated by either marked distress that is in excess of what would be expected given the nature of the stressor, or by significant impairment in social or occupational (academic) functioning”
Adjustment Disorders (continued)

- Associated SAVRY Factors:
  - Stress and Poor Coping
  - Lack of Personal/Social Support
  - Early Caregiver Disruption
Principles of Screening and Assessment

- Use empirically-tested, standardized tools (valid and reliable)
- Purpose of Test (what are you looking for?)
- Right place, right time (At what point are youth assessed?)
- Screen or Assessment (Best for you?)
**Re-offense Rates When Services Match Criminogenic Needs (Vieira et al., 2009)**

Match based on # of Services Given in Response to a Youths’ Risk/Need Factor

- **Poor Match**: 76.2%
- **Med Match**: 42.5%
- **Good Match**: 27.3%
Principles of Effective Treatment

- Match services to criminogenic needs of youth targeting most chronic and severe needs (ripple effect)
- Use practices proven by “good research” to be effective (evidence-based practices)
- Maintain fidelity to the model(s) used – that’s how they were tested, so stick to it.
- Duration, intensity, and quality
Principles of Effective Treatment
(Lipsey, Howell, Kelly, Chapman, & Carver, 2010)

- Meta-analysis of 548 JJ Programs
- Most effective programs for reducing recidivism have:
  - Focus on high risk youth
  - Therapeutic focus (restorative, skill building, counseling, and coordinated services) versus external control focus (deterrence programs, discipline programs, surveillance programs)
  - Greater program match to juvenile needs
  - Amount and quality of service
Resources


Questions?

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