Department of Juvenile Justice Substance Abuse Treatment Programs

Presented by
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Department of Juvenile Justice

A Quick Snap Shot in FY 2006

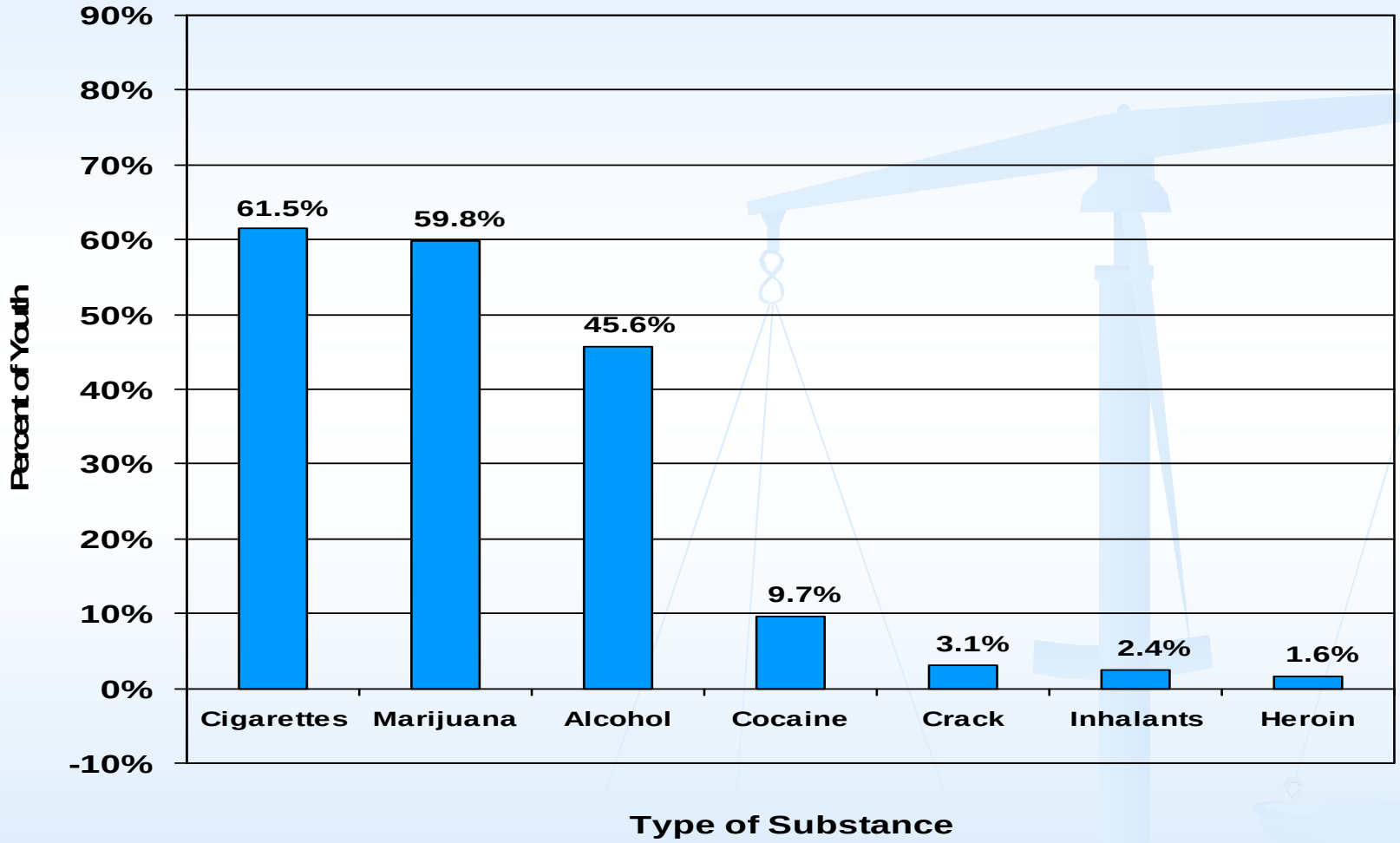
- Substance Abuse Treatment Needs
  - 70.1% had either mandatory or recommended substance abuse treatment need
    - 71.0% of males had either mandatory or recommended substance abuse treatment need
    - 62.0% of females had either mandatory or recommended substance abuse treatment need
  - DJJ has programs in every facility including the Community Placement Programs (Chesapeake and Shenandoah)

What Are DJJ Youth Using?

- Cigarettes
- Marijuana
- Alcohol
- Cocaine / Crack
- Heroin
- Inhalants

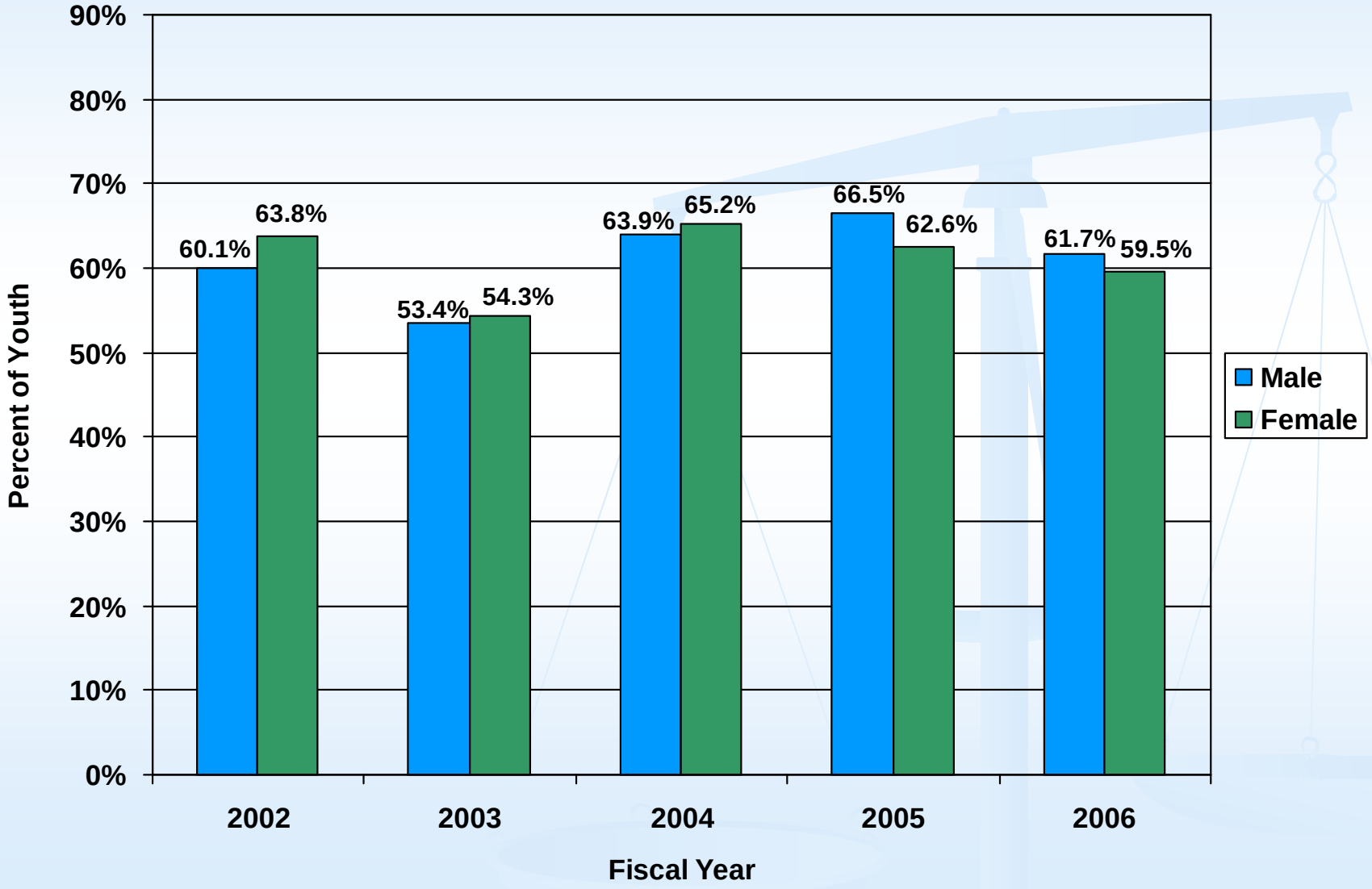
What Is The Most Used Drug?

Percentage of Youth Substance Use FY 2006



Cigarette Use by Sex

- In FY 2006, 61.5% of juveniles at admission to RDC reported cigarette use.



Cigarette Use by Race

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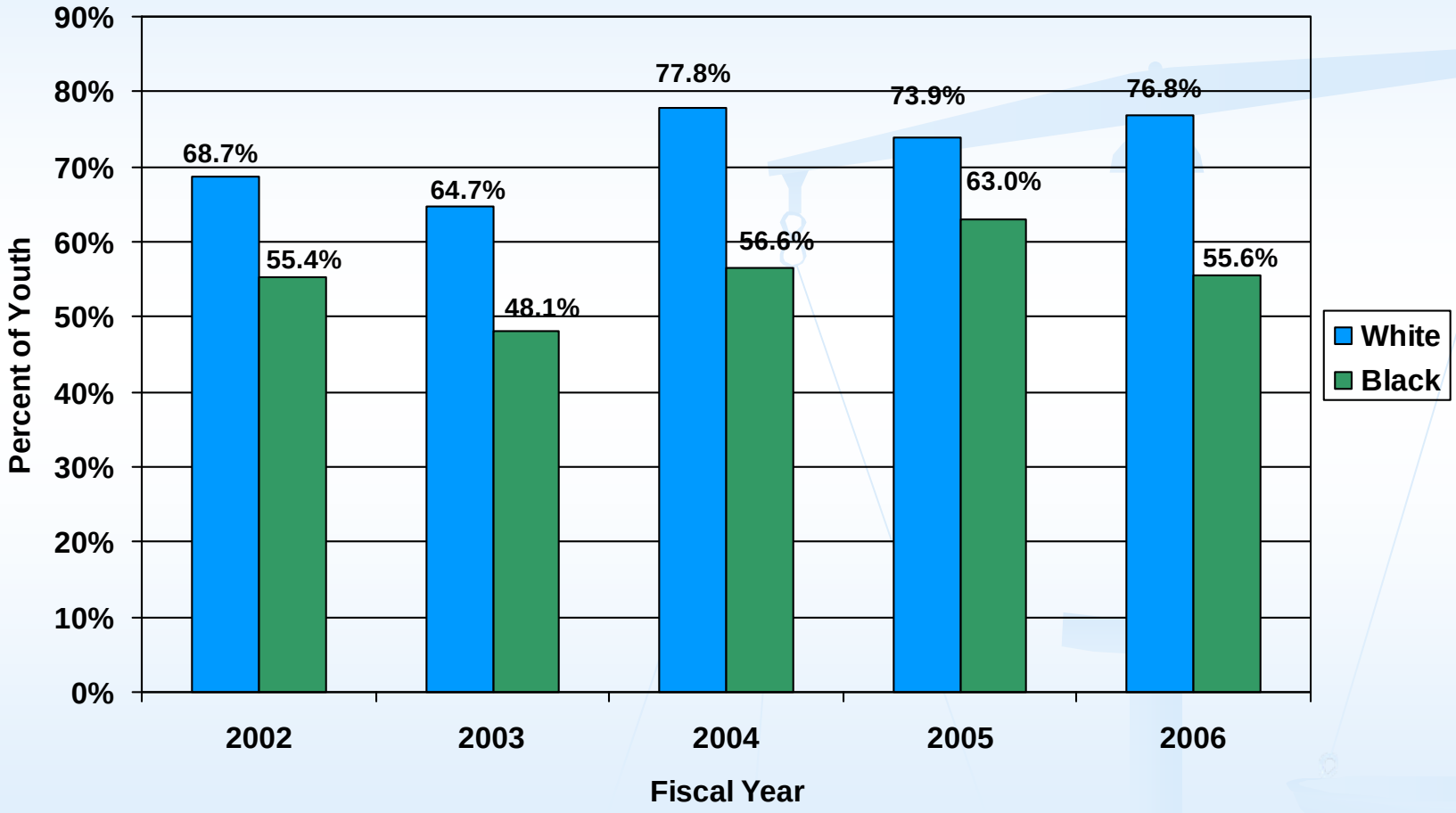
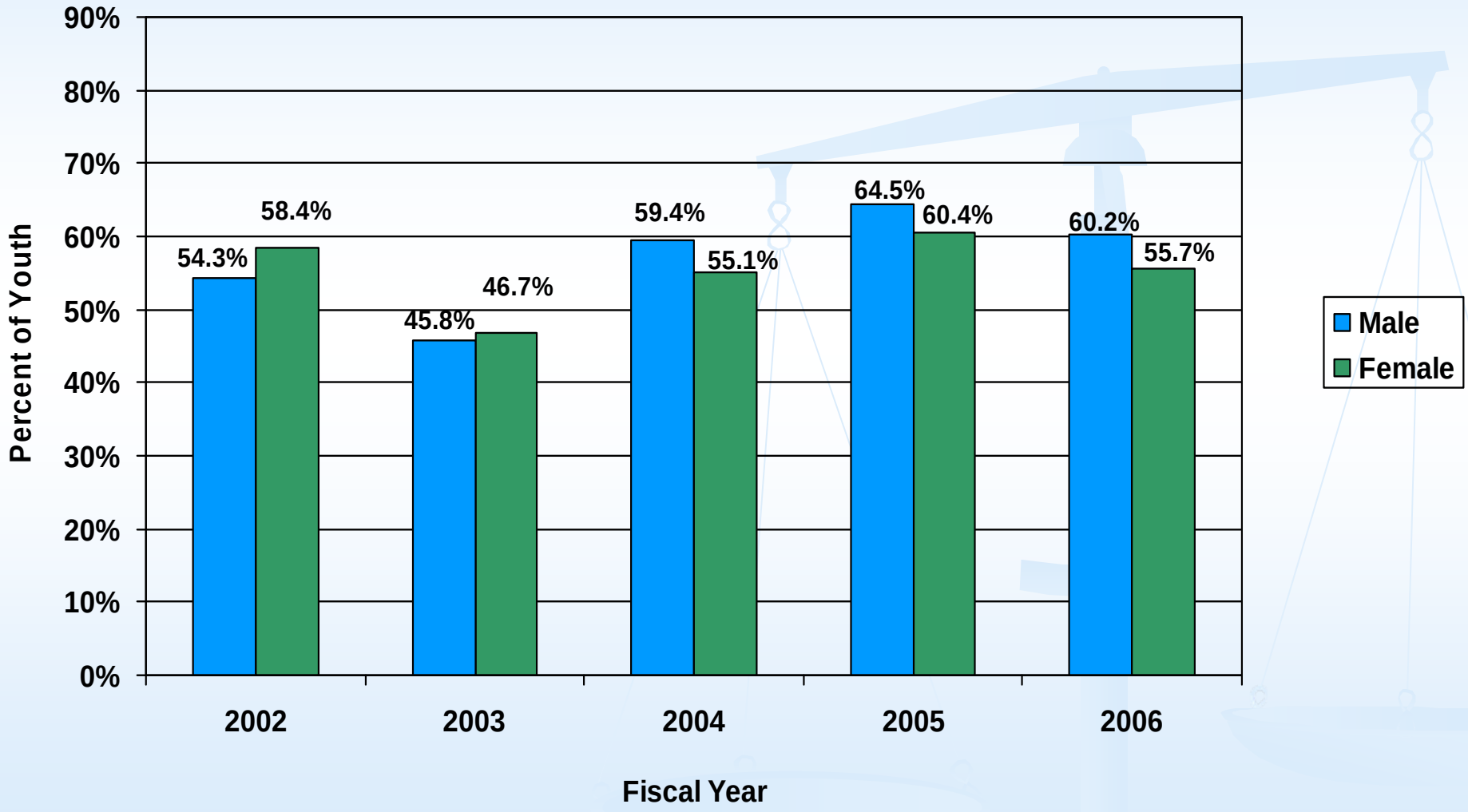


Marijuana Use by Sex

- In FY 2006, 60% of juveniles at admission to RDC reported marijuana use.



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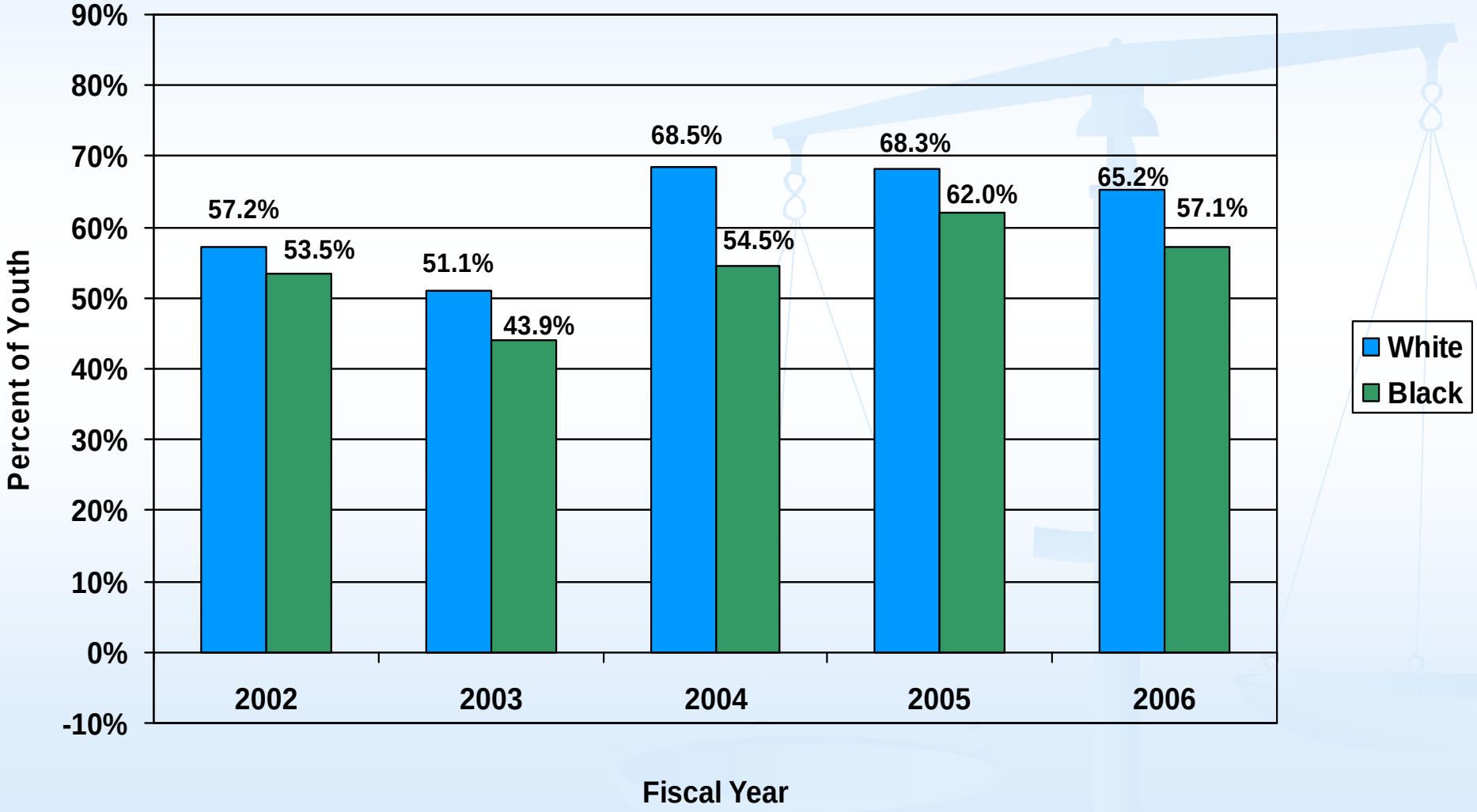
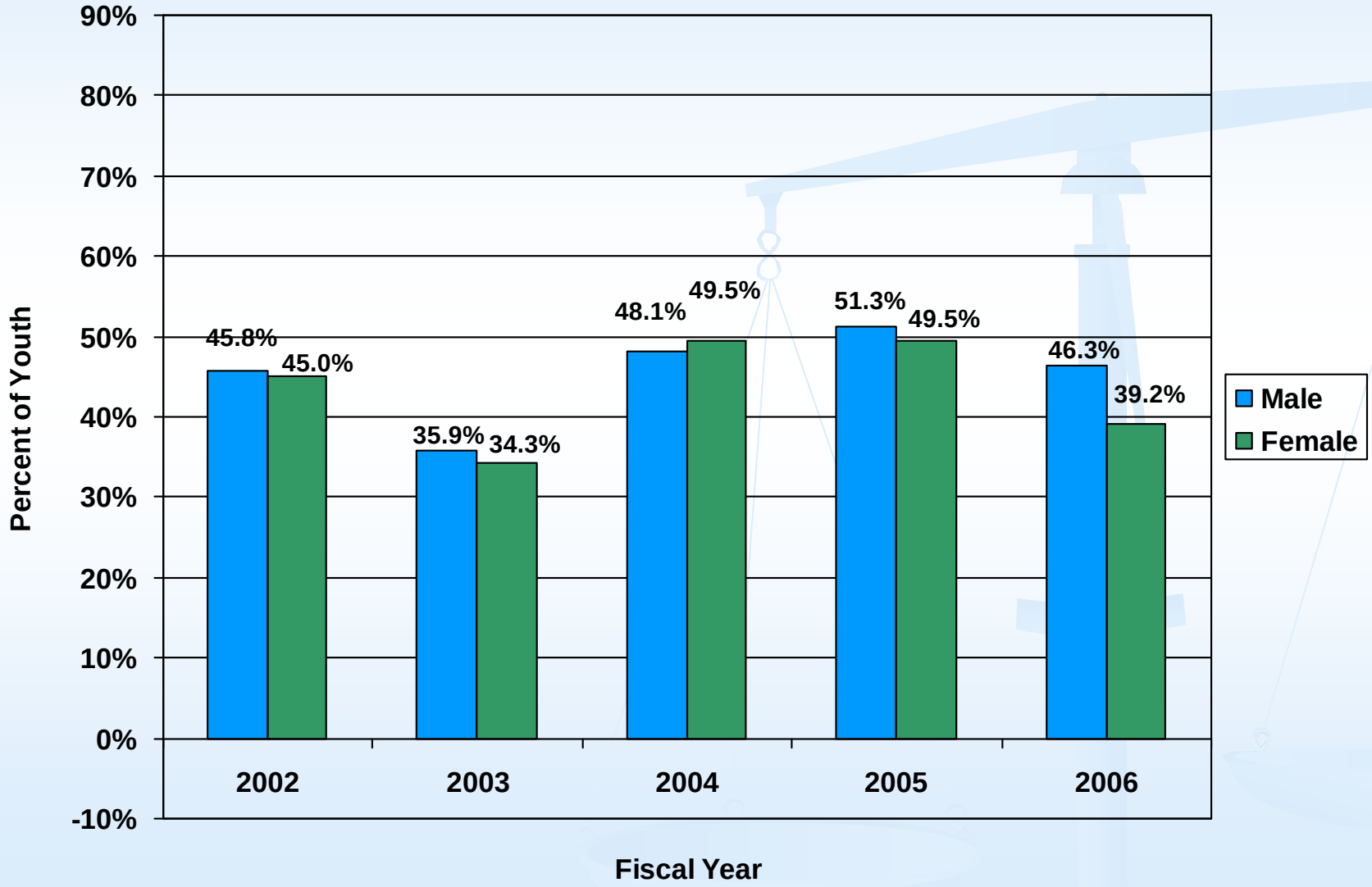


Alcohol Use by Sex

- In FY 2006, 46% of juveniles at admission to RDC reported use of alcohol.



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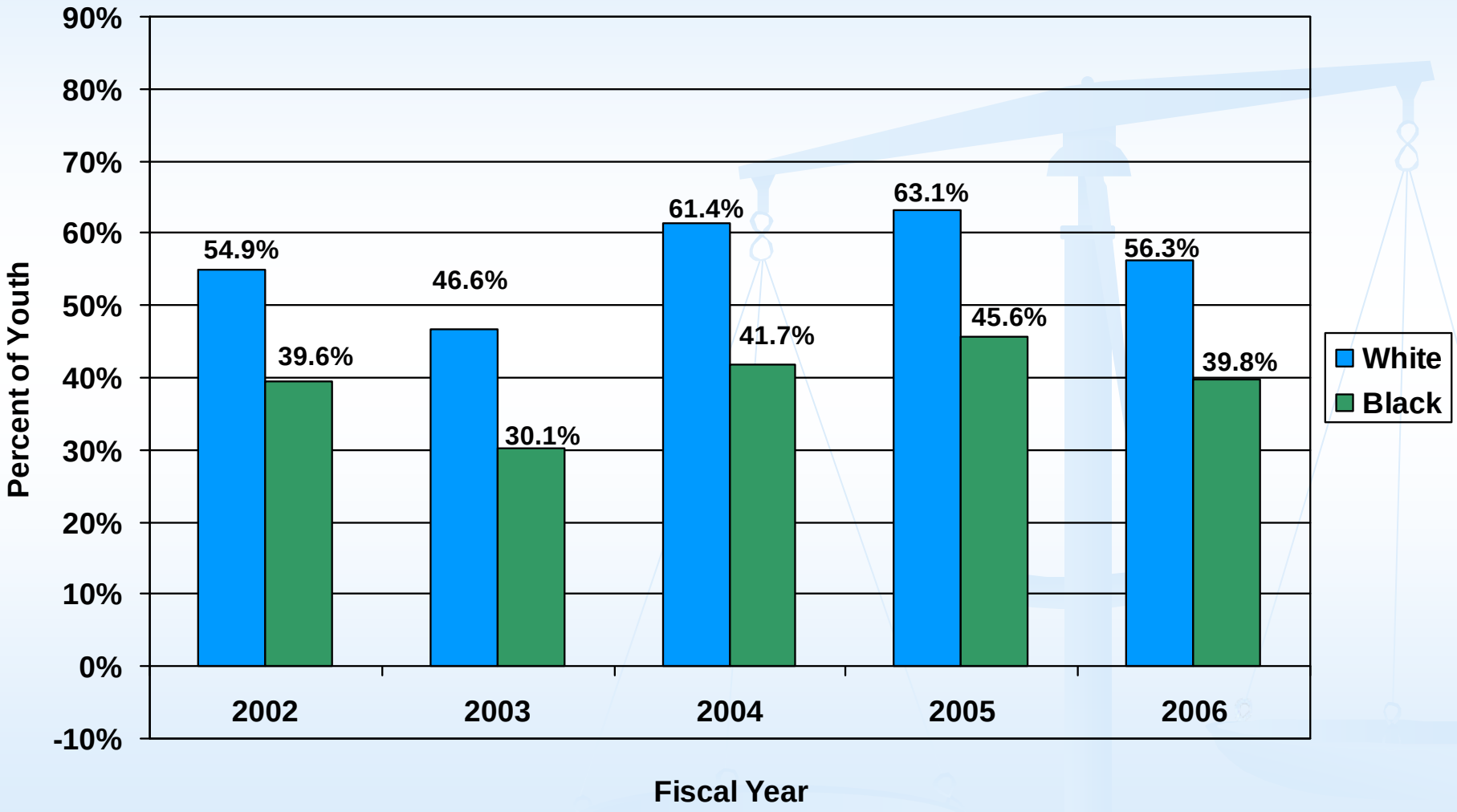
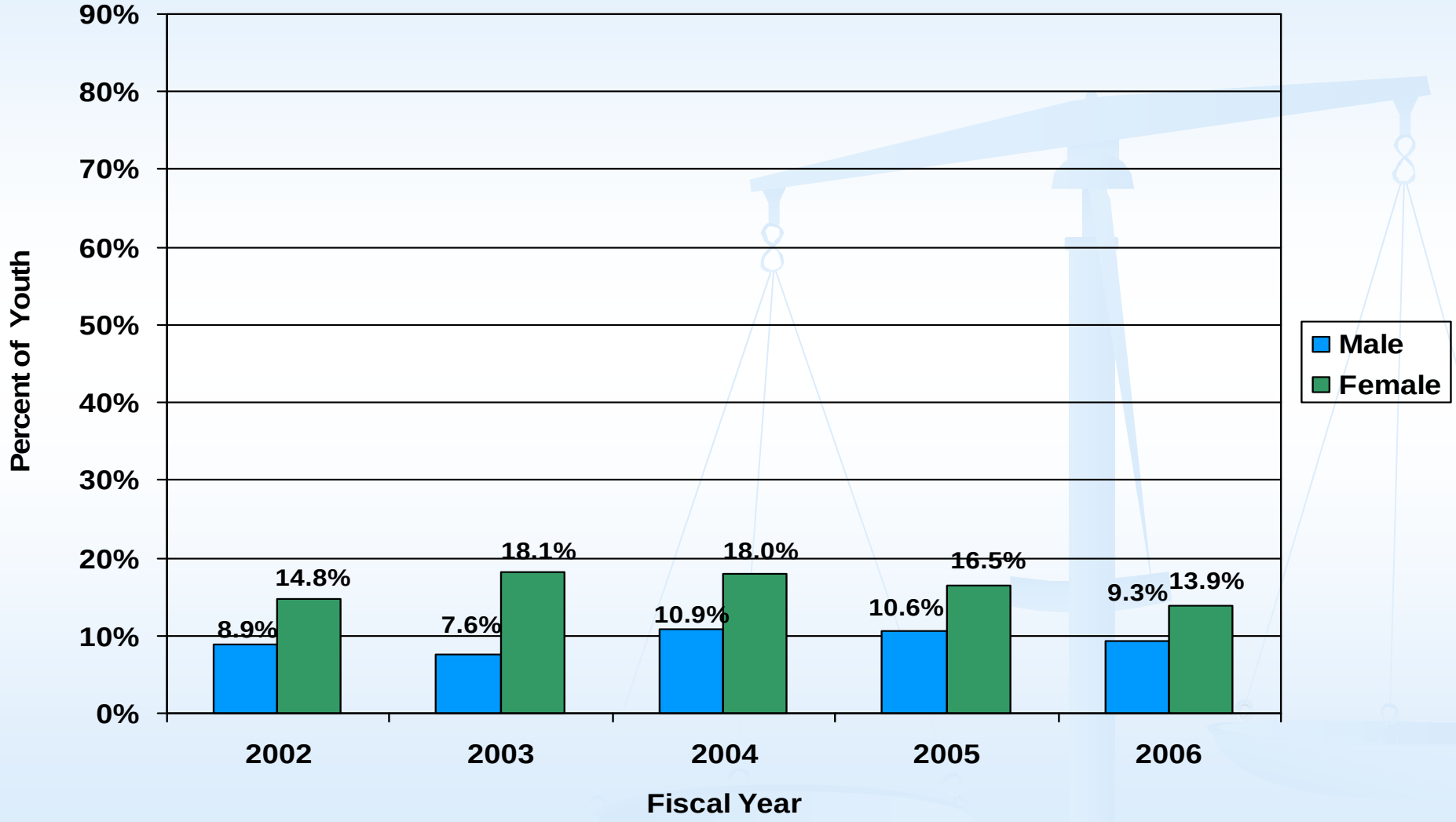


Cocaine Use by Sex

- In FY 2006, 10% of juveniles at admission to RDC reported cocaine use.



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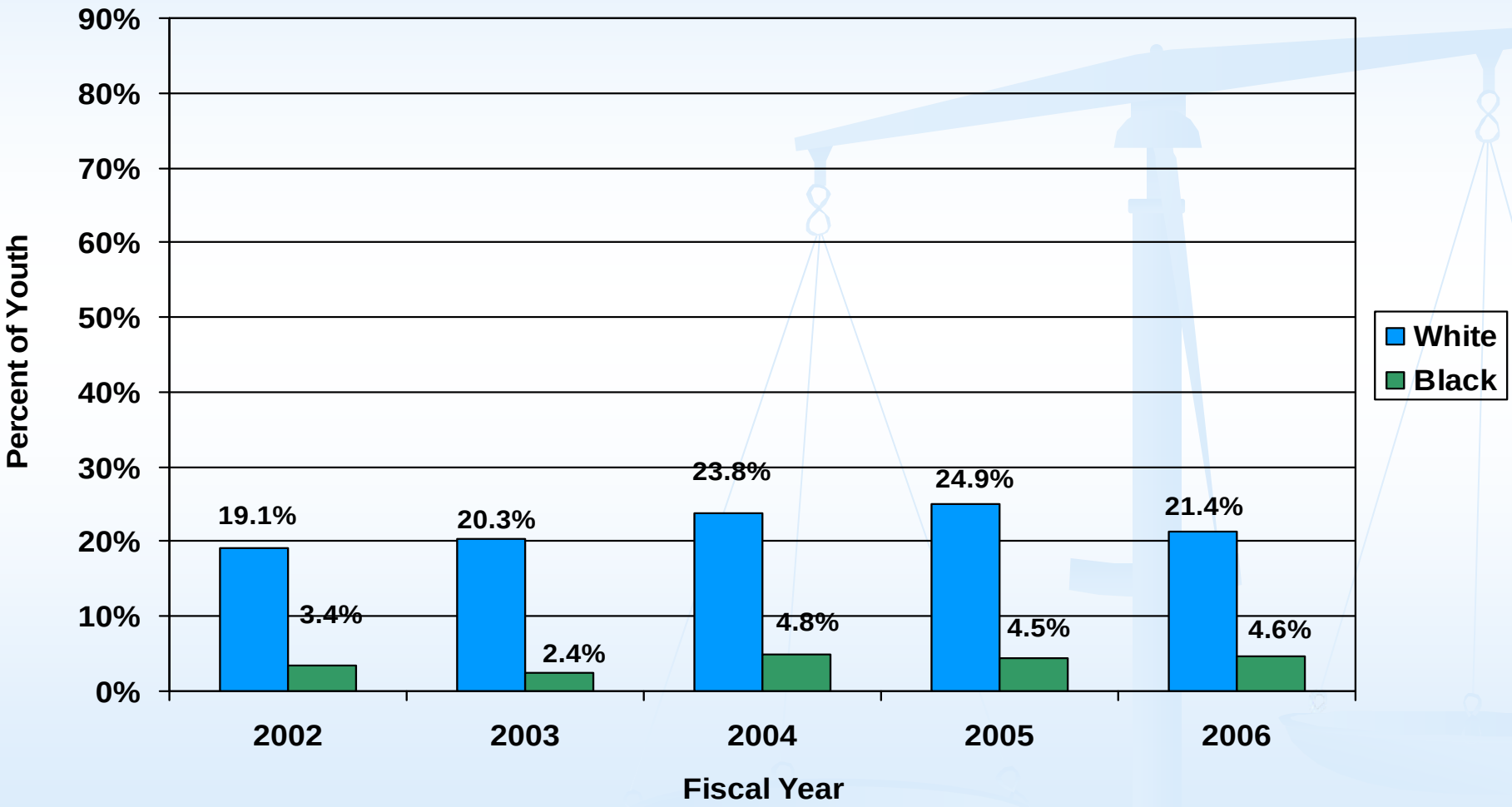

Crack Cocaine Use by Sex

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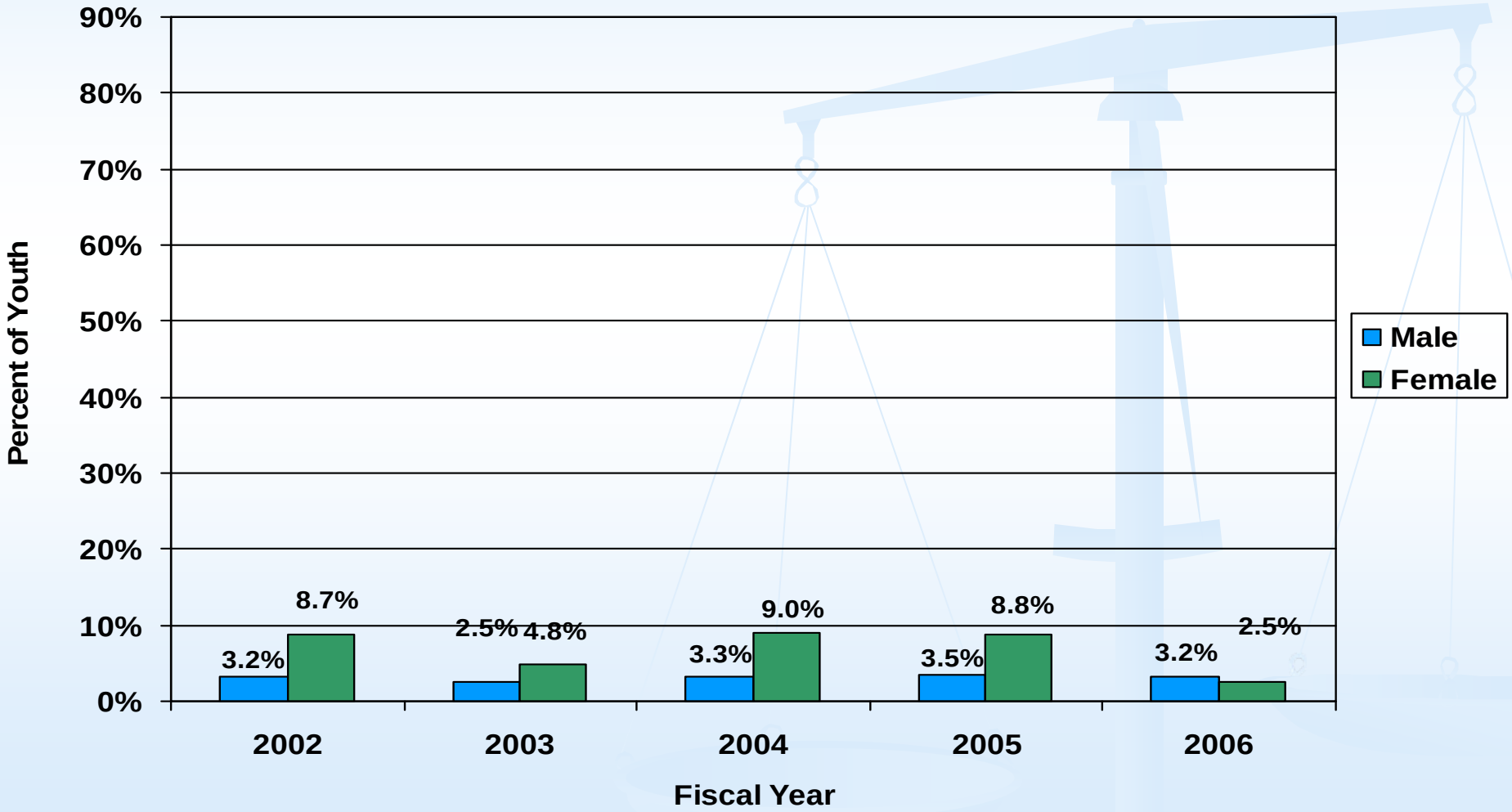

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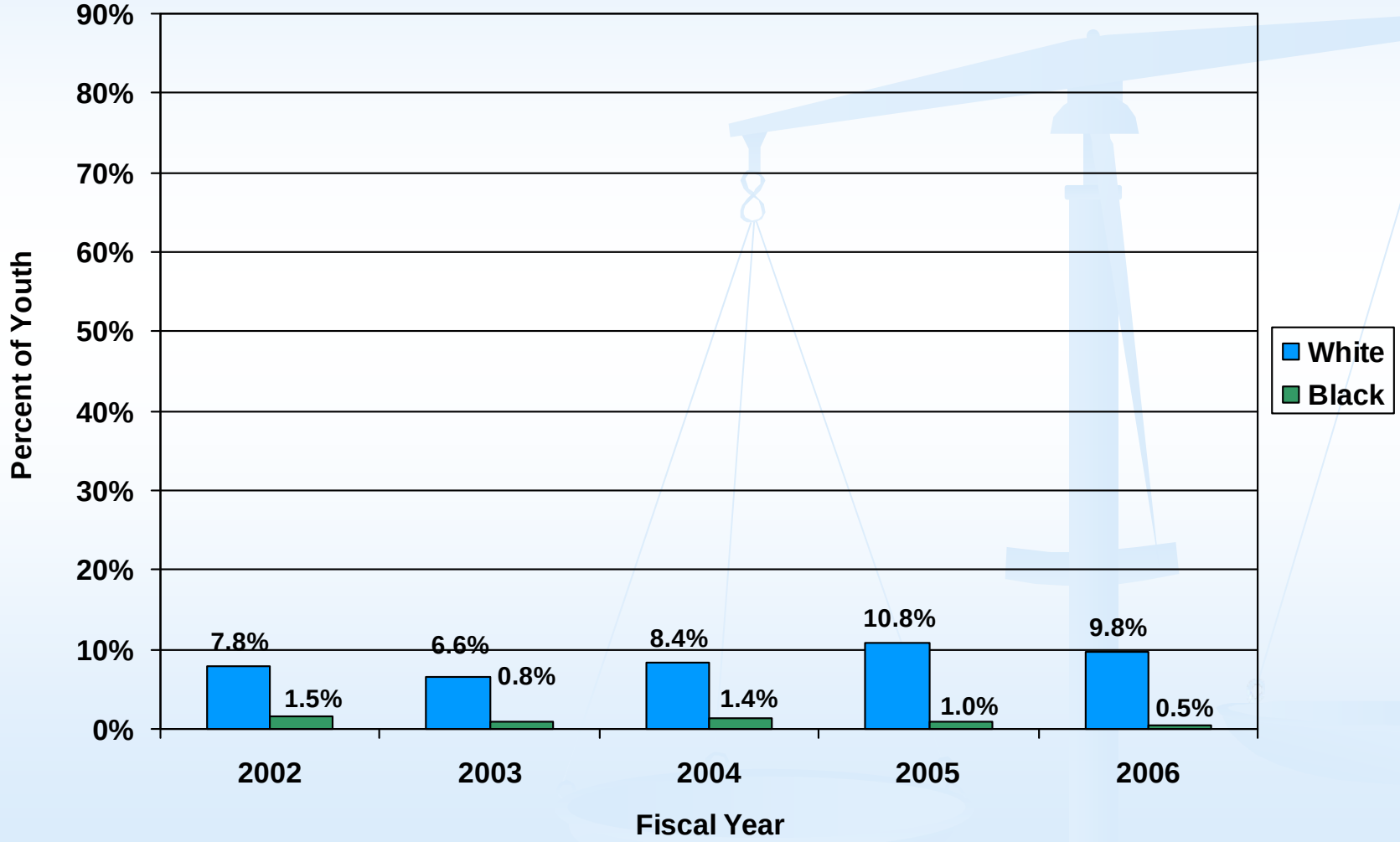
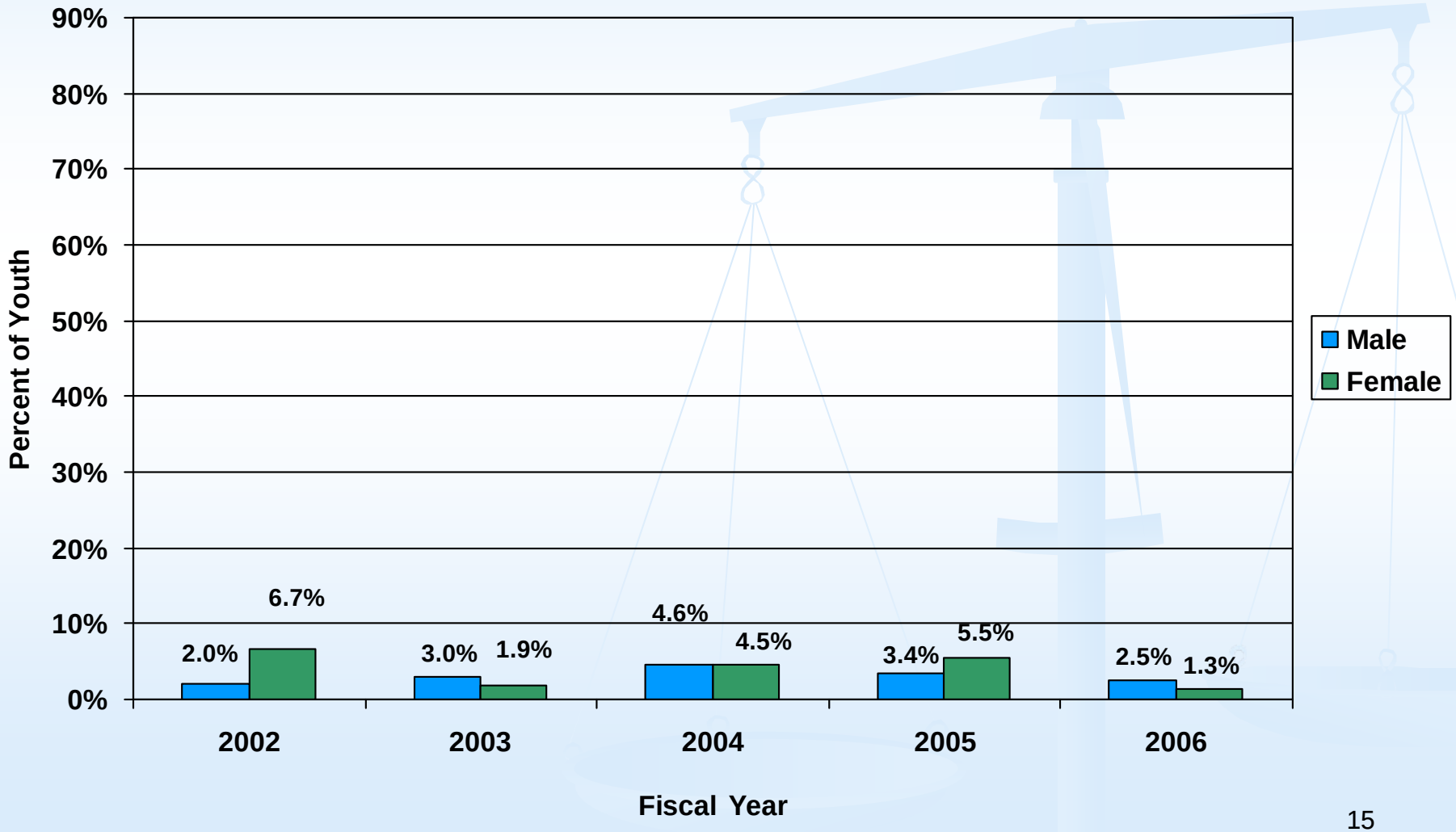


Inhalants Use by Sex

- In FY 2006, 2% of juveniles at admission to RDC reported inhalant use.



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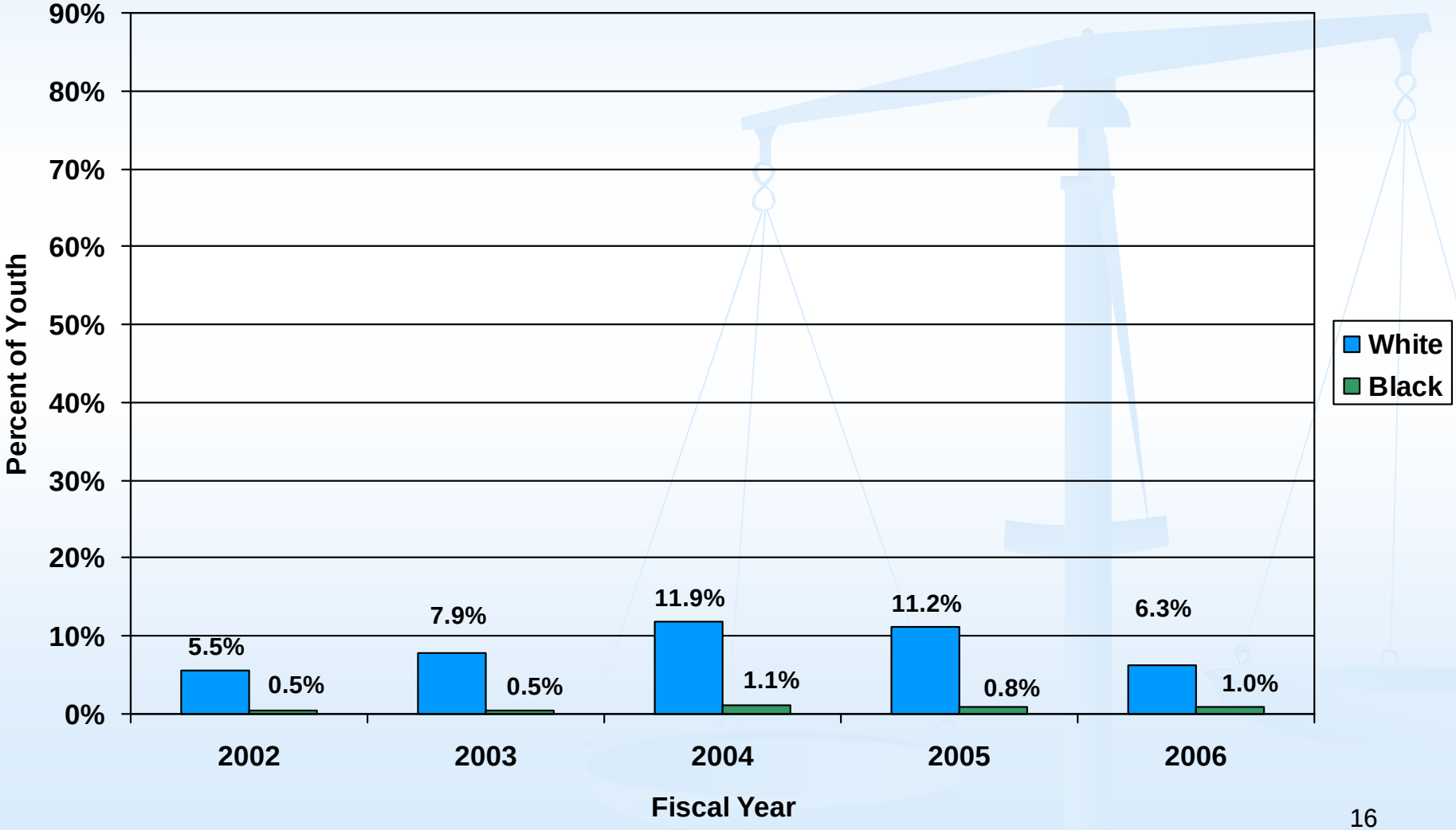
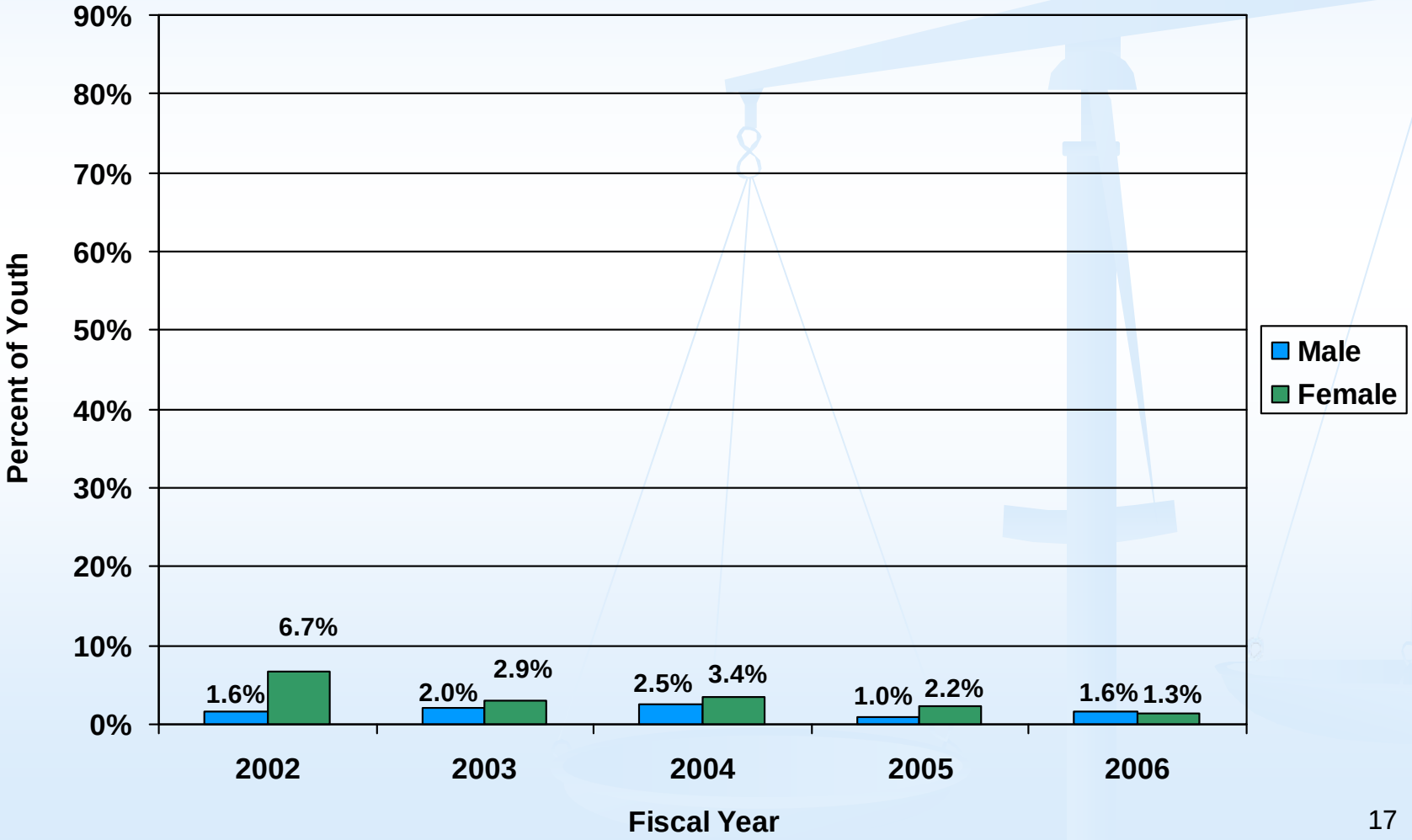


Heroin Use by Sex

- In FY 2006, 2% of juveniles at admission to RDC reported heroin use.



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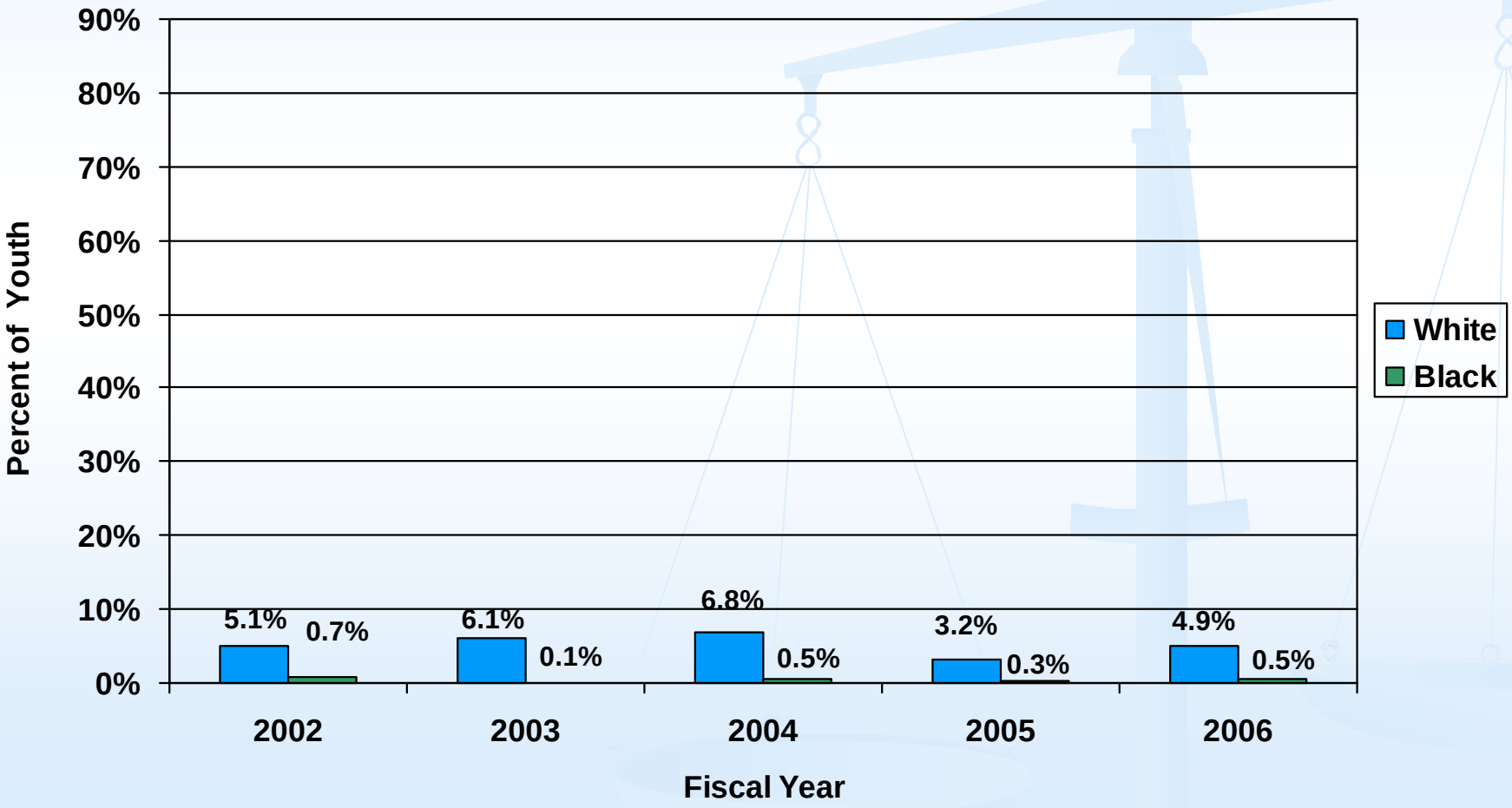
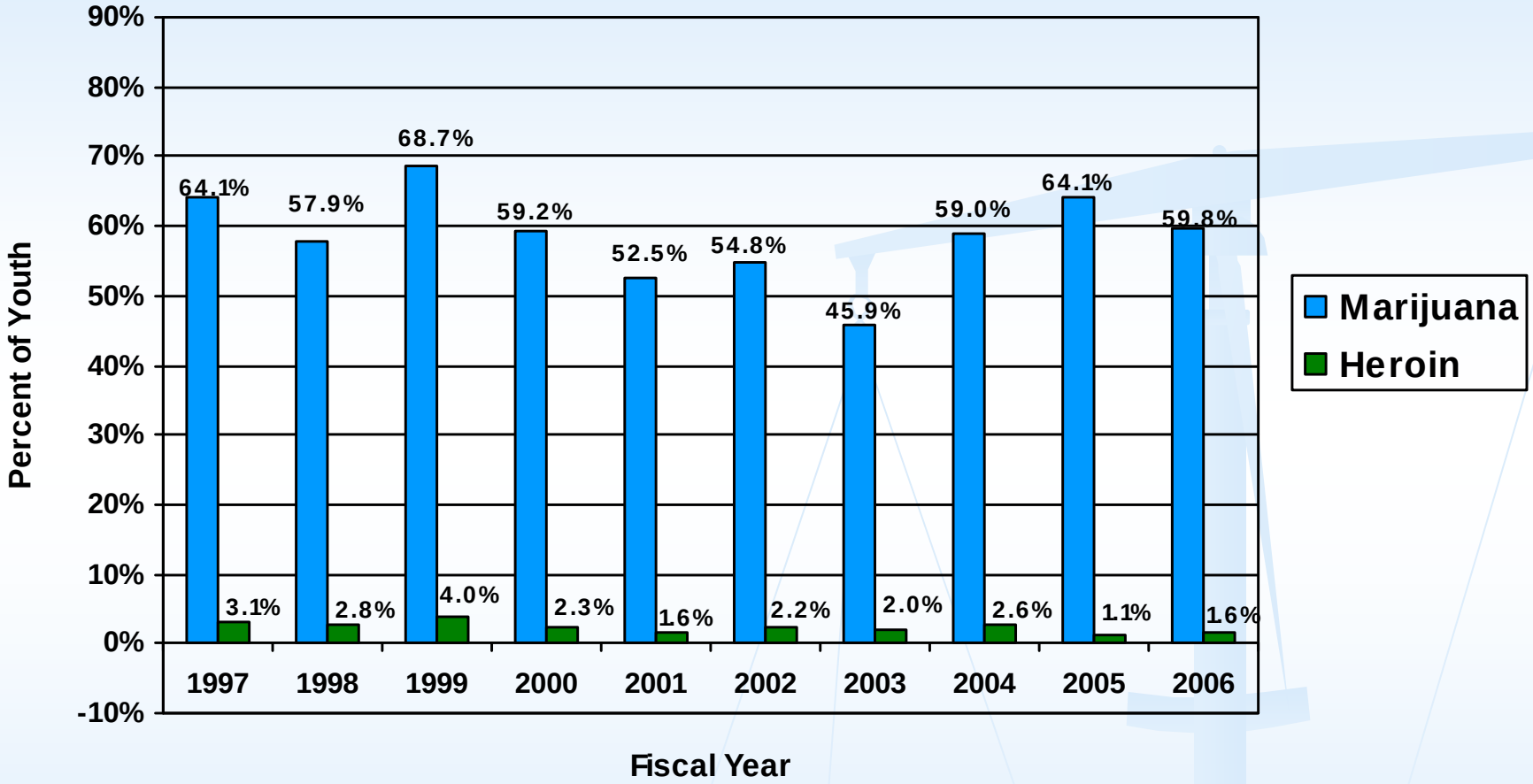
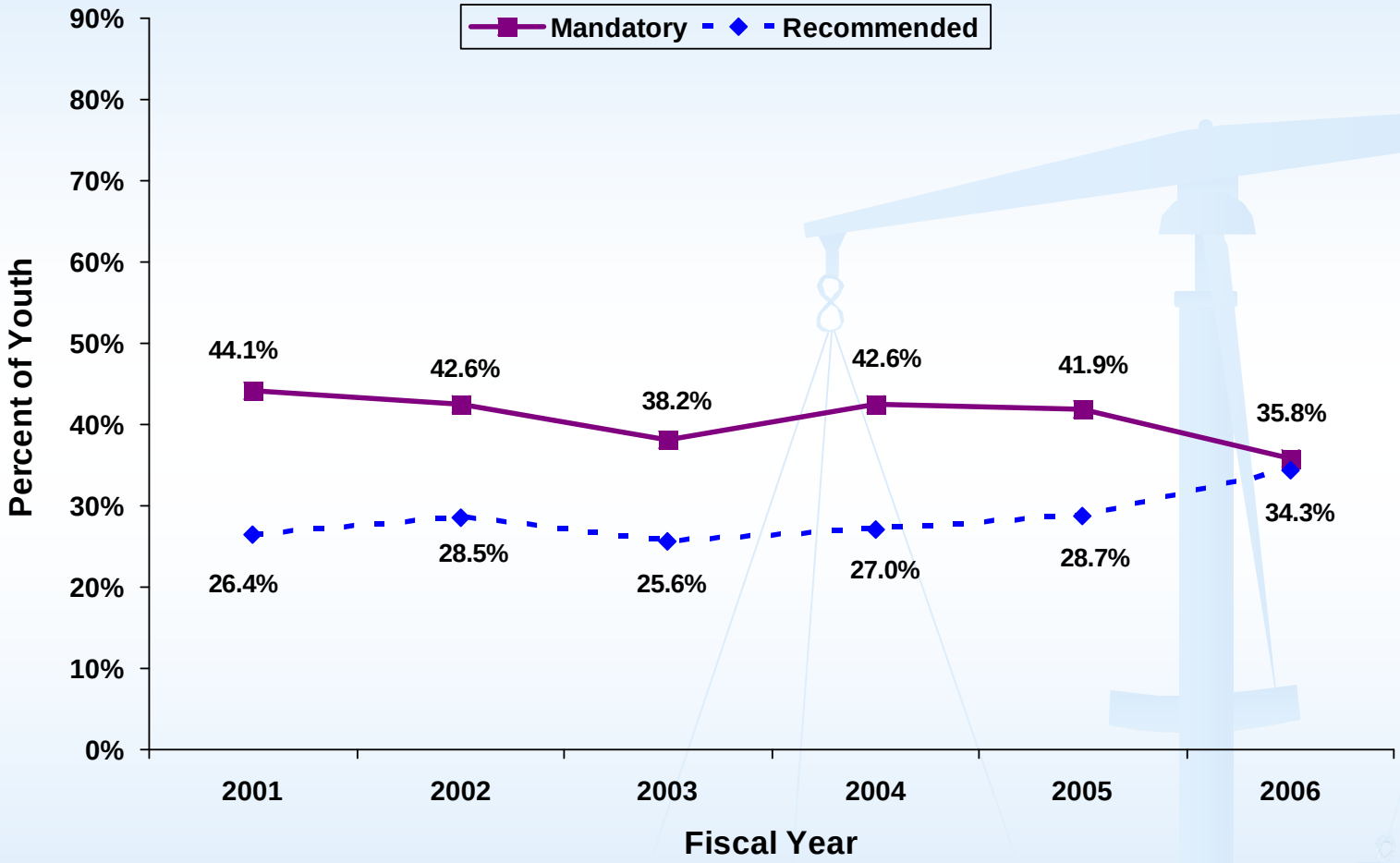


Marijuana & Heroin Use Trends*



* All information on juveniles after 2000 was collected using the Juvenile Profile (JP) forms completed at the Reception and Diagnostic Center. Prior to 2000, information was obtained through the Client Profile, which was replaced by the JP.

Need For Substance Abuse Treatment



•Substance Abuse Treatment needs are evaluated while the juvenile is at RDC and recorded on the Juvenile Profile form.

ASSESSMENT

- Substance Abuse Subtle Screening Inventory (SASSI – Adolescent Version)
- Alcohol and Drug Questionnaire from the Adolescent Problem Severity Index (APSI)
- Self reported history from both medical and psychological interviews
- DSM-IV TR diagnostic criteria from psychological interview
- Staffing team assessment of problem severity

MANDATORY versus RECOMMENDED TREATMENT

Mandatory

- Clinical / rehabilitative services must be completed in order for the ward to be released at any point prior to the statutory release date. In most cases up to three years.

Recommended

- Clinical / rehabilitative services cannot run past the ward's late release date. In fact, strong attempts are made to accommodate the ward's early release date.

Mandatory Substance Abuse Services if:

- One or more substances were being used at the time of the offense.
- The offense constituted a substance-related charge, i.e., possession, with an additional requirement of substance use, or substance dependence.
- The offense was a violation of probation or violation of court order related to failing a drug screen or failure to complete a substance abuse program.
- The offense involved trying to obtain drugs for personal use, i.e., B&E, robbery, when the intent was to steal drugs, or rob someone of drugs, or their property to be sold or traded for drugs.

Recommended Substance Abuse Services if:

- There is a prior offense related to substance abuse, but the former criteria are not met.
- The juvenile admits to substance abuse or dependence, but the former criteria are not met.
- If a committing charge was substance-related but did not involve personal substance use. For example, possession of drugs for purposes of dealing, or B&E, Robbery, etc., to obtain drugs for dealing only. Not personal use.

OVERVIEW OF DJJ SUBSTANCE ABUSE SERVICES

October 2001 – Substance Abuse Treatment Services moved under the Behavioral Services Unit (BSU).

Range of Services –

- Residential self-contained unit. In the mold of a therapeutic community (TC).
- Therapy groups (process oriented, personal disclosure)
- Education

OVERVIEW OF DJJ SUBSTANCE ABUSE SERVICES

- Culpeper: 12 bed SCU, psycho-educational groups, relapse prevention, individual therapy.

- Beaumont: 24 bed SCU, psycho-educational groups, therapy groups, relapse prevention, individual therapy.

OVERVIEW OF DJJ SUBSTANCE ABUSE SERVICES

- Bon Air:
  - Boys: Therapy groups, psycho educational groups, specialized programming, individual therapy.
  - Girls: 24 bed SCU, psycho educational groups, individual therapy.

OVERVIEW OF DJJ SUBSTANCE ABUSE SERVICES

- Hanover: 24 bed SCU, psycho educational groups, individual therapy.
- Oak Ridge: Psycho educational groups.
- Natural Bridge: Therapy groups. Psycho educational groups, individual therapy.

PHILOSOPHY OF SUBSTANCE ABUSE TREATMENT SERVICES

- Juveniles committed to DJJ needing substance abuse treatment are offered individualized treatment specific to their AOD abuse dynamics. They are held accountable for their actions and provided the opportunity for rehabilitation. The principal aims of treatment are to eliminate AOD abuse and increase awareness of the dangers and impacts of substance abuse, not only to the user, but to his or her family, and the community.

TREATMENT GOALS

- Recognize the medical & physical effects, consequences, and other various impacts of drug and alcohol abuse.
- Understand the models and process of addiction.
- Recognize basic defense mechanisms and how they relate to substance abuse.

TREATMENT GOALS

- Understand the effects and dynamics of chemical dependency on the family.
- Examine how cognitive distortions (thinking errors) affect substance abuse and poor decision making.
- Examine how HIV and AIDS are related to substance abuse and irresponsible life styles.
- Examine and demonstrate coping skills related to substance abuse relapse prevention.

INDIVIDUALIZED TREATMENT PLANNING

- Juveniles in need of intensive substance abuse treatment will address specific goals targeting specific problems beyond the core goals addressed in educational groups. An ITP will contain the following components:
  - Youth **strengths**
  - Specific **problems**
  - Realistic **goals** to address target problems
  - Measurable **objectives** to address goals
  - Practical and relevant **interventions** to achieve objectives and goals

TREATMENT OBJECTIVES & ACTIVITIES

- Work sheets addressing:
  - Substance use history, substance use impacts, etc.
  - Feelings, defense mechanisms, cognitive distortions.
  - Family Issues, genograms.
  - Relapse Prevention, coping skills, etc.

TREATMENT OBJECTIVES & ACTIVITIES

- Role plays addressing:
  - Relapse Prevention.
  - Refusal skills.
  - Social skills.
  - Etc.

TREATMENT OBJECTIVES & ACTIVITIES

- Watching & Processing Media / Current Events:
  - Movies
  - Mini Series
  - Educational videos
  - Magazine articles
  - News items
  - Pop culture
  - Music
  - Art

TREATMENT OBJECTIVES & ACTIVITIES

- Family therapy / Community issues
  - Addressing family issues
  - Beginning the restitution process
  - Transition planning

TREATMENT OBJECTIVES & ACTIVITIES

- Alternative Therapies:
  - Art therapy
  - Writing poetry
  - Creating a song

EXPECTED TIME FRAMES

- Psycho education program
  - Designed to be completed within a 16 session time frame in about 8 weeks.
- Therapy
  - Not time limited, but based on progress towards completion of objectives & goals.
  - Typically, 3-6 months.

Anger Management

- Mandatory
  - Committing assault charge or back charge
- Recommended
  - Angry at time of charge
  - Out of control behavior
  - Fighting in school
  - Destruction of Property

Anger Management Curriculum

- Currently different at various facilities
- Bon Air uses “Cage Your rage”
- Primarily a group oriented program administered by counselors
- 8-12 week program (2x weekly)

Definitions

- ABC’s (Action Behavior Consequences)
- Triggers / Cues
- Anger Reducers / Reminders
- Self Evaluation / Reinforcement / Coaching
- Anger Cycle

Anger and Aggression

- Signs of Anger
  - Physical
  - Emotional
  - Psychological

- Good / bad points of anger
- Aggression versus Assertiveness
- Passive versus Passive-Aggressive

Growing Up w/ Anger

- Family Issues
- Home Life
- Personal History
- Concepts of Hate

Causes of Anger Outside of Your Control

- Frustration
- Annoyances / irritations
- Abuse
- Injustice / unfairness

Thinking Reasons of Anger

- Appraising events
  - distortions
- Expectations
  - Of yourself, others
- Self talk
  - Boosting

Management of Anger

- Rehearsal
- Applying ABC's
- Relaxation Techniques
  - Deep breaths
  - Imagery
  - Calming self talk
- Thinking controls
  - All or nothing thinking, DM's, etc.