



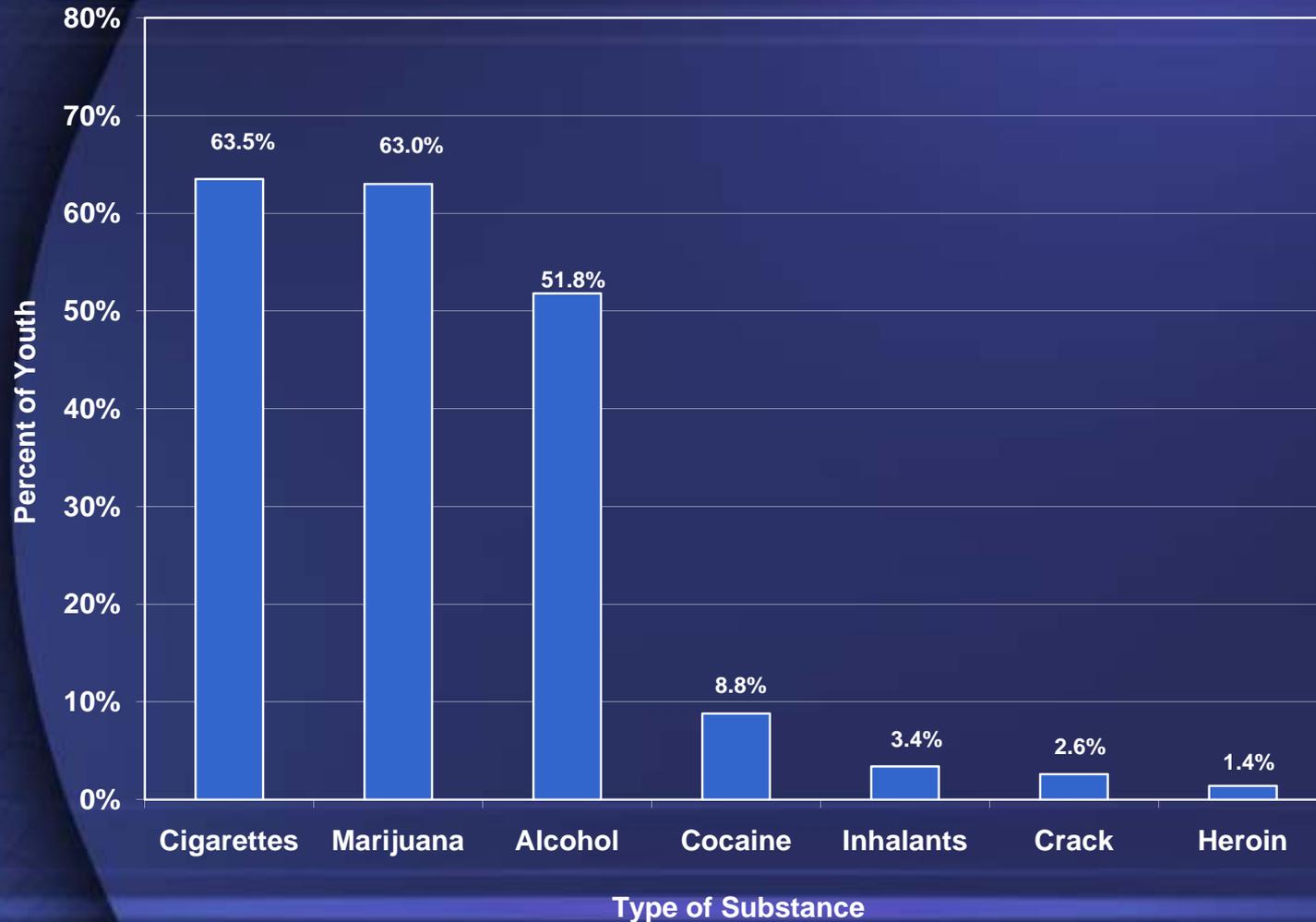
Department of Juvenile Justice
Substance Abuse Treatment Programs:
An Overview for the Substance
Abuse Services Counsel

Presented by
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What are
DJJ youth
using?



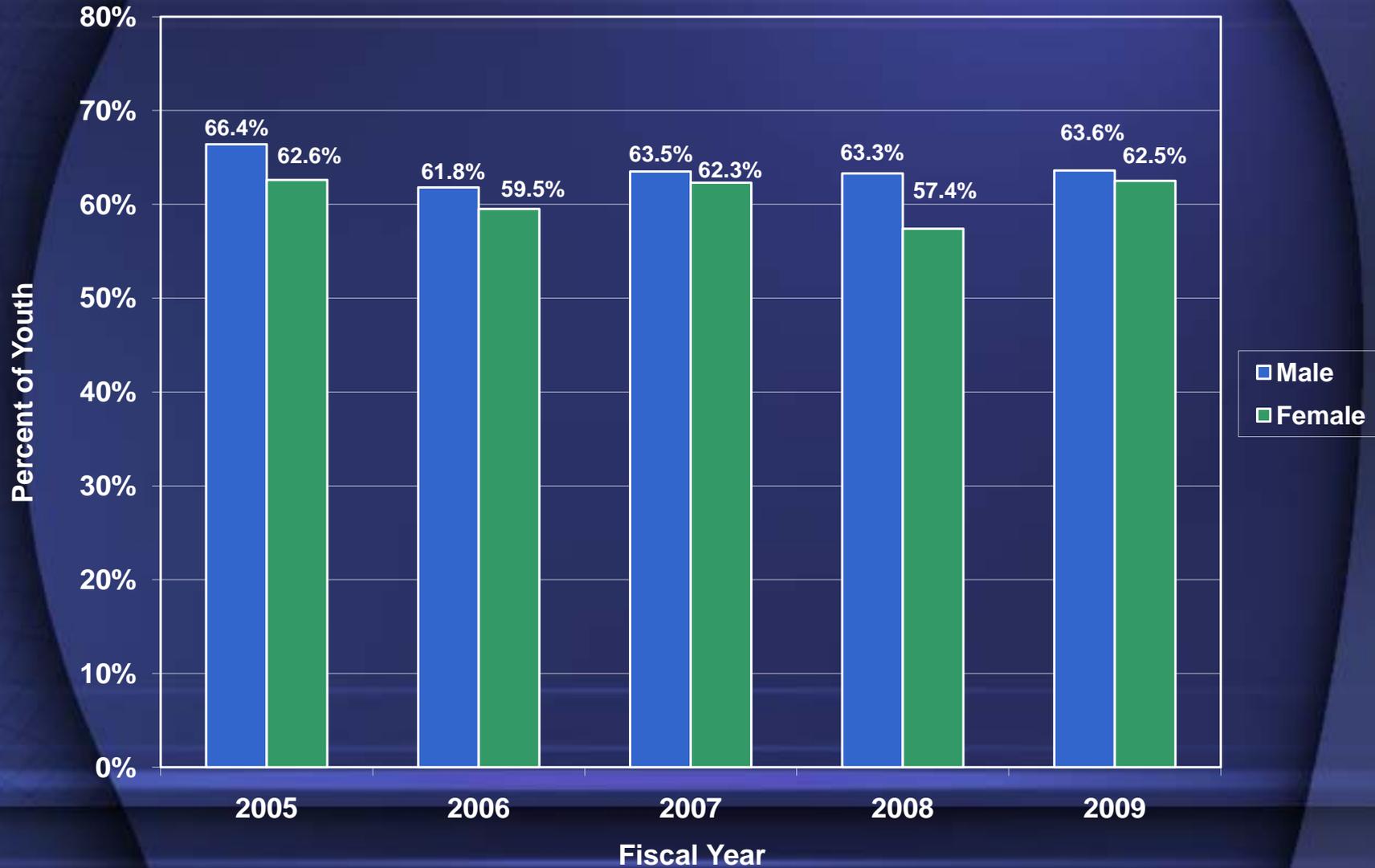
Percentage of Youth Substance Use* FY 2009



* All substance use information on juveniles is collected using the Juvenile Profile (JP) forms completed at the Reception and Diagnostic Center.

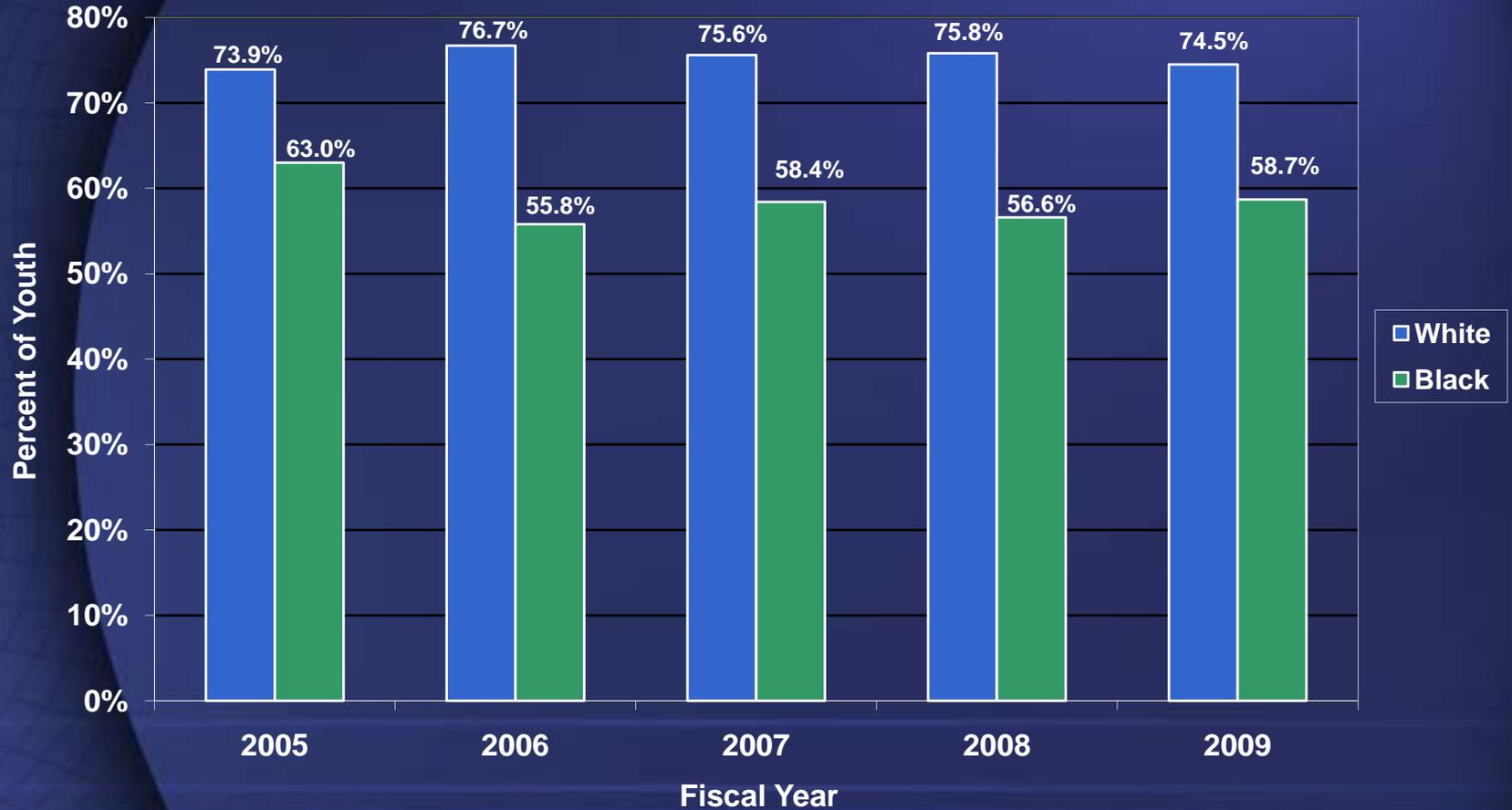
Cigarette Use by Sex

- In FY 2009, 64% of juveniles at admission to RDC reported cigarette use.



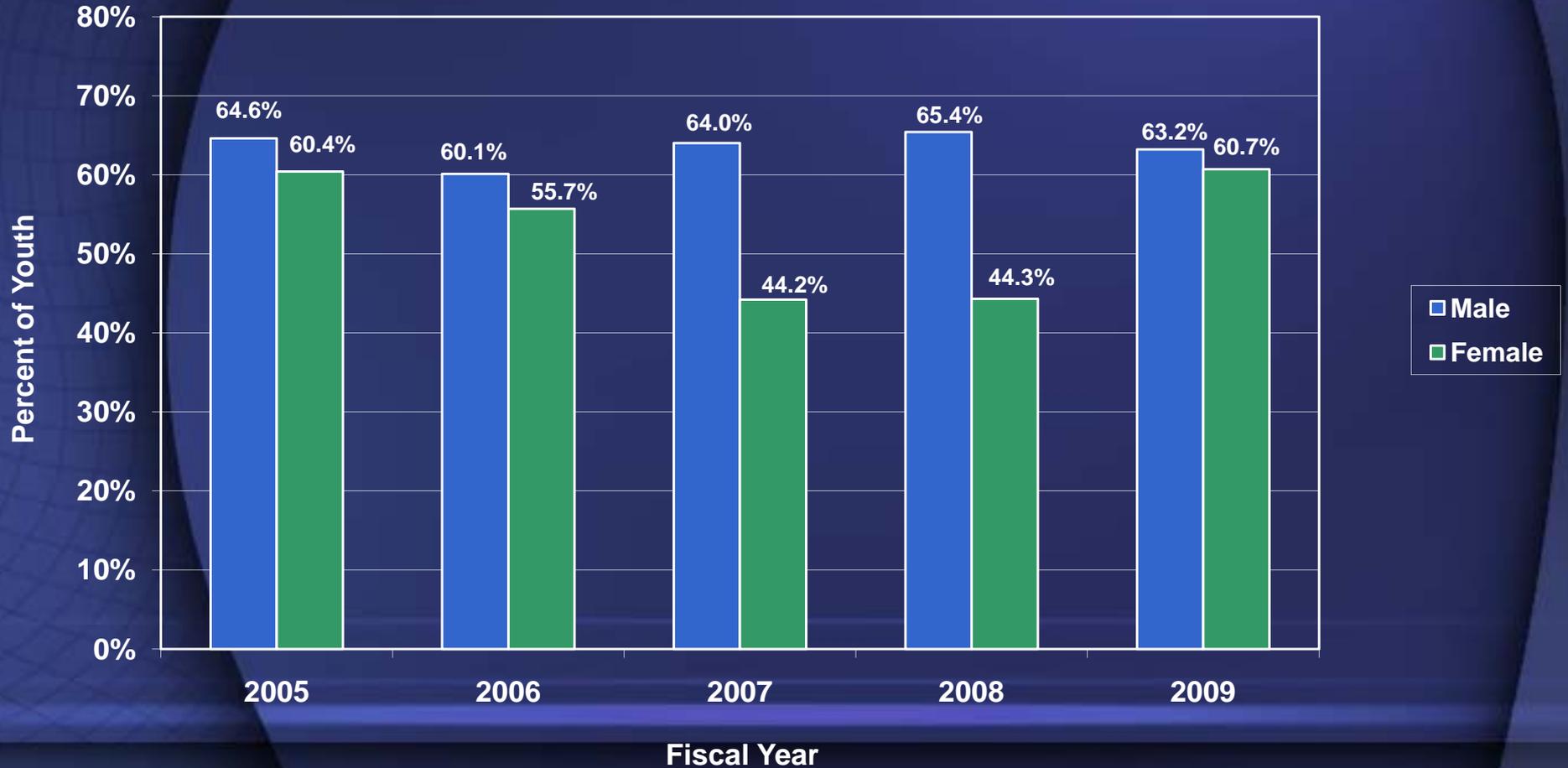
Cigarette Use by Race

- In FY 2009, 64% of juveniles at admission to RDC reported cigarette use.



Marijuana Use by Sex

- In FY 2009, 63% of juveniles at admission to RDC reported marijuana use.



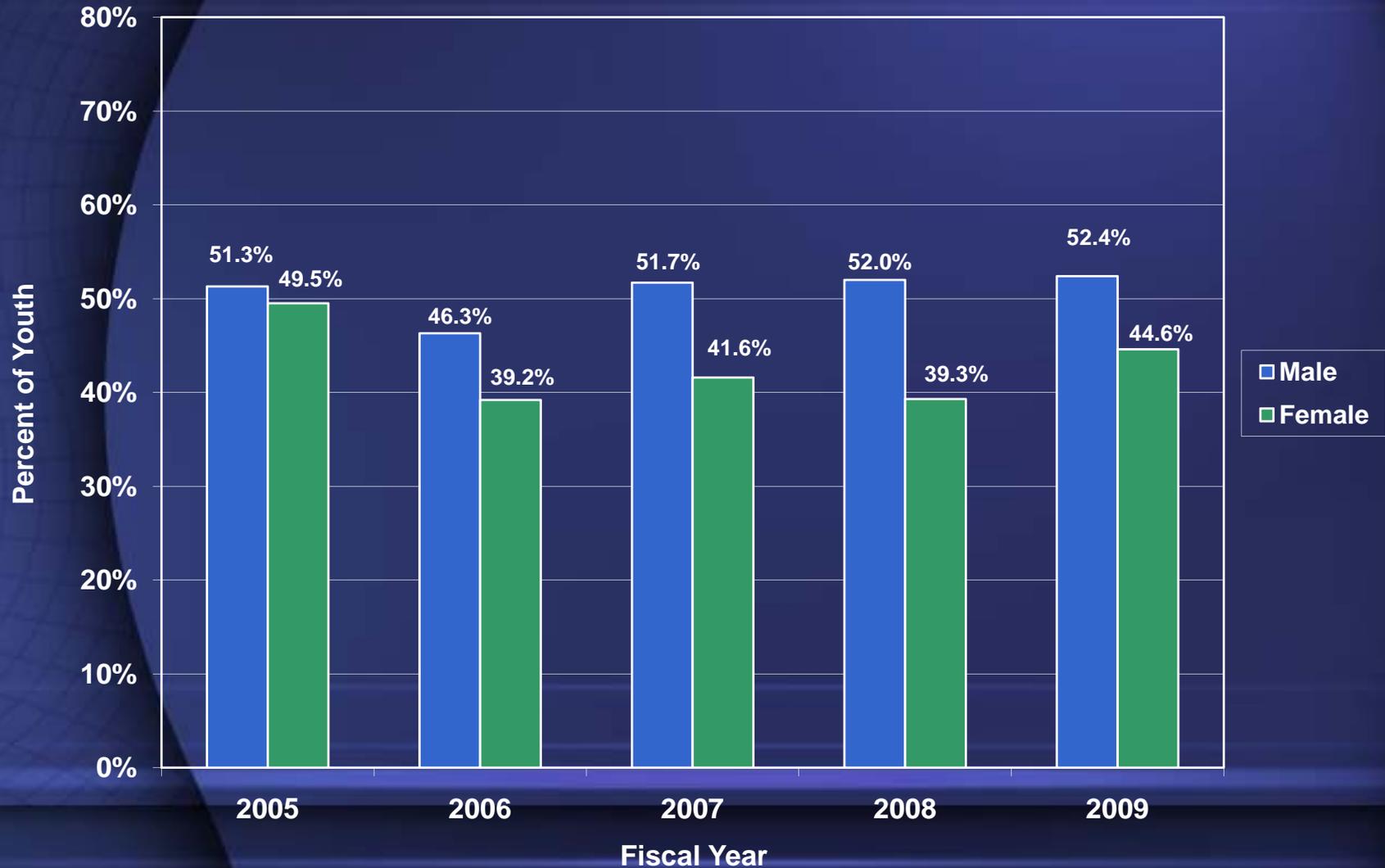
Marijuana Use by Race

- In FY 2009, 63% of juveniles at admission to RDC reported marijuana use.



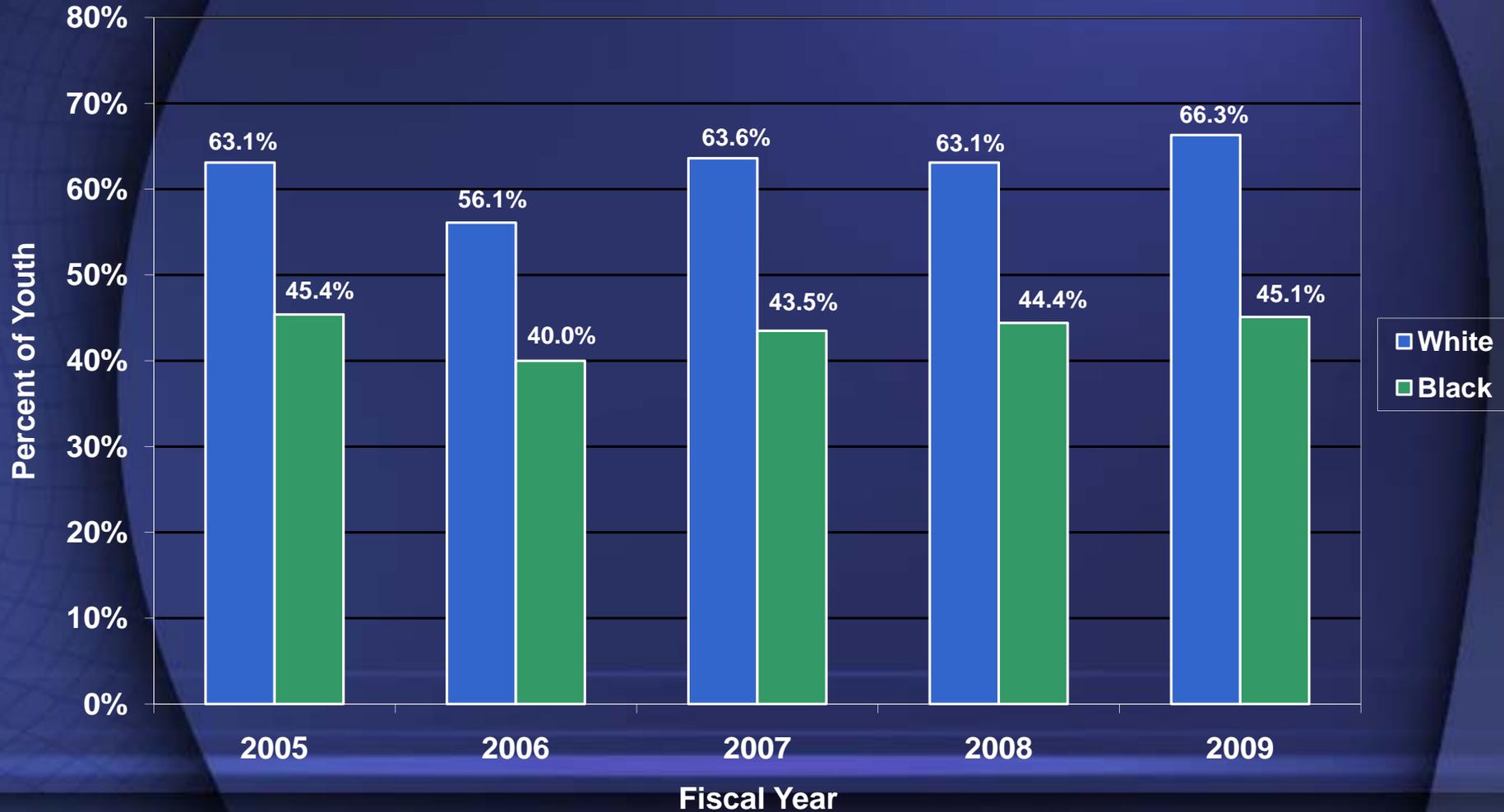
Alcohol Use by Sex

- In FY 2009, 52% of juveniles at admission to RDC reported use of alcohol.



Alcohol Use by Race

- In FY 2009, 52% of juveniles at admission to RDC reported use of alcohol.



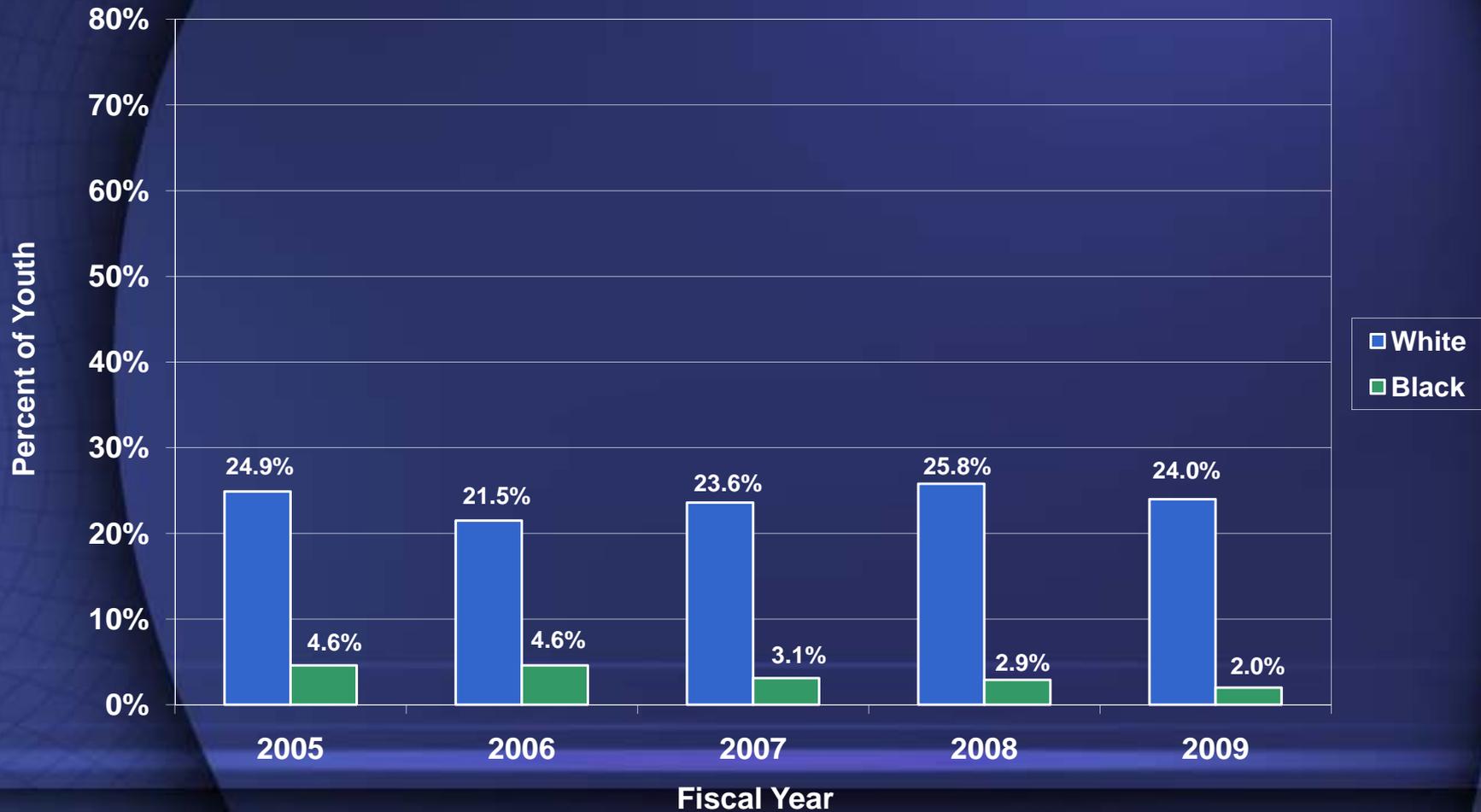
Cocaine Use by Sex

- In FY 2009, 9% of juveniles at admission to RDC reported cocaine use.



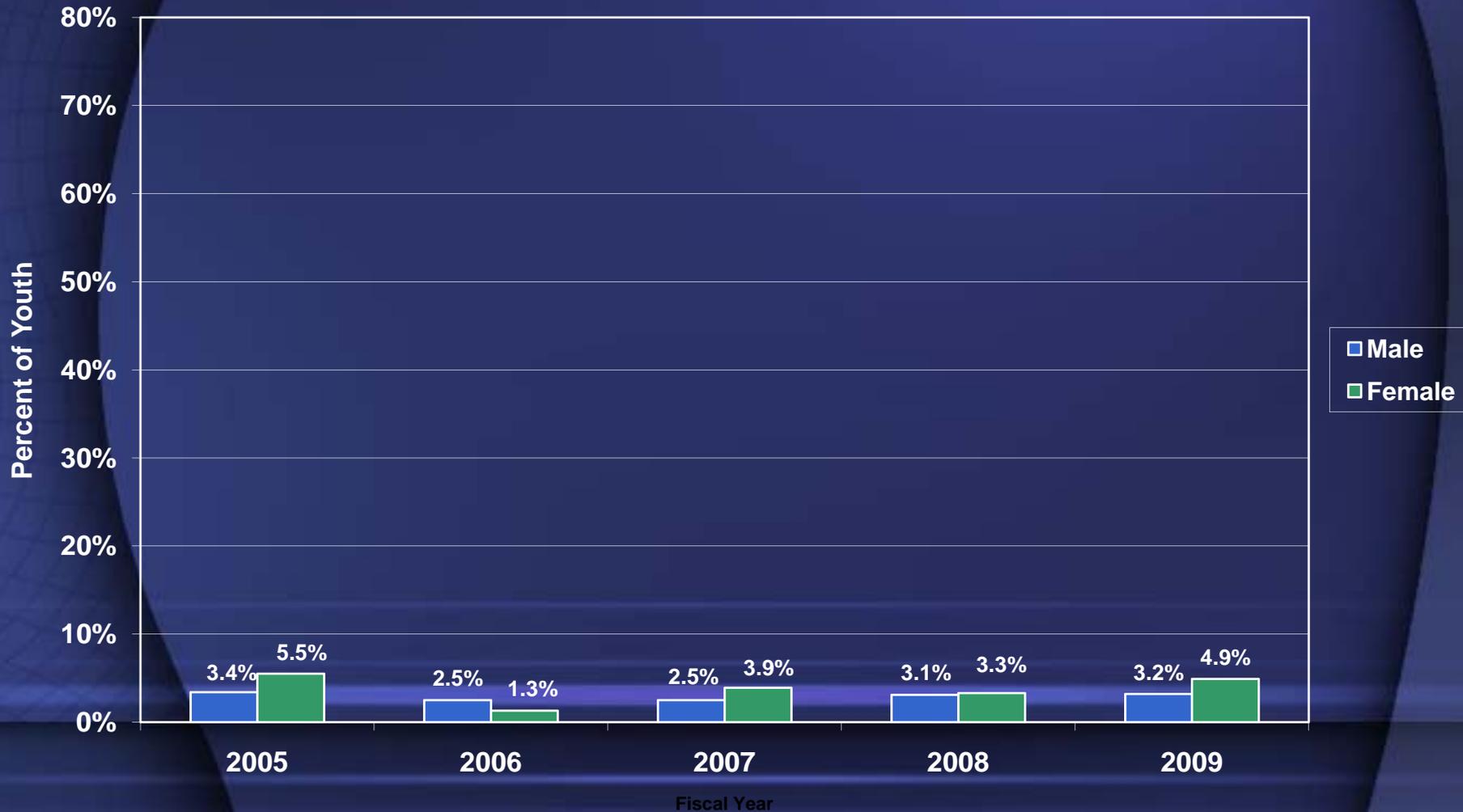
Cocaine Use by Race

- In FY 2009, 9% of juveniles at admission to RDC reported cocaine use.



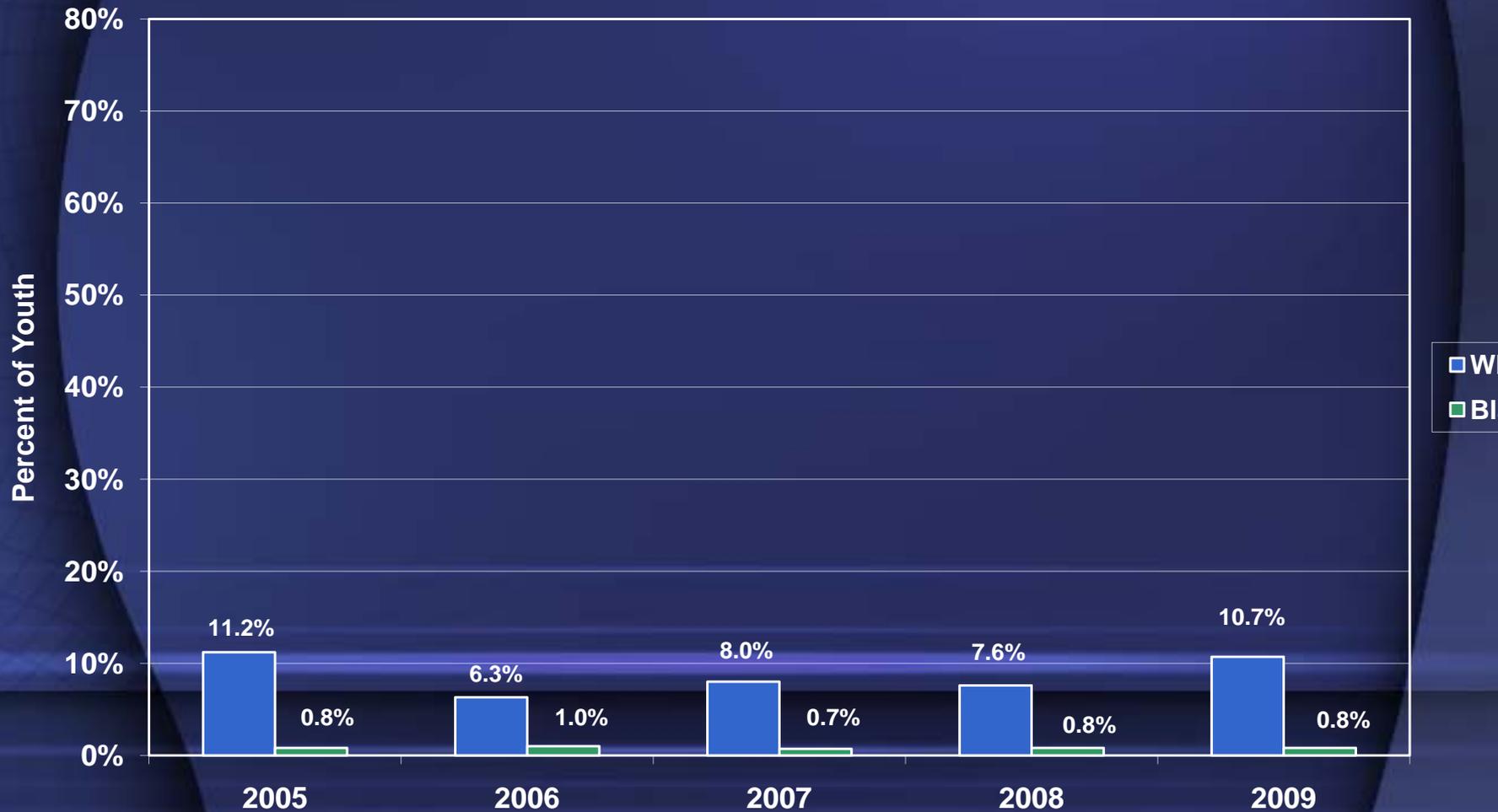
Inhalants Use by Sex

- In FY 2009, 3% of juveniles at admission to RDC reported inhalant use.



Inhalants Use by Race

- In FY 2009, 3% of juveniles at admission to RDC reported inhalant use.



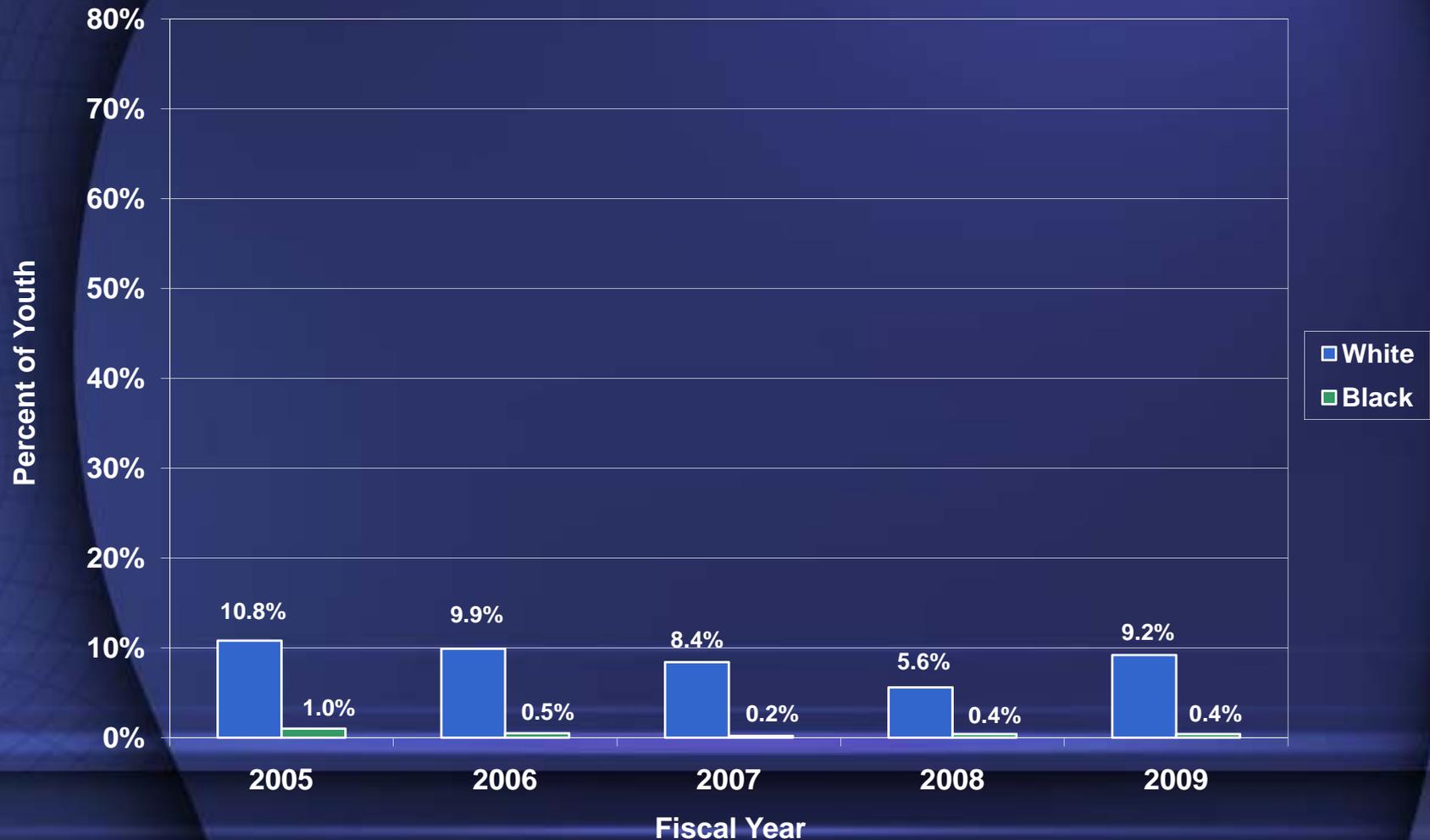
Crack Use by Sex

- In FY 2009, 3% of juveniles at admission to RDC reported use of crack cocaine.



Crack Use by Race

- In FY 2009, 3% of juveniles at admission to RDC reported use of crack cocaine.



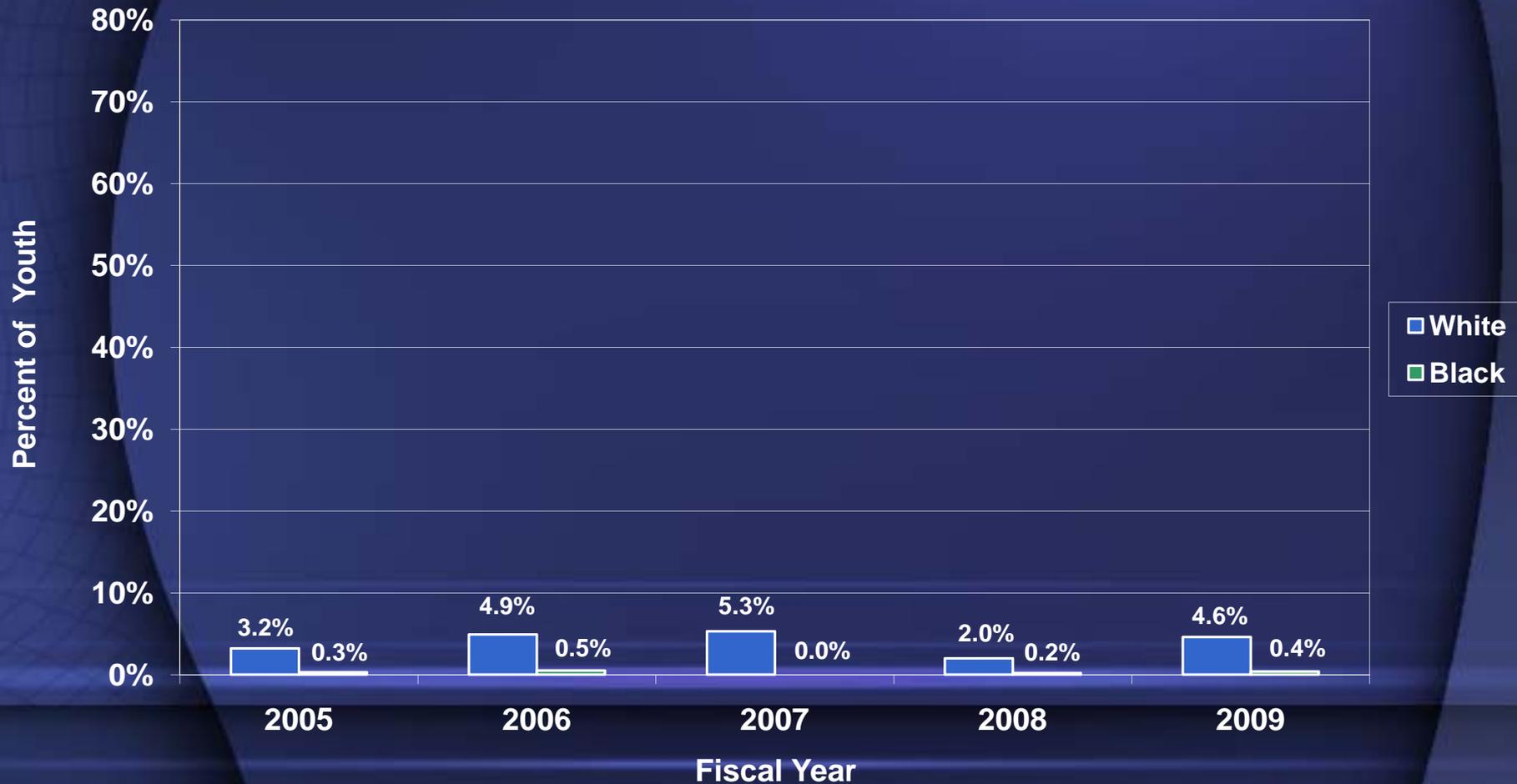
Heroin Use by Sex

- In FY 2009, 1% of juveniles at admission to RDC reported heroin use.

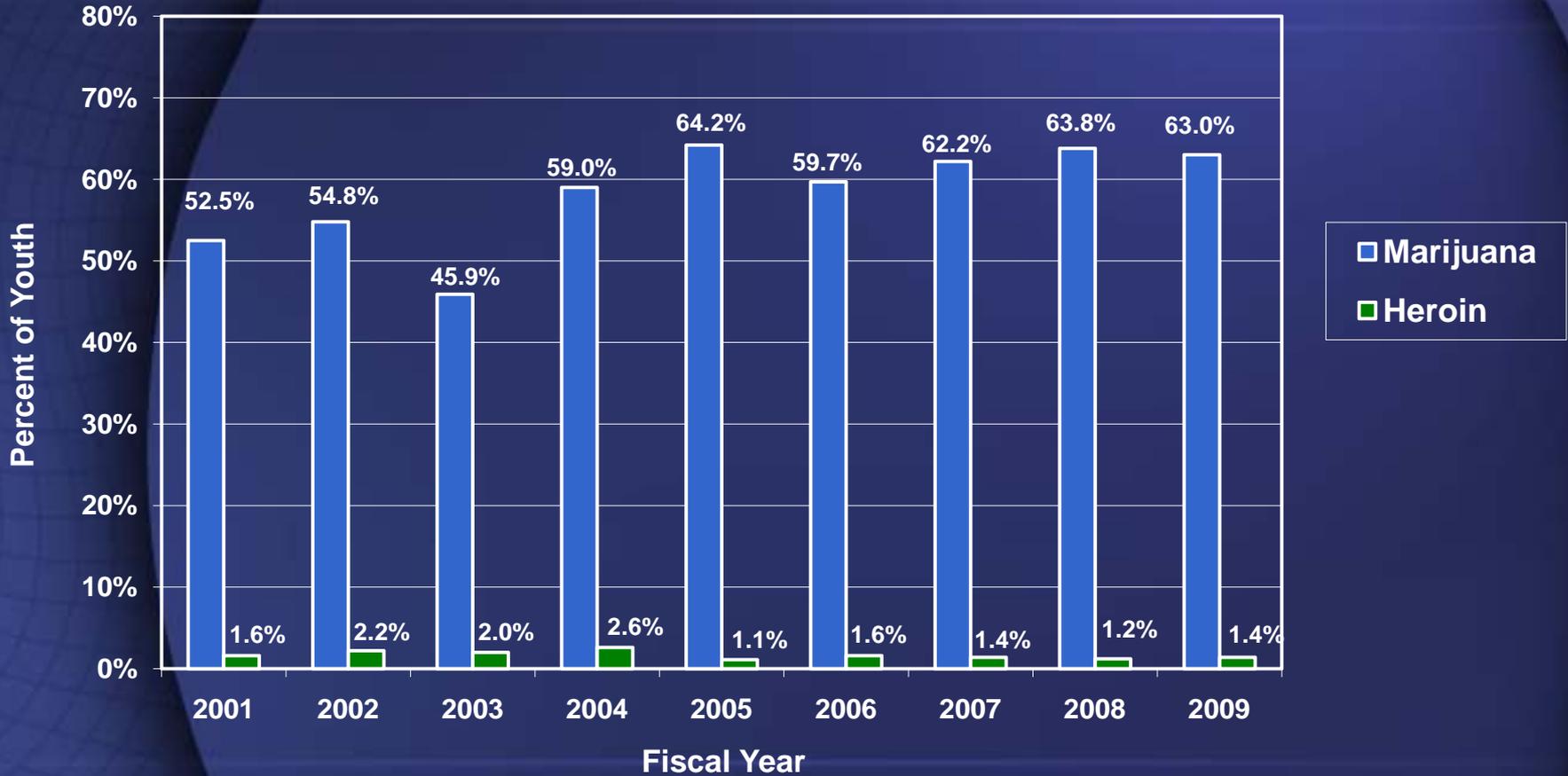


Heroin Use by Race

- In FY 2009, 1% of juveniles at admission to RDC reported heroin use.



Marijuana & Heroin Use Trends





A Quick Snap Shot in FY 2010

- Substance Abuse Treatment Needs
 - 88.0% had either mandatory or recommended substance abuse treatment need
 - 88.9% of males had either mandatory or recommended substance abuse treatment need
 - 71.9% of females had either mandatory or recommended substance abuse treatment need

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 resident 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.

Need For Substance Abuse Treatment



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

Historically Speaking..

- Education programs
 - Designed to be completed within a 16 session time frame in approximately 8 weeks.
- Therapy Programs
 - Based on progress toward completion of standardized treatment objectives (personal history, defense mechanisms, feelings, relapse prevention, family issues). Duration 3-6 months.

New Treatment Direction

- November 2006 – Received Grant from Project TREAT (Training and Resources for Effective Adolescent Treatment) to implement an *Evidenced Based* Substance Abuse Treatment Program.
- March 2007 – Trained 30 staff in motivational Interviewing.
- April 2007 – Trained 30 staff in Cannabis Youth Treatment (CYT).
- Summer 2007 - began new programming.
- 2007 and beyond - Yearly MI booster training.

Current Boy's Programming

- Facilities discarded exclusive substance abuse educational programs.
- Facilities are administering **MET/CBT CYT 5 & 7** as its **foundation**.
- Residents w/ co-occurring disorder receive:
 - individualized treatment plan
 - additional ind. and/or group treatment
- SA units are paired w/Aggression Management programming (AMSA).

ASSESSMENT

- Substance Abuse Subtle Screening Inventory – Adolescent Version (SASSI-A2).
- Self reported history from both medical and psychological interviews.
- DSM-IV TR diagnostic criteria from psychological interview.
- Information provided by the community.*
 - Prior treatment records
 - Family accounts
 - Prior arrests, charges, etc.

*when available

Lower Intensive Treatment Services (CYT-5)

- Targets residents who are *experimental* versus abusive / dependent.
 - General population groups.
 - Individual therapy.

Intensive Treatment Services (CYT-12 & ITP Groups)

- Targets residents with ***abusive / dependent / dependent traits.***
 - Self-contained unit
 - General population groups
 - Individual therapy
 - Family therapy

Sorting Criteria for CYT 5

- SASSI-A2 indicates no probability of dependence.
- Experimental experience vs. abuse.
- Family History / Peer history.

Sorting Criteria for CYT 12

- SASSI-A2 indicates probability of dependence: OR
- There is a pattern or developing pattern of use / abuse (any drug and/or alcohol)
 - Weekends, after school, parties, social gatherings, etc.
 - Some duration (use common sense)
- Poly Substance use.
- Co-occurring disorder present.
 - (ADHD, PTSD, Depression, anxiety, etc.)
- Failed prior treatment attempts.

Beaumont

- Treat Boys 16-18.
- 24 bed - Self Contained Substance Abuse Unit.
- Combined w/ Aggression Management – AMSA.
- Satellite Services.



Hanover

- Treat Middle School Age Boys & Up.
- Self Contained Substance Abuse Unit.
- Combined w/ Aggression Management.
 - AMSA
- Satellite Services.
- JROTC.



Culpeper

- Treat Boys 18 & Up.
- Self Contained Substance Abuse Unit.
- Creative use of school scheduling.
- Satellite Services.



Oak Ridge

- Treat Boys w/ Intellectual and/or Developmental Disabilities.
- Boy's Outpatient "General Pop" Groups.



Bon Air



- Treat Boys 15-17.
- Self Contained Substance Abuse Unit.
- Combined w/ Aggression Management.
 - AMSA
- Satellite Services

Bon Air for Girls

- All girl's needing substance abuse services receive residential services.
- Treatment includes individual, group & family therapy.
- Treatment addresses:
 - Psycho-education
 - Relapse prevention
 - Skills building
 - Trauma / *emotional, physical, sexual abuse*
 - Gender specific issues

What is CYT all about?

- Evidenced Based Practice
- Based on the Stages of Change
- Based on Motivational Interviewing / Enhancement Techniques
- Skills Based

Stages of Change (Prochaska & DiClemente)

- Pre-Contemplative
- Contemplative
- Preparation / Planning
- Action
- Maintenance
- Relapse

Motivation Enhancement Therapy

- MET is a therapeutic approach based on the premise that clients will best be able to achieve change when motivation comes from within themselves, rather than being imposed by the therapist (Miller & Rollnick 1991).

MI / MET Spirit

- Understand ambivalence
- Express empathy
- Develop discrepancy
- Avoid argumentation
- Roll w/ resistance
- Support self-efficacy

CYT 5 structure

- Two sessions of ***individual*** motivational enhancement therapy &
- Three sessions of ***group*** cognitive behavioral therapy
 - Teach Marijuana refusal skills / Enhance social support networks / Increase pleasant activities / Cope w/ high risk situation & relapses

CYT 7 structure

- Seven sessions of **group** cognitive behavioral therapy
- Ultimate goal is abstinence w/ two objectives:
 - Teach broad spectrum of skills / coping activities to help deal with problems, interpersonal conflicts, negative mood states &
 - Teach how to anticipate & challenge thoughts, cravings & urges that drive AOD use

CYT Modules

- Motivation to change
- Refusal skills
- Building Social Supports
- Planning for emergencies (relapse Prev.)
- Problem solving
- Anger awareness / management
- Communication
- Coping with cravings
- Depression management
- Managing thoughts about drug use

Who Else Uses CYT?

CSAT GRANT

- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- D.C.
- Florida
- Maryland
- Massachusetts
- Michigan
- Missouri
- North Carolina
- New Jersey
- New Mexico
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- Texas
- Vermont
- Washington



ITP Groups & Other Services

- Focuses on a variety of clinical issues.
 - Co-occurring disorders
 - Family dynamics
 - Process of addiction
 - Psycho education / Pharmacology
 - Life skills
 - Contemporary / Current events
 - Criminogenic Factors
 - Trauma
 - Or other clinical issue related to AOD abuse

Logistical Challenges

- Time constraints
 - Length of stay (providing services in a timely & qualitative fashion).
 - Competing entities e.g., educational, vocational, recreational & other treatment programs.
- Treatment space / confidentiality
- Security / safety procedures.
- Staffing ratios / budget realities

Glossary of Terms

- MI / MET
 - Motivational Interviewing / Enhancement
 - *Miller & Rollnick
- CBT
 - Cognitive Behavioral Therapy
- EBP
 - Evidenced Based Program



Glossary of Terms

- CYT
 - Cannabis Youth Treatment
- Stages of Change
 - Six universal stages
- ITP
 - Individualized Treatment Plan

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