Juvenile Justice, Social Maladjustment and Associated Mental Health Disorders
How do we educate this difficult population and what do we do when they get out?

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Educational Learning Objectives

- Understanding pre decree & post adjudicatory evaluations
- Understanding the difference between Forensic and Clinical Assessment
- Knowing different types of forensic evaluations
- Knowing major accrediting agencies for Juvenile Justice facilities
- Understanding the complexity in diagnosis and treatment
- Addressing the educational needs of these youth within and outside of IDJJ
Clinical Role of a Child & Adolescent Psychiatrist within the Juvenile Justice System

- Pre Decree
- Post Adjudicatory
Pre Decree - Concerns

- A lack of background information
- Problems center around delayed treatment
- Risks of suicide
More Pre Decree Concerns

- Malingering
- Confidentiality
- Lack of verification of medication a youth was on
- A lack of available medication
- Problematic Formulary
Need to screen for suicide & serious mental health concerns within one hour of placement. Also needs Clinical Assessment.
Commonly Used Screening Tool

- Massachusetts Youth Screening Instrument (MAYSI-II)
Increased Incidence of Mental Illness in Pre-detention Youth

As much as 75% of juvenile offenders have one or more psychiatric disorders

(Teplin 2002, Archives)
Treatment may vary from weeks to months:

- Reach the guardian / parent as soon as possible
- Assess dorm and school behavior
- Speak to the clinical staff
Intake Post Adjudicatory Treatment

1) Intake process with a variety of screening tools, such as:
   - MAYSI-II
   - V-DISC (Voice, Diagnostic Interview, Schedule for Children)
   - CANS (Child & Adolescent needs and strengths)
   - Typically 2 weeks, more time can be problematic
Clinically, these kids are complex

- Intrauterine Exposure to Substances
- Trauma (PTSD)
- ADHD
- Mood & Anxiety Disorders
- Genetic Disposition
- Behavioral Disorders
Additional Areas of Deficit

- Learning Disability
- Cognitive Impairments
Psychopharmacology Dilemmas

- Informed Consent
- Tough Differentials
- Goals
- Side Effects
- Limited Formularies
Major Accrediting Agencies

**American Correction Agency (ACA)**
Primarily focused on institutional and security issues. Now increasingly focused on Medical and Mental Health.
National Commission of Correctional Healthcare (NCCHC)
Developed through the AMA. Focused on medical and mental health issues.
Forensic Evaluations and Clinical Treatment are very different entities
Types of Forensic Assessment in Juvenile Justice

- For Parole
- Competency to Stand Trial (Pre)
- Placement Options (Pre)
- Waives (Pre)

- Federal Court Ordered Facility Assessments Typically for Allegations of Violating Civil Rights
Many youth in the Juvenile Justice System continue with a paucity of service; at times violating their civil rights.

Sometimes they are forced to have treatment, which they are refusing.
The educational system is not through the ISBE. It is through the IDJJ.

- Many teacher openings
- Lack of funding
- Lack of understanding of specific IEP goals
Education within the Illinois Department of Juvenile Justice

- Mostly online
- 60% of youth have IEP’s
- Rarely is there an IEP meeting or any type of clarification of needs or goals
Outcomes

 Some obtain their GED
 Few, but some graduate
  a) Eighth grade
  b) High School
There are no post high school classes or vocational programming available in IDJJ
Parole Planning

- Minimal Contact with their home school
- Hopefully better follow-up in the future
There needs to be improved communication between schools within the IDJJ and their home schools.
What to Do

- Highest risk students in the state
- Do you feel interventions and parole planning are sufficient?
The National Academy Research Council Released

“Reforming Juvenile Justice; A Developmental Approach.”

Findings from a 2-year Independent Study of the Juvenile Justice System
References

Thank you!