Juvenile Justice Vision 20/20 June 2016 Training Event
Understanding Mental Health in the Juvenile Justice System: Assessment, Understanding, and Intervention
June 9, 2016
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After describing the key risk factors confronting juveniles involved in the legal system, and reviewing the prevalence of abuse and traumatic brain injury and associated negative impacts, Dr. Wolff discussed how practitioners can begin to anticipate and differentiate between youths' reacting as opposed to intentionally acting out, and how to target interventions that can address long term outcomes. Because many of these juveniles are not diagnosed and/or are misunderstood, treatment practices, such as over-medicating, can worsen behavioral problems and in general complicate the situation. Dr. Wolff provided examples of individuals with multi-systemic influences that contributed to behavioral vulnerabilities.

The prevalence of mental health issues suffered by juvenile justice youth is a significant contributor to the "school-to-prison" pipeline. Learning disabilities, traumatic brain injuries, abuse, and parental relationships are among the key factors that contribute to these issues. Key statistics include:

- 66% of males and 74% of females in the juvenile justice system meet diagnostic criteria for having a mental health disorder
- 85% of all cases that enter the juvenile system had a mental health referral before the youths' arrest
- Approximately 25% of juvenile justice youth that need mental health services have not received them
- Juvenile justice youth have learning disabilities at a rate that is three times that of the general population
- It is estimated that between 30% and 80% of juvenile justice youth have suffered a traumatic brain injury and as many as 60% have suffered abuse and/or neglect

Abuse, brain injuries, and other specific or environmental factors effect early brain development, delay development, contribute to maladaptive behavior, and impact neuroplasticity. Children learn innate behaviors in the first two to three years of life based on what they see and experience, and is imprinted upon them. Later, youth behavior is seen, and commonly over-diagnosed, as Conduct Disorder or Oppositional Defiance Disorder. Delinquent youth rarely fit in socially—one of the key dynamics in delinquency—and are labeled accordingly. Juveniles adopt the paradigm that they are delinquents and live up, or better stated down, to the label placed on them.

Effective assessment and diagnosis of juvenile justice youth is critical to inform an effective treatment plan and response. Many traditional program responses do not work. In many cases, experiential learning—learning by doing—is the most effective modality for "teaching" the brain new skills. Life skills training is also good "brain training". The brain must learn where, why, and when to store new information. Practitioners must develop cohesive goals that work within multiple systems.

Dr. Wolff emphasized that mental health treatment of juveniles is not a "one size fits all" formula. Despite being the most common response, simply medicating juveniles does not result in the best outcomes in many instances. Practitioners need to recognize the uniqueness of the individual, gain understanding of how that person came to be in his/her present circumstances, and develop a plan accordingly.

Clinicians need ask themselves, "What might be done to change (the youth's) brain?" Changing youths' belief systems—about themselves and about their ability to change—can lead to surprising results. His advice to clinicians is to "Be a part of their neurological evolution."