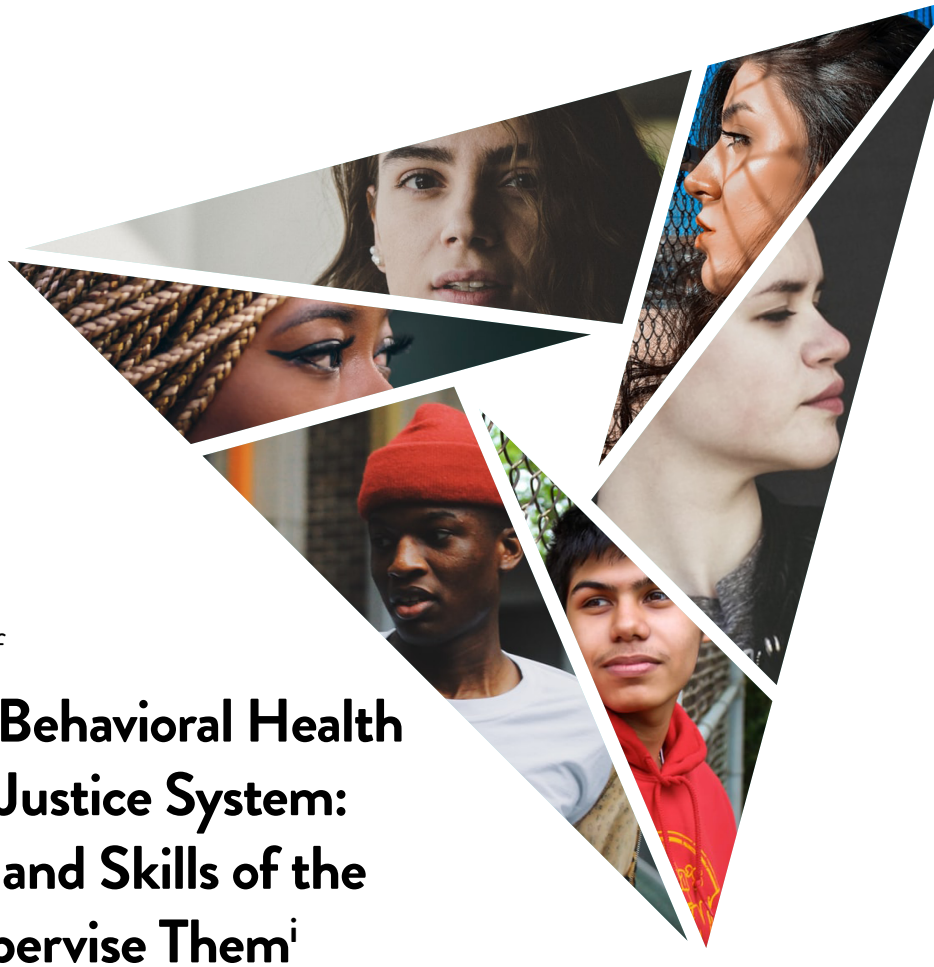

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Caring for Youth with Behavioral Health Needs in the Juvenile Justice System: Improving Knowledge and Skills of the Professionals Who Supervise Them[i]

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ABSTRACT: The prevalence of behavioral health conditions is disproportionately high among youth involved in the juvenile justice system, as compared to the general adolescent population. To effectively meet the goals of public safety and youth care and rehabilitation, juvenile justice practitioners must be prepared with the knowledge and skills required to meet the range of complex needs presented by the young people in their care. However, many staff supervising youth on probation or in detention and correctional settings receive limited training on adolescent development, behavioral health, and child trauma, and they have few opportunities to develop a skillset for safely and effectively responding to associated behaviors. This brief examines the results of implementing a program – the Mental Health Training for Juvenile Justice (MHT-JJ) curriculum – that provides juvenile probation, detention, and corrections staff with critical information to improve their knowledge and skills related to working with as well as supervising youth. Outcome data for the MHT-JJ show that participants achieve significant knowledge-gain in critical areas addressed by the training and that this learning directly impacts their interactions with youth with behavioral health conditions.

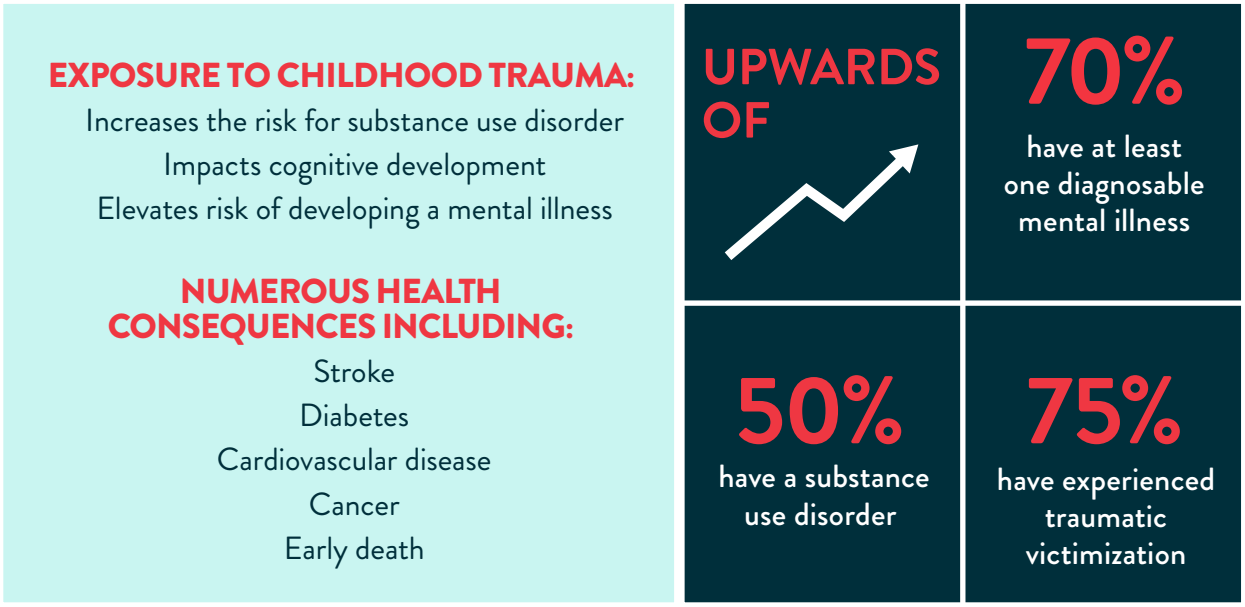
[i]This Research to Practice Brief incorporates original text from a 2015 Research and Program Brief authored by Fred Meservey and Kathleen Skowyra.

Juvenile Justice: The De Facto Service System for Youth with Behavioral Health Needs

In 2017, more than eight hundred thousand youth under the age of eighteen were arrested, and on any given day forty-five thousand were being held in residential placement facilities.[1,2] The prevalence of behavioral health conditions and exposure to trauma is consistently found to be disproportionate among youth in the juvenile justice system when compared with the general adolescent population.[3,4] Upwards of 70 percent of justice-involved youth have at least one diagnosable mental illness, nearly half have a substance use disorder, and at least 75 percent have experienced traumatic victimization.[5,6,7,8,9,10,11]

Childhood trauma and unaddressed behavioral health conditions can have serious and long-lasting impacts on the course and quality of a young person's life. Research indicates that exposure to childhood trauma increases the risk for substance use; impacts cognitive development; places children at an elevated risk for developing depression, anxiety, and post-traumatic stress disorder during their lifetime; and has numerous additional long-term consequences, including increased likelihood for stroke, diabetes, cardiovascular disease, cancer, and early death.[12,13,14,15] Effects of untreated traumatic stress and mental illness can include a decline in mental health, challenges in school, and difficulty adhering to terms and conditions of the justice system, all of which place these youth at increased risk for substance use, suicide, homelessness, victimization, chronic physical health problems, and premature mortality.[16,17,18]

Although the nature of the relationship between experiencing a behavioral health condition and juvenile justice system involvement is complex, it is clear that the juvenile justice system has become the de facto service system for many young people with these conditions, as traditional service systems fail to identify or adequately meet their needs.[19,20] Given this reality, the juvenile justice system must provide effective and safe supervision and, in many cases, placement for these high-need youth populations.[21] Though this may complicate the work of juvenile justice



professionals, it also provides them with a unique opportunity to positively impact the youth in their care. Because the impacts of trauma, behavioral health conditions, and adolescent development on youths' behaviors are well understood, juvenile justice professionals can learn to recognize these behaviors and respond in ways that will ultimately guide young people toward better outcomes and ensure that they receive the help they need while in the professionals' care. Every interaction with youth can and should be viewed as a chance to teach new skills and model adaptive behaviors.

Adolescence: The Age of Opportunity[ii]

A growing body of research on adolescence and adolescent brain development has improved our understanding of adolescents' cognition and behavior. Studies have demonstrated that psychosocial factors associated with this developmental period may influence adolescent decision making in ways that contribute to delinquency.[22,23,24,25,26] These factors include susceptibility to peer influence, poor impulse control, sensation-seeking, and a tendency to focus on immediate rather than future consequences of choices. However, research also suggests that exposure to positive resources and experiences leads to a higher likelihood of positive development for adolescents.[27,28,29,30]

Guided by the knowledge that this period of adolescence is one of opportunity – youth are not yet fully developed physically, cognitively, or emotionally – juvenile justice systems have evolved over the past decade. Policymakers and system administrators have increasingly redefined the balance between the sometimes competing goals of public safety and justice on the one hand and rehabilitation and care on the other. To do this effectively requires those who work with youth in contact with the justice system to have a knowledge base and skill set to meet the range of unique needs of the youth in their care while simultaneously assuring safety for our communities.

Supervision and Care for Youth with Behavioral Health Needs

Many staff supervising youth on probation or in detention and correctional settings receive limited training to help them understand adolescent development, behavioral health and child trauma, and associated behaviors commonly exhibited by the youth in their care. This situation carries numerous consequences for staff and youth alike, and can lead to the use of ineffective and unnecessarily punitive responses with youth.[31,32,33,34,35] These responses can unintentionally worsen a youth's mental health and/or trauma-related symptoms and, as a result, their behavior.

Youth behaviors resulting from untreated or incorrectly addressed behavioral health or traumatic stress conditions can contribute to secondary traumatic stress among youth and raise safety concerns among juvenile justice staff, resulting in staff burnout and high employee turnover rates.[36,37,38,39,40] Burnout has been shown to be predictive of increased mental health stigma and reduced mental health competency among staff and youth.[41,42] Such stigma contributes to negative attitudes toward youth, as well as less effective service delivery, perpetuating a vicious cycle.

There is widespread recognition of the importance of training on adolescent development and adopting standards that require the incorporation of a developmentally appropriate framework into the practices of justice system professionals. For example, the International

[ii] "Age of Opportunity" is a term coined by Laurence Steinberg, PhD, and is the title of his 2014 book, *Age of Opportunity: Lessons from the New Science of Adolescence*

Association of Chiefs of Police has identified training in the areas of adolescent development and psychology, along with implicit and unconscious bias training, as a reliable method for providing law enforcement with the proper tools, strategies, and interventions to effectively work with youth.[43] Studies have shown that participation in specialized training on adolescent behavior leads to more favorable attitudes towards youth following training.[44] Thurau and colleagues[45] have also identified the importance of training, stating that, "such curricula, if regularly updated and taught with experts in adolescent development, will promote better interactions by increasing officers' understanding and skills for working with youth." In general, increased training relating to adolescence and adolescent behavior is beginning to be recognized as best practice for professions that involve working with youth. Despite recognition of the potential

Case Example: Building Workforce Capacity through Mental Health Training: The Mental Health Training for Juvenile Justice

With support from the John D. and Catherine T. MacArthur Foundation, and under the leadership of National Center for Youth Opportunity and Justice[iii] (NCYOJ) staff, a workgroup consisting of national experts and representatives from states participating in the MacArthur Foundation's Models for Change Juvenile Justice Reform Initiative developed and tested a curriculum for juvenile justice staff to address this identified need.

The Mental Health Training for Juvenile Justice (MHT-JJ) is a specialized curriculum that provides juvenile probation, detention, and corrections staff with critical information to improve their knowledge and skills around working with, and supervising, youth. The curriculum is an eight-hour, interactive training that covers adolescent development, childhood trauma, mental and substance use disorders, effective interventions, practical strategies for working with youth and their families, and self-care approaches to mitigate the harmful effects of secondary traumatic stress in staff. The training blends didactic learning with demonstrations, exercises, and videos. It also allows for the inclusion of local data, case studies, and real-life examples that are relevant to the training audience and reflect the unique challenges faced by staff in juvenile justice systems.

Following the initial development and pilot testing period, and recognizing the need for states and localities to develop and maintain their own specialized training capacity, NCYOJ has employed a train-the-trainer strategy to disseminate the MHT-JJ. Building local capacity is crucial, especially within the context of justice systems, as turnover rates can be high, and localities may need to train new staff frequently and in a cost-effective manner. Additionally, local trainers are best equipped to incorporate local data and contextual information in pre-identified sections of each module, allowing the training to be more applicable to the locality or agency.

The train-the-trainer is a three-day session conducted by a small pool of carefully selected subject-matter experts who instruct individuals – typically state and local juvenile justice and behavioral health staff – in how to become "certified trainers." During the course of a train-the-trainer session, prospective trainers develop skills to engage and educate adult learners, cultivate a familiarity with the MHT-JJ curriculum and supplemental materials, and practice training sections of modules. To become a certified trainer each participant must demonstrate an ability to deliver the curriculum prior to completion of this train-the-trainer program. Demonstrations of critical modules are followed by direct feedback by peers and master trainers. Once certified, individuals are able to convene training sessions within their agency or locality.

[iii] Operated as the National Center for Mental Health and Juvenile Justice from 2001 to 2018.

benefits of specialized training, and the known risks of failing to identify or meet the needs of vulnerable youth during this critical window, few resources with demonstrated effectiveness for staff in juvenile probation and placement settings are available.

Preliminary Results of MHT-JJ Dissemination

As of May 2019, more than 1,200 individuals from 34 states have been certified as MHT-JJ trainers. NCYOJ evaluates all aspects of the MHT-JJ program, from train-the-trainer sessions to local deliveries by certified trainers.

AS OF MAY 2019

1,200 INDIVIDUALS FROM 34 STATES HAVE BEEN CERTIFIED AS MHT-JJ TRAINERS

Train-the-Trainer Evaluation Results

The train-the-trainer evaluation was designed to measure participants' overall satisfaction and the ability of the master trainers to prepare participants to deliver the MHT-JJ. A feedback questionnaire, administered at the conclusion of each session, asks participants to rate eleven different aspects of the train-the-trainer program (see Table 1: Train-the-Trainer Program Ratings) and two items to gauge overall satisfaction with the program (see Table 2: Train-the-Trainer Program Satisfaction). Answers were averaged as indicated in the tables. These averages are based on a four-point scale, with four being best.

Table 1: Average Train-the-Trainer Program Ratings
Based on 4-point scale with 4 being best (n=833)

I have a better understanding of my role as a trainer in facilitating the use of this curriculum.	**3.40**
I am comfortable with the training materials (i.e., PowerPoint slides, video clips, trainer and participant guide).	**3.36**
I feel confident using this curriculum to train others on ways to achieve better outcomes for youth with mental health needs in the juvenile justice system.	**3.37**
I am confident delivering the activities in the training.	**3.32**
The train-the-trainer program was organized in a way that was conducive to learning.	**3.50**
I was given opportunities to ask questions and discuss the material.	**3.66**
The trainers provided helpful answers to my questions.	**3.64**
The pace of the train-the-trainer program was just right – not too fast and not too slow.	**3.24**
The train-the-trainer program improved my understanding of how to train adults.	**3.28**
The trainer guide covers everything I need to know to deliver the training.	**3.37**
The information in the trainer guide is presented clearly.	**3.55**

Participants of the train-the-trainer sessions were also asked to indicate how confident they felt about their ability to deliver the MHT-JJ in their communities. Eighty-six percent (n=833) reported no concerns with their ability to deliver the training following participation in a train-the-trainer session.

Table 2: Train-the-Trainer Program Satisfaction
Based on 4-point scale with 4 being best (n=833)

Overall satisfaction with information provided during the train-the-trainer program	**3.56**
Overall satisfaction with organization and presentation of the train-the-trainer program	**3.55**

Locally Delivered MHT-JJ Evaluation Results

Evaluations of the locally delivered trainings are also conducted to gauge knowledge transfer and overall satisfaction with the training program. There are three components to these evaluations: pre- and post-tests of knowledge; a trainee satisfaction survey; and an instructor self-evaluation report.

The pre-test and post-test questionnaire measures acquisition of key learning objectives from each module. These questionnaires are administered immediately before and at the conclusion of the training. Results from the pre- and post-tests found significant knowledge gain in critical areas covered by the training. For example, there was an improvement of approximately 80 percent in knowledge concerning how the human brain develops and awareness of how the adolescent development process may affect behavior (656 correct pre- verses 1,173 correct post-test; n=1,467). Overall, the total number of correct responses pre- and post-test rose from 16.4 out of 23 possible correct answers (71 percent) to 19.4 out of 23 (85 percent), respectively, a 14 percent increase after eight hours of instruction.

The satisfaction survey is also administered at the conclusion of the training, both to measure participants' opinions of the training and to capture behavioral changes they plan to make as a result of attending the training. Participants of these locally convened MHT-JJ trainings indicated high levels of satisfaction with the sessions (see Table 3: Overall Training Program). The overall program average rating is 3.39 on a 4.0 scale.

Table 3: Satisfaction with Overall Training Program Delivered by Certified Local Trainers

Based on 4-point scale with 4 being best (n=2,100)

Overall quality of the training program	**3.38**
Ability to keep the interest of participants	**3.24**
Training program organization	**3.41**
Amount of new information or skills learned	**3.17**
Clarity of information presented	**3.45**
Usefulness in application at work	**3.48**
Length of the training	**3.00**
Quality of supplemental materials and resources provided	**3.35**
Knowledge of the trainer regarding key issues facing your community	**3.53**
Expertise of trainer in juvenile justice	**3.59**
Expertise of trainer in adolescent mental health	**3.58**

Participants also reported high levels of agreement with statements intended to measure how well the MHT-JJ met the stated training objectives (see Table 4: MHT-JJ Training Objectives).

Table 4: Rating of Alignment of Training Delivery with MHT-JJ Training Objectives Facilitated by Certified Local Trainers

Based on 4-point scale with 4 being best (n=2,100)

Provided adequate information regarding the history of and connection between the juvenile justice and mental health systems.	**3.14**
Provided adequate background information regarding adolescent development and behavior.	**3.45**
Provided adequate information regarding mental, substance use, and trauma-related disorders among youth in the juvenile justice system.	**3.45**
Provided an adequate overview of effective treatments for adolescent mental disorders, including information on how these disorders are identified among youth.	**3.40**
Provided adequate information on skill-building communication and intervention strategies that can be used in your work with youth.	**3.36**
Provided adequate information on family engagement and examples of what staff can do to help support families.	**3.36**

In an expansion of the evaluation efforts, ten states participated in a more in-depth assessment that included the addition of follow-up surveys, administered to participants of site trainings one month after participation. These self-report surveys were designed to examine the impact of training on behavior and interactions with youth and coworkers. The results indicate that 70 percent of staff who participated in the MHT-JJ made changes in how they interacted with youth with mental health needs in the month following participation in the MHT-JJ training (n=94). Unlike education alone, effective training results in translatable skills or behavioral changes, and the MHT-JJ is demonstrating those changes.

25%

of participants reported reduced job stress and attributed that benefit directly to the MHT-JJ training.

Staff specifically reported improved communication, increased patience, and utilization of active listening skills. Other important benefits that were reported by participants included better interaction with colleagues, increased collaboration and intervention planning, improved staff communication, and deliberate actions to support and reinforce patience and calmness when working with disruptive youth. Additionally, 25 percent of participants reported reduced job stress and attributed that benefit directly to the MHT-JJ training.

Lastly, states have reported policy and procedural changes resulting from implementing the MHT-JJ train-the-trainer. A number of sites have added the MHT-JJ training into their agencies' core training curriculum and require every new staff member to undergo MHT-JJ training. Other reported policy changes include development of a policy and procedure for clinical services, development of a community directory for clinical services, and parental support and training groups to assist families and encourage family engagement, again translating trained skills into demonstrable behaviors.

Looking Ahead

As the MHT-JJ continues to expand nationally, a number of themes have emerged. First is the need for ongoing sustainable support for certified trainers. Trainers have reported that their agencies lack the resources to keep trainers up to date on the material after the initial training. In response, in 2018 NCYOJ launched the MHT-JJ Trainer Network – a virtual support network for certified trainers to ensure they are prepared to deliver the curriculum with fidelity. The Network gives certified trainers access to the annually updated training curriculum, ongoing continuing education opportunities, and a virtual forum to connect with master trainers and other certified trainers.

To ensure that the curriculum is not only relevant but applicable to juvenile justice practice, it is critical to strengthen the evaluation's focus on practice implications. In order to support the curriculum's practical application, while certified trainers continue to participate in the site-based training evaluations, NCYOJ and local partner sites will be exploring options to examine policy and procedural barriers and facilitators to the use of best practices, as well as to evaluate the impacts on staff safety and wellbeing.

Recommendations

A number of recommendations that emerge from this work point broadly to opportunities for improvement. Though the MHT-JJ successfully influences the knowledge and habits of individuals, those individuals do not work in a vacuum. For training efforts to achieve maximum impact, the conditions under which trainees operate must be also addressed. First, agency policy must be reviewed and changed, as needed, concurrently with any practice improvement efforts. For example, when staff is trained on alternative responses to youth misbehavior, policy recommendations and practices should incorporate and support those learnings; by the same token, increased understanding of the complex needs of youth should be reflected in case planning procedures that can better serve those needs. Other implementation supports may include policy recommendations that focus on family inclusion, or the dissemination of a compendium of best practices on screening and evidence-based interventions. In this way, the knowledge gained by individual staff members is not only supported but systematized and shared across the institution.

Secondly, workforce development must be an ongoing process with regular opportunities for education and skill-building. Training staff in a single sitting is not sufficient to achieve lasting change. Even if the training is skills-based and effective in the near term, new skills will diminish over time if not bolstered by ongoing learning opportunities and reinforcement. Another aspect of workforce development is the need to invest in staff wellness. Developing and utilizing a new skill-set will reduce some stressors and increase others. It is important to take this into consideration when planning for and implementing change within a juvenile probation or placement setting.

Thirdly, to support staff utilization of new skills, it is important that youth be given educational opportunities to develop a new language around mental health and ways to more appropriately and effectively respond to stressful situations. Similarly to this work with staff, youth must be provided repeated opportunities to increase their knowledge to first develop and then enhance this skill set.

Finally, additional research is needed to better understand the relationship between implementation of training programs, such as the MHT-JJ, and professional practice in juvenile probation and placement settings. In particular, future research should examine the training – and related policy and practice – conditions under which staff adopt new patterns of safely, effectively, and positively interacting with youth with behavioral health conditions. A further area of interest is the relationship between job stress, organizational wellness initiatives, and interactions with youth.

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About

The National Center for Youth Opportunity and Justice aims to improve life opportunities for youth by advancing policy and practice improvements that ensure the well-being of youth, families, and communities.

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