

The Case for Specifically Treating Depression in Juvenile Justice Populations



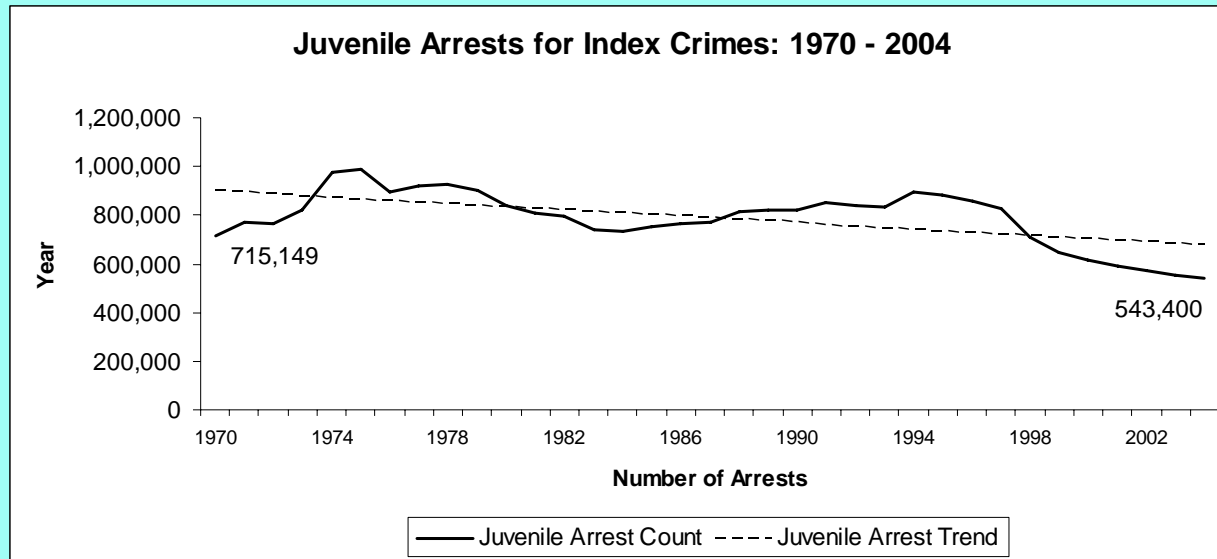
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Building on Family Strengths Conference



Juvenile Arrests 1970 - 2004



- Index Crimes
- 715,149 Juvenile Arrests in 1970, 543,400 in 2004.
- A 24% Decrease
- Celebration Is Premature

Co-Occurring Depression: Setting The Stage

- The Barriers:
 - Historical reluctance to recognize the coexistence of depression and delinquency (Messier & Ward, 1998)
 - A “get tough” mentality about juvenile offenders
- Our Hope and Today’s Purpose:
 - Increasing recognition of the occurrence of multiple disorders (Swearer, 1997)
 - The balanced approach of Restorative Justice

Co-Occurring Depression: Overview

- Depression significantly co-occurs with conduct problems in junior high and high school students. (Ge, Best, Conger, & Simons, 1996)
- Adolescents diagnosed with depression were more likely to experience later conduct and substance abuse problems. (Riggs, Baker, Mikulich, & Young, 1995)
- Depressed adolescents had more self-reported delinquent behavior. (Vitaro, Pelletier, Gagnon, & Baron, 1995)
- The presence of depression was highly correlated with self-reported use of violence. (DuRant, Cadenhead, Pendergrast, & Slavens, 1994)

Co-Occurring Depression: Prevalence

- King County, WA cross-system referral patterns among youths revealed that:
 - 21% of the youths who were referred to the mental health system were also referred to the juvenile justice system.
 - More than 40% of the youths who had mental health referrals in 1992 had been referred to the juvenile justice system by 1995.
 - Among the youths who had contact with both systems as of 1995, nearly 23% were diagnosed with depression. (Evens & Vander Stoep, 1997; Vander Stoep, Evens, & Taub, 1997)

Co-Occurring Depression: Prevalence

- In a three city sample, 16% of delinquent boys had co-occurring mental health needs, and 40% of boys who presented with mental health problems had co-occurring delinquent behaviors. (Huizinga, 1999)
- Clinical depression was present in 14% of youths in a detention center:
 - In 38% of those youths who were diagnosed with conduct disorder,
 - In 15% of youths who were diagnosed with oppositional defiant disorder. (Teplin, 1999)

Co-Occurring Depression: Prevalence

- 22.2% of depressed adolescents had co-occurring conduct disorder and 22.7% of conduct-disordered adolescents had co-occurring depression. (Fleming, Boyle, & Offord, 1993)
- Prevalence estimates indicate that between 14% and 23% of youths who present with delinquent behavior also have co-occurring depression.
- The prevalence of depression in community samples of adolescents is estimated at between 2% and 5% of all adolescents. (Lewinsohn & Clarke, 1999)

Co-Occurring Depression: Consequences

- Depressed youths represent a specific subcategory of those with delinquent behavior.
- Depression-specific treatment may relate to positive delinquency outcomes for these youths as well.
- Adolescent depression is not a benign condition:
 - Likely that the depression will **worsen**
 - Later emerge as a **more severe** case of depression
 - Among the most consequential sequelae of depression is **suicide**.
 - **Treating depression is an ethical mandate.**

Co-Occurring Depression: Reasons

- Similar thinking habits between depressed adolescents and adolescents who are both delinquent and depressed:
 - Depressed children were much more likely to have a thinking style marked by attributions for negative events that were internal, stable, and globally applied
 - Aggressive children were more likely to think that others intended them harm
 - Children displaying co-occurring aggression and depression had a significantly greater likelihood of both thinking styles. (Quiggle, Garber, Panak, & Dodge, 1992)

Helping Delinquent Youths

- **Systematic Review and Meta Analysis:**
 - All studies relevant to topic are retrieved and analyzed
 - Higher quality studies, i.e., those that use randomization and control groups, are weighted more heavily
 - Treating each study as an individual case, distills the results of individual studies into an effect size, which serves as a unique data point for each study
 - Effect sizes are combined across studies, and differences across studies are examined
 - Provides a broader understanding of what works than individual studies or literature reviews.

Helping Delinquent Youths

- Systematic Review Results on Reducing Recidivism:
 - A cognitive-behavioral approach had a larger effect size than did psychoanalytic or educational models (Garrett, 1985)
 - When treatment was delivered in public facilities, custodial institutions, or the juvenile justice system, effect sizes were smaller (Lipsey, 1992)
 - When treatments were behavioral, skill-oriented, or multi-modal, the effect sizes were larger (Lipsey, 1992)

Helping Delinquent Youths

- Systematic Review Results on Reducing Recidivism:
 - Interventions based on deterrence, and purely educational interventions, had the smallest effect sizes (Redondo, Sanchez-Meca, and Garrido, 1999)
 - Behavioral and cognitive-behavioral interventions demonstrated the largest effect sizes (Redondo, Sanchez-Meca, and Garrido, 1999)
 - Services that were vague or non-directive, and criminal sanctioning without services both resulted in increased recidivism (Andrews, Zinger, Hoge, Bonta, Gendreau, & Cullen, 1990)

Helping Delinquent Youths: Conclusions

- What Seems To Work:
 - Focusing on Behavior
 - Focusing on Thinking
 - Developing Skills
 - Clearly Specified Intervention Procedures

Helping Delinquent Youths: Conclusions

- What Does Not Seem To Work:
 - Deterrence
 - Sanctions Alone*
 - Institutionally Based Services
 - Education Alone
 - Speculative Theoretical Approaches
 - Non Directive Approaches*
- *These interventions increased recidivism, and are thus considered to be harmful

Helping Depressed Youths

- **Effective Psychosocial Treatment Includes:**
 - Recognized and utilize the relationship between thinking and behavior
 - A focus on controlling moods and emotions
 - A focus on changing behavior
 - A focus on changing thinking
 - Being highly structured
 - Being directive
 - Limited treatment duration and contacts
- **Additional Useful Components Include:**
 - Social skills and conflict resolution training
 - Relaxation training (Lewinsohn & Clarke, 1999)

Helping Delinquent Youths Who Are Also Depressed

- Shared Characteristics of the Youths:
 - Thinking style
 - Attributions for negative events that were internal, stable, and globally applied
- Shared Characteristics of Effective Interventions:
 - Focusing on Behavior
 - Focusing on Thinking
 - Developing Skills
 - Clear & Structured Intervention Procedures
 - Being Directive Rather Than Non Directive

Helping Delinquent Youths Who Are Also Depressed

- Provide Depression Specific Treatment:
 - Focusing on skills to change thinking and behavior
 - Controlling moods and emotions as the outcome
 - Delivered in non-institutional settings
 - Alternatively, collaboratively co-locate treatment services
 - Evaluate within context
 - Evaluate across diverse groups of youth
 - Evaluate for multiple outcomes;
 - Depression
 - Recidivism
 - System Penetration

Clarifying Cognitive Behavioral Therapy

- **Rigidity?**
 - Principles provide for innovation
 - Learning how to learn
 - Collaborative goal setting (Beck, 1975)
- **Contextual?**
 - Systematic approach to person-in-environment
- **Deterministic?**
 - Youths determine reinforcers by their responses
 - Youths are capable of learning
 - Youths are always learning (Kazdin, 1982)
 - Deterministic properties of any intervention

Clarifying Evidence Based Practice

- A PROCESS Involving:
 - Formulating Questions
 - Based on collaborative goal setting
 - Finding Relevant Evidence
 - Based on youth's goals
 - Evaluating Evidence
 - Likelihood of working, not absolute
 - Goodness of Fit with Youth's;
 - Context, culture, values, expectations
 - Innovation based on principles of intervention theory
 - Implementing
 - Therapeutic collaboration
 - Evaluating
 - Based on youth's goals