

JUVENILE PROBATION | SUPERVISION OFFICER BASIC COURSE

Recognizing and Supervising Juveniles with Mental Health Issues



PARTICIPANT GUIDE

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RECOGNIZING AND SUPERVISING JUVENILES WITH MENTAL HEALTH ISSUES

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INTRODUCTION

This course explores prevalent mental health disorders common amongst juveniles. Actions to consider when working with or supervising juveniles with mental health needs will be examined.

OBJECTIVES

1. Describe the behaviors of the most prevalent mental health disorders experienced by juveniles in the juvenile justice system.
2. Examine appropriate supervision strategies for juveniles impacted by mental health issues.
3. Given a scenario, apply knowledge of mental health when considering actions for a juvenile with mental health needs.

NOTES

SECTION I – PREVALENT JUVENILE MENTAL HEALTH DISORDERS

Juvenile justice professionals must recognize behaviors associated with prevalent juvenile mental health disorders.

| Attention-Deficit | Hyperactivity Disorder - ADHD

Behaviors

- Impulsiveness
- Hyperactivity
- Inattention

Strategies

- Provide structure
- Give praise for acceptable behavior
- Remind of appropriate behavior
- Control your emotions

DSM

Diagnostic and
Statistical Manual of
Mental Disorders

Classifies mental
health disorders

| **Autism Spectrum Disorder - ASD**

Behaviors

- Inappropriate outbursts
- Physical aggression
- Sensory issues
- Repetitive behaviors

Strategies

- Provide clear understanding of expectations
 - Use short sentences | clear language
 - Ask specific questions
 - Give juvenile time to think of responses
-
-
-

| **Conduct Disorder**

Behaviors

- Violation of rules
- Lack of empathy
- Misinterpret intentions
- Aggression

Strategies

- Focus on juvenile strengths
 - Encourage positive social interactions
 - Partner with parents
 - Provide praise
-
-
-

| **Oppositional Defiant Disorder - ODD**

Behaviors

- Loss of temper
- Argumentative
- Refuse to comply
- Deliberately annoying

Strategies

- Respond without anger
 - Be clear | consistent
 - Do not take things personally
 - Issue appropriate consequences
-
-
-

| Bipolar Disorder

Behaviors | Mania

- Personality changes
- Excitability
- Irritability
- Psychotic breaks

Behaviors | Depression

- Changes in sleep
- Fatigue
- Truancy
- Suicidality

Strategies

- Medication management
 - Be patient
 - Identify enjoyable activities
 - Encourage counseling
-
-
-

| Disruptive Mood Dysregulation Disorder - DMDD

Behaviors

- Recurrent tantrums
- Inappropriate outbursts
- Persistent irritability | anger

Strategies

- Anticipate triggering events
 - Be predictable | consistent
 - Encourage appropriate behavior
-
-
-

| Major Depressive Disorder MDD

Behaviors

- Loss of interest in activities
- Feelings of worthlessness
- Recurrent thoughts of death

Strategies

- Encourage physical activity
 - Ensure proper sleep
 - Identify relaxing activities
 - Be patient with feelings
-
-
-

| Post-Traumatic Stress Disorder - PTSD

Behaviors

- Difficulty sleeping
- Irritability
- Detachment
- Nightmares
- Flashbacks
- Thoughts of traumatic event(s)
- Impulsiveness | aggressiveness
- Increased fear
- Self-destructiveness

Strategies

- Provide skills to regulate emotions
- Develop positive relationships | resilience
- Relay how to reason appropriately

ACTIVITY – MENTAL HEALTH QUEST

Instructions - Individually, read each quote, choose which mental health disorder it best describes, and write it in the blank provided. Each quote will have only one answer. We will discuss answers as a large group.

- | | | |
|---|--|--|
| <p>A. Attention-deficit hyperactivity disorder</p> <p>B. Autism spectrum disorder</p> <p>C. Conduct disorder</p> | <p>D. Oppositional defiant disorder</p> <p>E. Bipolar disorder</p> <p>F. Disruptive mood dysregulation disorder</p> | <p>G. Major depressive disorder</p> <p>H. Post-traumatic stress disorder</p> |
|---|--|--|

- | | |
|--|---|
| <p>_____ 1. “I get in trouble in school because I can’t sit still, I talk way too fast, and I feel like I am just so full of energy. Last week though, I was so down, I didn’t want to talk to anyone and actually was hospitalized because I tried to kill myself.”</p> <p>_____ 2. “I frequently hit my little sister and scream at her when she doesn’t listen. Yesterday, I threw my phone against the wall. Why? Because the battery died.”</p> <p>_____ 3. “When going to our housing unit, the sound of the big metal doors slamming is just so loud. I feel like the noise is in my head.”</p> <p>_____ 4. “I just can’t shake this feeling I have. I want my friends to invite me out, but I don’t feel like getting dressed to go with them. I am just so down and out.”</p> | <p>_____ 5. “I can’t stand my teacher. Nothing he says is true and I often argue with him, so I can have the last word. I also hate Cassidy; she has her own car and doesn’t deserve one.”</p> <p>_____ 6. “I can’t get the thought of him on top of me out of my head. I am terrified being alone at home by myself.”</p> <p>_____ 7. “I cannot focus in class; it is just difficult. I try to listen, but it’s like I can’t hear the words.”</p> <p>_____ 8. “I set the bathroom trash can on fire the other day and could care less what happens to me.”</p> |
|--|---|

| Social Media

Negative Effects

- Cyberbullying
- Online predators
- Negative body image
- Fear of missing out

NOTES

SECTION II – SUPERVISION STRATEGIES

- **Do not diagnose juveniles**
 - Evaluation, diagnosis by mental health professional only
 - Legal obligation to report issues with juveniles
- **Maintain heightened awareness**
 - Know individual diagnoses
 - Fosters better decision making
- **Educate yourself**
 - Read juvenile file information
 - Allows for informed decision making
 - Psychological reports; chronologicals
 - Collaborate with others
- **Rely on mental health tools**
 - TAC mandates assessment on all juveniles
 - Follow local department guidelines
- **Consider ACEs**
 - High ACEs with mental illness may delay progress
 - Set appropriate goals
- **Learn from triggers**
 - Be mindful of specific situations
 - Communication styles
 - Observe juvenile behavior
 - Decrease triggering actions

- **Consider family as a resource**
 - Learn specific information, including trigger points, medication
 - Monitor medication
- **Communicate with respect**
 - Actively listen
 - Avoid multi-tasking
 - Open posture | eye contact
- **Ask for advice**
 - Reach out to mentors, tenured coworkers, mental health professionals
 - Seek guidance on what works
- **Invest extra time**
 - Do not rush interactions
 - Conveys empathy | respect

NOTES

SECTION III - ACTIVITY | MYSTERY MENTAL HEALTH?

Instructions - In small groups, choose a spokesperson, then read each scenario and answer the questions in the space provided. Once finished, the spokesperson will share the small group answers with the large group.

Scenario 1 | Billy

Billy was recently placed under your supervision. At the initial meeting, you interview Billy and his parents separately. They report Billy has been displaying some aggressive behavior with them, most recently after a basketball game he played in. When Billy was asked about a particular play, he charged at his parents and tried to punch his father in the face. After he calmed down a bit, Billy said one of his teammates disrespected him, which upset him.

He later saw some comments online saying he was the reason they lost the game, which several people “liked”. This behavior has happened before, according to Billy’s parents, usually after Billy returns home from school. It was reported Billy has always had a short fuse with others, but it has since escalated. Billy usually locks his room door, but his mom recently went in after he left for school and found a knife under his pillow.

1. What red flags are present with Billy?

2. Is Billy's behavior possibly related to a mental disorder?

3. What actions should be considered for Billy?

Scenario 2 | Cindy

Cindy, a juvenile on your caseload appears in court looking more withdrawn than she was when you talked with her last week. She does not acknowledge you and goes to stand as far away from everyone in the courtroom as possible. Cindy's mother tells you her daughter has been lazy, tired, and has not completed any of her chores this week. Her mother also noted Cindy has only wanted to sleep and when she did go to school, she was caught sleeping during class. This is unusual because last week, Cindy was helpful, energetic, talked non-stop, and even helped her younger brother with his homework. Over the last week, Cindy was told several times to get off of the phone and get some sleep, but Cindy refused and said she would rather talk to her friends. Cindy's mom is tired of her daughter's behavior and believes she is simply being a typical teenager.

1. What red flags are present with Cindy?

2. Is Cindy's behavior possibly related to a mental disorder?

3. What actions should be considered for Cindy?

Scenario 3 | Pam

Pam has been hospitalized on three occasions for suicide attempts, has exhibited oppositional behaviors in the past, and was recently uncooperative while placed on a Crisis Stabilization Unit. After a week, Pam was discharged from crisis stabilization and returned home with her father and siblings. Pam quickly became aggressive with her family and was again taken into custody and taken to juvenile detention. While in the gym, Pam talks to you and begins crying. She said doesn't want to go home because he uncle has been sexually abusing her. Pam said she has not told anyone about this.

1. What red flags are present with Pam?

2. Is Pam's behavior possibly related to a mental disorder?

3. What actions should be considered for Pam?

Scenario 4 | Jay

Jay is a 13-year-old boy on probation for assaulting his mother. He is currently in juvenile detention for allegedly assaulting her a second time. You speak with his mother, who says she is concerned about Jay's aggressive conduct with her and his behavior at school. His first report card reveals he is failing most of his classes and his teacher says he acts up in class, is disobedient, disrespectful, doesn't sit still, and fights with other students.

Jay's mother moved the family to the United States from Jamaica two years ago for a chance at a better life. Jay primarily lived with his grandmother in Jamaica and wants to go back to live with her.

1. What red flags are present with Jay?

2. Is Jay's behavior possibly related to a mental disorder?

3. What actions should be considered for Jay?

Scenario 5 | Laura

Laura is currently in juvenile detention for a drug charge. This is her third time being arrested in the last few months. Her file is full of violations. Laura is a constant disruption in the housing unit, starting altercations with other girls and being challenging with educational staff. Laura blames everyone for her behavior and said she doesn't belong in detention. She says she will do better if her JPO recommends she go home.

1. What red flags are present with Laura?

2. Is Laura's behavior possibly related to a mental disorder?

3. What actions should be considered for Laura?

Scenario 6 | Steven

Steven, a 14-year-old was recently arrested for a charge of burglary and is currently in juvenile detention. Since being placed on probation six months ago, he has continued to have problems adjusting to the rules and it seems his father is not able to provide him with adequate supervision. Steven’s mother left the family when he was 10-years-old to get away from Steven’s father, who was abusive. Steven does have a history of drug use, smoking marijuana and drinking alcohol.

Since being in detention, Steven has constantly been arguing with staff, causing disruption in the housing unit, and was seen hitting his head against the wall in his room. Steven is placed on a more secure and while doing 15 minute checks, you find Steven in his room, biting his hand, which is bleeding and crying uncontrollably.

1. What red flags are present with Steven?

2. Is Steven’s behavior possibly related to a mental disorder?

3. What actions should be considered for Steven?

NOTES

FINAL THOUGHTS

- Mental disorders affect three out of four juveniles in the juvenile justice system.
- Never make assumptions about whether a juvenile has a mental health disorder.
- Identifying prevalent mental health disorders allows us to be proactive when managing juveniles on supervision.



NOTES
