

Delinquent youths with PTSD need individualized treatment, studies suggest

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Juvenile offenders with post-traumatic stress disorder diagnoses and substance use problems may require tailored treatments to stay sober and out of trouble with the law, suggest two new studies co-authored by, from left, Jordan Davis, a doctoral student in social work, and Joey Merrin, a doctoral student in child development, both at the University of Illinois. Credit: L. Brian Stauffer

Juvenile offenders who have a diagnosis of post-traumatic stress disorder are at 67 percent greater risk of entering substance abuse treatment within seven years, a new study found.

"It's quite shocking, honestly, and really speaks to the lasting impact of early childhood trauma," said lead author Jordan Davis, a [doctoral student](#) in social work at the University of Illinois.

The study's purpose was to determine the factors that predicted delinquent youths' entry into treatment and identify those who might benefit most from early interventions. The paper was published in the *Journal of Substance Abuse Treatment*.

At least 30 percent of people in the criminal justice system have PTSD symptoms, prior studies have shown. The high proportion of juvenile offenders with PTSD and co-occurring drug/alcohol problems demands a rethinking of current approaches to substance use treatment, Davis said. These juvenile offenders may require ongoing care that includes trauma and family therapy as well as community-based services.

The youths in the study, who were between the ages of 14 and 18 at the beginning of the project and had been adjudicated delinquent or found guilty of a serious offense, were tracked for seven years.

Davis and his co-authors examined the social-ecological determinants of 1,350 young people's entry into drug treatment, focusing on four factors - teens' behavior/traits, parental dynamics, peer influences and neighborhood characteristics.

"When you look at these factors separately, you will find what you want to find," Davis said. "But when you consider all of these factors together, things look quite different. Parental factors, oddly enough, had no influence on risk for treatment entry, while associating with deviant

peers, being diagnosed with PTSD and having emotion-regulation problems increased these youths' risk of entering treatment the most."

The study's findings suggest that clinicians can expect the majority of young offenders who need [substance abuse treatment](#) will have experienced serious emotional or physical trauma. Exposure to chronic stress alters brain chemistry and functioning, making children susceptible to many problems, neuroscientists have found.

"PTSD has a dramatic and lasting impact on individuals' stress-response system, triggering their brains to secrete excess cortisol whenever they encounter stressors," Davis said.

"Trauma also blunts the development of the prefrontal cortex, which is associated with decision-making and impulse control. As a result, individuals who experience more trauma and stress may respond differently to social situations," said co-author Joey Merrin, a doctoral student in child development at Illinois.

Teens who had emotion regulation problems and poor impulse control were significantly more likely to enter drug or alcohol treatment compared with peers who had stable temperaments, the researchers found.

"Among our sample of high-risk [juvenile offenders](#), it seems that those teens who were most impulsive and emotionally labile were most likely to end up in treatment for substance use problems," said co-author Eric F. Wagner, a professor of [social work](#) at Florida International University.

Associating with greater numbers of deviant peers increased youths' risk of entering drug/alcohol treatment by 43 percent, the researchers found.

"Peers are especially salient in the development of substance use problems," said co-author Tara Dumas, a psychology professor at Huron College. "It is vitally important to consider youths' peers when developing prevention programming."

Interventions that focus only on drug use or criminal behavior may not be enough to help youths stay sober and out of trouble with the law, especially when they have co-occurring diagnoses or strong ties to risky peers or living environments, Merrin and his co-authors suggest in a paper published in *Drug and Alcohol Dependence*.

"Our research suggests that social and environmental risk factors play a central role in the development and maintenance of substance use and criminal behavior during emerging adulthood. Providing personalized resources after treatment ends is an important step in sustaining reductions in drug use and criminal behavior," Merrin said.

Tailored after-care or "booster sessions" - consultations in person, by computer or text - have been shown to decrease the amount of time that youths spend with deviant peers and hold promise for reducing [criminal behavior](#) and drug use, wrote Merrin and co-authors Daniel Berry a professor of child development at the University of Minnesota; Elizabeth J. D'Amico of RAND Corporation; Davis and Dumas.

"Traditionally, once we get people into treatment, we put them through the program, then wish them good luck and send them out on their own," Davis said. "However, someone with chronic trauma and substance use problems is probably going to need ongoing care that re-evaluates their treatment plan at regular intervals and addresses issues such as mental health problems or housing and connects them with resources."

More information: Jordan P. Davis et al, Social ecological determinants of substance use treatment entry among serious juvenile

offenders from adolescence through emerging adulthood, *Journal of Substance Abuse Treatment* (2016). [DOI: 10.1016/j.jsat.2016.08.004](https://doi.org/10.1016/j.jsat.2016.08.004)

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