

Preliminary Findings from Consecutive Juvenile Justice Admissions Norman G. Hoffmann, Ph.D.

The following findings are from anonymous data consisting of item responses to the Practical Adolescent Dual Diagnostic Interview (PADDI) conducted in routine practice from consecutive admissions to two juvenile justice facilities and adolescent diversion courts in a New England state. The facilities and courts handle all the juvenile cases in the state so that these consecutive admissions represent the population of adolescents entering this juvenile justice system. These programs use the PADDI as part of their standard clinical practice and supplied anonymous data for purposes of review and feedback on the administration of the instrument and for statistical analyses of problem prevalences.

Data from a total of 218 consecutive cases (187 males and 31 females) were analyzed. Ages ranged from 13 to 18, and the average age of the sample was 16.2 (S.D. = 1.05). Almost 90% of the adolescents were between the ages of 15 and 17. The majority of the adolescents were Caucasian (89%); Native Americans (5%) constituted the only ethnic group with more than 10 cases. Most adolescents in the sample came from single parent homes in that fewer than 20% lived with both parents.

Educational achievement appears low for these adolescents. Although almost 75% were over the age of 15, 65% had passed no higher than the eighth grade in school. Educational attainment lags appear to be more pronounced with age. Of 15 year olds, only 8% had not passed 8th grade; 27% of 16 year olds had not passed 9th grade; and 65% of 17 year olds had not passed 10th grade. About half reported being in special classes for academic or behavioral problems.

When asked about the reason for incarceration or being in adolescent court, most responded that it was due to a nonviolent offense, but 24% acknowledged violence offenses. Substance abuse was also reported by a substantial proportion (43%). Almost three out of four adolescents (73%) reported that they had been in trouble for the same problem before. Of those reporting nonviolent offenses 73% reported prior problems compared to 77% for the violent offenders and 85% for those indicating a substance use problem.

Table 1 demonstrates that for most diagnostic areas, items comprising the respective scales show high internal consistency reliability. Conditions with a more varied presentation and less consistent syndromes such as conduct disorder have lower reliabilities than major depression, mania, and substance dependence.

Of those meeting indications of DSM-IV diagnostic criteria, the vast majority of cases clearly exceed the minimal criteria for most conditions as indicated in Table 2. With the exception of conduct disorder, between 70% to 90 of those meeting minimal criteria exceed those criteria. The proportions of positive cases with severity indications in the high range for a given condition are noteworthy for affective disorders and substance dependence.

If only the five most prevalent conditions (depression, mania, conduct disorder, oppositional defiant, and substance dependence) are considered, 80% of juvenile justice admissions exceed minimal requirements for one or more conditions, and 55% are positive for two or more diagnoses. Excluding those with only conduct disorder plus oppositional defiant disorder reduces the incidence of multiple diagnoses by only 4%. Clearly, the majority of adolescents in this juvenile justice system appear to manifest co-occurring mental health and substance use disorders.

The fact that symptom counts for major depression and mania are among the most highly correlated is consistent with the apparent high prevalence of bipolar disorder in this population. Approximately 15% of the population meets criteria for both major depressive and manic episodes, and even when more than minimal criteria for both are required, almost 10% still meet criteria for both. The only correlation greater noted in Table 3 is the correlation between conduct disorder and oppositional defiant disorder. Some of the lowest correlations involve substance dependence suggesting that it may frequently be distinct and independent of other disorders.

Multiple co-occurring problems appear to be the norm in this population of adolescents entering the juvenile justice system. Even if some of the mental health conditions might be substance induced, the prevalence rates suggest a need for routine assessments. How representative these adolescents are of other states is unknown at this time.

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Table 1
Internal Consistency Reliability Coefficients
N = 218

Major Depressive Episode	8 items	.946
Manic Episode	10 items	.892
Psychotic Symptoms	6 items	.694
Panic Attack Symptoms	5 items	.856
Anxiety/Phobia Symptoms	7 items	.741
Posttraumatic Stress Disorder	7 items	.898
Conduct Disorder	11 items	.569
Oppositional Defiant Disorder	7 items	.763
Substance Dependence	18 items	.895
Substance Abuse	9 items	.845

Table 2
Symptom Profiles for Selected Conditions
N = 218

Condition (Lifetime)	No Symptoms	Sub-diagnostic	Minimal Criteria	Exceeds Criteria	Far Exceeds Criteria
Major Depressive Episode*	62%	9%	7%	8%	14%
Manic Episode*	67%	7%	7%	9%	10%
Panic Attacks**	78%	12%	5%	5%	<1%
Posttraumatic Stress Disorder	59%	19%	1%	12%	9%
Conduct Disorder	5%	15%	35%	28%	17%
Oppositional Defiant Disorder	12%	39%	12%	8%	29%
Substance Dependence†	15%	14%	6%	11%	54%

* Substance induced conditions are counted as sub-diagnostic.

** Only symptoms for attacks in the previous 12 months are considered.

† Diagnosis considered only if use is reported in the past 12 months; abuse cases are counted in the sub-diagnostic category.

Table 3
Correlations of Severity Levels Among Diagnostic Indications
N = 218

	Depression	Mania	Panic	PTSD	Conduct Disorder	Oppositional Defiant
Mania	.508	--				
Panic	.431	.432	--			
PTSD	.469	.456	.462	--		
Conduct Disorder	.165	.309	.216	.192	--	
Oppositional Defiant	.187	.278	.268	.243	.573	--
Substance Dependence	.198	.211	.239	.228	.255	.146

Note: Due to large sample size, correlations greater than .240 significant at $p < .001$; however, only correlations of .450 or greater account for more than 20% of common variance.