



# “Just as Expensive as Sending Him to College:”

## Barriers and Perceptions of Treatment in Justice-Involved Youth

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### Introduction

- Justice-involved youth have higher rates of SUDs than the general population.
- Many do not connect with or complete treatment, leading to recidivism.
- This study took place in 2 rural/semi-metropolitan counties in Indiana, USA.
- We explore perceptions and barriers to treatment in this population.

### Abbreviations List

- **SUD:** Substance Use Disorder
- **FB-JIP:** Family Based Justice Improvement Project
- **CRAFFT:** Car, Relax, Alone, Forget, Friends, Trouble; substance use screener
- **PO:** Probation Officer
- **CMHC:** Community Mental Health Center

### Methods

Youth and caregivers were originally recruited for FB-JIP with Indiana University. Eight complete dyad groups (youth and a caregiver) and 3 incomplete groups (total N=19) were interviewed.

Inclusion criteria were:

- Youth that scored a 1 or above on the CRAFFT screener at probation intake
- Age 14-17
- Have a legal guardian/caregiver over 18 years old
- Have proficient English comprehension

All interviews were conducted via phone. Audio files of interviews were transcribed and reviewed by the coding team to identify themes. The team met several times to reach a consensus.

**Table 1:** Demographic Data (N=19, youth N=9)

|                            |          |
|----------------------------|----------|
| Youth mean age             | 15.1     |
| Youth mean grade in school | 11       |
| Youth gender               | Male=36% |
| Parent/Caregiver gender    | Male=9%  |

**Table 2:** Findings - Major Barrier Themes

| Caregiver                                       | Youth  |
|---|--|
| High cost/Insurance issues                      | Lack of communication from court system or CMHC        |
| Perceived youth as low-risk                     | Perceived severity of substance use                    |
| Youth unwillingness to participate              | Usefulness or “fit” of treatment                       |
| Lack of communication from court system or CMHC | Perceived need of treatment                            |
| Transportation                                  | High turnover of PO/CMHC staff/low trust               |
| Program availability                            | Lack of positive reinforcement from caregiver or peers |

# Top Barriers to Treatment

## Caregiver

### 1 Cost

*“...and I was like really interested in it [substance use treatment], and then once they [a farm program] told me the price, I'm like, ‘Yeah, I cannot afford that. I couldn't even afford that if I worked two jobs.’”*

### 2 Communication about treatment

*“Like I said I'm at a standstill because I don't know what's going on. What's being recommended or anything because nobody has contacted me...And you're just stuck waiting and then all of a sudden it's like, bam, you get hit.”*

### 3 Willingness of youth

*“I think with her, it was because it was her choice...you guys [justice system] were something that was being forced on her. Most kids don't like that. I gave her the choice if she wants to do it or not, and she made the choice to go. She went a couple of times and she made the choice she didn't want to do it anymore.”*

## Youth

### 1 Discomfort with treatment

*“Okay, so my therapist, maybe if I knew her for something else, instead of her doing her job, like if I had met her before.”*

*“Less talking...I feel like they need to figure out more how people communicate.”*

### 2 Fit of treatment

*“...the Courts just said ‘I need to be better,’ but didn't say what that was for me...it was, like, a one size fits all thing.”*

*“Really I just feel like it doesn't really help... some people [peers], I feel like if they really cared enough to educate themselves on it [effects of substance use and mental health], they wouldn't do it.”*

### 3 Perceived need for treatment

*“At this point in time I wasn't willing to take the help...When I got put on probation, I realized that I do need the help. And I went through probation. I didn't go through the other drug rehab. I quit cold turkey and I didn't do anything. And now I'm sober and I feel amazing.”*

## Discussion

Youth involved in the juvenile justice system have higher rates of SUD, yet they engage in care less often than their peers. Youth residing in economically disadvantaged communities, such as the youth in this study, often lack knowledge of resources and access to a variety of health services, including age-appropriate substance use and mental health treatments.

This study aimed to examine why this population does not engage with services that are currently available in the counties they live in.

### *Largest barriers*

- Along with concerns about cost, transportation, and lengthy wait times, poor communication from the court system and local CMHCs was among the top barriers described by caregivers.
- Youth participants also complained of poor communication from their probation officer about how to initiate and complete treatment, as well as what age- and cost-appropriate services were available in their area.
  - Almost all youth participants (N=8) also stated that they did not believe they needed a substance use treatment program.
  - Youth stated they felt they needed general mental health services to treat symptoms of depression or anxiety.
  - There is hesitation about engaging in care due to mistrust of CMHCs in the wider community.
    - Part of this mistrust was attributed to high turnover rates at CMHCs and the court systems.
    - Referrals were being made through the court and could explain some of the hesitancy to follow-through with treatment.

## Discussion (cont'd)

### *The role of stigma*

- Notably, several caregivers and youth commented on their belief that certain substances (i.e. marijuana) did not warrant alarm or treatment.
- Some youth referenced other jurisdictions in the United States that have more relaxed marijuana laws than those in Indiana, and that this substance should be legalized and depenalized.
  - This belief correlated with the youths' perceptions of their need for substance use treatment.

More work is needed from the local justice systems and CMHCs to strengthen community relations and educate caregivers on available services. Education initiatives about substance use for both caregivers and youth may also be helpful.

## Conclusion

The challenges regarding substance use treatment for justice-involved youth are multifaceted. Youth and caregiver perceptions of treatment obstacles and acceptability were different and did not always match known records about the youth. One universal complaint was a lack of communication between the justice system and caregivers, therefore, further examination is needed on current referral policies, community engagement, and education from the justice system to address these concerns.

The role of substance use stigma and acceptability of use was also a significant barrier to engaging in substance use treatment in this population. Increased education on the effect of some substances (i.e. marijuana) could decrease this factor.