# TIPS AND TOOLS TO ENGAGE WITH FAMILIES & CHILDREN EXPERIENCING BEHAVIORAL HEALTH CHALLENGES

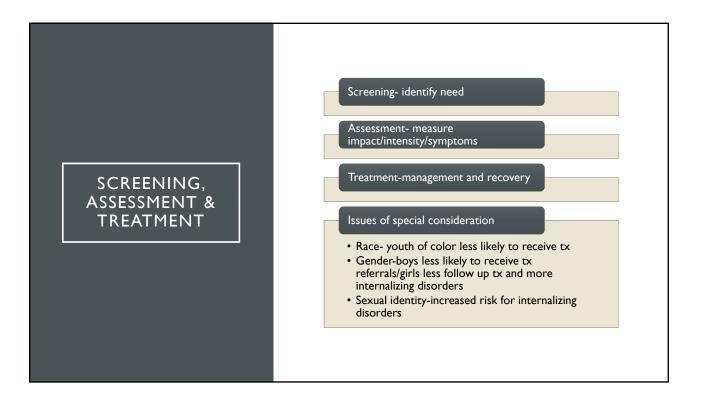
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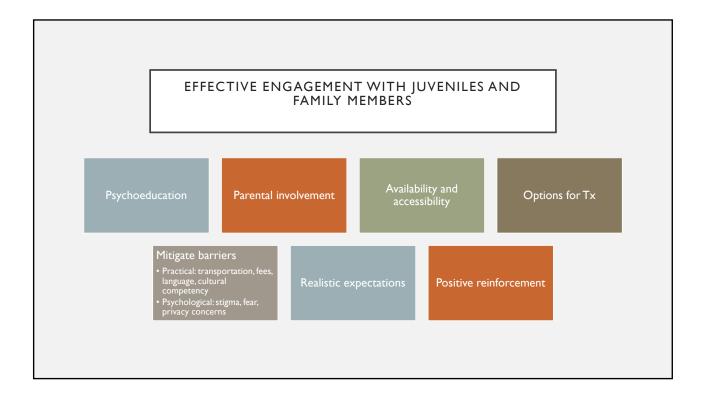
	Juvenile Mental Health Issues
	Screening, Assessment and Treatment
AGENDA	Effective Engagement with Juveniles and Family Members
	Important Neurological and Biological Processes
	De-escalation Techniques

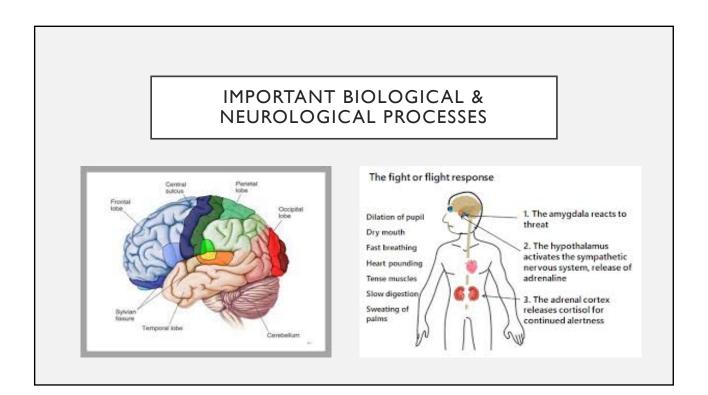
## JUVENILE MENTAL HEALTH ISSUES

- Between 65% and 70% of the 2 million children and adolescents arrested each year in U.S. have a mental health disorder\*
- Conduct, impulse, mood, anxiety, trauma and substance abuse disorders
- Dual Diagnosis:30% of youth have mental health and substance abuse disorder<sup>\*\*\*</sup>
- Psychiatric disorders: schizophrenia, delusional, bipolar, obsessive compulsive
- Neurodevelopmental disorders: intellectual, attention deficit/hyperactivity and autism spectrum
- Mental health issues emerging during child/adolescent development periods need ongoing assessment and treatment

\*Vincent et al 2008 \*\*Shubert \*\* Merikangas, K.R. et al 2010







### **DE-ESCALATION TECHNIQUES**

#### **Parents**

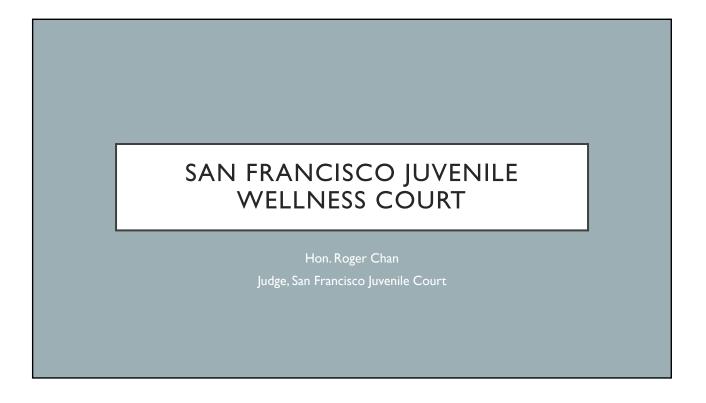
- Answer questions and concerns as much as possible
- Offer options as much as possible
- When people are hurt there pain can be expressed as frustration and anger
- Use peer or parent advocates if possible
- Provide parent psychoeducation and resources

#### Youth

- Listen- full attention/summarizing statements
- Body language-face, body, actions
- Pace and Tone- slow & even
- · Empathy- real empathy and reflection
- Acknowledge their side
- Ask questions
- Humor/redirection
- Positive Reinforcement
- Explanation of process/steps
- Information in multiple formats
- OPTIONS

P	REFERENCES
servia Hoda care. J. (20 Surve 9. Vince Healt	er, K. D., Buckingham, S. L., & Brandt, N. E. (2015). Engaging youth and families in school mental health tes. <i>Child and Adolescent Psychiatric Clinics</i> , 24(2), 385-398. s, G. (2005). Empowering direct care workers who work with children and youth in institutional <i>Harrisburg: Pennsylvania Office of Mental Health and Substance Abuse Services</i> . rangas, K. R., He, J.P., Burstein, M., Swanson, S.A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, 10). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity y Replication—Adolescent Supplement (NCS-A). J Am Academy Child Adolescent Psychiatry 49(10):980- nt, G. M., Thomas Grisso, Anna Terry, and Steven M. Banks. 2008. "Sex and Race Differences in Mental h Symptoms in Juvenile Justice: The MAYSI-2 National Meta-Analysis." Journal of the American Academy of and Adolescent Psychiatry 47(3):282–90.

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# JUVENILE WELLNESS COURT

• Problem-solving court started in 2010.

• Treatment team includes the Court, Minor's Counsel, DA, Probation, Juvenile Hall mental health services clinic, Community Behavioral Health Care, and wrap service providers.

- Eligibility:
  - Serious Mental Health (e.g. schizophrenia)
  - Serious to profound impairment in functioning that would benefit from a therapeutic court process
  - Serious Risks
  - Multi-System Involvement
  - Multiple failed prior interventions

