Trajectories of Delinquency among Juvenile Offenders With and Without Substance Use Disorders

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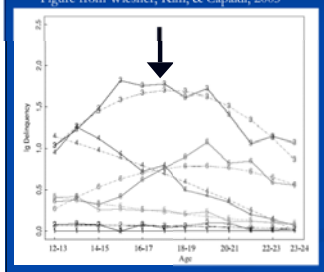
"Double Jeopardy"

- Juvenile offenders with psychiatric diagnoses
  - 50–70% meet criteria for 1 or more lifetime diagnosis
  - 3 times the rate in the community
- 50% meet criteria for substance use (SU) disorder
- Increased risk of future offending among juvenile offenders with SU problems

(Cauffman, 2005; Grisso, 2004; Stoolmiller & Blechman, 2005; Teplin et al., 2002; Wasserman et al., 2002)

Limited data on substance use and patterns of delinquency over time

Figure from Wiesner, Kim, & Capaldi, 2005



- *Offending patterns*
  Person-centered analyses find distinct trajectories over time
- *Link to adult SU*
  Chronic pattern of delinquency associated with adult drug use

(Brame et al., 2001; Dembo et al., 1998; Heilburn et al., 2000; Randall et al., 1999; Patterson et al., 2000)

Knowing developmental patterns may improve treatment efficacy

- Levels of treatment engagement can vary across trajectories of risk
- Differential outcomes according to developmental patterns underlying risk

(e.g., Connell, Dishion, & Deater-Deckard, 2006)

Questions of Interest

Do juvenile offenders with and without SU disorders show similar patterns of delinquent behavior into early adulthood?

Are offenders with SU disorders less likely to show patterns of desistance as young adults?

Research on Pathways to Desistance

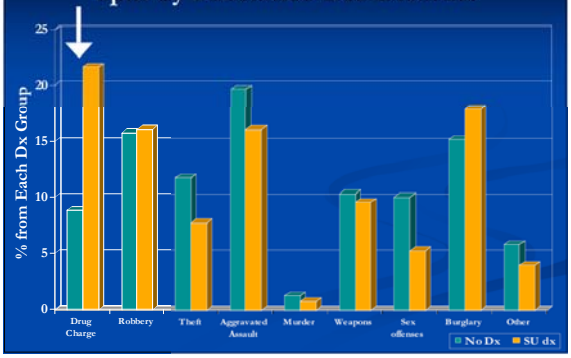
- Longitudinal study of serious juvenile offenders in Philadelphia, PA and Phoenix, AZ
  - continuities/discontinuities of antisocial behavior
  - impact of social contexts and court sanctions
- Total *N* = subset of 1,082 male offenders
  - Mean age = 16
  - 44% African American, 29% Latino, 25% Caucasian

Select Measures

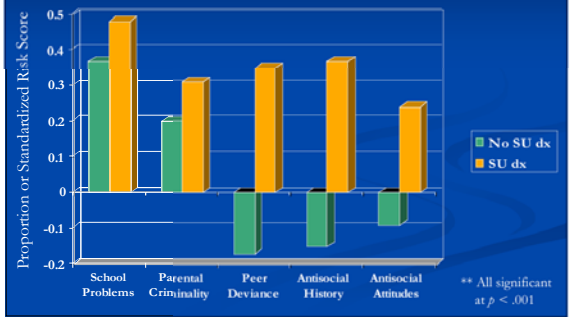
- Assessing past-year Substance Use Disorders
  - Composite International Diagnostic Interview (CIDI)
  - ** 37% (N = 397) met criteria at baseline
- Assessing delinquency (every 6 mths for 3 yrs)
  - Self-Report of Offending (SRO): count of different acts

(CIDI – World Health Organization, 1990; SRO - Huizinga, Esbensen, & Weihar, 1991)

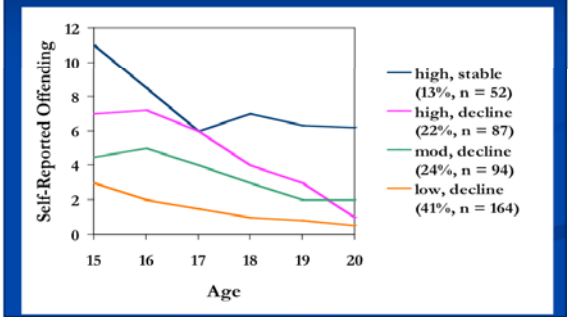
Most Serious Adjudicated Charge: Split by Substance Use Disorder



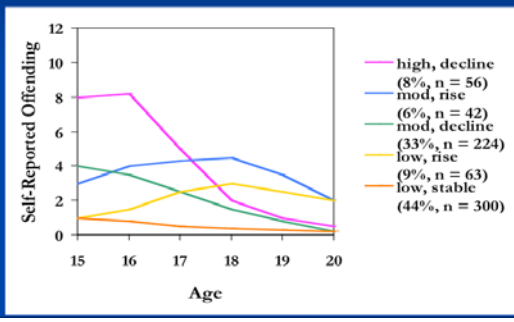
Higher levels of risk among offenders with past-year SU disorder



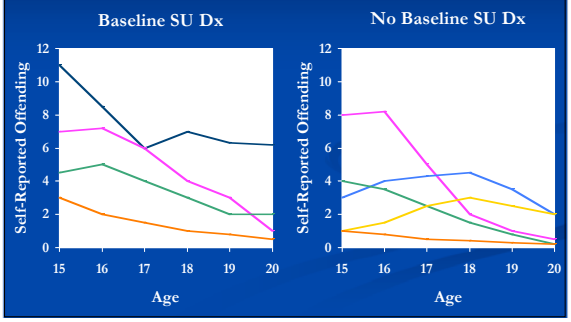
Delinquency trajectories of SU group: based on variety score (N = 397)



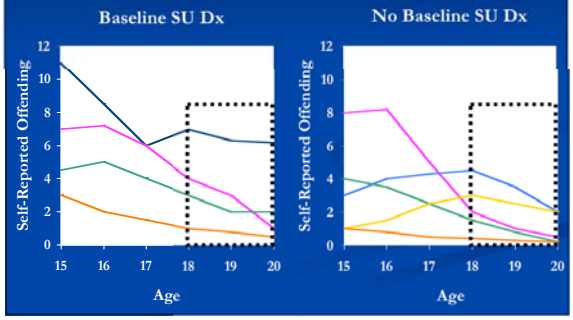
Delinquency trajectories of No SU group: based on variety score (N = 685)



Comparison of delinquency trajectories (based on count of different acts)



Comparing delinquency trajectories (based on count of different acts)



Conclusions

Do juvenile offenders with & without SU disorders show similar delinquency patterns into early adulthood?

Yes (in general)

Most offenders follow declining trajectories beyond adolescence (level differences across subgroups)

But…

Only SU group revealed a high-risk, chronic offending pattern

Conclusions (cont.)

Are offenders with SU disorders less likely to show patterns of desistance as young adults?

Yes

Trajectories for two groups stabilized in early adulthood at moderate/high levels of delinquency

However…

No SU group revealed greater diversity of trajectories through late adolescence

Future Directions

- Investigate factors that differentiate trajectories
  - Levels of substance use problems over time
  - Use of treatment or other services
  - Social contexts (e.g., caring adult, romantic partner)
- Who are the late risers in the No SU group?
- Link trajectories to early adult adjustment

Acknowledgements
Research on Pathways to Desistance

- Project PI: Edward Mulvey
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  - Robert Wood Johnson Foundation
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Strengths and Limitations

- Limitations
  - SU diagnosis identified only at baseline interview
  - Trajectories based on self-report data
- Strengths
  - Large sample of serious male juvenile offenders
  - Longitudinal data with high retention over time
  - Trajectories control for time in the community

Substance Abuse: When any one of A and both B and C are "yes," a definite diagnosis of abuse is made

- A. Has the client experienced the following? No Yes
  - 1. Recurrent failure to meet important responsibilities due to use?
  - 2. Recurrent use in situations when this is likely to Be physically dangerous?
  - 3. Recurrent legal problems arsing from use
  - 4. Continued to use despite recurrent problems aggravated by the substance use:
- B. These symptoms have occured within a 12 month period Yes
- C. Client had *never* met the criteria for dependence Yes

Substance Dependence: When any three of A and B are "yes," a definite diagnosis of dependence is made

- A. Has the client experienced the following? No Yes
  - 1. tolerance (needing more to become intoxicated or discovering less effect with same amount
  - 2. *withdrawal (characteristic withdrawal associated with type of drug)
  - 3. Using more or for longer periods than intended?
  - 4. Desire to or unsuccessful efforts to cut down?
  - 5. Considerable time spent in obtaining the substance or using, or recovering from its effects?
  - 6. Important social, work, or recreational activities given up because of use?
  - 7. Continued use despite knowledge of problems caused by or aggravated by use.
- B. Have these positive items been present during the same 12 month period? yes

- The DSM was revised again in 1994 and was published as the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (6). The section on substance-related disorders was revised in a coordinated effort involving a working group of researchers and clinicians as well as a multitude of advisers representing the fields of psychiatry, psychology, and the addictions (2). The latest edition of the DSM represents the culmination of their years of reviewing the literature; analyzing data sets, such as those collected during the Epidemiologic Catchment Area Study; conducting field trials of two potential versions of DSM-IV; communicating the results of these processes; and reaching consensus on the criteria to be included in the new edition (2,19).
- DSM-IV, like its predecessors, includes nonoverlapping criteria for dependence and abuse. However, in a departure from earlier editions, DSM-IV provides for the subtyping of dependence based on the presence or absence of tolerance and withdrawal (6). The criteria for abuse in DSM-IV were expanded to include drinking despite recurrent social, interpersonal, and legal problems as a result of alcohol use (2,4). In addition, DSM-IV highlights the fact that symptoms of certain disorders, such as anxiety or depression, may be related to an individual's use of alcohol or other drugs (2).