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

Limited data on substance use and patterns of delinquency over time

Offending patterns
Person-centered analyses find distinct trajectories over time

Link to adult SU
Chronic pattern of delinquency associated with adult drug use

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

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

[Cauffman, 2005; Griss, 2004; Nadeau & Hochman, 2005; Spelman et al., 2005; Wasserman et al., 2002]
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

Select Measures

- Present Measure
- Assessing past-year Substance Use Disorders
- 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

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

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

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

*Heavier…*

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

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Research on Pathways to Desistance

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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 (2,5). 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).