

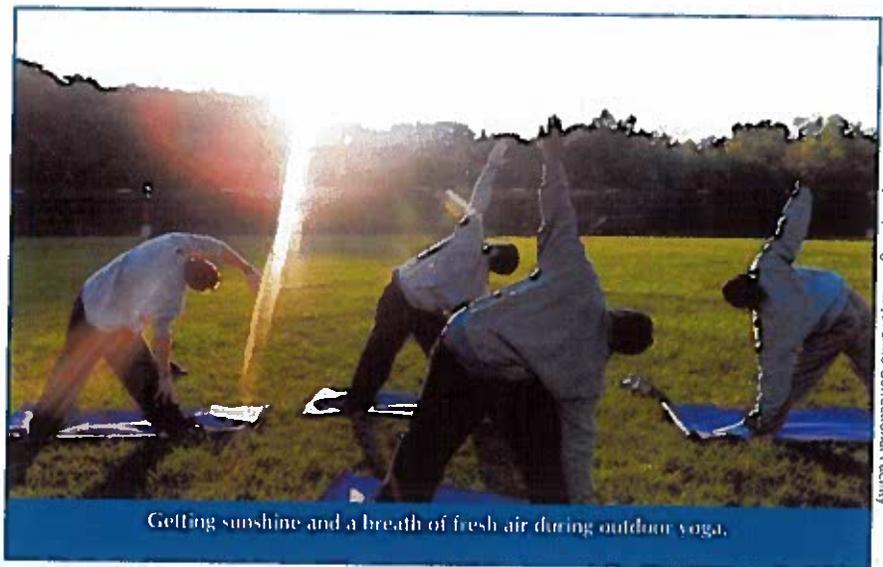
The Value of Alternative Therapies In Mental Health Treatment for Incarcerated Youths

By Dr. Lynn Williams

A growing concern of the criminal justice system is how to effectively treat the high percentage of incarcerated youths who suffer from mental health and substance abuse issues. At present, most juvenile correctional facilities are using cognitive behavioral therapy (CBT) in their treatment. This article discusses an innovative program instituted at Cuyahoga Hills Juvenile Correctional Facility (CHJCF) called the Power Within Me program, which combines mindfulness yoga and meditation techniques as a complementary therapy to CBT in the treatment of juvenile offenders. This article will draw upon psychological literature, a preliminary study of the program's effectiveness, testimony of the participants and personal observation to provide evidence that alternative treatments like those used in the Power Within Me are effective counterparts to more traditional therapies and highly useful as treatment interventions.

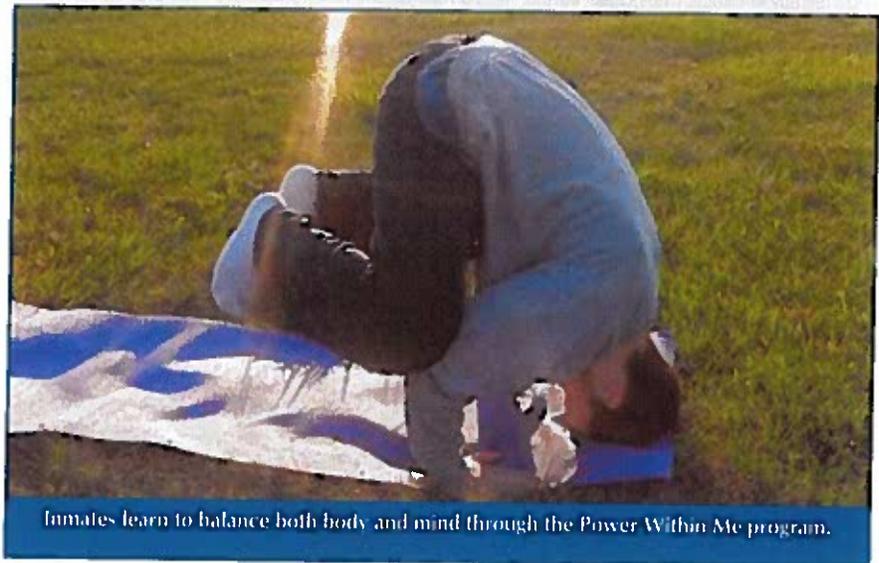
Background: Juvenile Offenders and Mental Health

Close to 70 percent of youths in the juvenile justice system have a diagnosed mental health disorder, and approximately 30 percent suffer from a mental illness so severe



Getting sunshine and a breath of fresh air during outdoor yoga.

Photos courtesy Cuyahoga Hills Juvenile Correctional Facility



Inmates learn to balance both body and mind through the Power Within Me program.

it impairs their ability to function as a responsible adult.¹ Overwhelming research shows that juvenile offenders suffer significantly higher rates

of depression, anxiety, post-traumatic stress disorder (PTSD) and attention deficit hyperactivity disorder (ADHD) than the general

population of young people.² The rate at which mental disorders affect incarcerated youths is about 70 percent, which far surpasses the normal rate of mental disorders among the general population of teens (approximately 20 percent).³ Research also indicates that 47 percent of detained boys suffer from moderate to severe levels of depressive symptoms, while the general prevalence of major depression in U.S. teens is estimated to be between 5 percent and 8 percent.⁴ The suicide rate of incarcerated youths is found to be two to three times higher than youths in the general population.⁵ It has also been discovered that 21.3 percent of boys met criteria for an anxiety disorder, while only 13 percent met the same criteria among the general population of teens.⁶ As many as 21 percent of incarcerated male youths have inattention and hyperactivity symptoms associated with ADHD, while normative U.S. samples are estimated to be only 4.1 percent.⁷ Some researchers have found that ADHD in juveniles is related to the development of adult antisocial personality disorders.⁸

The majority of juvenile offenders are also victims of early childhood trauma and maltreatment, with extensive abuse and neglect histories.⁹ In a large U.S. study of incarcerated youths, virtually all of those studied (90 percent) reported exposure to some type of trauma, and 32.3 percent of boys met criteria for PTSD.¹⁰ These traumatic experiences can cause detrimental effects on brain development, particularly on the cognitive control section, which is responsible for decision-making and regulating emotions.¹¹ These cognitive processing issues include failure to properly hold attention, work memory and regulate emotion. Researchers have linked these issues to behavioral disorders and have

... yoga and mindfulness teach participants to be less reactive to incoming and environmental stimuli and to observe their thoughts and emotions without judgment.

associated them with the development and persistence of antisocial behavior.^{12, 13}

In addition, substance abuse has been strongly linked with general offending and is often comorbid with other psychiatric disorders.¹⁴ One study found that 77 percent of juvenile offenders used substances within the last six months.¹⁵ The National Center on Addiction and Substance Abuse at Columbia University implicated drug and alcohol use in 64 percent of violent offenses and 72 percent of property offenses among juveniles.¹⁶

Mental Health Treatment in Juvenile Prisons

These statistics overwhelmingly support the need for extensive and effective mental health treatment in juvenile facilities. CBT has been the predominant method of treatment for youths involved in the criminal justice system and has proved very effective;¹⁷ however, recent studies have found that alternative therapies, such as mindfulness and yoga, can be equally effective in treating anxiety and depression.¹⁸ Because of this, yoga and mindfulness have been incorporated as components of some CBT programs to increase their effectiveness.^{19, 20} While CBT replaces negative cognitions and emotions with a more optimistic outlook, yoga and mindfulness teach

participants to be less reactive to incoming and environmental stimuli and to observe their thoughts and emotions without judgment. This approach also incorporates breathing techniques, which allow the body and brain to go into deep relaxation, thus facilitating an enhanced connection between the body and emotions for better self-regulation. Schools and community programs for teens have begun to implement mindfulness-based approaches to improve adjustment among chronically stressed and disadvantaged youths and enhance self-regulatory capacities. Robin Casarjian of the Lionheart Foundation, who brings emotional literacy programs to prisons, comments, "Mindfulness training helps youths to consider more adaptive alternatives. It creates a gap between triggers for offending behavior and their responses. They learn to not immediately act out on impulse, but to pause and consider the consequences of a potential offending and high-risk behavior."²¹

Yoga has grown so much in popularity in recent years that an estimated 8.7 percent of people in the U.S. (20.4 million) now practice yoga.²² There is a growing movement toward using yoga as an effective mind-body intervention for children and adolescents to improve specific physical and mental health conditions and as a means of improving overall

health, physical fitness and general stress management. Yoga is increasingly being used with youths in a variety of settings, such as prisons, psychiatric hospitals and schools, for its clinical benefits; well-documented studies have confirmed the physical benefits of yoga, such as lower blood pressure, improved heart health, reduced stress levels and a boosted immune system. Research has also found yoga to have many emotional benefits, including reduced anxiety and depression, decreased insomnia, aid in pain management and treatment for PTSD.²³

To maximize the effectiveness of mental health treatment for incarcerated youths, CHJCF has implemented the Power Within Me program, an innovative yoga program developed by Lynn Williams, Ph.D., to target the specific mental health and behavioral problems related to its juvenile offenders. CHJCF is one of three juvenile correctional facilities under the Ohio Department of Youth Services and serves young men ages 12 to 21; it is a minimum-to-medium-security facility and the national winner of the 2015 Performance-based Standards Learning Institute Barbara Allen-Hagen Award for the second time in three years. "Dr. Williams has implemented a unique and valuable yoga program, in line with our Path to Safer Facilities, seeking to enhance meaningful activities for youths," said Harvey Reed, director of the Ohio Department of Youth Services. "It has helped youths in both expected and unexpected ways, improving self-control and interpersonal flexibility."

Power Within Me Yoga Program and the IAM® Meditation Technique

The Power Within Me program consists of a 10-week curriculum

based on an integrative approach that builds on the CBT skills the youths are already receiving. It uses a combination of yoga and mindfulness techniques, or "mindful yoga," to facilitate relaxation, stress management and emotional regulation, while also targeting clinical applications like attention problems, impulsivity, sleep problems, anxiety, depression and trauma. To evaluate the effectiveness of the program, Williams conducted pre- and post-assessments administering the Beck Anxiety Inventory and Beck Depression Inventory, for which the youths self-reported the symptoms they were experiencing. Williams found that participants of the 10-week program had a significant reduction in anxiety and also lower reports of depression.

The program meets weekly and is part mindful yoga class and part meditation class. Although yoga can be a means of exercise, the emphasis is not on physical fitness but on awareness, or mindfulness. Mindfulness, by definition, is being fully present in the moment with purposeful, nonjudgmental awareness. Mindful yoga uses mindfulness techniques and awareness of the body and breathing to assist youths in learning how to regulate emotional and physiological states. When youths are on their yoga mats, they are instructed to let go of the memories of the past and worries about the future, and to let themselves fully "be" in the present moment. The mindful yoga instruction allows them to tune in to their bodies and follow their natural movement. It also teaches them the use of breathing for better management of emotions, improved impulse control and more effective self-regulation.

The weekly meditation class uses the IAM® (Integrated Amrita Meditation Technique), which

was created by world-renowned humanitarian Amma. It is a short and simple meditation that integrates movement, breathing, sound and visualization, and is designed to help practitioners reduce stress, increase productivity and find greater fulfillment in their lives. This meditation practice can increase one's energy and alleviate tension, thus improving mental and physical health. The international journal *Evidence-Based Complementary & Alternative Medicine* published a five-year study which showed that the IAM® meditation technique lowered stress hormones and had a number of psychological, physiological and biochemical benefits.²⁴

The Power Within Me curriculum focuses on key socio-emotional themes, such as identity, power, happiness and patience, and integrates principles of yoga that include nonviolence, compassion for all living things, contentment and truthfulness. Through mindful yoga, youths begin to pay attention to themselves and their surroundings in a different way. When they first begin practicing, they are often unaware of their "emotional weather" — their thoughts, moods and energy levels that are constantly fluctuating — and can be very reactive to environmental stimuli. Living in unawareness, they often feel very stressed, anxious or depressed due to this assault of constantly changing stimuli. Through the practice of mindful yoga, they become more of an observer of their emotional weather and external environments, and are able to quiet their minds, relax their bodies and have more mental and emotional space for present-moment awareness. (This is particularly challenging at CHJCF as it is an open dorm-style living arrangement.) Being equipped with more present-centered awareness and attention can improve

decision-making and emotional regulation by decreasing impulsivity, risky decision-making and emotional reactivity.²⁵

Participants in the program have reported many benefits and have described how it has helped them better develop their socio-emotional skills and improve their ability to face the challenges of incarceration:

“Yoga helps me get away from everything — stress, anger, anxiety — and be in my own world. I feel relaxed and peaceful, and it takes my mind to a different planet.”

“Yoga helps me calm down and focus on what’s important and what’s not important. For example, rather than focusing on all the time I have to do, I can look at all the opportunities I’ve been given. Rather than focus on the negatives, now I can focus on the positives.”

“I can catch myself getting stressed and do yoga things throughout the day, like take a deep breath and rotate my shoulders, and it will help me relax. It helps me take the stress off.”

“I have impulse control problems. Yoga helps me release my anger and stress so I can think before I act. When I got denied my early release, instead of flipping the unit, I took a deep breath. Yoga helped me stop and see the bigger picture and that I can still do good.”

“Yoga helps me with my anger. It helps me calm down, relax and take my mind off stuff. I told my mama about it; now, she has tried deep breathing and it has helped her. I told her we will do yoga together when I get out.”

Conclusion

Incarcerated youths face a number of challenges. The Power Within Me program at CHJCF has been very popular and engaging with the youths and can be a promising addition to

traditional CBT and mental health interventions being used in juvenile correctional facilities. Yoga, mindfulness and meditation techniques are increasingly being used in therapeutic ways with youths and are achieving well-documented physical and mental benefits. These complementary techniques can help juvenile offenders learn better emotional regulation, rational decision making and behavioral control, and help reduce impulsivity and improve overall psychological health — which in turn can assist them in decreasing their risk, addressing their mental health needs, increasing resiliency and improving their motivation and ability to reenter their communities as positive, productive citizens.

ENDNOTES

¹ Meservey, F. and K. Skowrya. 2015. Caring for youth with mental health needs in the juvenile system: Improving knowledge and skills. Office of Juvenile Justice and Delinquency Prevention. Washington, D.C.: U.S. Department of Justice. National Center for Mental Health and Juvenile Justice. Retrieved from <http://cfc.ncmhjj.com/wp-content/uploads/2015/05/OJJDP-508-050415-FINAL.pdf>.

² Shufelt, J. and J. Coccozza. 2006. Youth with mental health disorders in the juvenile justice system: Results from a multi state prevalence study. Delmar, N.Y.: National Center for Mental Health and Juvenile Justice.

³ Merikangas, K., J. He, M. Burstein, S. Swanson, S. Avenevoli, L. Cui, C. Benjet, K. Georgiades and J. Swendsen. 2010. Lifetime prevalence of mental disorders in US adolescents: Results from the national comorbidity study — adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10): 980-989.

⁴ Domalanta, D.D., W.L. Risser, R.E. Roberts and J.M. Risser. 2003. Prevalence of depression and other psychiatric disorders among incarcerated youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 42: 477-484.

⁵ Abram, K.M., J.Y. Choe, J.J. Washburn, L.A. Teplin, D.C. King, M.K. Dulcan and E.D. Bassett. 2014. Suicidal thoughts and behaviors among detained youth. *Juvenile Justice*

Bulletin. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. U.S. Department of Justice.

⁶ Teplin, L.A., K.M. Abram, G.M. McClelland, M.K. Dulcan and A.A. Mericle. 2002. Psychiatric disorders in youth in juvenile detention. *Archives of General Psychiatry*, 59: 1133-1143.

⁷ Costello, E.J., S. Mustillo, A. Erkanlt, G. Keeler and A. Angold. 2003. Prevalence and development of psychiatric disorder in childhood and adolescence. *Archives of General Psychiatry*, 60: 837-844.

⁸ Lilienfeld, S. and I. Waldman. 1990. The relation between childhood attention-deficit hyperactivity disorder and adult antisocial behavior reexamined: The problem of heterogeneity. *Clinical Psychology Review*, 10: 699-725.

⁹ Snyder, H.N. and M. Sickmund. 1999. Juvenile offenders and victims: 1999 national report. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention. U.S. Department of Justice.

¹⁰ Arroyo, W. 2001. PTSD in children and adolescents in the juvenile justice system. *Review of Psychiatry*, 20(1): 59-86. Washington, D.C.: American Psychiatric Publishing.

¹¹ Van Goozen, S.H., G. Fairchild, H. Snoek and G.T. Harold. 2007. The evidence for a neurobiological model of childhood antisocial behavior. *Psychological Bulletin*, 133: 149-182.

¹² Teplin, L.A. et al. 2002.

¹³ Cauffman, E., L. Steinberg and A.R. Piquero. 2005. Psychological, neuropsychological and physiological correlates of serious antisocial behavior in adolescence: The role of self-control. *Criminology*, 43: 133-176.

¹⁴ Elliott, D.S., D. Huizinga and S. Menard. 1989. *Multiple problem youth: Delinquency, drugs and mental health problems*. New York: Springer.

¹⁵ McClelland, G.M., K.S. Elkington, L.A. Teplin and K.M. Abram. 2004. Multiple substance use disorders in juvenile detainees. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(10): 1215-1224.

¹⁶ The National Center on Addiction and Substance Abuse at Columbia University. 2004. *Criminal neglect: Substance abuse, juvenile justice and the children left behind*. New York: Columbia University.

¹⁷ Lipsey, M.W. 2009. The primary factors that characterize effective interventions with juvenile offenders: A meta-analytic overview. *Victims & Offenders*, 4: 124-147.

¹⁸ Sundquist, J., A. Lilja, K. Palmér, A. Memon, X. Wang, L. Johansson and K. Sundquist. 2015. Mindfulness group therapy in primary care patients with depression, anxiety and stress and adjustment disorders: Randomized controlled trial. *The British Journal of Psychiatry*, 206(2): 128-35.

¹⁹ Khalsa, M.K., J.M. Greiner-Ferris, S.G. Hofmann and S.B. Khalsa. 2015. Yoga-enhanced cognitive behavioural therapy (Y-CBT) for anxiety management: A pilot study. *Clinical Psychology and Psychotherapy*, 22(4): 364-71.

²⁰ Piet, J. and E. Hougaard. 2011. The effect of mindfulness-based cognitive therapy for prevention of relapse in recurrent major depressive disorder: A systematic review and meta-analysis. *Clinical Psychology Review*, 31: 1032-1040.

²¹ James, C. 2013. 'Mindfulness' training improves self-control for youth in jail. Retrieved from www.futurity.org/mindfulness-may-curb-impulses-jailed-youths.

²² Yoga Journal Editor. 2012. New study finds 20 million yogis in U.S. *Yoga Journal*. Retrieved from www.yogajournal.com/uncategorized/new-study-finds-20-million-yogis-u-s.

²³ Balasubramaniam, M., S. Telles and P.M. Doraiswamy. 2013. Yoga on our minds: A systematic review of yoga for neuropsychiatric disorders. *Frontiers in Psychiatry*, 3: 1-16 (January).

²⁴ Vandana, B., K. Vaidyanathan, L.A. Saraswathy, K.R. Sundaram and H. Kumar. 2011. Impact of integrated amrita meditation technique on adrenaline and cortisol levels in healthy volunteers. *Evidence-Based Complementary and Alternative Medicine*, 2011: 1-6.

²⁵ James, C. et al. 2013.



Lynn Williams, Ph.D., is a clinical psychologist at the Ohio Department of Youth Services.

NIC Update

Continued from page 14

the criminal justice system and an accompanying case planning protocol. The Veterans Treatment Court Enhancement Initiative is a three-year project that will include implementing the tool and protocol in up to three pilot sites. While assessment tools are already available for probation officers and court staff to use for justice-involved individuals, this new tool will be the first of its kind specific to veterans, acknowledging the complexities of war trauma as a factor for justice-involved veterans. The screening tool will be made available to the field at no cost upon completion of the project. Another NIC collaboration with the U.S. Department of Veterans Affairs, BJA and the Federal Bureau of Prisons will support the development of a survey of the performance and outcome measures of VTCs. This will allow the partners to gather current data from existing programs and use it to identify core standard measures, demonstrate the success of these diversionary programs and inform future veteran-specific initiatives.

Prior to VTCs, the courts handled veterans as any other members of the justice-involved population. By contrast, VTCs take a holistic approach to address the underlying issues of veterans. VTCs are an interdisciplinary team consisting of a judge, a prosecutor, a defense counsel, a probation officer, a court coordinator, community treatment providers and, critical to the success of these programs, the U.S. Department of Veterans

Affairs. Essentially, this is a collaborative approach between the justice system, the department and community treatment providers working in concert for a common goal: giving the men and women who have served this country a chance at redemption, while at the same time protecting the community. Some may argue that these programs are easy on criminals or "cut a break" to a veteran in the justice system; however, experience has shown that VTCs are very rigorous and demand strict accountability. They are also restoring lives, reuniting fractured families and returning our nation's heroes to our communities where they can be productive, tax-paying citizens. NIC has the vision and determination to see justice-involved veterans for what so many of them are: individuals who saw, did and experienced things that the rest of us can hardly imagine. Many veterans are deserving of a chance at redemption; and, through VTCs, NIC is giving them that chance. For more information about the Veterans Treatment Court Enhancement Initiative, visit www.nic.gov/veterans.

ENDNOTE

¹ Glaze, L.E. and D. Kaeble. 2014. *Corrections populations in the United States, 2013*. Washington, D.C.: Bureau of Justice Statistics.



Greg Crawford is a correctional program specialist at the National Institute of Corrections and also served three-and-a-half years in the U.S. Air Force.