Juvenile Drug

Juvenile Drug Court (*included in workbook)

1. *Drug Court Activity Update,* OJP Drug Court Clearinghouse. American University. March 1, 2005.
   This report gives an update of the status of drug courts throughout the United States.

2. *Juvenile Drug Courts: Where Have We Been? Where Should We Be Going?,* Caroline S. Cooper, Michael Nerney, Judge John Parnham, and Betsey Smith American University. 1999
   An overview of the state of juvenile drug courts, past, present and future. This document offers specific program elements unique to juvenile drug courts.

3. *Juvenile and Family Drug Courts: An Overview,* Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project. 1998
   A good primer for courts exploring the possibility of operating a juvenile delinquency or family dependency drug court, this document identifies critical issues and offers foundation information about these collaborative court programs.

4. **Juvenile Drug Courts: Strategy in Practice,* Bureau of Justice Assistance. March 2003
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Juvenile Drug Courts: Strategies in Practice

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Notice

In November 2002, the Bureau of Justice Assistance (BJA) assumed responsibility for administering the Drug Court Grant Program and the Drug Court Training and Technical Assistance Program. For further information, please contact BJA.

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Preface

Purpose

Juvenile Drug Courts: Strategies in Practice was created by a diverse group of juvenile drug court practitioners, researchers, and educators from across the country who were brought together by the National Drug Court Institute (a division of the National Association of Drug Court Professionals) and the National Council of Juvenile and Family Court Judges. The group included representatives from courts, prosecution, public defense, treatment, probation, court administration, academia, education, and training.

As a workgroup, their task was to outline a framework for planning, implementing, and operating a juvenile drug court and then to develop a publication that described the framework. To accomplish this, they set out to identify:

- Key players in a juvenile drug court and their roles.
- Essential components of an effective juvenile drug court.
- Key issues that face juvenile drug courts—both barriers and opportunities—and approaches to address these issues.
- Procedures shown to be effective through experience and current research.

As the culmination of their work, this publication became a guide to planning, operating, and implementing juvenile drug courts. There are 16 strategies, each accompanied by recommendations for implementation. Based on the experience of juvenile drug courts in operation since the mid-1990s, these strategies and recommendations reflect the most current thinking about the optimal design for a juvenile drug court.

However, these strategies and recommendations are *not* intended as research-based benchmarks or as a regulatory checklist. Because the field is new, it would be premature to codify policy, procedure, or best practices. At this stage, further research is needed to establish evidence-based practices. It is also important to allow room for the evolution of innovative approaches.

In addition to serving as a guide for planning and implementation, these strategies will also provide a framework for evaluation and research. Through dissemination, these strategies may encourage program accountability and stimulate research—moving the field toward programs that are data driven, outcome focused, and research based.

How To Use This Guide

This guide is organized around the 16 strategies. Together these strategies comprise the framework for a juvenile drug court. A section is devoted to each strategy and discusses why the strategy is significant for the effective operation of the court. This significance statement is followed by recommendations for implementing the strategy. Occasionally, specific program examples are used. These are intended *only* as examples—not as blueprints.

To broaden the scope of information available to the reader and to reflect the growing body of knowledge in the field, a bibliography and a list of helpful web sites are provided. At the BJA web site, www.ojp.usdoj.gov/BJA, there are samples of forms, agreements, policies, and procedures.

Because juvenile drug courts will be implemented in diverse jurisdictions, the strategies and recommendations offered are meant to be *adapted* to the unique characteristics of each court and the community it serves.

A Note About Terminology

The variety of agencies and stakeholders involved in this field has spawned a variety of terminology and jargon, which can cause confusion and miscommunication. In particular, the term *substance abuse* may have many different meanings depending on the context and the person using it.

For the purposes of this publication, *substance abuse* is referred to broadly as youth involvement with alcohol and other drugs (AOD) at all problem levels. Although this definition differs from the strict diagnostic meaning of the term, it has two advantages. First, this broad definition avoids the designation of any particular level of use, acknowledging that youth who appear before the court differ in their levels of use. Second, it allows the consistent use of a single term rather than multiple terms that may confuse the reader and detract from the flow of the text.

Other terms that have multiple meanings are defined in a glossary in the appendix. These glossary definitions are intended to clarify how the terms are used in this publication and are not a prescription for their use in all courts.

Acknowledgments

This publication is the product of many hours spent in discussing relevant experiences, examining issues, reviewing drafts, and building consensus for recommendations. A collaborative work process of this magnitude, involving the coordinated efforts of professionals from across the country, cannot happen without extensive administrative and logistical support. We wish to thank those who have so capably provided this support:

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We look forward to hearing from jurisdictions that have implemented the strategies from this publication and learning from their experiences. We hope that this document will provide a springboard for further evolution in this field and generate better services for youth and their families.

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Introduction

Drug Court Movement

The emergence of crack cocaine in the mid-1980s had an unprecedented and dramatic impact on the nation's criminal justice system. In an effort to stem the street drug dealing—and the crime and violence associated with illegal drug use—arrests and prosecutions of drug offenders escalated dramatically, and penalties for the possession and sale of illegal drugs were toughened. As a result of this nationwide war on drugs, unprecedented numbers of drug offenders were arrested, charged with felonies, prosecuted, convicted, and incarcerated.

The influx of drug offenders into the system severely strained the courts, forcing some to the brink of collapse. In an effort to address growing caseloads, courts employed delay-reduction strategies, including specialized court dockets to expedite drug case processing. However, these strategies did not address the complex issues underlying substance abuse—including family and mental health problems—and did little to stem the tide of drug offenders flowing into the system, habilitate drug offenders already in the system, or reduce recidivism among released offenders.[1] The result was a revolving door syndrome that cycled drug offenders in and out of the justice system.

Frustration with this syndrome propelled a philosophical shift in the field toward *therapeutic jurisprudence.* The premises of therapeutic jurisprudence are that the law is a therapeutic agent; positive therapeutic outcomes are important judicial goals; and the design and operation of the courts can influence therapeutic outcomes.[2] A small number of innovative jurisdictions began to reexamine the relationship between criminal justice processing and services for alcohol and other drugs (AOD). They discovered that treatment and justice practitioners share essential goals—stopping the illicit use and abuse of all addictive substances and curtailing related criminal activity. Each system possessed unique capabilities and resources that complemented and enhanced the effectiveness of the other.

Out of these discoveries, a partnership emerged, and the concept of treatment-oriented drug courts was born. Courts began working closely with a wide range of stakeholders within a problem-solving framework and with therapeutic outcomes as a goal.[3] As one of several criminal justice initiatives that started at the grassroots level and spread throughout the nation,[4] drug courts joined a growing number of specialized *community courts*—courts designed to reflect community concerns and priorities, access community resources, include community organizations in policymaking decisions, and seek general community participation and support.[5]

Between 1989 and 2000, more than 1,000 courts had either implemented or were planning to implement a drug court to address substance abuse and drug-related crime. Therapeutic jurisprudence, formerly just an academic theory, was being applied every day in drug courts.[6]

With the success of adult drug courts in reducing recidivism, the application of drug court principles to populations in the juvenile court was a logical step, and some juvenile court judges drew on the experience of an adult court in their locale to begin a juvenile drug court. However, the circumstances and needs of youth and their families are different from those of adult criminal offenders. It quickly became apparent that applying drug court principles to youth populations would not be as simple as replicating the adult model, and that a drug court for youth would look very different from one aimed at adults.

Emergence of the Juvenile Drug Court

Although the increase in AOD use among juveniles peaked somewhat later than in the adult population, by 2000 the Centers for Disease Control and Prevention reported that rates of smoking, drinking, and other illicit drug use among students had increased in the early 1990s and remained alarmingly high. Half of all students reported alcohol use and nearly one-third were binge drinking. More than one-fourth of high school students were marijuana users; 9.5 percent had used cocaine by the end of high school; and 14.6 percent had used inhalants.[7] Because there is strong evidence of an association between AOD use and delinquent behavior of juveniles,[8] it is not surprising that the number of juvenile drug offense cases processed during 1995 was 145 percent greater than in 1991.[9]

As they faced the complex issues surrounding AOD use, juvenile court judges experienced many of the same frustrations the adult courts had faced. They found that dealing with substance-abusing juveniles within the traditional juvenile court often meant long treatment waiting lists, disjointed service delivery, lack of family engagement, and no input into the nature or extent of treatment.[10] Consequently, in the mid-1990s, a number of innovative juvenile courts started drug court dockets that focused on the problem of substance abuse. Between 1995 and 2001, more than 140 juvenile drug courts were established, and more than 125 were being planned.[11]

However, juvenile courts had a significant advantage over adult courts in applying the therapeutic jurisprudence theory. Because the original orientation of juvenile courts was rehabilitation, the use of therapeutic interventions was not new in this setting.[12] From its founding, the juvenile court's mission was to correct *and rehabilitate* children who had violated the law, to protect the community from their delinquent behavior, and to strengthen the family.[13] Noting this history, a 2001 article in the *Alabama Law Review* concluded that, "A more heightened and intensified emphasis on therapy and rehabilitation, accompanied by appropriate accountability and due process safeguards, does not represent a dramatic philosophical shift from past and current juvenile justice considerations and objectives."[14]

As a part of the community's response to juvenile offenders, the juvenile drug court offered an innovative, integrated approach that reflected the community's norms, values, resources, and unique needs. This integrated approach generated new issues and demanded new roles for the judge and all those involved with the drug court

program.[15] However, despite these innovations, the program's basic concepts remained consistent with the principles of traditional juvenile court practice. For this reason, juvenile courts found that these programs could be successfully operated within the existing framework of ethical, legal, and professional standards.

Because juvenile drug courts are still relatively young, much remains to be learned about how practitioners can most effectively intervene with youth populations in a drug court setting. Over the past several years, the field has learned that programs for youth must incorporate individually tailored and developmentally appropriate, comprehensive treatments that draw on the strengths and address the needs of participants and their families. In addition, engagement of the neighborhood and broader community is important to long-term success with the juvenile substance-abusing offender.[16]

How a Juvenile Drug Court Works: A Brief Overview

A juvenile drug court is a docket within a juvenile court to which selected delinquency cases, and in some instances, status offenders are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. The juvenile drug court judge maintains close oversight of each case through frequent (often weekly) status hearings with the parties involved. The judge both leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense. Together, the team determines how best to address the substance abuse and related problems of the youth and his or her family that have brought the youth into contact with the justice system.[17] The goals of the court are to:

- Provide immediate intervention, treatment, and structure in the lives of juveniles who use drugs through ongoing, active oversight and monitoring by the drug court judge.
- Improve juveniles' level of functioning in their environment, address problems that may be contributing to their use of drugs, and develop/strengthen their ability to lead crime- and drug-free lives.
- Provide juveniles with skills that will aid them in leading productive substance-free and crime-free lives—including skills that relate to their educational development, sense of self-worth, and capacity to develop positive relationships in the community.
- Strengthen families of drug-involved youth by improving their capability to provide structure and guidance to their children.
- Promote accountability of both juvenile offenders *and* those who provide services to them.[18]

Most communities that establish juvenile drug courts initiate these programs to provide intensive judicial intervention and supervision of juveniles and families involved in substance abuse—a level of intervention not generally available through the traditional juvenile court process.[19] The juvenile drug court is a unique, community-based approach that builds strong community partnerships and enhances the capacity of these partners to assist in the habilitation of substance-abusing youth.

Distinguishing Juvenile and Adult Drug Courts

Juvenile drug courts are fundamentally different from their adult counterparts because of the different circumstances of AOD-using youth. Although youth may rely upon substances to function, they are seldom addicted to alcohol and other drugs in the traditional sense, and they use alcohol and other drugs for reasons vastly different from those of adults.

Furthermore, in contrast to adults, youth are still developing the cognitive, social, and emotional skills necessary to lead productive lives. Family members, peers, schools, and community relationships significantly influence their development. Because youth usually live within families (however defined), the juvenile drug court must shift its focus from a single participant to the entire family and expand its services to a more comprehensive continuum of care. Finally, youth are required to abide by laws specific to them, such as the law requiring school attendance.

All these issues present unique challenges to practitioners as they design and implement developmentally appropriate juvenile drug court programs. As part of this complex task, practitioners need to:

- Develop motivational strategies that are specific to adolescents, understanding that adolescents stop their substance abuse for reasons that are different from those of adults.
- Counteract the negative influences of peers, gangs, and family members.
- Address the needs of the family and, at times, the intergenerational nature of abuse problems.
- Comply with confidentiality requirements while maintaining a collaborative, information-sharing framework.
- Respond to the developmental changes that occur in the lives of juveniles while they are under the court's jurisdiction.[20]

A jurisdiction that is planning or implementing a juvenile drug court will need to take very special care to recognize the differences between juveniles and adults.

Defining Success

From the start, those involved in creating a juvenile drug court must define success and how it will be measured. With a clear and articulated vision of what it wants to achieve, the court can implement a program plan that is targeted, coordinated, and measurable. Given the variation among jurisdictions, each jurisdiction needs to establish goals tailored to its unique characteristics—including geography, population size, substance use/abuse patterns, youth characteristics, available resources, community culture and norms, and the concerns and interests of its stakeholders.

The goals statement for a juvenile drug court is the foundation for high-quality evaluation research and also for quality assurance. Working from this statement, program planners can devise a system for evaluation, monitoring, and data collection that tracks participation, retention, completion, outcomes, and recidivism. This information serves two purposes.

First, it creates a feedback loop that enables a juvenile drug court to answer such questions as:

- Are we reaching our targeted population?
- Do we have the resources to address the needs of the youth in our court?
- What impact are we having on delinquency?
- What impact are we having on substance use and abuse?

Based on the answers to these questions, the court can enhance, adapt, and adjust its program structure and offerings to better meet the unique needs of its youth population.

Second, the findings from ongoing monitoring and evaluation will inform the work of *all* juvenile drug courts. Given the limited history of the juvenile drug court and the lack of longitudinal studies, the field in general has much to learn from the lessons of each jurisdiction. It is imperative that individual courts gather data and evaluation findings that can be used by researchers to establish best practices.

Being Part of the Movement

Each new juvenile drug court joins the ranks of hundreds of jurisdictions across the country that have instituted drug courts. Many states have well-established associations for local drug courts, and several national organizations provide educational and networking opportunities through trainings and conferences throughout the country.

As this field of practice evolves, there will be an increasing number of lessons learned and research findings to share, providing valuable assistance to all courts—both those just starting and those seeking to improve their programs. As a distillation of the learning to date, this publication is another step in the evolution of the field.

The Strategies

1. Collaborative Planning—Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

2. Teamwork—Develop and maintain an interdisciplinary, nonadversarial work team.

3. Clearly Defined Target Population and Eligibility Criteria—Define a target population and eligibility criteria that are aligned with the program's goals and objectives.

4. Judicial Involvement and Supervision—Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

5. Monitoring and Evaluation—Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.

6. Community Partnerships—Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

7. Comprehensive Treatment Planning—Tailor interventions to the complex and varied needs of youth and their families.

8. Developmentally Appropriate Services—Tailor treatment to the developmental needs of adolescents.

9. Gender-Appropriate Services—Design treatment to address the unique needs of each gender.

10. Cultural Competence—Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

11. Focus on Strengths—Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

12. Family Engagement—Recognize and engage the family as a valued partner in all components of the program.

13. Educational Linkages—Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

14. Drug Testing—Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

15. Goal-Oriented Incentives and Sanctions—Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

16. Confidentiality—Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Strategy 1
Collaborative Planning

Engage all stakeholders in creating an interdisciplinary, coordinated, and systemic approach to working with youth and their families.

Significance

Juvenile drug courts depend on the involvement of many organizations that traditionally have not worked together in the juvenile justice process. These organizations need to be identified and engaged in the initial planning of the program. At a minimum, the planning team should include the judge; court administrator; prosecutor; public defender or defense counsel; the evaluator or specialist in management information systems (MIS); and representatives from probation, schools, social services, law enforcement, treatment providers, and other community-based organizations. As the convener of the team, the judge plays an essential leadership role in establishing the juvenile drug court.

Broad-based interdisciplinary planning is critical to identify and secure the community resources that can provide ongoing support for the program. The planning team needs to assess the scope and intensity of the program's activities, determine the services that will need to be provided (including collateral support services for youth and their families), and project the potential impact of the program on other community resources. To meet the challenges that will emerge during program implementation, the team needs to be flexible—willing to make adjustments in the face of new information and developments.

Recommendations for Implementation

- On the planning team, include representatives of all state, county, local, and community-based agencies that can provide support for the program and/or that will be affected by its operation. Define the roles and responsibilities of the team members and ask team members to review the definitions so that they understand the role of each organization involved.

- During the planning process, reach team consensus on:

- Mission.
- Measurable goals and objectives (definition of success).
- Decisionmaking processes for planning and operation.
- Roles and responsibilities.
- Target population.
- Program model (preplea and/or postplea).
- Judicial supervision.
- Screening and referral process.
- Acquisition of resources and services.
- Treatment approach/intervention(s).
- Drug testing frequency and protocol.
- Case management and monitoring.
- Criteria for and application of incentives and sanctions.
- Graduation and termination criteria.
- Program evaluation and monitoring.
- Sustainability plan.

- Develop written policies and procedures for the implementation and operation of the juvenile drug court. Be sure to resolve any incompatibilities between the policies and procedures of the court and partner organizations (e.g., confidentiality policies). During implementation, revise and fine-tune these documents to ensure that policies and procedures support the goals and mission of the drug court.

- The juvenile drug court process—with its comprehensive services and immediate interventions—demands a new way of doing business that may require adjustments in the court's existing procedures. For example, it may be necessary to screen youth referred to the court more quickly, prepare status/progress reports more frequently, and integrate new organizations into the lines of communication. Review the court's existing procedures to determine what adaptations are needed.

- Identify local collateral resources and organizations that can provide ongoing support for the participants and their families. Engage both traditional and nontraditional organizations in developing community networks and other supports for youth and families. (See Strategy 6: Community Partnerships.)

- Before the program is implemented, create an operational team that includes representatives from all the organizations who will be involved in the day-to-day operation of the program.

- Establish mechanisms for program and participant oversight and accountability to ensure that program goals are achieved and the program is implemented as planned. Before program operation begins, develop and put in place a plan for participant monitoring, program management, and evaluation. Create standards for reporting and make changes as needed in the required documentation (e.g., program attendance).

- Devise an MIS to collect and compile data for monitoring and evaluation. (For more detailed information, see Strategy 5: Monitoring and Evaluation.) Enlist all significant stakeholders in identifying what information will be collected and how evaluation results will be reported.

- Begin cross-training and education of team members during the planning stage and continue throughout the planning process. Topics for trainings may include pharmacology, due process,

ethics, confidentiality, and adolescent development.

- To promote effective collaboration, remove traditional barriers between agencies. Use consent waivers and MOUs (Memoranda of Understanding) to:

  - Promote information sharing among team members.
  - Codify roles, responsibilities, and resource commitments.
  - Provide for interagency oversight and quality assurance.

  Summarize all this information in a case flowchart—a diagram or other visual that shows how youth will move through the program and who will provide services at each point in the process. This will help to clarify and articulate the decisions made by collaborating organizations.

- Devise a process for researching potential funding sources and their requirements.

Strategy 2
Teamwork

Develop and maintain an interdisciplinary, nonadversarial work team.

Significance

To provide a seamless continuum of services for youth and their families, the juvenile drug court needs to develop and maintain a supportive, nonadversarial work team. This team is central to program planning, implementation, and operation. The composition of the team will evolve as the court moves from conception to implementation. It is important to ensure that the team's commitment and vision are sustained and each new member of the team establishes ownership of the work of the juvenile drug court.

Recommendations for Implementation

- Make certain that the planning and operational teams comprise a diverse and broad-based group of key community stakeholders and agencies, including individuals who can represent the interests and experience of the population to be served. (For recommended composition, see Strategy 1: Collaborative Planning.)
- During planning, take a proactive approach to managing potential conflict by encouraging team members to actively represent their agency's or organization's goals and interests. Use the discussion of differences to bring to the surface key issues that need resolution and move the team toward consensus—forging policies and procedures that represent collective agreement and commitment. In this way, even representatives from agencies that traditionally have competed can focus on promoting the drug court program. This proactive approach to resolving differences is essential to successful teamwork.
- The transition from planning to operation often results in a substantial turnover in team membership. To ensure that the original commitment to and ownership of the program is transferred to the operational team, be sure to orient new members regarding past decisions about policies and procedures and the reasons for these decisions.

- To form the operational team, select team members who work in the juvenile drug court on a daily basis—the drug court judge, assigned prosecutor, public defender or private defense attorneys, coordinator, probation officer, case manager, treatment provider, law enforcement officer, and education program provider.

- Each team member comes to the drug court with unique responsibilities and mandates from the agency or program he or she represents. To work effectively, team members need to be flexible in how they discharge these responsibilities—willing, when needed, to relinquish control over decisionmaking and negotiate the boundaries of agency turf. This nontraditional work style, although time consuming and sometimes frustrating, leads to a sense of program ownership within the team and fosters a lasting commitment to the goals of the court. As team members assume nonadversarial roles, the team significantly changes not only the functioning of the court, but also its impact on the youth it serves.

- The judge can foster teamwork from the bench by modeling shared decisionmaking and consensus building. Even though the judge is the ultimate decisionmaker, he or she can engage all team members in planning and operation—encouraging them to share information and adapt their roles to further the work of the group. In this way, the judge becomes a facilitator, while still retaining ethnical and legal responsibility for the operation of the court.

- Develop a protocol or charter signed by all team members as representatives of their organizations. In this document, describe the roles and responsibilities of each team member and how the team will operate—include recordkeeping, attendance, assignments, and decisionmaking processes. The protocol can be translated into an MOU or incorporated into the program's written policies and procedures. As new members replace those who are departing, this document will help orient them to the team's operation and maintain the program's consistency through times of transition.

- Schedule regular meetings of the operational team—separate from the precourt staffings—to discuss general program issues without the pressure of the day's upcoming events and evaluate the team's group process. Invite key community stakeholders to join these meetings to help assess the court's practices and plan for the future.

- Provide ongoing, interdisciplinary education to ensure that team members share an understanding of the program's goals and each member's role in achieving them.

  - Before the first case is heard, orient all team members to the philosophy, policies, and procedures of both the treatment and justice system components of the program.
  - As one aspect of training, discuss how work teams develop and function and the expectations for team members. This will help team members adjust to their new, nonadversarial roles and relationships and promote effective decisionmaking.

- Among the possible topics for ongoing interdisciplinary training, consider:
  –Ethics.
  –Legal processes.
  –Adolescent development.
  –Treatment approaches.
  –Cultural competency.
  –Monitoring and evaluation.
  –Due process.
  –Law enforcement guidelines.
  –Education resources and requirements.
  –Safety issues.
  –Quality assurance.
- Regional, state, and national conferences are good educational resources for the team. Consider sending at least several team members—and, if possible, the full team—to conferences.

Strategy 3
Clearly Defined Target Population and Eligibility Criteria

Define a target population and eligibility criteria that are aligned with the program's goals and objectives.

Significance

Given the large population of youth who can potentially benefit from the intensive services of a juvenile drug court, one of the major tasks in its planning is to determine the characteristics and backgrounds of the youth who will be served by the program. This involves two steps—first, define the *target population;* and second, set the program *eligibility criteria* to screen youth from the target population. Because this task is fundamental in setting the direction of the program, it is essential that all stakeholders are involved.

To define the target population, the planning team needs to look at both the charge and its related behavior. Most adolescent AOD use has not progressed to addiction and the AOD use is often associated with other risky behaviors. The size and makeup of potential drug court participants may be quite broad. A clearly defined target population makes it more likely that the program will maintain its focus on community problems that were identified by the stakeholders during planning. In turn, this increases the drug court's chances of achieving its goals and objectives.

With the target population clearly defined, the planning team can develop eligibility criteria for screening potential program participants. The eligibility criteria should answer this question: "Out of the total target population, whom can we serve?"

Eligibility takes into account such practical limitations as funding requirements and availability of treatment resources. Based on the eligibility criteria, the team develops a screening instrument that is used to determine which of the youth referred are appropriate for the program. All applicants who meet the eligibility criteria are given the opportunity to participate.

Recommendations for Implementation

- As a first step in defining the target population, revisit the data collected during the initial needs assessment (on substance use, arrests, and criminal activity in the community). Then review the mission statement for the juvenile drug court, its goals for solving the problem(s), and the objectives for reaching those goals. The definition of the target population should flow logically from the mission statement, goals, and objectives. It may help to frame the issues by asking:

  - What are the patterns of substance use among youth in the jurisdiction? For example:
    - –Are some substances more often used in combination with others?
    - –Is the use of a substance associated with truancy, theft, or other misbehavior?
    - –Do males and females differ in their substance use?
    - –Does substance use differ among age groups?
  - How does this substance abuse affect the community?
  - What is the volume of crime and arrests among youth in the jurisdiction?
  - What are the characteristics of youth who are arrested? in detention? repeat offenders?
  - Is there a problem with the way substance abuse cases are handled in the existing juvenile justice system?
  - How will the selection of a particular target population solve the community problem identified by the planning team?

- In determining the target population, assess the jurisdiction's resources in order to make the best use of outpatient and inpatient substance abuse services, mental health services, funding, supervision, and drug testing. Ultimately, the type and scope of available resources will affect both the number of youth served and their characteristics.

- Involve all team members in creating the criteria that will be used to screen youth for program eligibility. Make certain the eligibility criteria reflect the program's goals for both juvenile justice and treatment. Document the criteria in writing.

- In determining the eligibility criteria, review legal requirements for participation that might relate to the type of crimes stated in the current charge(s), criminal history, adjudication status (pre or post), or age. Funders and other local stakeholders may have their own criteria for eligibility that need to be considered during the planning process.

  - Legal questions may include:
    - –Can the current charge be a felony?
    - –Can the charge involve weapons or violence?
    - –Can the charge be a misdemeanor?
    - –Must the current charge be for a drug crime, such as drug use or possession?
    - –Will the drug crimes considered be limited by type of drugs, such as alcohol or marijuana?
    - –Can cases be pending?
    - –Can youth legally continue in the program after they are no longer minors?
  - Base decisions about the requirements for adjudication status

on statute and on the authority and resources available to the court.

- Once the criteria for eligibility are determined, incorporate them in a written set of guidelines that delineates a sequence for referral and screening and a timeframe for efficient processing. In these guidelines, specify each person involved in the referral and screening process and the time and place for each step. Followed consistently, these guidelines will ensure that eligible youth are not turned away and that youth who are ineligible are not accepted into the program.

- Conduct ongoing evaluation to determine whether the court is reaching the target population identified by the planning team and whether this target group is the one most affected by AOD use. Also use evaluation to determine whether the program's goals, target population, and eligibility criteria need to be updated to reflect changes in available resources, shifting priorities of stakeholders, or agency operations.

Strategy 4
Judicial Involvement and Supervision

Schedule frequent judicial reviews and be sensitive to the effect that court proceedings can have on youth and their families.

Significance

The judge's involvement in and supervision of youth participation in the juvenile drug court is essential. Frequent court hearings provide an open forum where everyone involved in a case can gather to share information, discuss issues, and reach consensus on the next step(s) toward a youth's successful rehabilitation and completion of the juvenile drug court program. Hearings also provide leadership and team building opportunities for juvenile drug court staff.

As they conduct judicial reviews, judges need to take into account the delicate nature of adolescent behavior and consider what setting will provide the most positive atmosphere for the discussion of sensitive issues. Although statutes and court rules dictate the conduct of review hearings, in most jurisdictions hearings may be either *open* (in the presence of all drug court participants, their families, and others involved with their cases) or *closed* (only in the presence of the drug court team). For most cases, an open hearing is appropriate, but the unique circumstances of some cases may warrant an adjustment to the open court procedure. For example, to avoid conflicts between a parent and youth during an open court session, it may be necessary for the case manager to report sensitive issues during a staff meeting.

One of the hallmarks of the juvenile drug court—in contrast to adult courts or other juvenile courts—is the personal relationship between each youth and the judge. Often, the judge is the only constant in the youth's life, providing the structure and support that are otherwise absent. *In loco parentis* has a special meaning in this context: judges need to demonstrate interest in each youth's accomplishments and sensitivity to his or her unique issues.

Recommendations for Implementation

- The juvenile drug court team apprises the judge of the youth's attendance and participation, attitude, drug test results, and progress or lack of progress in treatment and at school. The team also reports about behavior at home (including adherence to curfews) and about the quality of the youth's relationship with the parent or parental figure. During the hearing, the judge draws attention to accomplishments as well as poor performance. The judge may invite the youth and their parents to talk about his or her progress from their own perspectives.

- Court staffings, which precede the formal hearings, are an opportunity to discuss cases freely—without the presence of other youth, their families, and providers. However, occasionally a judge may prefer a more public discussion of a youth's case—using courtroom theater—to take advantage of peer pressure to encourage program compliance. When choosing to do this, it is essential to assess the maturity of the youth and the sensitivity of the issues to be discussed (e.g., abuse, pregnancy, and problem behavior). A youth's need to be admonished or to view the admonishment of another must be balanced with the need to avoid harmful embarrassment that can diminish self-esteem. Adolescents may perceive their own or another youth's public admonishment as an indicator of the court's unfairness and may learn a lesson that was not intended by the court.

- Keeping in mind the differences between adult and adolescent culture, the judge is flexible in his or her expectations for youth. Without relinquishing the authority and dignity of the court, the judge can be understanding of language, attitudes, and lifestyles of youth that in an adult court might be interpreted as uncooperative or offensive. (See Strategy 8: Developmentally Appropriate Services and Strategy 9: Gender-Appropriate Services.) Just as effective parents respond quickly and definitively to their youth's behavior, it is critical that rewards and sanctions be applied within a short time following an accomplishment or an infraction of program rules. (See Strategy 15: Goal-Oriented Incentives and Sanctions.)

- To maintain the relationship between youth and the judge, assign judges to the court for a designated period of time, with a single substitute to fill in when the judge cannot be present.

- Base the frequency of court hearings on need. During the first weeks of the program, hearings are usually weekly. They extend to longer intervals as a youth moves into the next phase of the program or exhibits exemplary participation. For some youth, however, weekly hearings may continue to be necessary to ensure adherence to treatment, scholastic, and behavioral goals. For other youth, less frequent hearings may be warranted to avoid interference with school, work, therapy, special activities, and other priorities. In setting the hearing schedule, remember that the judge may be the only constant in the youth's life; be sure to maintain the consistency and structure that will enhance the youth's habilitation or rehabilitation.

- Be flexible in scheduling hearings. Because the court may need to attend to emergencies quickly, an open door policy is ideal. Similarly, allow case managers to waive the youth's appearance as a reward if the youth is compliant and to schedule hearings at a time of day when the youth is not in school.

- Require at least one parent (or parental figure) to attend and participate in court hearings. When the parent appears with the youth, the court has an opportunity to observe their interaction and learn more about the problems and issues in the youth's life. While gentle encouragement is the best way to involve a parent, be willing to enforce participation—even by initiating contempt procedures against parents who fail to participate. Occasionally, it may become necessary to order substance abuse evaluations and/or treatment for the parent (if this is authorized by statute).

- In general, invite all relevant people to participate in the hearing and determine on a case-by-case basis whether they will appear separately or together. Often, either the youth or the parent is reluctant to speak with the other present. For example, if the parent is fearful of the youth, he/she may not be willing to report curfew violations or disruptive behavior in the youth's presence. Similarly, the youth may be unwilling or unable to report a parent's substance abuse for fear of repercussions after the hearing. And yet, the hearing may be the only setting in which this information can be safely exchanged. In situations like these, allow for as open a discussion as possible, but avoid volatile family interaction that could erupt again at home. If there appears to be a need for a private audience, talk with the youth and the parent separately. The judge may want to prepare a set of guidelines for the team to clarify the circumstances in which this separation is appropriate.

Strategy 5
Monitoring and Evaluation

Establish a system for program monitoring and evaluation to maintain quality of service, assess program impact, and contribute to knowledge in the field.

Significance

The juvenile drug court needs to gather short- and long-term information about the program's effectiveness. With this information, the drug court team can learn from the program's experience and adjust procedures and revise plans to make the program more effective in serving youth and their families. At the same time, by pooling and evaluating data, the field can learn from the accumulated experience of juvenile drug courts throughout the country.

To make ensure that information is gathered, the planning team needs to devise a system to monitor and evaluate the program. *Monitoring* is an immediate, day-to-day view of the program, and *evaluation* is a longer review—looking back at what the program has accomplished during a specified time period. There are two kinds of evaluation: *Process evaluation,* which assesses whether the program has completed the work it set out to do; and *outcome evaluation,* which focuses on whether and how the program's activities have affected the problem that they were intended to impact.

The foundation for monitoring and evaluation is a comprehensive and accurate information management system that is based on sound data collection strategies. This means that process and outcome evaluations need to be integral to program planning and implementation.

Recommendations for Implementation

- During the planning process, determine what information key stakeholders will need and develop a plan to collect and maintain this information. Make sure the plan provides for the collection of the data necessary for monitoring and for process and outcome evaluation. This system needs to be designed before the program starts, so that data collection tools and procedures are in place from the beginning, baseline data can be

gathered before program operations begin, and comparison groups can be identified.

- As part of the data collection system (manual or computerized), incorporate a quality control assessment for data accuracy, completeness, and timeliness. Design the system so that data are easy to retrieve for research purposes.

- In planning for data collection, consider:

  - Staffing issues.
  - Hardware and software needs.
  - Platform, resources, and system capacity.
  - Standardized data collection forms.
  - Schedules for data collection and data entry.
  - Capabilities for analyzing the data and generating reports.

- Identify personnel who will be responsible for collecting and entering or recording data and allow them adequate time to perform these tasks.

- Establish systems to maintain confidentiality during data collection and data management. Determine who will have access to different kinds of information. Develop releases, assent and consent forms, data sharing agreements, and MOUs to protect participant rights, adhere to laws and regulations, and ensure that collaborating agencies provide necessary data. Identify and work through barriers to sharing data.

- Arrange for the gathering of key data from agencies that are partners with the juvenile drug court—treatment providers, other service providers, school personnel, and the participants themselves.

- As part of program planning, identify the evaluation needs of key stakeholders. Form an evaluation workgroup with drug court practitioners and an outside evaluator to recommend deliverables, products, and timelines. Clarify the goals of the program and the evaluation, and define key outcome measures for success.

- Ongoing feedback can improve program operations and effectiveness. *Monitoring* is defined as "an on-going process of reviewing a program's activities to determine whether set standards or requirements are being met" (BJA web site, 2002). Did the program provide the services that were planned at the level of quality the planners specified, and were they delivered to the correct people? To elicit this feedback, arrange for the evaluator to submit regular reports.

- Outside, independent evaluators are preferable to internal evaluators. Choose the evaluator through a competitive request for proposal (RFP) process. To get the most value from limited evaluation funds, draw on the expertise of local colleges and universities, including graduate students.

- Allocate sufficient funds to support high-quality evaluation. Evaluation costs will vary depending on the size of the program, the number and types of evaluation reports needed, and the availability of comprehensive computerized data. Underfunded evaluations have much lower utility.

- As part of the process evaluation, collect basic information on program implementation and operations. Track referrals made, services provided, and client characteristics. Gather data about the screening and assessment process, client flow through the program, sanctions and rewards imposed, and the number of status hearings. Consider the following questions:

  - Is the program reaching its target population?
  - What services are being provided to youth and families?
  - Are partner agencies fulfilling their contracts?
  - How are youth and families responding to the services?

- As part of the outcome evaluation, address the following questions:

  - What difference is the program making in the lives of youth and their families?
  - What effect is the program having on the community problem it was designed to ameliorate?

  Collect data to track client behavior (e.g., drug test results, rearrests, school attendance and performance) and treatment retention.

- Make certain the outcome evaluation incorporates a *comparison group,* a group of youth *not* being served by the drug court who are similar to the drug court participants in their demographic characteristics, criminal histories, type and severity of charges against them, substance use histories, education, and family status. The comparison group allows the evaluator to determine to what extent the evaluation outcomes can be attributed to the drug court program. One possible source of a comparison group is the youth found eligible for the program but who have chosen not to participate.

- Try not to limit outcome measures to recidivism and program completion. If feasible, also incorporate other important indicators of the program's impact, such as school performance, AOD use, and mental health status. Base recidivism measures on official juvenile justice records. Track reconviction and reincarceration as well as rearrest.

- Juvenile drug courts will benefit from the collection of data from many courts. National data can provide the field with information from which to draw conclusions about:

  - How juvenile drug courts can best be structured.
  - How they impact different target populations.
  - How they affect delinquency and drug use.
  - What their relative economic costs and benefits are.
  - What factors affect a participant's retention in the program and postprogram outcomes.

Strategy 6
Community Partnerships

Build partnerships with community organizations to expand the range of opportunities available to youth and their families.

Significance

In many jurisdictions, community organizations offer an array of support services, recreational opportunities, and treatment and educational programs for youth and their families. To the extent that the juvenile drug court can incorporate these resources in its comprehensive interventions, the court can be more effective in meeting the varied needs of the youth it serves. By building partnerships with a wide variety of local resources—agencies, businesses, service organizations, art councils, and the faith community—the court can create the much needed network of community support for youth and families.

To collaborate successfully with outside agencies and organizations, the court needs to define clearly the services that will be provided, maintain continuous and open communication, and monitor service quality. To accomplish this, traditional systems may need to be modified for initial intake and case processing, supervision, treatment and service provision, and aftercare activities.

The challenge is to make necessary changes in current policies and procedures and still meet the constitutional, statutory, and ethical requirements that apply to the services that are provided.

Recommendations for Implementation

- During planning, review existing court practices in light of what is needed to operate a juvenile drug court. Determine what new functions and services need to be added, when these functions will be performed, who is best suited to perform them, and what additional resources may be needed to support them. The new functions and services most frequently needed are:
  - Substance abuse assessment that is developmentally appropriate for adolescents.
  - Treatment referral and monitoring.
  - Dedicated treatment services that are developmentally appropriate for adolescents.

- Client case management.
- Drug testing.
- Family involvement and services.
- Transportation.
- Coordination with local social service agencies, community agencies, and school system(s).
- Opportunities for youth to build skills and competencies (e.g., recreation, computer literacy, job training, and art therapy).

- The building of community partnerships and the changes to traditional systems that they necessitate are best accomplished by the collaboration of representatives from all the agencies that may be affected—the court, prosecution, defense, probation, social services, treatment agencies, schools, and other entities that are involved in the delivery, monitoring, and evaluation of services to youth. Working together, these representatives can articulate clear policies, procedures, and practices to govern all aspects of the partnerships—how each agency will operate and how the agencies will relate to one another.

- Throughout the operation of the drug court, new partnerships will form, and the nature of existing partnerships will evolve. Review policies and procedures regularly and modify them to reflect changes in program operation and services and to ensure that they continue to support the mission and goals of the drug court.

- To contract for existing services or to arrange for the development of a new service that is not currently provided in the community, the court may be required to follow a formal procurement procedure. Sometimes the court may need to issue an RFP that many agencies can respond to. In other jurisdictions, the court may go directly to a sole source to develop a contract that specifies the:

  - Services to be delivered and their costs.
  - Person responsible for overseeing the provision of these services.
  - Person responsible for assuring that the services provided meet the needs of the drug court.

- Throughout the operation of the drug court program, continue to build new community partnerships. Consider both nontraditional services and more traditional community-based organizations (e.g., Boys & Girls Clubs, Lions Clubs, and faith-based community programs).

- Encourage families and youth to connect with neighborhood resources, including groups that share their culture, faith, and other interests. A neighborhood support network can provide support even after a youth and his or her family have completed the drug court program.

- Involve the business community in the work of the drug court by appealing to their investment in developing a productive workforce. Businesses can provide resources for incentives (e.g., tickets, certificates, gifts), volunteers, scholarships, program funding, job training, and employment for youth or their families.

- One way to build community partnerships is by joining forces with

agencies and organizations that can provide alternative programming, volunteers, and fiscal resources. For example, courts with strong ties to law enforcement have gained access to physical training programs, dollars from asset forfeiture funds, grants for community policing efforts, and special programs such as midnight basketball and surveillance and monitoring of youth.

Strategy 7
Comprehensive Treatment Planning

Tailor interventions to the complex and varied needs of youth and their families.

Significance

Juvenile drug court participants and their families present a variety of complex issues and needs. In addition to their substance-abuse problems, many participants have mental disorders and many lack the basic social and life skills necessary to function well at school and at home.

To identify and meet these diverse and complex needs, services must be comprehensive and interventions must be tailored to individual participants and their families. An effective juvenile drug court provides a continuum of treatments for substance abuse that is based on harm reduction and geared to the goal of abstinence. The program also provides mental health treatment to address emotional problems and competency programs to develop prosocial behavior and enhance the life skills of participants.

Treatment programs and services are coordinated through case management, which begins with a comprehensive assessment of each participant and family. This initial assessment identifies treatment issues and generates the information that is necessary to develop an individualized, strengths-based treatment plan. The case manager matches the needs of the participant with available services to create a treatment plan, taking into consideration the least restrictive environment for treatment, the best use of limited resources, the cost-effectiveness of the treatment choice, and the best potential for participant success. The plan can be revised as additional issues or needs emerge. During the program (generally 9–18 months) each youth moves through progressive phases and assumes greater responsibility as he or she moves toward graduation.

This individualized, holistic approach enhances participant performance and maximizes the effectiveness of the juvenile drug court.

Recommendations for Implementation

- Before or soon after a youth enters the juvenile drug court, arrange for a qualified professional to carry out a strengths-based, biopsychosocial assessment using testing instruments and interview techniques that are appropriate for adolescents. The assessment may include a chemical dependency/substance-abuse evaluation. Use the information generated by the assessment as the basis for the youth's individualized plan.

- Soon after a youth enters the juvenile drug court, develop and put in writing a comprehensive, individualized plan that matches the needs of the participant with the resources of the juvenile drug court. In this plan, identify the services to be provided and state the expected results as goals and measurable objectives. The individual or program that provides treatment generally creates the treatment portion of the plan, while the person who is preparing the biopsychosocial assessment may create the plan for collateral services. Review the plan at least once every 90 days.

- During planning, designate a standard sequence of phases for progressing through the program. For each phase, designate a minimum number of weeks for participation, but allow the flexibility to accelerate or extend the period of time for an individual youth. Also specify the frequency of judicial review and drug testing, levels of treatment, required programs, and access to earned programs. Describe what a youth must achieve to move to a new phase, including abstinence, program attendance, treatment participation, and school performance. Integrate aftercare as a final phase following graduation or as a postdrug court intervention. Working from this standard sequence of phases, devise an individualized completion plan for each youth that tailors the sequence to his or her needs.

- At significant junctures in a youth's progress through the program, reassess the youth and the family, either by repeating the initial assessment to measure improvement or by administering different tests. Reassessment helps to determine whether the needs and strengths originally identified are still accurate and what changes may be made to improve services and facilitate participant performance.

- Provide a continuum of treatment for AOD problems. Make certain that all treatment approaches focus on solutions, relapse prevention, potential harm reduction, and abstinence as their goals. The treatment continuum may include residential, day treatment, outpatient, intensive outpatient, family-based, aftercare, and transition services. Make individual, group, and family treatment options available. Approaches that are nonconfrontational and individualized increase the likelihood of bonding to prosocial adults and peers. Select services that are strengths based, least restrictive, and cost effective.

- Family-based services will vary depending on the needs of the individual youth and family. Whether inside or outside the home, treating the youth within the context of his or her family environment is critical. Many juvenile drug courts make services available

in the home. However, for participants who cannot be treated successfully while living at home, out-of-home placements—such as group homes, foster care, and independent living options—may be needed.

- One way to individualize services for youth is by engaging the support and participation of parents, guardians, and/or significant family members. Expect the family to support the efforts of the youth in the drug court, but be sure to encourage their participation. Assess the family's needs and, if appropriate, offer support groups, parent education, family therapy, and other services. Families are more likely to take advantage of these services if the court offers childcare, transportation, and other assistance.

- Effective juvenile drug courts provide collateral programs that enhance social and life skills for participants. Some examples are:

  - Literacy programs that develop and improve reading, writing, and interpersonal communication skills.
  - Vocational and job training.
  - Recreational activities.
  - Mentoring.
  - Community service.
  - Health care screening and referral.

  Some juvenile drug courts require all participants to complete certain collateral programs.

- To expand the range of available services, contract with outside agencies or programs to provide existing services or develop new services. Hold each agency or program accountable for the goals and objectives specified in the court's written plan for each youth. Community collaborations strengthen the capacity of the drug court to respond to the needs of individual youth and their families. When resources in the community are unavailable or inappropriate, juvenile drug courts may choose to create in-house programs. (See Strategy 6: Community Partnerships.)

- Make certain that treatment and collateral programs are affordable, conveniently located, accessible by public transportation, and available at convenient times for the participant and the family.

- Assign a professional case manager—a juvenile probation officer, court administrator, treatment provider, or staff member from a community organization—to coordinate services for juvenile drug court participants. To avoid duplication or gaps in services, clearly define case management roles and responsibilities.

Strategy 8
Developmentally Appropriate Services

Tailor treatment to the developmental needs of adolescents.

Significance

Because juvenile drug courts are developing in the shadow of adult drug courts, it is important to understand the factors that distinguish treatment for juveniles from treatment for adults. Drug court programs that attempt to replicate an adult service approach for juveniles—for example, using only an addiction model—will be less successful than programs that tailor their treatment to the unique needs and issues of adolescents.

Because the brain develops in stages, young people think and react differently from adults. Juveniles are more likely than adults to be impulsive and less likely to link the use of AOD to negative consequences. Since most juveniles have not experienced the long-term physical effects of addiction, their motivation for using drugs and their patterns of use are dramatically different from those of adults. In its early stages, adolescent substance abuse generally occurs in a social context and is strongly related to other problem behaviors.

For all these reasons, treatment interventions must be thoughtfully conceived and based on principles and practices that are developmentally appropriate and take into account the emotional age and the chronological age of each youth. Treatment must address all aspects of adolescent behavior and the relational and environmental issues that influence behavior. Regardless of the specific therapeutic model, when treatment is developmentally appropriate, youth are more likely to change their behaviors.

Recommendations for Implementation

- The most important feature of adolescent treatment programs is a design that adapts to the developmental level of each youth participant. Make certain that the language and cognitive approaches are appropriate not only to the *chronological* age of the youth, but also to his or her *emotional* and *psychological* age, which may be very different. Among adolescents of the same chronological age, those who are

psychologically younger will have different developmental needs than those who are psychologically older. At the same time, keep in mind that age differences matter more to adolescents than to adults.

- Use self-help groups and treatment programs geared specifically to adolescents. Avoid placing youth in predominantly adult groups or providing them with services designed exclusively for adults.

- Not all adolescents who use substances are or will become dependent or addicted. Be careful not to prematurely diagnose or label adolescents or otherwise pressure them to accept that they have a disease, as this may do more harm than good in the long run. In designing treatment interventions, assess the youth's level of substance involvement, being careful to distinguish use, abuse, dependency, and addiction.

- Conduct periodic assessments of each youth to respond to the developmental changes that may occur during the course of drug court participation.

- Take into account the participant's gender, ethnicity, culture, sexual orientation, special needs, and stage of readiness to change. Youth experience and perceive each of these characteristics differently at different stages of adolescent development. Tailor treatment to the ever changing needs of each individual youth.

- Effective services for both males and females recognize the significance of emerging sexual identities and sexual experimentation.

- Youth are not independent of their families—no matter how the family is defined. During adolescence, a youth's relationship with parents and/or other central caregivers undergoes a change. To assist in this transition, make every effort to involve the adolescent's family. (See Strategy 12: Family Engagement.)

- Account for negative influences that adolescents may experience from peer groups, gangs, and family members. It is not enough to require youth to stay away from particular individuals or groups. The program needs to develop strategies based on youths' interests to counteract these negative influences.

- For youth who appear unmotivated to change, develop strategies to foster motivation. For example, team members may:

  - Engage youth in planning.
  - Conduct strengths-based assessments (see Strategy 11).
  - Use motivational interviewing techniques.
  - Involve youth and their families in setting goals for their individual treatment plans.

- Provide each youth with opportunities and encouragement to develop relationships with caring adults (e.g., Big Brothers, Big Sisters, or other mentoring programs).

Strategy 9
Gender-Appropriate Services

Design treatment to address the unique needs of each gender.

Significance

Females and males have distinct characteristics and experiences that distinguish their program needs. Girls are much more frequently victims of sexual and physical abuse, and they attempt suicide more often.[21] Their substance abuse tends to result in more serious emotional and physical consequences than it does for boys.[22] Because they appear to use drugs as a means of emotional escape, they also have more need to learn strategies that can help them to cope with emotional stress.

Boys outnumber girls in learning disabilities and Attention Deficit Hyperactivity Disorder (ADHD) and, partly as a consequence of this, are at greater risk of dropping out of school. Although boys are more likely to repress their emotional life, they also experience an increase in testosterone *10 to 20 times higher* than girls. This results in heightened aggression, increased sexual drive, physical risk taking, and a shortened temper.[23]

To accommodate these differences, specialized treatments are required for males and females. Traditionally, the juvenile justice system has served boys primarily. Therefore, most existing systems have evolved with young men in mind and are less suited to the unique needs of young women. Usually young people come to the attention of the juvenile justice system through overt actions that are typical of young men. Young women, who are more private in their substance use, may go unnoticed. The unfortunate consequence is that by the time they appear for treatment, most females have progressed much further in their AOD abuse than male substance users.

Although existing programs may be more aligned with the needs of boys, there is undoubtedly room for improvement in responding to the gender-specific needs of boys. With growing knowledge of male development, the field needs to update its treatment approaches to be more effective in treating boys. For this reason, more gender-specific programs are needed for *both* girls and boys.

Recommendations for Implementation

- Design substance abuse treatment programs to focus on the gender-specific factors that contribute to drug use. For girls these factors may include sexual abuse, domestic violence, other trauma, and relationship issues. For boys, drug use is often affected by a family history of drug use, self-medication for ADHD and learning disabilities, and risk taking.

- In offering vocational training, be careful not to limit girls to traditional female occupations or boys to traditional male occupations. To step beyond gender stereotyping—which is more often an issue for girls—focus on the specific interests and needs of each youth through strengths-based assessment and programs.

- Girls are more likely than boys to deal at a young age with issues such as parenting and childcare. In designing programs for girls, address their health and reproduction needs, including planned parenthood and parenting education. Keep in mind, however, that increasingly boys have to deal with fatherhood and need programs that address their roles and responsibilities as fathers.

- Relationship issues affect females in different ways than males. For females, these issues may result in low self-esteem and aggression toward themselves rather than others. Because girls have more need for intimacy, personal relationships are critically important. To be most effective with girls, characterize their need for intimacy as a strength and not as a deficit. Most girls benefit from cooperative learning environments; boys may thrive better in self-paced individualized programs.

- In creating programs designed for females, equitable treatment is of paramount importance. According to the Institute for Public Sector Innovation, equitable treatment means that programs and services for girls have the same meaning and relationship to girls' development, needs, and interests as the overall system has for boys. Programs that aim to serve girls should consciously explore the underlying causes of female delinquency and create treatment programs that deal explicitly with these issues. However, equitable treatment does not imply that girls are not involved in coeducational treatment settings. Boys and girls who are engaged in productive activities can use these experiences to learn how to interact appropriately with one another in order to develop healthy, respectful relationships with the opposite sex.

- One important program goal is to help youth build strong, healthy relationships with positive peers, family members, and other adults. In the context of the drug court, youth need to develop appropriate relationships with their counselor and with the drug court team. In designing services to help youth build these positive relationships, tailor approaches to gender-specific issues. In general, girls:

  - Desire more verbal engagement.
  - Are more likely to question rules and ask for explanations.
  - Are more likely to request and accept help.
  - Need to learn how to develop and maintain appropriate, healthy boundaries in relationships.[24]

On the other hand, boys:

- Need encouragement to express their feelings.
- Often repress emotion at the cost of losing their ability to connect with others compassionately.[25]
- Often express emotion through action rather than words (e.g., teasing, wrestling, or taking on a task). These nonverbal expressions need to be recognized.[26]

- In designing and delivering coeducational treatment, be responsive to boys' and girls' needs to process issues in different ways.

Strategy 10
Cultural Competence

Create policies and procedures that are responsive to cultural differences and train personnel to be culturally competent.

Significance

Culture is a system of shared meanings that is transmitted from one generation to another. Culture is central to human well-being because it provides a general design for living and patterns for interpreting reality.

Cultures differ in their languages, values, codes of behavior, customs, beliefs, knowledge, symbols, myths and stories, and institutions. Without an understanding of these differences, drug court professionals may attach erroneous meanings to behaviors they do not understand. They may also fail to acknowledge the strengths inherent in a youth's culture that might be used to facilitate progress in treatment.

Professionals who are culturally competent value the broad spectrum of human behavior and understand how culturally determined beliefs can shape the way that reality is perceived. They are aware of their own culture and knowledgeable about the interaction between cultural and individual factors in the development of the youth they serve. As a consequence of these qualities, these professionals work with youth and their families in a way that is responsive to cultural issues.

A culturally responsive drug court reflects the competence of its practitioners. Its policies and procedures acknowledge the importance of culture. These drug courts:

- Incorporate an assessment of cross-cultural relationships.
- Recognize dynamics that may result from cultural differences and ethnocentric approaches.
- Require staff to expand their cultural knowledge.
- Adapt services to meet culturally unique needs.

Juvenile drug courts that respect cultural differences are more likely to attract, retain, and graduate participants.

Recommendations for Implementation

- Prior to implementation, schedule cultural competency training for all drug court team members. Train new team members during their orientation and provide continuing education on a regular basis. Having a broad, inclusive, and common understanding of cultures will assist the team in effectively addressing the needs of youth and families.

- To intervene most effectively with youth and their families, recognize their unique cultures. Be aware of the difference between culture and race or ethnicity: understand that within a single race or ethnicity there may be distinct subcultures. Even characteristics such as geographic area, socioeconomic status, or age can create cultural barriers between a youth and the court. These barriers may manifest as difficulties in communication, ineffective programs, or resistance to intervention.

- Make certain that every component of the juvenile drug court addresses the cultural diversity of the population served. These components of the juvenile drug court include:

  - Judicial hearings.
  - Staffing.
  - Planning and operating teams.
  - Decisionmakers.
  - Program services, including:
    –Treatment.
    –Primary health.
    –Mental health.
    –Education.
    –Community service.
    –Vocational training.
    –Collateral service.

- Use ongoing monitoring and evaluation to gauge the program's success in serving different cultural groups. As an indicator of whether the program is connecting with youth and families from various groups, examine retention rates for youth from different cultures. Analyze whether the program is losing a particular youth group and at what point they are dropping out. Then, using this information, determine how services may be adapted to better address the needs of this particular group.

- Whenever possible, form cooperative agreements with local churches, community centers and civic organizations that reflect the diversity of the client population. This aids the program in providing mentors and support systems for youth and families.

- When hiring new staff, use cultural competence as a criterion for recruitment and selection. Seek out professionals who have the skills, knowledge, and experience that enable them to communicate with the cultural groups served and represent their interests effectively.

- To make offices appear friendly and inviting to youth and their families, encourage staff to incorporate cultural images in the decorating scheme. As a symbol of a staff's appreciation for cultural ties and their desire to relate to the youth whom they serve, office decor

can help to build connections between youth and the drug court personnel.

- Through interactions with individual youth and their families, learn about a youth's culture and make comments that demonstrate interest and understanding.

- If a youth uses language or behavior that is unclear or appears inappropriate, observe and ask questions rather than make assumptions about the meaning or motivation behind the behavior.

- Because popular youth culture has its own values, attitudes, and behaviors (reflected in music, language, and technology), cultural barriers may separate generations within the same family. Be prepared to help youth and their parents understand one another's viewpoints. Generation gaps may be especially prominent in families that have recently immigrated to this country. Tensions may arise as youth are called to serve as a bridge between the parent's traditional culture and their new culture.

Strategy 11
Focus on Strengths

Maintain a focus on the strengths of youth and their families during program planning and in every interaction between the court and those it serves.

Significance

Traditionally, our ways of responding to youth have focused primarily on youth *problems* and how to reduce or contain them. Youth have been viewed either as *victims* who are damaged and incomplete or as *villains* who are innately destructive and have bad intentions. This deficit-based approach has been ineffective.

The deficit-based approach restricts the justice and professional communities to *reacting to* or *acting for* youth and families. It fails to recognize that problems are interrelated and cannot be addressed in isolation.[27] This strategy limits court personnel's capacity to engage youth and families in the process of change.[28]

Juvenile drug courts have moved beyond the deficit-based approach to the idea that youth and their families—even though they have problems—have innate resources that can positively change their lives. This strengths-based perspective allows juvenile drug court personnel to *act with* participants. It encompasses participants' capabilities and weaknesses, and it recognizes youth as potential contributors to their communities. Working from this perspective, everyone associated with the court strives to identify, harness, and build the strengths and competencies of the youth and families they serve.

Although the concept of a strengths-based approach is relatively simple, implementing it within the context of a juvenile drug court is not easy. However, the planning team can incorporate a number of features into the program's design.

Recommendations for Implementation

- From the first contact with a potential participant and throughout eligibility screening and assessment, employ *motivational interviewing* techniques by asking questions that elicit information about the youth's successes and accomplishments. Some questions to ask youth are:

- What are you proud of?
- What positive changes have you made in the past?
- How did you make those changes?

Questions to ask a parent or caregiver are:

- What do you think is important for us to know about your child?
- What kinds of things have you done as a parent that have worked well?

As the youth and family respond to these questions, let them take the lead in telling their story, listen attentively, and acknowledge their challenges. Although motivational interviewing takes more time than conventional screening and assessment, it is an investment in building a partnership between the drug court team and the youth and his or her family.

- In designing a comprehensive plan for each youth, assess not only the youth's weaknesses that need to be remedied, but also his or her talents and abilities that need to be nurtured. Look beyond existing services to analyze what it would take to build these strengths or meet these needs. In some cases, tailoring a comprehensive case plan to an individual youth will require meeting with traditional and nontraditional providers to request new and different services. Craft every service to build on a specific strength or to meet a specific need. (See also Strategy 7: Comprehensive Treatment Planning.)

- In all decisions about a youth, consult with the youth and family. Treat them as experts on their own case. As youth and families become more aware of their strengths, they begin to feel more capable. This in itself is a powerful intervention tool. Not only do youth become more motivated, but they also come to believe that they have what it takes to accomplish their goals.

- In every interaction with a youth and his or her family, foster motivation by acknowledging and praising their accomplishments and abilities. Recent research indicates that youth and their families are the "engine of change" in their treatment programs.[29] They, not the staff or providers, make treatment work.[30] The youth's motivation is the key to successful treatment. When youth and families are recognized for their talents, positive intentions, and achievements, rather than being viewed as problems, they are less resistant and more motivated to participate actively in the drug court program, and they take greater responsibility for completing the requirements that are specified in the comprehensive case plan. Recognizing accomplishments and abilities is especially important in the open court forum where other youth and families are present.

- As often as possible, focus on a youth's future rather than on the past—on what can be accomplished rather than failures. Placing attention on past failures opens the door to demoralization and resignation. Focusing on the future nourishes hope and the possibility of change. Helping youth and their families to clarify their goals encourages them to look ahead.

- Incorporate the principles of restorative justice in a youth's comprehensive case plan. Giving a youth an opportunity to rectify the effect of past actions

communicates the message that he or she can be responsible and capable of making reparations for past misdeeds. This approach creates community ties. It gives youth opportunities to play meaningful roles and to be seen as positive resources in their community. Restorative justice builds competency as it develops responsibility and accountability.

- Traditionally, judges, prosecutors, probation officers, and treatment providers have been trained to focus on problems rather than solutions. To counter this, provide all partners in the drug court program with an orientation to the strengths-based philosophy.

- Assess all service providers to ensure that they share the strengths-based philosophy and that they focus on strengths in their programs and services.

Strategy 12
Family Engagement

Recognize and engage the family as a valued partner in all components of the program.

Significance

The quality of the relationship between juvenile drug court professionals and families is a significant predictor of case success. For this reason, developing collaborative relationships with families is an essential goal for juvenile drug courts.

Unlike adults, youth are usually dependent on and involved with family members who powerfully influence their choices. By building alliances with families, recognizing their strengths, and helping them address possible barriers to change in their children's lives, the drug court team increases the likelihood of youth success in the program. At the same time, by empowering families to build stronger relationships with their children, the team lays a foundation for continuing care and supervision that are crucial for youth after they graduate from the program.

Recommendations for Implementation

- Involve youth in identifying the significant caretakers in their lives. Because *family* may have different meanings depending on a youth's life history, cultural background, and living situation, it is important to define family for each individual case. For some youth, a relative other than a parent, an unrelated godparent, or even a longtime neighbor may be an important source of day-to-day supervision and support.

- Use the assessment process to determine the need to reinvolve absent parents, involve a youth's extended family, and/or find mentors. Consider using family-focused interventions, and monitor the progress being made to build the supportive home environment that is needed for a youth's ongoing success.

- Disenfranchised families often face overwhelming problems, such as poverty, substance abuse, and lack of opportunity. It may appear that family members possess few strengths or resources. To build their confidence and decrease their resistance to the intervention of outside authorities, take time to acknowledge their challenges, recognize their survival skills, and praise their strengths. Recognizing what a family does well does not mean that problems are ignored. Rather, acknowledgment and praise help family members to capitalize on their strengths and empower them in their efforts to change.

- Unless family members genuinely agree with the drug court team, they are not likely to change or provide support for changing their child. One way to achieve genuine agreement with the family is to involve them in the assessment, planning, and case management of their child's program. This can happen during family group conferences that bring together the immediate and extended family (e.g., the foster family and/or other significant adults) in the youth's life. After the family has helped assess a youth's needs and has developed a case plan, establish a contract between the drug court team and the family that outlines the responsibilities of each family member for implementing the case plan. Over time, revise the contract as the plan changes in response to emerging needs.

- In some cases, it may be possible to enlist the family to seek services that address substance abuse, safety issues, school performance, mental health problems, and primary health care. Encourage families to connect with continuing support networks—such as parent groups, faith-based family programs, and neighborhood-based resources—to help them establish and sustain a healthy family system.

- Beyond the family's involvement in planning and decisionmaking, there are other practical ways to demonstrate respect for families as invaluable partners in the work of the juvenile drug court. Some ways to acknowledge the value of their efforts are to:

  - Schedule hearings during times that family members can be present.
  - Provide transportation and childcare.
  - Find resources that are accessible (open evenings and weekends and easy for the family to reach).
  - Provide an opportunity, when needed, for audiences without the youth present.
  - Empower the family to impose sanctions and incentives.

- Respect and respond to family needs based on gender, race, and culture. To show this:

  - Provide interpreters and written materials in languages other than English.
  - Recruit multicultural and bilingual staff.
  - Recognize culturally based family norms. (See Strategy 10: Cultural Competence.)

- Avoid the adversarial dynamics that sometimes evolve between families and juvenile court personnel. Families who have previously been involved with the "system" may feel they have reason not to trust court personnel. At the same

time, providers—based on their own negative past experiences—often view the family as a burdensome risk factor that adds complexity to the case. To step beyond these patterns:

- Avoid arguing and reacting to behavior that appears uncooperative.
- Be willing to share power in the collaboration process.
- Allow time for trust to grow between the family and each provider who is involved with the case.
- Try not to let the authority of the drug court team members or the client's resistance predict the case outcome.
- When needed, provide forums such as mediation, counseling, or family-focused meetings to find common interests and build sustainable agreements between families and the drug court.

Strategy 13
Educational Linkages

Coordinate with the school system to ensure that each participant enrolls in and attends an educational program that is appropriate to his or her needs.

Significance

Educational programs—whether they are schools, alternative schools, vocational centers, special education programs, or GED programs—play a significant role in the lives of youth who are served by the juvenile drug court. Unless a juvenile drug court participant successfully engages in an educational program, he or she will not be adequately prepared for life after the drug court or for adulthood.

In designing comprehensive case plans, consider each youth's educational needs and what kind of program will best meet those needs. At the same time, refer to a youth's educational program for test results, psychological assessments, teacher or counselor observations, and other information that may help the court to serve the youth more effectively.

To make certain that each youth is enrolled and succeeding in an educational program suited to her or his needs and to take advantage of the education system's resources, forge strong linkages with many levels of the educational system—teachers, principals, and district superintendents. Throughout each youth's participation in the juvenile drug court, stay abreast of how he or she is doing in school. One way to ensure ongoing communication is by including a school representative on both the planning and operational teams. By supporting one another's efforts, the juvenile drug court and the educational system can enhance their effectiveness.

Recommendations for Implementation

- To facilitate the exchange of information between the juvenile drug court and the educational institution, develop an interagency agreement or consent form allowing the release of students' grades, attendance records, behavior reports, and assessments of the educational program best suited to the youth.

- Consider the coordination of testing resources. Many youth who are referred to the drug court may have been evaluated by the educational system already, and the evaluation results may be included with the team's treatment recommendations. An agreement to share evaluation results will avoid duplication of effort and unnecessary expense.

- After a youth has been evaluated, take into account any special needs the tests might have identified. For example, tests reveal an array of diagnoses, such as those who are classified as severely emotionally disturbed, emotionally handicapped, specifically learning disabled, or ESE (exceptional student education). If the youth's current educational program does not meet these needs, ask that special classes and/or additional supports be provided for the youth in a classroom setting and that these modifications be added to the youth's comprehensive plan.

- In designing a plan for each youth, consider the youth's level of cognitive development and reading ability. Ask, for example, "Does this therapy or service require reading ability?" When needed, arrange for tutoring in reading or other cognitive skills.

- Not all students profit from a conventional school setting. When appropriate, assist youth in moving to other kinds of educational programs, perhaps vocational training or a GED course.

- When a school system has suspended or expelled a youth for drug use, weapons possession, or other zero-tolerance behavior, it may be difficult to find another school or placement in a program that will meet his or her needs. In these situations, work with the original school to find an alternative placement, assuring the school that the drug court program will supervise the youth, monitor his or her accountability, and provide treatment.

- As part of the court's effort to involve the family, encourage the family to support the youth's educational program by, for example:

  - Enrolling him or her in the program.
  - Attending teacher conferences.
  - Getting involved with the school. (See Strategy 12: Family Engagement.)

- Respond to a youth's failure to attend school as a sign of a possible problem. To determine what the problem may be, ask questions like:

  - Why is the youth missing school?
  - Has there been a change at home that makes attendance difficult?
  - Do conflicts with teachers or peers impede learning?
  - Is the program appropriate for the youth's educational level or needs?

  In some cases, this additional adult attention—knowing that someone is noticing and cares about whether or not they are attending school—is sufficient to encourage a youth to attend. If it is determined that a youth's program is appropriate and useful and that there are no other barriers to participation, consider establishing a system of

incentives and sanctions related to school attendance. (See Strategy 15: Goal-Oriented Incentives and Sanctions.)

Strategy 14
Drug Testing

Design drug testing to be frequent, random, and observed. Document testing policies and procedures in writing.

Significance

Drug testing is an important means of verifying youth accountability to the drug court program. The testing provides feedback that is objective and quickly available, and when properly administered, it can be a reliable measure of abstinence, an essential aspect of program compliance and progress. To be reliable, drug testing needs to be frequent, random, and observed. A written policy and procedure should outline the:

- Type of testing that will be conducted.
- Frequency of the testing.
- Steps to be followed in a sample collection.
- Procedures to follow if a youth challenges a test result.

However, quality case management cannot rely solely on drug testing results. Drug testing is only one component of the juvenile drug court's coordinated approach. Treatment decisions should also factor the youth's behavior and other key indicators of progress. Further, drug testing should be conducted only to monitor and supervise treatment. Test results should never be used for subsequent prosecution.

Recommendations for Implementation

- Train all members of the planning and operation teams in drug testing. Among the topics covered, include:
  - Methods of identifying drug use (the science of current chemical testing and the types of tests).
  - How to determine frequency.
  - How to design a random system of testing.
  - Observation.
  - The chain of custody for test samples.
  - Onsite and contract services.
  - Safety measures.

- Quality assurance.
- How to report, confirm, and respond to results.
- The usefulness of baseline testing as a way of increasing reliability.

- Provide additional training to team members who will administer the drug tests.

- Involve the planning team in developing the goals and objectives for drug testing and the process for quality assurance. When choosing a testing method, review the drugs that are currently used among the target population and the feasibility of particular testing methods. Although cost is a consideration, it is important to align the method and frequency of testing with the program's goals and to budget for testing as part of the overall cost of the program. When needed, allocate funds for a certified lab to confirm the drug test results. Some courts require that youth and their families help pay for testing.

- As part of the written policy and procedures, define the specific roles and responsibilities of each team member for testing, documentation, and reporting the results. Make certain that team members review and understand the role of each member and agency involved.

- Obtain a signed consent for drug tests and the method of testing from each youth admitted into the program. To ensure that youth and their families are informed when they give this consent, develop a guide to drug testing procedures and distribute it to each youth and his or her family on the youth's enrollment in the program. In the guide, describe their rights, and arrange for a representative team member to review the entire guide with each youth and his or her family.

- To ensure that test results are reliable, consistent, and accurate, clearly define the procedures for test administration, including the chain of custody for test samples. Maintain a record of the location and possession of test specimens and results. This record should document how the specimen was handled, stored, transported, and tested and how the results were disseminated. Establish a protocol to determine when confirmation is needed of results that show the presence and/or level of drugs.

- The frequency of drug testing depends on the drug being tested, the resources available, and the design of the program. Many drug courts test two to three times weekly during the first phase, tapering to a minimum of once a week during the second and subsequent phases. In establishing frequency, keep in mind that some drugs are detectable for no more than 24 to 48 hours after consumption.

- Use *spot* testing and *random* testing. Spot testing is conducted when a youth is suspected of being under the influence of a drug. Random testing is scheduled so that juveniles are prevented from planning ahead to avoid detection. Designing random drug testing may appear straightforward, but it is actually very complex. For example, testing that occurs only on a specific day each week is not random (even though youth may be selected at random for testing that day), because youth can avoid detection simply by abstaining a day or two before the designated day. There are many ways to ensure that testing is random.

- Research them carefully during planning. (See reference to *Drug Identification and Testing in the Juvenile Justice System* [Crowe and American Probation and Parole Association, 1998] in the Bibliography.)

- Because the reliability of drug tests depends on the test sample's integrity, observe sample collection procedures. To avoid test tampering, be alert for common ploys that are used by youth including:

  - Substitution of a specimen taken earlier or from another individual.
  - Addition of other substances to the test specimen.
  - Ingestion of other fluids before testing.
  - Damage to the collection materials.

- Some tests are designed to detect adulterants; however, observation protects against other forms of tampering. Train staff regularly about current approaches to drug test tampering.

- While testing for a youth's drug choices (which may include alcohol), continue to test for other drugs. Some youth will switch drugs in an attempt to avoid detection. Never accept a youth's admission of drug use in lieu of administering a test. The youth may admit use of one drug but fail to report the use of others.

- In deciding what type and frequency of drug testing are appropriate for a particular youth, account for any history of sexual abuse, emotional problems, or developmental conditions that may create a risk of emotional trauma caused by the testing. At the very least, carefully discuss the need for testing with the youth and elicit and respond to his or her personal concerns about testing and observation.

- Another way to safeguard the reliability of test results is by using more than one type of test. There are four common types of drug tests—urinalysis, saliva, the patch, and hair testing. The following chart outlines the advantages and disadvantages of each test.

Type of test	Advantages	Disadvantages
Urinalysis	▪ Inexpensive. ▪ Immediate results.	▪ Same gender staff must observe.
Saliva	▪ Less invasive. ▪ Either gender can observe.	▪ Cannot detect drugs used more than 2 days previously.
Patch	▪ Gives a good picture of the types of drugs that were used over a period of time.	▪ High initial expense. ▪ Results are not immediate.
Hair Testing	▪ Detects drug use over a longer time period.	▪ Does not measure immediate use (2 week lag). ▪ Cost. ▪ Results are not immediate. ▪ Does not calibrate amount.

Strategy 15
Goal-Oriented Incentives and Sanctions

Respond to compliance and noncompliance with incentives and sanctions that are designed to reinforce or modify the behavior of youth and their families.

Significance

While the concept of rewarding positive behavior and sanctioning negative or noncompliant behavior is not new, it requires special attention in the context of juvenile drug courts. Given its heightened levels of intervention and supervision along with its coordinated team response, the juvenile drug court has a unique opportunity to use behavior modification strategies.

An effective system of *incentives* and *sanctions* (sometimes referred to as *rewards* and *consequences*) promotes each youth's ability to account for his or her own actions. To ensure that incentives and sanctions elicit productive changes in behavior, the team needs to identify specific goals for their use. Incentives and sanctions must be appropriate for each youth's developmental level and graduated as the youth progresses through the program. The judge plays a central role in administering sanctions and incentives, often in the presence of other youth and families. To motivate youth and their families, incentives and sanctions must be applied in a way that is immediate, predictable, and consistent.

Recommendations for Implementation

- A successful juvenile drug court individualizes each youth's experience. This is true for incentives and sanctions as well. Something that may motivate or deter one youth may not have the same effect on another. By tailoring sanctions and rewards to the individual youth, the court personalizes its reactions and strengthens the relationships among the youth, family, and court. (See Strategy 7: Comprehensive Treatment Planning.)

- Use incentives and sanctions to build youth competencies and skills. Before devising a system of rewards and consequences for a youth, determine the goals of the intervention by identifying the competencies or skills the court is trying to help the youth develop. With these goals in mind, devise a system of meaningful and targeted incentives and

sanctions and a way to assess their impact.

- During the initial assessment of the youth's strengths and needs, invite the youth and her or his family to participate in creating a range of potential incentives and sanctions. Devise incentives and sanctions that are developmentally appropriate, culturally responsive, and gender specific, and that correspond directly to the youth's perception of a reward or consequence. Be clear about which infractions result in automatic expulsion from the program, and make certain that the youth is capable of understanding how his or her actions lead to the corresponding reaction from the court.

- In creating incentives and sanctions, identify and use community resources. Community partnerships are a core component of many drug courts, and these partnerships can enhance the court's ability to deliver a variety of tangible rewards and skills-building sanctions. For example, local merchants may contribute movie passes, concert tickets, or discount certificates as rewards. Similarly, civic organizations and mentoring groups may provide opportunities for community service work that builds social skills and fosters a sense of accountability.

- Because family participation and compliance can have a significant impact on a youth's success in the drug court program, determine if the court has jurisdiction over family members. After this is determined, identify how and to what degree family members will be rewarded or sanctioned for their participation in a youth's plan or actions that hinder the youth's progress in the plan.

- For maximum effectiveness, deliver incentives and sanctions immediately. Their impact is diminished by delays between the youth's actions and the court's reactions. When there are language or other cultural barriers to communication, be certain that the youth and his/her family understand the reason for the incentive or sanction.

- Be consistent and fair in delivering incentives and sanctions. Just as the use of sanctions and incentives holds youth accountable for their behavior, the drug court team is accountable for how sanctions and incentives are administered. This does not mean, however, that *every* youth must receive the same reward or consequence for similar behavior. The best approach is to establish general parameters for graduated responses, allowing for flexibility in how the court applies them to individual youth and their families.

- Distinguish between juvenile justice sanctions and treatment responses and ensure that incentives and sanctions are therapeutically sound. Make certain that changes in a youth's treatment regimen come from the treatment provider at the recommendation of the team. Be cautious about making changes in a youth's treatment plan from the bench, especially if the infraction is a treatment-related issue.

Strategy 16
Confidentiality

Establish a confidentiality policy and procedures that guard the privacy of the youth while allowing the drug court team to access key information.

Significance

To design and supervise the best treatment plan for each youth, the entire juvenile drug court team needs information about his or her progress in the program. At the same time, the team must honor federal and state confidentiality laws that are designed to protect the privacy of minors and their families. This assurance of confidentiality is important for more than just legal reasons; it is more likely that substance abusers will seek treatment that facilitates their recovery by encouraging honesty.

The challenge for the juvenile drug court planning team is to devise confidentiality policies and procedures that will give team members access to the information they need without violating the privacy rights of youth and their families.

Recommendations for Implementation

- Before drafting confidentiality policies and procedures, review state and federal privacy laws. Remember that federal law applies unless the state law is more restrictive, in which case the state law takes precedence. To make certain that confidentiality policies and procedures comply with legal requirements, consult a county or state agency counsel who is familiar with this area of the law.

- Develop a clear, self-explanatory consent and waiver form. Review the form with each youth, the youth's parents or guardians, and the youth's defense attorney. Some youth may need assistance from their attorneys to understand their privacy rights and the consequences of any consent and waiver they are asked to sign. After the form is

signed, review it periodically to make certain that its provisions are still adequate and appropriate to the services that the youth is receiving through the court.

- Unlike adult proceedings, juvenile court proceedings are usually closed to the general public. However, in many jurisdictions, the juvenile drug court has the option of conducting its hearings in the presence of all the drug court participants, their families, and other interested parties. This is referred to as an *open hearing* in contrast to a *closed hearing,* which is conducted privately for an individual participant. Many juvenile drug courts prefer the open court because of its potential therapeutic benefits. By sharing the experience of court hearings, participants can learn from and support one another during recovery. A group proceeding also makes more efficient use of staff and court time.

  During planning for the juvenile drug court, consider the advantages and disadvantages of open court sessions. Consider the following questions:

  - Does state law prohibit or mandate open court sessions?
  - Will a waiver and consent suffice?
  - Exactly who may be present in the sessions—parents? friends? invited guests?
  - Will graduations also be open sessions?

- Even if the planning team has stated a preference for open hearings, always consider whether this option is in the best interests of a particular youth and/or family at a particular stage of recovery. In very sensitive cases or situations, a closed hearing may be more constructive, which justifies using more court time and resources.

- During planning, determine who will be present at *staffings* (closed team meetings) and what types of information these staff members will need to discuss cases effectively. Identify the types of information that will be discussed in court, particularly in open court hearings (e.g., school attendance, meeting attendance, test results, and other indicators of participant compliance). Then design a youth-progress form to elicit this information. Keep it simple—easy to complete and read, and preferably one page. At the conclusion of each court hearing, collect the forms that have been distributed to staff and destroy them so they are not inadvertently placed in another agency's files (an automatic violation of confidentiality laws).

- In using the youth-progress form, review the special circumstances in each case. Limit requests for disclosure to the information needed to monitor a youth's compliance and to make recommendations to the court that will best facilitate the youth's recovery.

- During planning, decide how confidential information will be managed and stored. What information will appear in the participant's case file? Who will be permitted to see the file? Where will files be kept? To make parallel computer records, enlist the help of a computer professional who has expertise with access codes and other electronic security techniques. Keep in mind, however, that all personnel working with confidential

information, such as computer technicians and program evaluators, must sign the appropriate nondisclosure forms.

- Incorporate educational confidentiality requirements into the policy and procedure. Outline the use of MOUs and/or waivers and include the appropriate forms.

- Juvenile drug courts frequently receive requests for information from law enforcement agencies, the media, and others. In the policy and procedures manual, state how these requests will be handled.

- Educate everyone who works in the juvenile drug court program (staff, court personnel, attorneys, probation officers, education program representatives, and law enforcement officers) about the rules and procedures for guarding confidentiality, including the requirements of 42 U.S.C. 290, a federal confidentiality statute that covers both youth and adults.

- At the time a youth enters the program, inform both the youth and his or her family about their rights to confidentiality and what they can do if they believe these rights have been violated. This encourages the participants' cooperation in signing the consent and waiver. Youth and families who are aware of their rights can alert the court or their attorney of any breaches in confidentiality. This helps the drug court team monitor the effectiveness of the written confidentiality procedures. Be sure to have a grievance procedure in place.

- As new team members transition into the program, confidentiality issues should be a routine part of their orientation and education.

Resource Links

Addiction Technology Transfer Centers (ATTC)
www.nattc.org

ATTC is a national network of 13 regional centers that provides current addiction treatment information to practitioners throughout the United States. Publication downloads are available in Adobe Acrobat Reader (PDF) format. Special focuses of this site are addiction science, news from the field, online courses, and state-by-state licensing and certification requirements.

American Academy of Pediatrics (AAP)
www.aap.org

AAP is a professional organization for pediatricians and pediatric surgeons in the United States. This site provides synopses of current pediatric-related news and research, publication abstracts and ordering information, organizational policy statements, and a calendar of available medical education courses.

American Council for Drug Education (ACDE)
www.acde.org

ACDE offers a substance abuse prevention and education information site directed to health professionals, parents, college students, educators, youth, and employers. The online store features publications, books, and videos produced by ACDE and the affiliated Children of Alcoholics Foundation. Both of these organizations are affiliates of Phoenix House.

American Society of Addiction Medicine (ASAM)
www.asam.org

ASAM is a membership organization of physicians who are engaged in treatment of addictive diseases. This site contains current articles and research on addiction medicine, a calendar of upcoming medical scientific conferences, certification information, and organizational services available to member physicians.

Blueprints for Violence Prevention
www.colorado.edu/cspv/blueprints/index.html

This site is provided by the Center for the Study and Prevention of Violence at the University of Colorado at Boulder. This site identifies 11 prevention and intervention programs (blueprints) that meet strict criteria for effectiveness in reducing adolescent violent crime, aggression, delinquency, and substance abuse. In addition, using these criteria, it identifies another 19 programs as promising in these areas. An overview and video segment are available for each program. Video segments may take time to load via modem connections.

Bureau of Justice Assistance (BJA)
www.ojp.usdoj.gov/BJA

The BJA web site has a Publications database to locate BJA publications; a Related Web Sites database to locate topically related web sites; and a Training and Technical Assistance database to locate information on training and technical assistance. On this site, BJA also provides a Grantee Resource Center and information on and links to BJA grant programs.

Center for the Application of Prevention Technologies (CAPT)
www.captus.org

The CAPT site provides links to 6 regional centers that serve all 50 states. It also provides a calendar, news, contact information, publications, and prevention resources. A Virtual Conference Center enables real-time communication over the Internet. This includes scheduled meetings among site visitors, chats, facilitated conferences, and/or auditorium events with audiences via nationwide satellite.

Center for Substance Abuse Research (CESAR)
www.cesar.umd.edu

This site is sponsored by a research center within the College of Behavioral and Social Sciences at the University of Maryland—College Park. The site emphasizes state-related topical information, grants, publication library resources, and regional drug information.

Community Anti-Drug Coalitions of America (CADCA)
www.cadca.org

The site is part of CADCA, a privately supported organization that represents 5,000 community coalitions throughout the country. Contact information is available on community coalitions, technical assistance, training, public policy, media strategies, marketing programs, conferences, and upcoming special events including the annual CADCA National Leadership Forum.

Drug Policy Research Center (DPRC), RAND
www.rand.org/multi/dprc

DPRC is a division of the RAND Corporation, a nonprofit policy development think tank. This site features research on drug policy and trends at the state, local, national, and international levels. Topics examined include substance abuse prevention, treatment, enforcement, drug use and consequences, data systems, and modeling and forecasting future trends.

Join Together—Take Action Against Substance Abuse and Gun Violence
www.jointogether.org

This site, sponsored by Boston University, examines substance abuse and gun violence. Visitors interested in substance abuse are provided with community-based action plans and a legislative action center with ZIP-code-based links to congressional votes on substance abuse laws. This site also contains news summaries, resources, publications, and dates of upcoming substance abuse conferences.

Monitoring the Future
http://monitoringthefuture.org

Monitoring the Future is the home of an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. The overview of the group's annual survey of 50,000 8th-, 10th-, and 12th-graders is highlighted with key findings that are available in PDF format.

National Association of Drug Court Professionals (NADCP)
www.nadcp.org

NADCP is a membership and outreach organization for the country's 1,200 drug courts. This site provides information on drug-court-related training and technical assistance, resources, upcoming events, membership information, and public relations. Key drug court components are featured, along with synopses of current research findings and downloadable publications. Contact information is provided for the national NADCP Mentor Court Network.

National Center on Addiction and Substance Abuse at Columbia University (CASA)

www.casacolumbia.org

This site, sponsored by Columbia University, features survey and other research results that examine the economic and social costs of substance abuse. Recent research subject areas include children at risk, ex-offenders and ex-addicts, and substance-abusing women on welfare. The site also publishes results of CASA's annual survey of the attitudes of teenagers, their parents, teachers, and principals. Web cast transcripts are available with RealPlayer software and Adobe Acrobat Reader.

National Council of Juvenile and Family Court Judges (NCJFCJ)

www.ncjfcj.unr.edu

This is the site of the nation's oldest judicial membership organization, which provides information on training and technical assistance available to judges and other professionals in the field of juvenile justice, including alcohol and other substance abuse by young people.

National Criminal Justice Reference Center (NCJRS)

www.ncjrs.org

NCJRS is a federally sponsored clearinghouse that provides information on research, policy, and practices that are related to criminal and juvenile justice and drug control. Major resource subjects catalogued online include courts, drugs, crime, international juvenile justice, law enforcement, victims of crime, and statistics. The site offers a comprehensive database of research abstracts. Search functions are available to browse full-text publications (HTML files) and current grants and funding sources.

National Drug Court Institute (NDCI)

www.ndci.org

NDCI is the education, research, and scholarship division of NADCP. Its site features numerous publications in Microsoft Word format. The site also features a drug court listserv, an announcement board for drug court professionals who subscribe by e-mail and receive periodic notices about education-, research-, and scholarship-related news and publications.

National Drug Strategy Network (NDSN)

www.ndsn.org

With the support of the Criminal Justice Policy Foundation, a nonprofit educational charity, this site provides citations to news stories, journal articles, research, legislation, and regulations. An extensive series of links to related sites is also available.

National GAINS Center for Persons With Co-occurring Disorders in the Justice System

www.gains.com/

This site provides information and links to effective mental health and substance abuse services for people with co-occurring disorders who come in contact with the justice system. A complete online tutorial is available for juvenile justice, mental health, and substance abuse treatment professionals. Main topics include:

- Overview of the juvenile justice and treatment systems.
- Screening and assessment tools.
- Effective treatment approaches.
- Strategies for improving communication among systems.

The curriculum consists of 4 training modules and a concluding 50-question test.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

NIAAA, a division of the National Institutes of Health, sponsors this site. The site provides access to the Alcohol and Alcohol Problems citation database known as ETOH. It also has links to the full-text version of *Alcohol Alert* and selected pamphlets. In addition, it provides summaries from *Alcohol Health & Research World,* surveillance reports, and other publications. (Some publications also are offered in Spanish.)

National Institute on Drug Abuse (NIDA)
www.nida.nih.gov/

This site provides fact sheets that present national statistics on drug abuse among adolescents and college students. Indexed and searchable topics include a common-drugs-of-abuse index, research reports, newsletters, prevention and treatment research, and trends and statistics. Principles of Drug Addiction Treatment can be downloaded at www.nida.nih.gov/PODAT/PODATindex.html.

National Parenting Center
www.tnpc.com

The National Parenting Center provides guidance and relays information to parents from child-rearing authorities. This site provides a parents' corner, a chat room, an approved products and services section, and product recall notices.

OJP Drug Court Clearinghouse and Technical Assistance Project
www.american.edu/spa/justice/drugcourts.html

The Drug Court Clearinghouse and Technical Assistance Project, a program of the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, under the direction of American University, assists treatment professionals in addressing issues relating to planning, implementing, managing, and evaluating drug court programs. The project's web site allows onsite searches for reference materials by subject, drug court activity summaries and synopses, juvenile/dependency/family drug court information, drug court publications, and related technical assistance reports.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)
www.ojjdp.ncjrs.org

The OJJDP web site contains current facts and figures on juvenile justice, delinquency prevention, violence, and victimization. This site is organized into subject areas and provides:

- Information on case flow in juvenile justice.
- A statistical briefing book with statistics, charts, and tables.
- Publication and resource links.
- A self-help e-mail address to submit questions about juvenile justice.

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov

The ONDCP web site provides federally sponsored drug-related statistics, links, resources, and presentations (provided in PowerPoint and HTML formats). Brief topical fact sheets are also available, along with state-level drug-related resources and contacts. A searchable database defines street terms for drugs and drug-related terminology.

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

This site provides access to the National Household Survey on Drug Abuse, which reports on the prevalence, patterns, and consequences of drug and alcohol use and abuse in the general population age 12 and over. The site also includes the Substance Abuse and Mental Health Statistics Sourcebook, which gives a comprehensive overview of substance abuse and mental illness in the United States.

SAMHSA Center for Substance Abuse Prevention (CSAP)
www.samhsa.gov/centers/csap/csap.html

This site features the new Underage Drinking Prevention Action Guide and Planner (PDF format), descriptions of SAMHSA Model Programs and promising programs for substance abuse prevention, community-based programs, a partnership exchange network for professionals, and drug-free workplace information. CSAP's new Decision Support System—a logic model for the strategic planning, implementation, and evaluation of prevention programs—is provided (requires JavaScript).

SAMHSA Center for Substance Abuse Treatment (CSAT)
www.samhsa.gov/centers/csat/csat.html

This site provides a searchable database on CSAT programs, data, and web resources. It offers quick links to all SAMHSA clearinghouses, documents, and state-based information such as directories and state government web servers. The site is linked to the Treatment Improvement Exchange, which allows information exchange between CSAT staff and state and local alcohol and substance abuse agencies.

SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI)

www.health.org

This is the site of the Prevline Prevention Hotline, which offers an extensive searchable database on drugs of abuse. This site's search engine allows responses to be directed to specific audiences and professional groups or to provide information regarding specific publication series.

SAMHSA Office of Applied Studies

www.drugabusestatistics.samhsa.gov

This site provides recent national data on:

- Alcohol, tobacco, marijuana, and other drug abuse.
- Drug-related emergency department episodes and medical examiner cases.
- The nation's substance abuse treatment system.

Visitors can receive drug use and substance abuse admission data; examine OAS reports on substance abuse; locate a drug or alcoholism treatment facility; request OAS publications; consult data sets; and examine OAS data collection systems.

Search Institute: Practical Research Benefiting Children and Youth

www.search-institute.org

This site offers practical strategies for identifying and building developmental assets in the community for children and teenagers by working together with families, schools, churches, and organizations. The site provides an online catalog of resources, survey services, training opportunities, and articles.

Surgeon General's Report on Mental Health—Children's Mental Health

www.surgeongeneral.gov/library/mentalhealth/chapter3/sec8.html

This site provides the complete text of chapter 3 of the 1999 White House Conference on Mental Health and the Secretarial Initiative on Mental Health, which examined children and mental health in the United States. Chapter 3 encompasses theories of development, risk factors and prevention, mental disorders in children, depression and suicide in children and adolescents, substance use, service interventions, and service delivery. The complete report is also posted. PDF versions of each section can be downloaded.

Glossary

Abstinence-based
Treatment with the goal of becoming free of alcohol and other drugs.

Adjudication
Determination of the charges contained in the court petition.

Assessment
A comprehensive biopsychosocial appraisal of a youth and his or her family that is conducted by a trained professional using a multidisciplinary approach.

Case management
The process of coordinating and monitoring services and supports for a youth who is under the jurisdiction of the drug court and his or her family. This process is generally assigned to a designated professional—the case manager. As the youth transitions through different settings, the case is consistently managed across systems using a single, comprehensive case plan. The case plan is developed and changed as needed by the drug court team.

Collateral services
Activities that build competencies in youth and families. Some examples are literacy programs, recreation activities, and health care screening.

Collateral supports
Activities that help families access services. Some examples are transportation, brokering services through contacts with other agencies, and employment and training referrals for parents.

Comparison group
A group of individuals whose characteristics are similar to those of a program's participants, but who do not receive the same services as those being evaluated. These individuals may not receive

any services, or they may receive a different set of services, activities, or products. As part of the evaluation process, the experimental group (those receiving program services) and the comparison group are assessed to determine which types of services, activities, or products provided by the program did or did not produce the expected changes.

Continuum of care

A wide array of programs that ensures that there are no gaps in service and that options for all levels of care are available throughout a youth's involvement in the drug court and after the youth has graduated from the drug court program (see continued care below).

Continued care (aftercare)

The services and support systems that are available to a youth and his or her family after graduation from the drug court program. Some drug court programs include a continued care phase or component within their program. Planning for continued care is initiated at the beginning of the program.

Disposition

The court's sentence in juvenile proceedings. A disposition may be a warning or reprimand, probation, or placement in a group home or training school.

Family-focused

An approach that strengthens families. Treatment and services are aimed at improving family relationships that are known to be directly related to youth behavior problems and improving relationships between the family and other important systems that influence that youth. Its goals are to:

- Keep families together.
- Provide parents with assistance in developing parenting skills and resources.
- Help youth learn to interact appropriately with others within the context and demands of his or her environment.
- Integrate the youth and family with community networks.

Intervention

Any program, service, or action taken by the drug court to bring about or reinforce change in the participant.

Level of care

The number of hours and array of services to be provided to a youth, as determined during the initial and ongoing assessments. The level of care is described in the youth's comprehensive plan and is updated as the youth's needs change.

The American Society of Addiction Medicine's criteria establish four levels of care; these have been adapted by the Center for Substance Abuse Treatment (CSAT) for adolescents. They define three major categories of responses to AOD use: *pretreatment services, outpatient treatment*, and *inpatient treatment*. Each category has several subsets.

For purposes of this document, definitions have been adapted and are provided for inpatient and outpatient treatment.

- **Outpatient treatment**
  Also referred to as *ambulatory care*, these services provide a broad range of intensity levels without overnight accommodation. Some of these levels may be used following inpatient treatment.

  - **Nonintensive outpatient treatment**
    This AOD-focused treatment includes regularly scheduled sessions of professionally directed evaluation and treatment. These sessions may also address related psychiatric, emotional, and social issues. These sessions typically last less than 9 hours per week.
  - **Intensive outpatient treatment**
    This is AOD-focused, professionally directed evaluation and treatment that typically provides approximately 9–20 hours per week in a structured program. These programs may be afterschool or evening programs and frequently include some weekend programming.
  - **Day treatment or partial hospitalization**
    This is AOD-focused, professionally directed evaluation and treatment that provides more than 20 hours per week in a structured program.

- **Inpatient treatment**
  These levels can include intensive medical, psychiatric, and psychosocial treatment that is provided in residential care on a 24-hour basis. The levels of the residential care continuum range from psychosocial care at the most intensive end to group home living without any professional involvement or supervision at the least intensive end.

  - **Medically monitored intensive inpatient treatment**
    This level of care involves around-the-clock medical and nurse monitoring, evaluation, and treatment in an inpatient setting. This level of care is used for adolescents who have acute and severe AOD-use disorders and who may also have a coexisting medical or psychiatric problem. This generally involves a short to intermediate length of stay (7–45 days).

- **Medically managed intensive inpatient treatment**
  This level of care involves around-the-clock medically directed evaluation and treatment in an acute care inpatient setting. This level of care is appropriate for the treatment of medical and psychiatric problems that may require biomedical treatment. This generally involves a short to intermediate length of stay (7–45 days).
- **Intensive residential treatment**
  This is an adolescent-specific, AOD-focused, long-term (6–24 months) treatment model that may be professionally or medically directed. This model, which shares characteristics with an adult therapeutic community model, is appropriate for adolescents with multiple problems (e.g., dual or co-occurring disorders involving personality and AOD-use disorders).
- **Psychosocial residential care**
  This is an adolescent-specific, AOD-focused, long-term (6–24 months), professionally directed psychosocial care model. This model relies on peer pressure and formal treatment to shape behavior. It is appropriate for AOD-abuse problems and behavioral disorders that do not require acute medical or psychiatric intervention.
- **Halfway house**
  This is a residential, transitional living situation with minimal treatment. Residents are supervised by paid staff. Programs, services, and treatment may be provided both inside and outside of the house. The length of stay varies based on the attainment of specific progress goals.
- **Group home living/therapeutic foster home**
  This refers to a residential, transitional living situation with minimal staff supervision. Programs, services, and treatment are generally outside the home. Length of stay varies and requires AOD abstinence.

Juvenile petition

An application for a court order or other judicial action. These are formal charging documents filed with the court that allege that a youth is delinquent, a status offender, or a dependent child. This starts the juvenile case brought before the judge.

Monitoring

An ongoing process of reviewing a program's activities to determine whether set standards or requirements are being met.

Monitoring system

An ongoing system to collect data on a program's activities and outputs. The data collected by the system are designed to provide feedback on whether the program is fulfilling its functions, addressing the targeted population, and/or producing the intended services. For example, a computerized intake system may be used that captures client characteristics and provides monthly reports on the number of clients who were processed and received services.

Outcome evaluation

An evaluation used by management to identify and access the results of a program's effort. It seeks to answer management's question, "What difference did the program make?" It provides management with a statement about the net effects of a program after a specified period of operation. This type of evaluation provides management with knowledge about the:

- Extent to which the problems and needs that the program is meant to solve or reduce still exist.
- Ways to ameliorate adverse effects and enhance desired effects.
- Program design adjustments that may be indicated for the future.

Process evaluation

Process evaluation focuses on how a program was implemented and how it operates. It identifies the procedures undertaken and the decisions made in developing the program. This process describes the program operations, its functions, and the services it delivers. Like a monitoring evaluation, a process evaluation addresses whether the program was implemented as designed and is providing the intended services. By documenting the program's development and operation, assessments can be made based on its successful or unsuccessful performance. These assessments provide information for potential replication or modification of the program.

Screening

The use of brief assessment instruments and established criteria to determine the eligibility and suitability of potential drug court participants.

Staffing

A meeting of the juvenile drug court team that is held before a youth's court hearing to discuss the progress made by a youth and his or her family and to determine what response from the program would be appropriate.

Strengths-based

An approach to working with youth and families that is focused on the positive characteristics of the participants—assets, achievements, and goals. Practices that are strengths-based engage youth and families as full partners in the process of change.

Substance dependence (adapted from DSM IV)

A maladaptive pattern of substance use that leads to clinically significant impairment or distress, as manifested by three or more of the following symptoms, occurring at any time during a 12-month period:

1. The user experiences tolerance—as defined by either of the following:
   a. A need for markedly increased amounts of the substance to achieve intoxication or the desired effect.
   b. Markedly diminished effect with continued use of the same amount of the substance.
2. The user suffers withdrawal when he or she stops using the substance.
3. The user takes the substance in larger amounts or over a longer period than was intended.
4. The user's efforts to cut down or control substance use are unsuccessful.
5. The user spends a lot of time in activities to obtain the substance, use the substance, or recover from its effects.
6. The user gives up or reduces important social, occupational, or recreational activities because of substance use.
7. The user continues to abuse the substance even though he or she has a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Substance abuse (adapted from DSM IV)

A maladaptive system of substance use that leads to clinically significant impairment or distress, as manifested by one or more of the following symptoms within a 12-month time period:

1. Recurrent substance use that results in failure to fulfill major obligations at work, school, or home.
2. Recurrent substance use in situations where it is physically hazardous.
3. Recurrent substance-related legal problems.
4. Continued substance use despite having persistent or recurrent social or interpersonal problems that are caused or exacerbated by the effects of the substance.

The symptoms have never met the criteria for substance dependence for this class of substance.

Treatment

The entire therapeutic process, which may include substance-abuse counseling, family therapy, and/or training in anger management.

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21. Belknap, 1996.

22. Acoca, 1998; Rotheram-Borus, 1993.

23. Gurian, 1996.

24. OJJDP, 1999.

25. See note 23 above.

26. Pollack, 1998.

27. Benson, 1997.

28. Zehr, 1995.

29. Duncan and Miller, 2000.

30. Clark, 2001.

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Bureau of Justice Assistance Information

For more indepth information about BJA, its programs, and its funding opportunities, requesters can call the BJA Clearinghouse. The BJA Clearinghouse, a component of the National Criminal Justice Reference Service (NCJRS), shares BJA program information with state and local agencies and community groups across the country. Information specialists are available to provide reference and referral services, publication distribution, participation and support for conferences, and other networking and outreach activities. The clearinghouse can be reached by:

- **Mail**
  P.O. Box 6000
  Rockville, MD 20849–6000
- **Visit**
  2277 Research Boulevard
  Rockville, MD 20850
- **Telephone**
  1–800–688–4252
  Monday through Friday
  8:30 a.m. to 7 p.m.
  eastern time
- **Fax**
  301–519–5212
- **BJA Home Page**
  www.ojp.usdoj.gov/BJA
- **NCJRS Home Page**
  www.ncjrs.org
- **E-mail**
  askncjrs@ncjrs.org
- **JUSTINFO Newsletter**
  E-mail to listproc@ncjrs.org
  Leave the subject line blank
  In the body of the message,
  type:
  subscribe justinfo
  [your name]

BJA

INTEGRATING EVIDENCE-BASED SUBSTANCE ABUSE TREATMENT INTO JUVENILE DRUG COURTS: IMPLICATIONS FOR OUTCOMES

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This article describes the importance of integrating evidence-based substance abuse treatments into juvenile drug courts. Guidelines from the National Institute on Drug Abuse (NIDA) are offered as a template to enable drug courts to select substance abuse treatments based on available evidence of effectiveness. Multisystemic therapy (MST) is presented as an example of an evidence-based model of treatment that meets NIDA guidelines and has been integrated into several juvenile drug courts. Substance abuse outcomes from published MST trials are summarized, and a current study that examines the relative effectiveness of drug court with MST versus drug court with traditional substance abuse treatment is described.

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ARTICLE SUMMARIES

TREATING ADOLESCENT SUBSTANCE USE EFFECTIVELY

[25] Recent research identifies determinants of adolescent substance use, implying methods for effective treatment.

NIDA'S THIRTEEN PRINCIPLES

[26] NIDA has outlined Thirteen Principles of effective treatment.

WHAT IS MULTI-SYSTEMIC THERAPY (MST)?

[27] MST uses evidence-based intervention techniques along with more unconventional service delivery.

EVALUATING THE EFFECTIVENESS OF MST

[28] Several studies have shown MST to be an effective treatment for adolescent substance use.

MST AND THE THIRTEEN PRINCIPLES

[29] The application of MST follows most of NIDA's Thirteen Principles of effective treatment.

MST AND JUVENILE DRUG COURT

[30] With some modification, MST has been integrated into juvenile drug courts.

EVALUATING MST IN JUVENILE DRUG COURT

[31] The integration of MST into juvenile drug court is currently being evaluated, with early signs of success.

INTRODUCTION

Juvenile drug courts have two primary components. The first component pertains to the organization and procedures used by the court. Here, youths with substance abuse problems are seen frequently, as often as once a week; objective biological measures of their substance use are obtained; and graduated sanctions and rewards are provided to the youth based on the results of the measures. Importantly, these procedures are consistent with long-standing principles of treatment that have strong empirical support for effectiveness in the behavior therapy literature (Eysenck & Martin, 1987; Garfield & Bergin, 1986; Granvold, 1994; Hubble, Duncan, & Miller, 1999). These principles state that behavior is effectively modified when tracked objectively and when meaningful consequences (rewards and punishments) are applied in a consistent and timely fashion. Moreover, in the broader criminal justice literature (e.g., Gendreau, 1995), the use of such behavioral principles has been associated with decreased rates of rearrest.

The second component of juvenile drug courts is the integration of community-based substance abuse treatment for the youths. Ideally, such treatment should have demonstrated effectiveness (i.e., be evidence based). As in the areas of mental health (Kazdin, 1997; Kazdin & Weisz, 1998) and juvenile justice (Elliott, 1998) services for youth, a wide variety of different substance abuse treatments have been developed. Unfortunately, and also consistent with the fields of mental health and juvenile justice services, few of these substance abuse treatments have demonstrated that they do more good than harm.

Nevertheless, decisions about the choice of treatment strategies for youths who abuse substances may be informed by the extensive knowledge base on the determinants (i.e., risk factors) and correlates of adolescent substance use. In

addition, findings from treatment outcome research for adolescent and adult substance abusers provide excellent guidelines for the choice of interventions to be integrated into juvenile drug courts. The purpose of this paper is to summarize the conclusions of these literatures and to discuss their implications for the effectiveness of juvenile drug courts.

DETERMINANTS OF ADOLESCENT SUBSTANCE USE AND IMPLICATIONS FOR EFFECTIVE TREATMENT

[25] Logically, if treatment addresses the known causes and correlates of substance abuse, the probability is increased that the treatment will be effective. Fortunately, an extensive knowledge base on the determinants of adolescent substance use and other antisocial behavior has been developed. Based on conclusions of several recent reviews, (American Academy of Child and Adolescent Psychiatry, 1997; Hawkins, Catalano, & Miller, 1992; McBride, VanderWaal, VanBuren, & Terry, 1999) consistent correlates of adolescent substance use have been identified, and these pertain to the adolescent and the multiple environmental contexts in which adolescents are embedded (see Table 1).

These findings have important implications for the design of effective substance abuse services for adolescents as delineated by Henggeler (1997). First, if a behavior is multidetermined and the goal of treatment is to maximize the probability of effecting the behavior, then treatment must focus on identified risk factors and have the capability of addressing a comprehensive array of these factors. Thus, for example, effective substance abuse treatment must have the capacity to (a) enhance parental abilities to monitor and discipline youth, (b) minimize youth involvement with deviant peers while enhancing involvement in prosocial peer activities (e.g., sports, church, after school activities), and (c) modify youth attitudes and beliefs regarding substance use.

Second, for reasons of efficiency and engagement in treatment, interventions must be individualized. Individualization of services (i.e., one size does not fit all) allows treatment to be tailored to the particular strengths and weaknesses (i.e., protective and risk factors) of the youth and his or her environmental context. Third, if adolescent substance use is heavily influenced by family, peers, school, and neighborhood, removing youths from these contexts (e.g., sending to residential treatment) is likely to provide only temporary reductions in substance use because the youth will be returning to the same context that has been supportive of the problems. Rather, clinical resources should be devoted to changing the contexts surrounding the youth. That is, treatment should be provided where the problems are, which is in homes, schools, and neighborhoods.

EVIDENCE-BASED GUIDELINES FOR EFFECTIVE TREATMENT

[26] In 1999, the National Institute on Drug Abuse (NIDA) conducted an extensive review of the treatment outcome research literature in the areas of adolescent and adult substance abuse. To enable organizations, institutions, and programs, such as drug courts, to select effective substance abuse treatment providers, NIDA published and disseminated 13 principles of effective treatments (NIDA, 1999 [see Table 2]).

The pertinence of these principles to services offered in juvenile drug courts is discussed subsequently. Here, however, it is important to note that several of the principles support the aforementioned contention that effective treatment should be comprehensive and individualized. For example, Principle 1 (No single treatment is appropriate for all individuals) highlights the need to individualize treatment for each adolescent to address those factors in his or her environment that are linked with substance use. Principle 3 (Effective treatment attends to the multiple needs of the

individual, not just his or her drug use) shows the need for treatment to be comprehensive enough to address pertinent social, family, and school problems. Likewise, Principle 8 (Addicted or drug-abusing individuals with coexisting mental health disorders should have both disorders treated in an integrated way) highlights the need for treatment to be comprehensive enough to address coexisting mental health problems of the adolescent. Taken together, NIDA's principles and the recent reviews of the correlates of adolescent substance abuse argue forcefully for treatment to be individualized and comprehensive enough to address its multiple determinants.

EVIDENCE-BASED TREATMENTS OF ADOLESCENT SUBSTANCE ABUSE: MST AS AN EXAMPLE

Several recent reviews have documented an emerging evidence base of promising adolescent substance abuse treatments (e.g., Bukstein, 2000; Liddle & Dakof, 1995; McBride et al., 1999; NIDA, 1999; Stanton & Shadish, 1997; Waldron, 1997; Winters, 1999). For example, NIDA (1999) cited three models as scientifically based approaches to adolescent drug treatment, including multisystemic therapy (MST; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998), multidimensional family therapy (Liddle et al., 2001), and contingency management (Azrin et al., 1996). Similarly, Stanton and Shadish (1997) have highlighted the promise of several family-based approaches, and favorable substance use outcomes have recently been observed for functional family therapy (Waldron, Slesnick, Turner, Brody, & Peterson, 2001). MST has also been extensively validated and cited as an effective treatment for youth with violent and serious criminal behavior (Surgeon General's report on youth violence [U.S. Department of Health and Human Services, 2001]).

[27] MST is an empirically based treatment developed by the fourth author in the late 1970s. The ultimate goal of MST is to empower primary caregivers with the skills and resources to independently address the difficulties that arise from rearing youth with substance use and behavioral problems and to empower youth to cope with family, peer, school, and neighborhood difficulties. MST is one of the few treatments, to date, that has demonstrated long-term effectiveness with substance abusing youth and their families (Henggeler, et al., 1991; Henggeler, Clingempeel, Brondino, & Pickrel, in press).

Clinical Basis

MST clinical procedures are detailed in two volumes (Henggeler & Borduin, 1990; Henggeler et al., 1998). MST is based on a social ecological model of behavior (Bronfenbrenner, 1979), which is highly consistent with the aforementioned findings on the correlates of adolescent substance use. An underlying assumption of MST is that adolescents' clinical problems develop within the context of their social ecology, which includes the family (immediate and extended family members), peers, school, and neighborhood. Within this framework, MST uses evidence-based intervention techniques (e.g., behavior therapy, cognitive behavioral therapy, pragmatic family therapy, and community reinforcement voucher approach) to address individual, family, and system factors that are associated with treatment goals, including substance use. These interventions, however, are implemented in a programmatic context that differs substantially from the contexts in which most mental health and substance abuse services are delivered. In addition to adhering to a social ecological conceptual framework, MST programs (a) have intensive quality assurance protocols to optimize treatment fidelity and outcomes (Henggeler & Schoenwald, 1999), (b) use a home-based model of service delivery to overcome barriers to service access, (c) focus interventions on building caregiver

capacity to be effective with their youth (in contrast with a child-focused approach), and (d) assume accountability for engaging families in treatment and for achieving treatment goals.

Substance-related Outcomes

[28] As with all evidence-based treatments, rigorous evaluation has been fundamental to the development and validation of MST. Such critical evaluation and ongoing examination of outcomes is largely what differentiates evidence-based services from those services believed to be achieving outcomes, but never rigorously examined for such. Substance-related outcomes were examined in two randomized trials of MST with violent and chronic juvenile offenders (Borduin et al., 1995; Henggeler, Melton, & Smith, 1992), and these findings were published in a single report (Henggeler et al., 1991). Findings in the first study (Henggeler et al., 1992) showed that MST significantly reduced adolescent reports of a combined index of alcohol and marijuana use at post-treatment. In the second study (Borduin et al., 1995), substance-related arrests at a 4-year follow-up were 4% in the MST condition versus 16% in the comparison condition.

Subsequently, the effectiveness of MST was examined in a study with 118 juvenile offenders meeting DSM-III-R criteria for substance abuse or dependence and their families (Henggeler, Pickrel, & Brondino, 1999), with participants randomly assigned to receive MST vs. usual community services. MST reduced self-reported alcohol and marijuana use at post-treatment; decreased total days in out-of-home placement by 50% at follow-up (Schoenwald, Ward, Henggeler, Pickrel, & Patel, 1996), and increased youth attendance in regular school settings (Brown, Henggeler, Schoenwald, Brondino, & Pickrel, 1999). Moreover, fully 100% (58 of 58) of families in the MST condition were retained for at least 2 months of services, and 98% (57 of 58)

were retained until treatment termination at approximately 4 months post-referral, averaging 40 hours of direct clinical contact with an MST therapist (Henggeler, Pickrel, Brondino, & Crouch, 1996). Cunningham and Henggeler (1999) describe the effective MST family engagement strategies. Moreover, at 4 years post treatment, MST participants (now young adults) evidenced significant reductions in aggressive criminal behavior and had fewer positive tests for drug use based on urine screens than did participants in the comparison condition (Henggeler et al., in press). As is the case with most evidence-based approaches, additional research efforts aim to enhance outcomes, and these are described subsequently.

Compatibility with NIDA Guidelines

[29] In large part, the emerging success of MST and other family-based treatments such as multidimensional family therapy and functional family therapy can be understood in their correspondence with NIDA's 13 principles of effective treatment. Again, using MST as an example, this section overviews such compatibility.

1. NIDA: No single treatment is appropriate for all individuals.

MST: The choice of evidence-based interventions used for a particular youth and family is based on the identified risk and protective factors. For example, cognitive behavioral interventions might be used to address attitudinal barriers to achieving outcomes, whereas contingency management systems might be used to increase caregiver effectiveness.

2. NIDA: Treatment needs to be readily available.

MST: A home-based model of service delivery is used to address barriers to service access. In a home-based model, therapists provide services in home, school, and other community locations; caseloads are low; therapists are

available 24 hours a day, 7 days a week to respond to crises; and appointments are made at times convenient to the family. This approach has enabled MST to achieve the highest rates of treatment completion in the field (Henggeler et al., 1996).

3. NIDA: Effective treatment attends to the multiple needs of the individual, not just his or her drug use.

MST: Therapists comprehensively address the multiple determinants of the adolescent's problem behaviors across individual, family, peer, school, and neighborhood contexts. Any factor that is a barrier to favorable outcomes may become a target of MST interventions.

4. NIDA: An individual's treatment and service plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs.

MST: Continuous evaluation of treatment outcomes is a fundamental feature of the treatment model. At the onset of a case, the MST therapist works with stakeholders (e.g., the youth, caregivers, probation officer, teachers, judge) to determine the overarching goals of treatment and to understand the fit of the youth's problem behavior with the environment. Corresponding interventions are then developed and implemented collaboratively by the therapist and caregivers. If interventions are successful, treatment moves on to the next goals. If interventions are unsuccessful, the therapist and family reevaluate their understanding of the causes of the youth's behavior. This reevaluation leads to a corresponding modification of the interventions. This recursive process continues until interventions are effective.

5. NIDA: Remaining in treatment for an adequate period of time is critical for treatment effectiveness.

MST: MST is more intensive than most treatment approaches available and clinical improvement as opposed to number of treatment sessions dictates when a family will be discharged. On average, families receive 4 to 5 months of treatment, including an average of approximately 60 hours of

direct therapist-family contact. However, if a longer duration is necessary to obtain clinical improvement the family may receive additional treatment. In addition, as noted previously and as detailed elsewhere (Cunningham & Henggeler, 1999), MST is extremely effective at engaging youths and families in treatment.

6. NIDA: Counseling and other behavioral therapies are critical components of an effective treatment for addiction.

MST: Evidence-based interventions, such as behavioral and cognitive behavioral interventions, are fundamental to the implementation of MST. That is, intervention techniques used within MST are based on their extant evidence base (Henggeler et al., 1998). MST programs, however, integrate behavioral therapies with a social ecological conceptual framework, rigorous quality assurance systems, and a commitment to overcome barriers to service access.

7. NIDA: Medications are an important element of treatment for many patients, especially when combined with counseling and other behavioral therapies.

MST: Evidence-based pharmacological treatments (e.g., for ADHD) are integrated into MST psychosocial interventions when indicated.

8. NIDA: Addicted or drug-abusing individuals with coexisting mental health disorders should have both disorders treated in an integrated way.

MST: Treatment of co-occurring emotional and behavioral problems is fundamental to MST. MST has an emerging record in treating adolescent mental health problems effectively, as described in the Surgeon General's report on mental health (U.S. Department of Health and Human Services, 1999).

9. NIDA: Medical detoxification is only the first stage of addiction treatment and by itself does little to change the long-term drug use.

MST: A detoxification unit may be used as a safe site for stabilization, but it is not a treatment. MST therapists working with adolescents who require detoxification remain actively involved with the case by preparing for treatment when detoxification is completed.

10. NIDA: Treatment does not need to be voluntary to be effective.

MST: The court has mandated treatment in many MST programs. Although such mandates can gain the family's attention, they do not necessarily lead to family engagement or outcomes. Outcomes require developing an active collaboration between the therapist and the family. Regardless of how an adolescent enters the MST program, the MST therapist works to engage the adolescent's family to increase the likelihood that treatment gains will be promoted and maintained following treatment.

11. NIDA: Possible drug use during treatment must be monitored continuously.

MST: Urinalysis and other biological indices are currently being used to monitor drug use in MST programs, although this has only recently been the case. Rewards are provided by the caregivers for clean screens, and negative consequences are given for dirty screens. If the adolescent has a dirty screen, the therapist and caregivers attempt to understand the bases of the "lapse" and design interventions to address these bases.

12. NIDA: Treatment programs should provide assessment for HIV/AIDS, Hepatitis B and C, Tuberculosis and other infectious diseases, and counseling to help clients modify or change behaviors that place themselves or others at risk of infection.

MST: Medical evaluations have not been a standard part of MST programs. Rather, medical issues have been addressed on an "as needed" basis. In a recent MST clinical trial (Henggeler, Rowland et al., 1999), however, medical

evaluations were conducted on all youths in the MST condition, and a substantive percentage of these youths had previously unidentified medical conditions that could interfere with their psychosocial functioning (Rowland, Key, Marsh, Hedgepath, & Halliday-Boykins, 2000). These findings have heightened the awareness of medical issues that might impact treatment outcomes, though a protocol for addressing these issues has not yet been specified.

13. NIDA: Recovery from drug addiction can be a long-term process and frequently requires multiple episodes of treatment.

MST: One of the limitations of standard MST programs using home-based services is that treatment is time limited -- usually 4-6 months. Drug use behavior, however, can be a very entrenched and reoccurring problem. Although the goal of the therapist is to empower parents to address current and future risk factors associated with their adolescent's drug use, such efforts are not always successful. To address this limitation in the MST model, a large-scale randomized trial of an MST-based continuum of care is currently in progress in Philadelphia. Youths in this project, a percentage of whom are substance abusers, enter an MST-based continuum of care (i.e., MST intensive outpatient; MST home-based; MST oriented respite, foster care, and short-term residential care) in which the duration of services is not time limited and youths receive the intensity of services that corresponds to their clinical needs.

Thus, using MST as an example of an evidence-based practice in this particular case, the model is consistent with many of the NIDA guidelines developed for the broader field. Interestingly, in those cases where MST programs have not historically been consistent with the 1999 guidelines (see guidelines 11, 12, 13), MST research during the past few years has moved in the direction of the guidelines.

Integration of MST with Juvenile Drug Court

[30] MST programs are operating in juvenile drug courts in Honolulu, New Orleans, Gainesville, and Charleston, South Carolina. The integration of MST and juvenile drug court has led to modification of both standard MST procedures and drug court practices. Two major modifications to MST programmatic and therapist functioning have been made. First, to address the difference between the average length of treatment in MST (i.e., 4 months) and the average duration of many drug court programs (i.e., 12 months), staffing adjustments are being made within the MST drug court programs (e.g., intensive services are provided for 4 months followed by periodic monitoring and less intensive services until drug court graduation). Second, therapists have developed closer working relations and collaborations with juvenile justice authorities than has typically been the case. Although the roles of the court and juvenile probation are central to the success of services at all MST sites (i.e., MST programs are providing services in 27 states and 6 nations), drug court requires relatively intensive contact with juvenile justice authorities on a weekly basis. MST programs have long emphasized their own accountability for achieving favorable outcomes with clients, but the frequent review of outcomes by the court (i.e., urine screens, weekly appearance in court) raises this bar even higher.

The introduction of a clearly specified evidence-based practice into juvenile drug court has required modification of the court's practices as well. Most important, many drug courts view intensive group-oriented substance abuse treatment (e.g., 3-5 hours after school every day) as a fundamental component of drug court. Such group interventions for youths presenting serious antisocial behavior are clearly proscribed within MST. This prohibition is based on considerable evidence that group treatment for adolescents with antisocial behavior is iatrogenic (for