



The In-Practice Tip Sheets are resources for juvenile drug court teams and are meant to provide operational steps to implementing the *16 Strategies in Practice*. This is not an exhaustive list of practice tips. Juvenile drug court teams are encouraged to use these Tip Sheets as a starting point as they strive to make program enhancements or operationalize the *16 Strategies*.

## Developmentally Appropriate Services

**CASE STUDY:** Fifteen-year-old Isha is currently two years behind his same age peers in academic placement. He seems to prefer friendships with other children, who are two to three years his junior. Parents report that Isha did not meet developmental milestones as expected compared to his siblings. For example, he did not walk until age two, seemed frustrated by games and play and did not feed himself (using eating utensils) until age four. He was placed in speech therapy soon after entering school. Isha admits to some experimentation with alcohol and marijuana; his parents requested a urine analysis (UA). Based on results, Isha was placed in treatment. Upon discharge, he returned to substance use and began acting out in other risky behaviors such as, curfew violations, school failure and increased aggression. He returned to in-patient care and so began the revolving door of treatment and return to the home environment. Each time he returned, his risky behaviors increased.

### Solution-focused Tips for developmentally appropriate services:

- 1 Tip No. 1:** The JDC should collect assessment information on each adolescent entering the drug court program; all evaluative assessments should be completed by a competent clinician or specialist.
  - Gather data on cognitive skills, current functioning level and capacity in reading, writing and verbal skills.
  - Include assessments on social and emotional maturity, along with ability to access services and follow through on treatment recommendations.
  - Personality traits should also be assessed, which might inform the JDC team how the participant deals with authority and follows instructions.
  - Periodic assessments should be completed to respond to developmental changes that occur during the course of drug court involvement.
- 2 Tip No. 2:** The JDC team should hold service providers accountable for the individualized treatment of each participant.
  - Use a broad-based interdisciplinary approach for developing treatment plans and provide cross training for all stakeholders.
  - Ensure that providers have a continuum of treatment options available to match with the various developmental levels of participants.
  - Recognize that chronological age is not necessarily the same as psychological, emotional or developmental age.
- 3 Tip No. 3:** The JDC team should develop strategies based on the interests and abilities of program participants.
  - Monitor treatment plans regularly and amend as necessary to meet the changing cognitive, social and emotional needs of participants (note: the treatment providers will conduct this process).
  - Monitor the potential negative impact of peer group and family members so that the participants' interests and abilities are encouraged, rather than discouraged.
  - Conduct an interest and/or aptitude survey to find out what participants might want to do as a future vocation.
  - Conduct an inventory or interest survey on what truly will motivate the youth's positive behavior change.
  - Showcase, through any type of show and tell model, special abilities such as art, music, crafts, mechanics, cosmetology, fashion, woodworking, etc.
- 4 Tip No. 4:** The JDC team should steer away from premature diagnoses or long-term labeling.
  - Acknowledge that not all adolescents who use substances are or will be dependent; experimentation is a common behavior among adolescents.
  - Distinguish among the terms used to define substance use: use, abuse, dependency and addiction are not the same.



## DEVELOPMENTALLY APPROPRIATE SERVICES

- Discuss any previous diagnoses given, especially from a personality, mental health or academic perspective. Do not allow this label to become an excuse or a crutch for inappropriate behaviors.

**5 Tip No. 5:** The JDC team should foster motivation to change through provision of developmentally appropriate services.

- Engage the youth in his/her treatment planning since participants are more likely to see the benefits of change if they understand and agree with the goals and objectives.
- When interviewing or interfacing with participants, use a motivational strategy in both what is said and how it is said; strict punitive measures do not work.
- Operate in the here and now, but with a definite, positive outlook on what the future may hold for each participant.
- Use self-help and treatment groups geared toward adolescents, instead of placing participants in predominantly adult treatment groups where they may become overwhelmed.

**6 Tip No. 6:** The JDC team should establish a plan to provide for developmentally appropriate continuing care, once drug court involvement has been completed.

- Minimize the revolving door of treatment by giving the youth and his/her family a plan to move forward.
- Involve youth and family members in setting goals for continuation beyond drug court in education, work, family planning and other life decisions.
- Provide opportunities and encouragement for youth to get involved in community functions (e.g., faith-based community, Boys & Girls Club, school associations/clubs, community mentors) with caring adults who can serve as role models such as Scouts, Big Brother/Big Sister or other mentoring programs.

**CHECK FOR UNDERSTANDING:** *How will you provide for developmentally appropriate services for Isha, especially knowing that other options have failed?*

**ANSWER:** As soon as possible, conduct a thorough assessment by a competent clinician or specialist trained in adolescent functioning to determine Isha's cognitive, social and emotional functioning, as well as personality traits. This may involve collecting and reviewing information that already exists. If this information does not exist, be sure to have an assessment completed that is relevant to current functioning. Give assessment data to service providers so that they can develop an individualized treatment plan that takes Isha's needs and abilities into account. Ensure that providers frequently address changes in his developmental needs and cognitive, social and emotional status and amend the treatment plan as indicated. Do not allow any diagnoses or label to be detrimental to his progress. Diagnoses are not excuses for inappropriate behaviors! Stay positive and be sure to allow both Isha and his family to be active participants in his treatment. Remember that change may not be permanent without also including a plan for developmentally appropriate aftercare. Provide opportunities and encouragement for Isha to move forward and live up to his individual potential.

### ADDITIONAL RESOURCE(S):

- NCJFCJ's Juvenile Drug Court Information Center - <http://www.ncjfcj.org/developmentally-appropriate-services>
- *Juvenile Drug Courts: Strategies in Practice* – Page 32
- Case Management for Substance Abuse Treatment: A Guide for Administrators - [www.samhsa.gov](http://www.samhsa.gov)
- Facts for Families: American Academy of Child and Adolescent Psychiatry - <http://www.aacap.org>

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