Part Two: New Juvenile Drug Treatment Court Guidelines: Implications for Practice Webinar Series

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Webinar
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Adobe Connect Environment

♦ You can access the Guidelines web site via the web link box

♦ You can download the Guidelines manuscript via the files box

♦ You can ask the presenters a question in the question box
Poll Question: What Is Your Role on the Juvenile Drug Treatment Court Team?

♦ Judge
♦ Coordinator
♦ Prosecutor
♦ Defense Attorney
♦ Probation Officer/Case Manager
♦ Substance Abuse Treatment Provider
♦ School Representative
♦ Evaluator
♦ Administrator
♦ Other
Presenters

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Juvenile Drug Treatment Court Guidelines
Released December 2016

- Treatment-oriented to focus on substance use disorders and mental health
- Evidence-based to support JDTCs identify the strategies most likely to result in positive outcomes
- Guided by adolescent development and family engagement
The Office of Juvenile Justice and Delinquency Prevention (OJJDP) has released the Juvenile Drug Treatment Court Guidelines.

Juvenile drug treatment courts (JDTC) are designed for youth with substance use disorders who come into contact with the juvenile justice system. The new guidelines provide juvenile courts with an evidence-based, treatment-oriented approach that emphasizes family engagement, and addresses the substance use and often co-occurring mental health disorders experienced by the youth.

OJJDP partnered with a research team, experts in the field, and other federal agencies to develop the guidelines to support judges and professional court staff, young people with substance use disorders, and their families.

The guidelines are organized into key objectives with corresponding guideline statements, and include rigorous supporting research and considerations for implementation.

Additional research reports, the research translation process, the list of partners, and frequently asked questions can be accessed in the Supporting Information.

Register for a three-part webinar series to explore the new Guidelines in detail.

Click on the objectives in the graphic below to navigate through the content of the guidelines or review the complete Juvenile Drug Treatment Court Guidelines.
Objective 4. Conduct comprehensive needs assessments that inform individualized case management.
Needs assessments should include information for each participant on:

- Use of alcohol or other drugs.
- Criminogenic needs.
- Mental health needs.
- History of abuse or other traumatic experiences.
- Well-being needs and strengths.
- Parental drug use, parental mental health needs, and parenting skills.
Guideline 4.1
Needs assessments should include information for each participant on Use of Alcohol or Other Drugs.

Research Evidence:
• Youth who have a substance use disorder have higher rates for successfully completing JDTCs than those who use drugs or alcohol but do not have a substance use disorder
• Participating youth had better outcomes in terms of reduced substance use when strict program eligibility criteria existed and the youth had serious substance use and delinquency problems
Guideline
4.1 Needs assessments should include information for each participant on Use of Alcohol or Other Drugs.

Practice Considerations
• Assessments need to be completed by the time the youth first appears in the JDTC (ideally, at intake), but may also be completed prior to referral to the JDTC
• Trained and certified professionals should complete all assessments
• The needs assessment process must be done using validated tools, assess a greater array of needs, and inform the development of case management and treatment plans
Guideline 4.1

Needs assessments should include information for each participant on Criminogenic Needs.

Research Evidence:

- Reductions in recidivism are greater when programming addresses the criminogenic needs of system-involved youth.
- Research shows when needs assessments are conducted effectively, probation officers are more likely to focus on treatment options when developing case management plans.
Guideline 4.1 Needs assessments should include information for each participant on Criminogenic Needs.

Practice Considerations

- Many risk assessment systems that include comprehensive sets of items that assess criminogenic needs
- It is recommended that decision makers take into account the purpose for which the assessment tool will be used (i.e., identifying treatment targets) and the relevance of the instrument to the objectives of the JDTC
- It is critical that the selected assessment tool is evidence based
Guideline
4.1

Needs assessments should include information for each participant on Mental Health Needs.

Research Evidence:
• 60 percent to 90 percent of youth who come in contact with the juvenile justice system have at least one diagnosable mental health disorder
• when co-occurring mental health disorders are not addressed, youth will be less likely to consistently abstain from using alcohol, drugs, and other substances
Guideline 4.1

Needs assessments should include information for each participant on Mental Health Needs.

Practice Considerations

• Mental health assessments should include direct observation and interviews with youth, mental status examination, chart reviews, and interviews with parents and other caregivers, along with a family history, when possible.
Guideline 4.1

Needs assessments should include information for each participant on History of Abuse or Other Traumatic Experiences.

Research Evidence:
• Failure to “carefully consider trauma in developmental formulation, differential diagnosis, and functional assessment” may lead to errors in identifying mental health needs as they relate to trauma exposure and thus jeopardize the proper alignment of treatment with need
Guideline 4.1

Needs assessments should include information for each participant on History of Abuse or Other Traumatic Experiences.

Practice Considerations

- To conduct screening for psychological trauma, the National Child Traumatic Stress Network recommends inquiring about a youth’s history of exposure to traumatizing events through a range of tools that vary widely in length and comprehensiveness.
Guideline 4.1

Needs assessments should include information for each participant on Well-Being Needs and Strengths.

Research Evidence:

- Four domains of child well-being have been identified, including cognitive functioning, physical health and development, emotional/behavioral functioning, and social functioning.
- Programs focusing on positive youth development produced evidence of significant changes in youth’s personal health management, assertiveness, sociability, problem-solving, interpersonal skills, and regulation of emotions.
Guideline

4.1 Needs assessments should include information for each participant on Well-Being Needs and Strengths.

Practice Considerations

• The assessment of well-being needs and strengths is a focus on the positive and often encompasses the evaluation of strengths of the family as well as the youth—in practice, conducting these assessments is a strategy for engaging with the family
• A strengths-based focus on positive youth development is based on what is known from research on adolescent development but is still a cultural shift when adopted in juvenile justice agencies
Needs assessments should include information for each participant on Parental Drug Use, Mental Health Needs, and Parenting Skills.

**Research Evidence:**

- For JDTC programs to succeed, they must screen for and address family needs—screening and assessment should examine how parental substance use affects bonds with children and how parental role modeling influences youth behavior
- Needs assessments should also seek to identify more positive coping skills for both youth and parents
Guideline 4.1

Needs assessments should include information for each participant on Parental Drug Use, Mental Health Needs, and Parenting Skills.

Practice Considerations

• Active family involvement helps support the youth’s treatment; it may also strengthen the family and enhance the ability of parents, family members, and caregivers to provide the support, structure, and guidance a youth needs after he or she completes the program.
Guideline 4.2 Case management and treatment plans should be individualized and culturally appropriate, based on an assessment of the youth’s and family’s needs.

Research Evidence:
• JDTCs should adopt evidence-based case management that takes into account the participants’ special needs and allows some flexibility in the application of case management practices
• Programs that use a more flexible framework focused on the delivery of specific treatment elements shown to be effective, rather than a prescriptive sequencing of every program element, may be more effective when trying to engage and retain clients whose circumstances make it difficult to follow a regimented program schedule
Guideline 4.2
Case management and treatment plans should be individualized and culturally appropriate, based on an assessment of the youth’s and family’s needs.

Practice Considerations

- For JDTCs, the information gained from a comprehensive assessment can be used to (1) initiate a plan for specific treatment, (2) identify other psychosocial needs, (3) describe the individual’s specific strengths, or (4) evaluate the individual’s motivation for treatment.
- The best case management will include the integration of individual needs, including culturally relevant needs and those specific to youth with special needs, into treatment and other critical services provided or accessed.
- JDTCs should provide evidence-based case management with the framework of a trauma-informed juvenile justice system.
Resources

♦ Substance Abuse Screening Tools

– https://uwphi.pophealth.wisc.edu/programs/evaluation‐research/adis.htm

♦ Trauma and Adverse Childhood Experiences

Resources

♦ Criminogenic Needs

♦ Mental Health
  - http://www.nysap.us/MAYSI2.html

♦ Case Planning
Objective 5. Implement contingency management, case management, and community supervision strategies effectively.
Research Evidence:
- Contingency management strategies are often implemented in less than optimal ways because of challenges in training staff to understand and use these principles
- Common theme in the research literature that JDTCs would like to expand the number and variety of incentives used
- Research suggests that praise can be a powerful behavioral motivator when applied under the proper conditions
- A balance is needed between incentives and sanctions in the JDTC—research shows that there should be four incentives for every sanction
Practice Considerations

• JDTCs should implement a system of incentives and sanctions that are:
  • immediate
  • certain
  • consistent
  • fair
  • of appropriate intensity
  • goal oriented
  • graduated
  • individualized
  • therapeutically sound

• JDTCs should use data to monitor the implementation of incentives and sanctions on an ongoing basis, reviewing their effectiveness and ensuring that they maintain an appropriate incentives-to-sanctions ratio.
Research Evidence:

- Youth generally perceive that counselors and JDTC staff treat them fairly
- Incentives are important to the success of drug courts, and youth indicate that they appreciate the rewards
- Increasing incentives can improve graduation rates
- When incentives and sanctions are individualized, they can facilitate the kind of “reflected appraisals” that contribute to a true change in identity for the participants
Practice Considerations

• The objective is to base incentives and sanctions on the participant’s competency and individualized treatment protocol
• Behavioral contracts allow JDTCs to stay both consistent and individualized because if a youth breaks the contract, he or she cannot say that the response is unfair
• JDTCs should meet with the youth to create a list of incentives and sanctions and update them every 60 to 90 days
• Individualization of incentives and sanctions should be aligned with the youth’s proximal (short term, not using drugs this week) and distal (long term, such as obtaining a GED) goals
Research Evidence:

• Research shows that detention is the most commonly used sanction in some JDTCs
• The use of detention actually increases the likelihood of recidivism and negatively impacts future employment and educational opportunities
• Detention and length of detention are also related to JDTC failure
• Detention should be used sparingly and only as a last resort—it is the least effective and most expensive way to affect changes in behavior
• Most commonly, fees are assigned based on the youth’s behavior, but the parents pay
• Some parents and guardians feel it is not fair to pay fees when youth are noncompliant and they may seek to hide noncompliant behaviors from the court
Practice Considerations

- Normal adolescent behaviors can often include risk taking, impulsiveness, moodiness, forgetfulness, aggression, and experimentation and many of these behaviors are punished in the JDTC model and result in eventual stays in detention or in the assignment of fees.
- Courts should assess the use of detention and consider replacing it as much as possible with effective, lower cost sanctions.
- JDTCs should consider whether the assignment of fees is a valuable strategy.
Research Evidence:

- The benefits of intensive monitoring are mixed; although it can create opportunities to better address youth’s needs, it can also lead to the detection of more violations of program requirements and the administration of *ad hoc* sanctions, resulting in a negative view of youth and lower graduation rates.

- When the court focuses heavily on violations and noncompliance, it develops perceptions about how it will or will not be able to work with each youth, which may limit the application of the contingency management that could change behavior and shape the youth’s identity.
Practice Considerations

- The balance of case management and supervision, along with monitoring, should be achieved in the context of addressing the youth’s needs holistically.
- Requires individualizing case management and supervision plans and effective engagement of the parents or guardians.
- This balance will also provide the context in which decisions are made about the length of court supervision, the treatment programs to which participants are referred, the frequency of drug tests, and other services to which the youth are referred.
Research Evidence:

• A youth’s failure to appear for drug testing during the initial phase is a warning sign for youth at high risk of program failure

• Research shows a consensus that testing should occur twice a week initially and then weekly during the JDTC’s latter stages

• Tampering should be seen as a deliberate act of noncompliance, yet most tampering can be eliminated by employing direct observation for urine and other related collections
Practice Considerations

• Drug testing should be random, observed, frequent, and sensitive to any potential trauma the youth has experienced
• JDTCs should develop a standard for testing but increase the frequency as needed for individual youth
• The court should also use spot testing when staff suspect that the youth might be under the influence of a substance
• If JDTCs cannot afford frequent testing, they can use a random testing schedule in which the youth calls in daily to check if they have been selected for testing
• The frequency of testing should be the last supervision level lifted
Research Evidence:

- Research shows that return to use is an expected aspect of recovery for many youth.
- Treatment and sanctions are often confused with one another and that more restrictive forms of treatment are assigned in response to violations, rather than being based on an assessment of the youth’s treatment needs.
- Formal aftercare services such as assertive continuing care and active aftercare have both been associated with a lower likelihood of return to use.
- Community-based self-help groups, such as adolescent-specific 12-step programs, have shown promise for positive effects.
Practice Considerations

• Many JDTCs employ sanctioning models with a reasonable tolerance for return to use, consistent with what is known about successful recovery
• Tolerance for return to use should be determined on an individual basis
• Reactions to return to use should be based on what is known about each youth’s goals and progress
• Recovery high schools provide safe learning environments within larger schools to provide peer support in small groups, supporting recovery and enhancing academic performance
Resources

♦ Incentives and Sanctions

– https://www.nationalgangcenter.gov/SPT/Programs/74

– http://www.ncjfcj.org/goal-oriented-incentives-and-sanctions


– http://www.ncjfcj.org/our-work/juvenile-sanctions

– http://www.ndcrc.org/content/list-incentives-and-sanctions

– http://www.jdaihelpdesk.org/SitePages/alternativestodetention.aspx

Resources

♦ Risk, Need, and Responsivity

– https://www.nttac.org/media/trainingCenter/159/TCAM%20NCMR%20Essay%20-%20Risk%20Need%20Responsivity%20Model%20&%20Mentoring%20508%20C.pdf


Objective 6. Refer participants to evidence-based substance use treatment, to other services, and for prosocial connections.
Research Evidence:

- The availability of high-quality treatment resources that span the full continuum will vary in each jurisdiction.
- It is important to sustain available treatment resources and find ways to develop viable alternatives where gaps exist.
- Sustainability is more likely when program sites effectively link their needs to those of the larger resource, funding, and policy context.
Guideline 6.1 The JDTC should have access to and use a continuum of evidence-based substance use treatment resources—from in-patient residential treatment to outpatient services.

Practice Considerations
- A full continuum of treatment should include:
  - home-based outpatient treatment
  - intensive outpatient treatment
  - day treatment
  - individual, group, and family treatment
  - inpatient treatment
  - residential treatment
  - prevention of return to use and other ongoing care
- The JDTC must identify all organizations and agencies it will depend on for such services and involve them in the planning process
Guideline 6.2

Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues.

Research Evidence:

- Evidence-based treatment approaches and models: Assertive continuing care; Behavioral therapy; Cognitive behavioral therapy; Family therapy; Motivational enhancement therapy; Motivational enhancement therapy/Cognitive behavioral therapy; and Multiservice packages
- These types of treatment modalities were associated with significant reductions in substance use among youth and were consistently more effective than more generic types of “practice as usual” or “mixed counseling” programs that do not follow a unified approach or model for providing treatment.
Guideline 6.2
Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues.

Practice Considerations
• JDTCs are advised to refer participants to substance treatment programs that feature family therapy, motivational enhancement therapy, or cognitive behavioral therapy
• JDTCs should not refer participants to standard community services, stand-alone self-help treatment, or generic counseling programs that do not incorporate family therapy, motivational enhancement therapy, and/or cognitive behavioral therapy components
Research Evidence:

- While the desire for effective interventions has grown, the means to implement them effectively have not kept pace, often resulting in failed replications and adaptations.
- Poorly implemented evidence-based practices can produce no better outcomes than locally developed programs that do not have an established evidence base.
- Organizations that are not ready to take on an evidence-based practice typically produce poor results; eventually the intervention is de-adopted and replaced.

Guideline 6.3 Service providers should deliver intervention programs with fidelity to the programmatic models.
Practice Considerations

• Once a JDTC identifies the treatment and other service needs of youth and their families and identifies providers using evidence-based treatment and service models, programs must ensure that providers implement those practices with fidelity to the model
• To implement evidence-based treatments, agencies and clinicians must be trained in how to administer the intervention and adhere to the treatment manual and must be open to adjustments to practice to maintain fidelity
• When more attention is paid to implementation quality, programs can serve more participants and collect more consistent data on program results
Guideline 6.4
The JDTC should have access to and make appropriate use of evidence-based treatment services that address the risks and needs identified as priorities in the youth’s case plan, including factors such as trauma, mental health, quality of family life, educational challenges, and criminal thinking.

Research Evidence:
• Effective courts realize that, in addition to varying degrees of substance use problems, the youth they serve also have varying degrees of other risk factors
• Evidence strongly supports a greater variety and quantity of services in JDTC programs as well as connections with community providers to deliver those services
• Wide-ranging services and supports are needed to address trauma, mental health, family issues, educational challenges, and criminal thinking
**Practice Considerations**

- Courts should ask questions to determine the models that are used, evidence showing the models’ efficacy (and the populations they are effective with), and whether the providers are implementing the models with fidelity.
- Important that JDTCs ensure their chosen providers are meeting the youth’s and families’ wide range of needs.
Guideline 6.5

Participants should be encouraged to practice and should receive help in practicing prosocial skills in domains such as work, education, relationships, community, health, and creative activities.

Research Evidence:
• A systematic review of positive youth development programs showed that increases in positive youth behavior outcomes are related to reductions or prevention of youth’s involvement in problem behaviors, including substance use and delinquent activities.
• Research on JDTCs revealed that participants need more prosocial activities and opportunities.
• It is a challenge to understand and impact youth’s peer associations and JDTCs’ ability to affect youth’s peer associations appears mixed across courts.
• Mentoring is suggested as a way for youth to practice their prosocial skills while reaping the benefits of having an adult role model.
Practice Considerations

• The positive youth justice model proposes the intersection of two essential assets (learning/doing or building competence, and attaching/belonging or positive healthy relationships) with six different life domains (work, education, community, relationships, health, and creativity)

• Effective youth development programs address the outcomes: competence, self-efficacy, prosocial norms, opportunities for prosocial involvement, recognition for positive behavior, bonding with positive adults, positive identity, self-determination, and resiliency
Resources

♦ **Treatment**


- [http://www.abct.org/Help/?m=mFindHelp&fa=WhatIsCBTpublic](http://www.abct.org/Help/?m=mFindHelp&fa=WhatIsCBTpublic)

- [https://www.ojjdp.gov/mpg/litreviews/Family_Therapy.pdf](https://www.ojjdp.gov/mpg/litreviews/Family_Therapy.pdf)


♦ **Fidelity**


Resources

♦ Fidelity


Objective 7. Monitor and track program completion and termination.
Research Evidence:

• White youth were more likely to complete the program and had lower recidivism rates than minority youth
• Girls were more likely to complete the program and had lower recidivism rates than boys
• Older youth had better outcomes than those who were younger
• When youth have co-occurring disorders and histories of abuse or other traumatic experiences, they are less likely to succeed in a JDTC
• There are *nontreatment* aspects of the JDTC experience that contribute to the disparate results with regard to outcomes for participants
Practice Considerations

- JDTCs find it difficult to provide age-appropriate, gender-specific, and culturally and linguistically competent services.
- It is important to monitor and to work toward equivalent outcomes.
- Equal treatment may be inferred by finding that the demographic breakdown of the referral cohort is similar to the demographic breakdown of those enrolled in the JDTC, which is, in turn, similar to the demographic breakdown of those who graduate from the JDTC and to the demographic breakdown of those who do not graduate.
Research Evidence:
• The strongest predictors for successfully completing or leaving a JDTC have been shown to be factors related to process, such as the use of incentives and sanctions, the consistency of implementing behavioral contingencies with each participant, and youth’s retention in community-based substance treatment programs.
Practice Considerations

- Consistent evidence exists that successful program completion depends on the court’s structure and participants’ commitment to the process.
- JDTCs are encouraged to work with each participant individually to find a structure that maximizes the use of incentives, uses graduated sanctions appropriately and consistently, and supports family engagement in meaningful and empowering ways.
Research Evidence:

- Systems to capture and manage data should focus on continuous quality improvement and not just serve as efforts to satisfy compliance
- It is important to build the capacity to track factors that are shown to be related to JDTC outcomes
Practice Considerations

- JDTC staff often view their court’s data collection processes as inadequate and are dissatisfied with the process.
- More detailed information about changes in youth behavior and program processes is needed.
- Local JDTCs have varied capacities to collect data for evaluation and monitoring purposes, however, and many JDTCs lack comprehensive and accessible systems to do so.

Guideline 7.3

Each JDTC should routinely collect the following detailed data:

- Family-related factors, such as family cohesion, home functioning, and communication.
- General recidivism during the program and after completion, drug use during the program, and use of alcohol or other drugs after the program ends.
- Program completion and termination, educational enrollment, and sustained employment.
- Involvement in prosocial activities and youth-peer associations.
Resources

♦ Equivalent Outcomes
  

♦ Performance Measures
  
  http://www.ncjfcj.org/monitoring-and-evaluation
Next Steps on Implementation

• Interested in TTA? Request it here: https://www.nttac.org/ (Request TTA)

• OJJDP’s Programmatic Initiative: FY2017 Juvenile Drug Treatment Court Program (forthcoming)

• Register for the next webinars if you haven’t already: https://www.surveymonkey.com/r/guideline_series
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